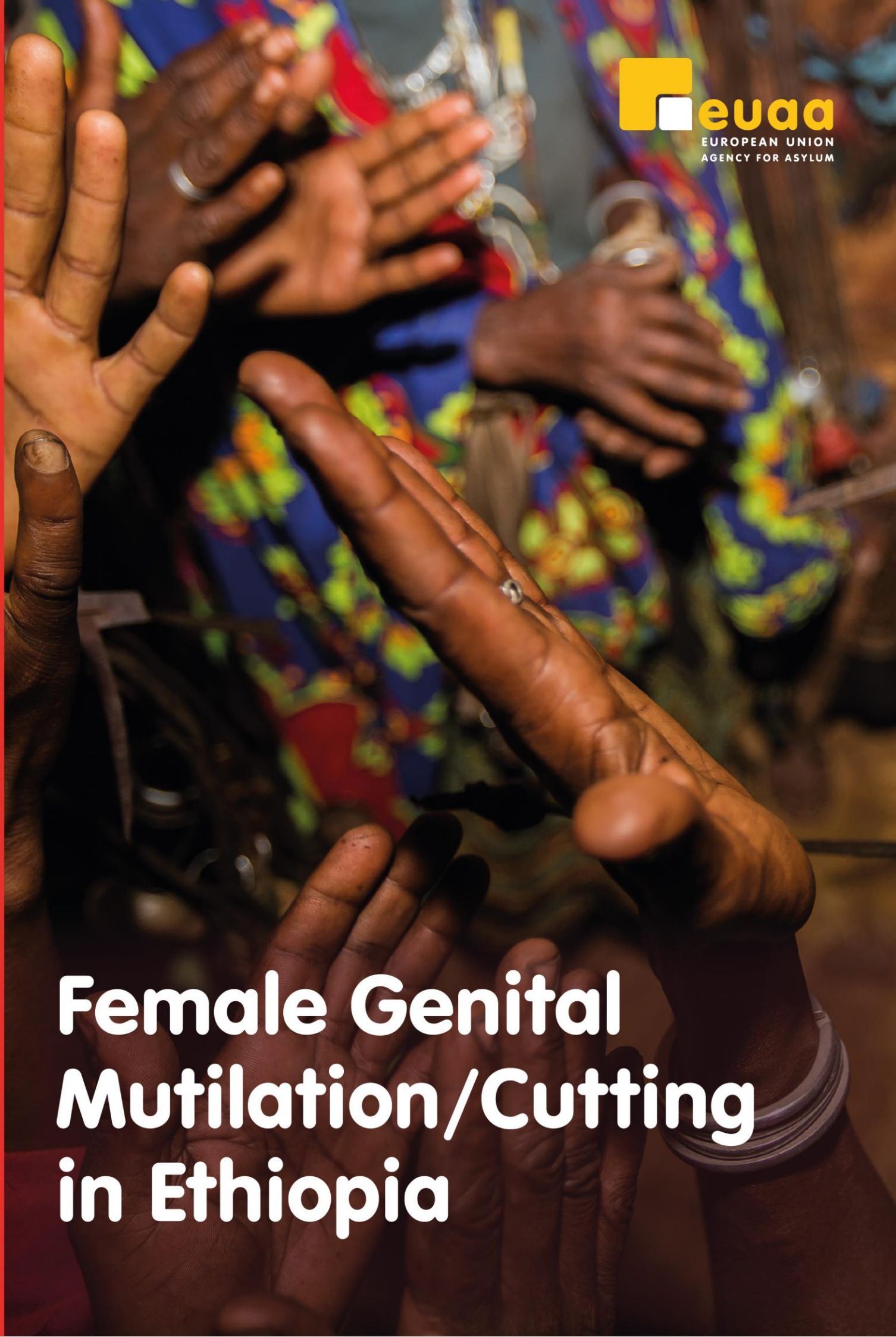
Country of Origin Information



euaa
EUROPEAN UNION
AGENCY FOR ASYLUM

Female Genital Mutilation/Cutting in Ethiopia

May 2022

EUROPEAN UNION AGENCY FOR ASYLUM

Female Genital Mutilation/Cutting in Ethiopia

Country of Origin Information Report

May 2022

Manuscript completed in April/2022

Luxembourg: Publications Office of the European Union, 2022

PDF ISBN 978-92-9487-418-4 doi: 10.2847/518643 BZ- 07-22-242-EN-N

Cover Photo: Borana women during a dance and traditional songs, Anthony Pappone

Acknowledgements

This report was written by the COI Sector of the EUAA. The following departments and organisations have reviewed the report, together with EUAA:

- The Netherlands, Immigration and Naturalisation Service, Office for Country Information and Language Analysis (OCILA)
- Belgium, Office of the Commissioner General for Refugees and Stateless Persons, Cedoca – Documentation and Research Center
- Norway, Landinfo, The Norwegian Country of Origin Information Centre

It must be noted that the review carried out by the mentioned departments, experts or organisations contributes to the overall quality of the report but does not necessarily imply their formal endorsement of the final report, which is the full responsibility of EUAA.

Contents

Disclaimer

This report was written according to the EUAA COI Report Methodology (2019)[1]. The report is based on carefully selected sources of information. All sources used are referenced.

The information contained in this report has been researched, evaluated and analysed with utmost care. However, this document does not claim to be exhaustive. If a particular event, person or organisation is not mentioned in the report, this does not mean that the event has not taken place or that the person or organisation does not exist.

Furthermore, this report is not conclusive as to the determination or merit of any particular application for international protection. Terminology used should not be regarded as indicative of a particular legal position.

'Refugee', 'risk' and similar terminology are used as generic terminology and not in the legal sense as applied in the EU Asylum Acquis, the 1951 Refugee Convention and the 1967 Protocol relating to the Status of Refugees.

Neither the EUAA, nor any person acting on its behalf, may be held responsible for the use which may be made of the information contained in this report.

The drafting of this report was finalised on 29 April 2022; however the reference period of the report covers the period from 2016 to March 2022, or earlier whenever relevant. Any event taking place after this date is not included in this report. Some additional information was added during the finalisation phase in response to feedback received during the quality control process, until 29 April 2022. More information on the reference period for this report can be found in the methodology section of the Introduction.

[1] [1] EASO, EASO Country of Origin Information (COI) Report Methodology, June 2019, url

Glossary and abbreviations

Term	Definition
ACSO	Agency for Civil Societies Organizations
CSOs	Civil Society Organisations
DHS	Demographic and Health Survey
FGM/C	Female Genital Mutilation/Circumcision or Cutting
GAGE	Gender and Adolescence: Global Evidence, GAGE Project at the Oversees Development Institute
Gudnika Faronika	Infibulation
HTPs	Harmful Traditional Practices (e.g. early marriage, FGM/C)
ICNL	International Center for Not-for-profit Law's
Kebele	Municipality, the smallest administrative division in Ethiopia
MoWCY	Ministry of Women, Child and Youth
ODI	Oversees Development Institute
SNNPR	Southern Nations, Nationalities, and Peoples' Region
SRS	Somali Regional State
***Sunna* (Type I)**	Clitoridectomy, partial or total removal of the clitoris and/or the prepuce

Term	Definition
ACSO	Agency for Civil Societies Organizations
UNFPA	United Nations Population Fund

Introduction

The purpose of this report is to provide relevant context information in view of the assessment of international protection status determination, including refugee status and subsidiary protection.

The report provides background information and mapping of FGM/C practices and trends at national and regional level in Ethiopia for the then-9 regions and two chartered cities covered by the last Demographic and Health Survey (DHS) conducted in 2016.[2] While relying on the last DHS as a starting point, the report complements, contrasts and/or corroborates it with more recent studies and research carried out and published mostly in the period 2015 - 2022. The report provides details on the legal and policy framework, national statistics and under-reporting issues, societal attitudes, information on FGM performers, and cross-border practices. Finally, the report engages with regional variations and current trends/attitudes.

Methodology

The reference period is from 2016 to March 2022. The information gathered is a result of desk research and expert interviews and input until 31 March 2022. Some limited additional information was added during the finalisation of this report in response to feedback received during the quality control process, until 29 April 2022.

This report is produced in line with the EASO COI Report Methodology (2019)[3] and the EASO COI Writing and Referencing Style Guide (2019).[4]

Defining the terms of reference

The terms of reference of this report build on internal and external consultations with experts, with EUAA network members, and the relevant most recent literature on the topic. Terms of reference for this report can be found in Annex 2.

Collecting information

The information gathered results from two main sets of sources: extensive desk research using predominantly public, specialised paper-based, and electronic sources until 31 March 2022; interviews with experts conducted by EUAA for the purposes of the report in March 2022. All these sources were duly referenced and described.

The sources used are referenced in the

[2] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. xxx, 2
[3] EASO, EASO Country of Origin Information (COI) Report Methodology, June 2019, url
[4] EASO, Writing and Referencing Guide for EASO Country of Origin Information (COI) Reports, June 2019, url

Annex 1: Bibliography. Wherever information could not be found within the timeframes for drafting this report after carefully consulting a range of sources, this is stated in the report.

Quality control

To ensure that the authors respected the EASO COI Report Methodology and that the Terms of Reference were comprehensively addressed, a review was carried out by COI specialists from the countries and organisations listed as reviewers in the Acknowledgements section. All comments made by the reviewers were taken into consideration and almost all of them were implemented in the final draft of this report, which was finalised on 29 April 2022. EUAA also performed the final quality review and editing of the text.

Sources

In accordance with EASO COI methodology, a range of different published documentary sources have been consulted on relevant topics for this report. These include: academic publications, think tank reports, and specialised sources covering Ethiopia; COI reports by governments; information from civil society, advocacy groups, humanitarian organisations, and NGOs; reports produced by various bodies of the United Nations; Ethiopian and regionally-based media.

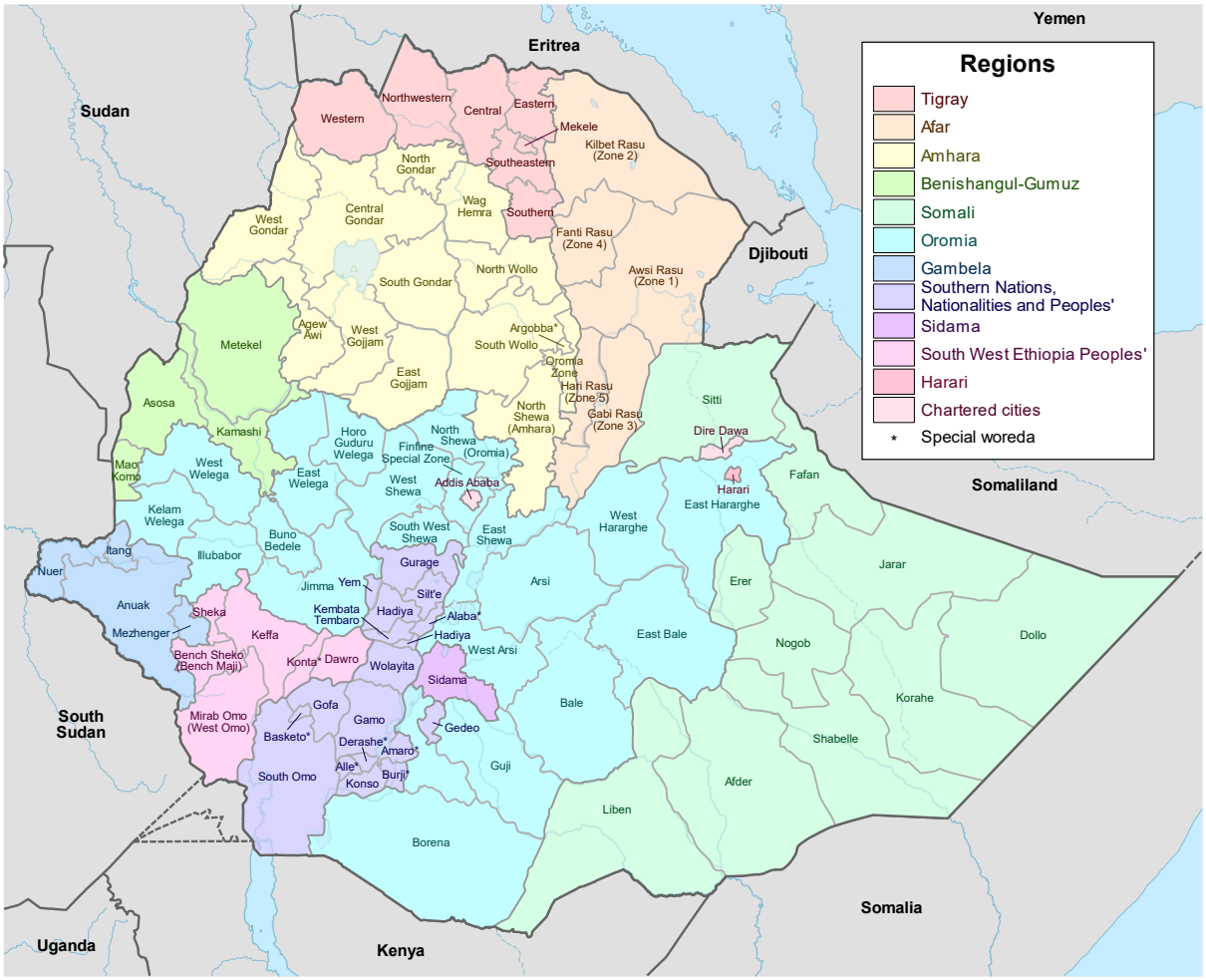
In addition to using publicly available documentary sources, two oral sources (experts) were contacted for this report. They were interviewed in March 2022. See the Bibliography for additional details.

Structure and use of the report

The report is divided into a general introductory part and five chapters. After having introduced the topic in the Ethiopian context, the report goes on in the first chapter to address the legal framework in force and state of law enforcement. The second chapter engages with available national statistics while also dataset limits and under-reporting issues are discussed. The third and fourth chapters are about the dominant societal attitude towards FGM/C and the presence/availability of social and legal protection mechanisms. Finally, chapter five engages extensively with regional and other variations that are particularly relevant in the Ethiopian context, by means of contrasting and/or corroborating national statistics with more recent regional studies and research projects.

Map of the regions and zones of Ethiopia

Figure 1. Map of the regions and zones of Ethiopia



General information on genital mutilation in the Ethiopian context

As indicated in the UNICEF FGM Country Profile on Ethiopia (2020), the country is 'home to 25 million girls and women who have experienced FGM' (Female Genital Mutilation/Cutting), the largest absolute number in Eastern and Southern Africa.[5] Based on the last Demographic Health Survey (DHS) conducted in Ethiopia in 2016, about 16 million of these are to be found in the Oromia and Amhara regions. Another 9 million are distributed, among others, across the SNNPR (Southern Nations Nationalities and People's Region), Somali, Afar, and Tigray regions, while about 1 million is concentrated in the capital city Addis Ababa.[6] Despite the fact that the Revised Criminal Code of the Federal Democratic Republic of Ethiopia (9 May 2005) explicitly criminalises FGM/C (Articles 565-6),[7] the practice is still widely prevalent in the country (65% at national level according to the DHS 2016),[8] although with significant regional variations.[9] See Figure 2 below for an overview on prevalence at regional level.

Campaigns and interventions against harmful traditional practices, including FGM/C, have been carried out in Ethiopia in the last two decades, with varying degrees of success. To this end 'a small number of organisations' have collaborated with the Ethiopian Ministry of Health.[10] However, the number of these organisations diminished substantially after the adoption in 2009 of the Proclamation for the Registration and Regulation of Charities and Societies.[11]

[5] UNICEF, A profile of Female Genital Mutilation in Ethiopia, 2020, url, pp. 5, 6
[6] UNICEF, A profile of Female Genital Mutilation in Ethiopia, 2020, url, p. 5
[7] Ethiopia, The Criminal Code of the Federal Democratic Republic of Ethiopia, Proclamation No. 414/2004, 9 May 2005, url
[8] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, p. 315
[9] 28 Too Many, Ethiopia: The Law and FGM, July 2018, url, p. 1
[10] Mehari, G., et al., Exploring changes in female genital mutilation/cutting: Shifting norms and practices among communities in Fafan and West Arsi zones, Ethiopia, 3 January 2020, url, pp. 1, 3
[11] Mehari, G., et al., Exploring changes in female genital mutilation/cutting: Shifting norms and practices among communities in Fafan and West Arsi zones, Ethiopia, 3 January 2020, url, p. 3

1. The Legal Framework

1.1. National legislation

At constitutional level, the Ethiopian constitution does not contain an explicit ban on FGM/C. However, it contains several articles that are relevant to or prohibit harmful traditional practices (HTPs), such as Artt. 16, 18, 25, 35, 36.[12] In particular Art. 35 – Rights to Women, recites:

> '1. Women shall, in the enjoyment of rights and protections provided for by this Constitution, have equal right with men.
>
> 2. Women have equal rights with men in marriage as prescribed by this Constitution.
>
> 3. The historical legacy of inequality and discrimination suffered by women in Ethiopia taken into account, women, in order to remedy this legacy, are entitled to affirmative measures. The purpose of such measures shall be to provide special attention to women so as to enable them to compete and participate on the basis of equality with men in political, social and economic life as well as in public and private institutions.
>
> 4. The State shall enforce the right of women to eliminate the influences of harmful customs. Laws, customs and practices that oppress or cause bodily or mental harm to women are prohibited.'[13]

Within this constitutional framework, the Revised Criminal Code of the Federal Democratic Republic of Ethiopia, which was adopted with Proclamation No. 414/2004 (9 May 2005),[14] criminalises explicitly most forms of violence against women and girls, including FGM/C (Articles 565-6).[15] At Chapter III, which is titled 'Crimes committed against life, person, and health through harmful traditional practices', the code stipulates [emphasis added]:

> **'Article 565. Female Circumcision.**
>
> Whoever circumcises a woman of any age, is punishable with simple imprisonment for not less than three months, or fine not less than five hundred Birr.
>
> **Article 566. Infibulation of the Female Genitalia.**
>
> (1) Whoever infibulates the genitalia of a woman, is punishable with rigorous imprisonment from three years to five years.

[12] 28 Too Many, Ethiopia: The Law and FGM, July 2018, url, pp. 2-3; LIFOS, Etiopien – Kvinnlig könsstympning [Ethiopia – Female Genital Mutilation], 14 March 2019, url, p. 19
[13] Ethiopia, Constitution of the Federal Democratic Republic of Ethiopia, 21 August 1995, url
[14] ILO, Ethiopia – Criminal and Penal Law, n.a, url
[15] Ethiopia, The Criminal Code of the Federal Democratic Republic of Ethiopia, Proclamation No. 414/2004, 9 May 2005, url

(2) Where injury to body or health has resulted due to the act prescribed in sub-article (1) above, subject to the provision of the Criminal Code which provides for a more severe penalty, the punishment shall be rigorous imprisonment from five years to ten years.

Article 567. Bodily Injuries Caused Through Other Harmful Traditional Practices.

Whoever, apart from the circumstances specified in this Chapter, inflicts upon another bodily injury or mental impairment through a harmful traditional practice known for its inhumanity and ascertained to be harmful by the medical profession, shall, according to the circumstances of the case, be liable to one of the penalties prescribed under the provisions of Article 561 or Article 562 of this Code.'

Additionally, Artt. 569-570 stipulate:

'Article 569. Participation in Harmful Traditional Practices.

A parent or any other person who participates in the commission of one of the crimes specified in this Chapter, is punishable with simple imprisonment not exceeding three months, or fine not exceeding five hundred Birr.

Article 570. Incitement Against the Enforcement of Provisions Prohibiting Harmful Traditional Practices.

Any person who publicly or otherwise incites or provokes another to disregard the provisions of this Code prohibiting harmful traditional practices, or organizes a movement to promote such end, or takes part in such a movement, or subscribes to its schemes, is punishable with simple imprisonment for not less than three months, or fine not less than five hundred Birr, or both.'

Besides being a criminal offence, performing any action that causes bodily harm is also a civil offence under the Ethiopian Civil Code (1960).[16]

Complementing this picture, the Ethiopia Ministry of Health, with a circular passed on 4 January 2017, banned medicalisation of FGM in all public and private medical facilities in the country. As per this circular, medical personnel who engage in any form of FGM in medical facilities will be subjected to legal action.[17] However, as reported by UNICEF in its report from February 2021 on medicalised FGM in Ethiopia (among other countries in the Horn), 'there is no national legislation that explicitly criminalizes health professionals who condone, perform, attempt to perform, or assist in the practice.'[18]

Moreover, as reported by 28 Too Many, in a report on Law and FGM in Ethiopia from 2018, the Criminal Code fails to 'specifically criminalise the failure to report FGM, whether it is planned

[16] Trans-lex, Ethiopian Civil Code, 1960, url, Art. 2067
[17] WHO, Ethiopia bans medicalization of female genital mutilation (FGM), 31 January 2017, url
[18] UNICEF, The Medicalization of FGM in Kenya, Somalia, Ethiopia, and Eritrea, February 2021, url, p. 13

or has taken place', and 'fails to protect uncut women (and their families) from verbal abuse or exclusion from society'.[19]

1.2. International obligations

In addition to the national regulations, Ethiopia is obliged to comply with several international conventions for the rights of children and women. Ethiopia has ratified the Convention on the Elimination of All forms of Discrimination Against Women (1979) (CEDAW), the African Charter on Human & Peoples' Rights (ACHPR, Banjul Charter), and the African Charter on the Rights and Welfare of the Child (ACRWC).[20]

Additionally, Ethiopia has acceded to the International Covenant on Civil & Political Rights (ICCPR), the International Covenant on Economic, Social & Cultural Rights (ICESCR), the Convention Against Torture & Other Cruel, Inhuman or Degrading Treatment or Punishment (CTOCIDTP), and the Convention on the Rights of the Child (CRC).[21] In July 2018 Ethiopia has also ratified the African Charter on Human and Peoples' Rights on the Rights of the Women in Africa (ACHPRRWA, Maputo Protocol).[22]

Among the recalled international tools, the CRC recognises FGM/C as a violation of the 'best interest of the child' standard and a violation of children's rights. The ACRWC (Maputo Protocol) requires states parties to prohibit and condemn all forms of harmful traditional practices (HTP, such as child marriage and FGM/C) which negatively affect the human rights of women and which are contrary to recognised international standards.[23]

1.3. Enforcement of the law

The UNICEF/UNFPA annual reports Accelerating Change, which focuses on the achievements of the two agencies' Joint Programme on the Elimination of Female Genital Mutilation (across seventeen countries),[24] provide for an overview of the enforcement of FGM legislation in Ethiopia in the period 2015-2018,[25] and 2008-2015.[26] In 2018, in the whole Ethiopia, there have been 13 arrests, 9 cases brought to court, and 4 FGM related convictions/sanctions. In the period 2015-2017 there had been 280 arrests, 77 cases brought to court, and 2

[19] 28 Too Many, Ethiopia: The Law and FGM, July 2018, url, p. 3;
[20] 28 Too Many, Ethiopia: The Law and FGM, July 2018, url, p. 10; see also Ethiopia, National Costed Roadmap to End Child Marriage and FGM/C 2020–2024, August 2019, url, pp. 14, 30-31
[21] 28 Too Many, Ethiopia: The Law and FGM, July 2018, url, p. 10; see also Ethiopia, National Costed Roadmap to End Child Marriage and FGM/C 2020–2024, August 2019, url, pp. 14, 30-31
[22] AU, List of Countries which have signed, ratified/acceded to the protocol to the African Charter on human and people's rights on the rights of women in Africa, 16 October 2019, url
[23] Ethiopia, National Costed Roadmap to End Child Marriage and FGM/C 2020–2024, August 2019, url, p. 30
[24] UNFPA, UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation, 18 November 2021, url
[25] UNFPA-UNICEF, Accelerating Change, Annual Report 2018, Joint Programme on the Elimination of Female Genital Mutilation, August 2019, url, pp. 74-79
[26] UNFPA-UNICEF, Metrics of Progress Moments of Change, Accelerating Change Annual Report 2015, Joint Programme on the Elimination of Female Genital Mutilation, October 2016, url, pp. 20-23

convictions/sanctions.[27] In the period 2008-2015, still based on data from the UNICEF/UNFPA Joint Programme Monitoring database, there had been in Ethiopia a total of 279 arrests and 1 conviction.[28]

Among other authors, Presler-Marshall and Jones, researchers at the ODI and members of the GAGE Project (Gender and Adolescence: Global Evidence), state in their most recent publication on FGM/C practices in Ethiopia (January 2022) that 'laws are rarely enforced, because many local officials value the social norm of FGM/C more than they value the law prohibiting it. Arrests – much less prosecutions and convictions – are extremely rare.'[29]

In a recent paper (2020) on the prevalence and barriers to ending FGM in Ethiopia, the authors Abebe et al., after engaging with the national legislation in force, maintain that 'FGC is not explicitly called out in other relevant articles of the Ethiopian criminal code'. In their views 'this inconsistency leaves room for discretion in legal proceedings, which can make women even more vulnerable to the harms of FGC.'[30] In the same article the authors note that 'FGC frequently goes unreported due to the community level stigma and fears of social isolation'.[31] Against this backdrop, the legal protocol in force, such as the 'requirement of evidence', can hinder case reporting and law enforcement. Moreover, given the fact that FGM/C often takes place in secret, in distant and remote areas,[32] and 'out of sight… it is unlikely that there are witnesses who can testify in court'.[33]

28 Too Many, in its report on the law and FGM/C in Ethiopia from July 2018, indicates that, 'there is a reluctance by local officials to fully enforce the law' and that 'in many rural communities, it is not the police or courts that people naturally turn to: disputes are more likely to be settled through traditional or informal justice systems such as those run by elders.'[34]

For more information on this point see section below 3. Societal attitude and drivers.

1.4. Policy framework and the new Charities Proclamation

Over the last three decades, Ethiopia has developed several policies and strategies, and has taken institutional measures to ending FGM/C in the country. These include the National

[27] UNFPA-UNICEF, Accelerating Change, Annual Report 2018, Joint Programme on the Elimination of Female Genital Mutilation, August 2019, url, p. 76; see also UNFPA, Beyond the crossing – Female Genital Mutilation Across Borders, November 2019, url, p. 29
[28] UNFPA-UNICEF, Metrics of Progress Moments of Change, Accelerating Change Annual Report 2015, Joint Programme on the Elimination of Female Genital Mutilation, October 2016, url, p. 21
[29] Presler-Marshall, E. et al., Exploring the diversity of FGM/C practices in Ethiopia, January 2022, url, p. 1
[30] Abebe et al., Prevalence and Barriers to Ending Female Genital Cutting: The Case of Afar and Amhara Regions of Ethiopia, 29 October 2020, url, p. 6
[31] Abebe et al., Prevalence and Barriers to Ending Female Genital Cutting: The Case of Afar and Amhara Regions of Ethiopia, 29 October 2020, url, p. 13
[32] Mehari, G., et al., Exploring changes in female genital mutilation/cutting: Shifting norms and practices among communities in Fafan and West Arsi zones, Ethiopia, 3 January 2020, url, p. 7
[33] Abebe et al., Prevalence and Barriers to Ending Female Genital Cutting: The Case of Afar and Amhara Regions of Ethiopia, 29 October 2020, url, p. 14
[34] 28 Too Many, Ethiopia: The Law and FGM, July 2018, url, p. 6

Policy on Ethiopian Women (1993) and the National Strategy and Action Plan on HTPs against Women and Children in Ethiopia (2013), which employed three strategic pillars - prevention, protection, and provision - with ad-hoc interventions to end child marriage and FGM/C under each of them.[35] Other adopted tools are the Ethiopian Women's Development and Change Package 2017, and the Ministry of Women, Child and Youth (MoWCY) GTP II Sectoral Plan (2015/16–2019/20) whose goal was to reduce child marriage and FGM/C in Ethiopia by 50% by 2020.[36] Also the National Social Protection Strategy of Ethiopia 2016 called for campaigning and awareness raising activities for the prevention of abuse, violence, neglect, and exploitation of women, including FGM/C.[37]

More recently, the National Costed Roadmap to End Child Marriage and FGM/C 2020–2024, which was launched in 2019, represents a key guiding document.[38] It stresses the pivotal importance of awareness-raising on legal frameworks,[39] the crucial role played by education, school establishments and associated profiles/venues,[40] the strategic involvement of local and religious leaders as change agents, as well as of key interpersonal stakeholders such as mothers and traditional practitioners.[41] The roadmap also details monitoring, evaluation, and accountability guidelines, as well as reporting and communication mechanisms.[42] In order to end child marriage and FGM/C by 2025, the National Roadmap adopts a multi-sectorial collaboration approach (education, health, justice and other sectors),[43] whose implementation is coordinated by the MoWCY together with its partners.[44]

Against this general policy framework, however, 'Ethiopia's civil society space was severely restricted when the then-government enacted' the Charities and Societies Proclamation No. 621/2009[45].[46] 'The Charities and Societies Law excluded international organisations from direct involvement in the implementation of FGM/C programmes', limiting their role 'to providing financial and technical support to local NGOs and government agencies'.[47] The Proclamation also barred 'local NGOs from implementing rights-based programmes if they

[35] Ethiopia, National Costed Roadmap to End Child Marriage and FGM/C 2020–2024, August 2019, url, pp. 14-15, 31
[36] Ethiopia, National Costed Roadmap to End Child Marriage and FGM/C 2020–2024, August 2019, url, p. 14
[37] Abebe et al., Prevalence and Barriers to Ending Female Genital Cutting: The Case of Afar and Amhara Regions of Ethiopia, 29 October 2020, url, pp. 6-7
[38] Ethiopia, Embassy of the Federal Democratic Republic of Ethiopia (London, UK), National plan to end child marriage, FGM by 2025 launched, 14 August 2019, url
[39] Ethiopia, National Costed Roadmap to End Child Marriage and FGM/C 2020–2024, August 2019, url, pp. 15, 32,35
[40] Ethiopia, National Costed Roadmap to End Child Marriage and FGM/C 2020–2024, August 2019, url, pp. 32, 34-35
[41] Abebe, S., et al., Prevalence and Barriers to Ending Female Genital Cutting: The Case of Afar and Amhara Regions of Ethiopia, 29 October 2020, url, p. 7
[42] Abebe, S., et al., Prevalence and Barriers to Ending Female Genital Cutting: The Case of Afar and Amhara Regions of Ethiopia, 29 October 2020, url, p. 7; see also Ethiopia, National Costed Roadmap to End Child Marriage and FGM/C 2020–2024, August 2019, url, pp. 15-16, 35-38
[43] Ethiopia, National Costed Roadmap to End Child Marriage and FGM/C 2020–2024, August 2019, url, p. 15;
[44] Abebe, S., et al., Prevalence and Barriers to Ending Female Genital Cutting: The Case of Afar and Amhara Regions of Ethiopia, 29 October 2020, url, p. 7
[45] Ethiopia, Federal Negarit Gazette, 13 February 2009, url
[46] CIPE, A Users' Manual on Registering and Operating CSOs, BMOs, and Business Start-Ups in Ethiopia, 30 March 2021, url
[47] Mehari, G., et al., Exploring changes in female genital mutilation/cutting: Shifting norms and practices among communities in Fafan and West Arsi zones, Ethiopia, 3 January 2020, url, p. 14

generated more than 10% of their annual budget from abroad, leaving government agencies as the primary actors with the freedom to implement anti-FGM/C programmes.'[48]

A new Civil Society Organizations Agency Proclamation (No. 1113/2019)[49] was approved on 7 March 2019 in the House of Peoples' Representatives. The main objective of this Proclamation is to create 'an enabling environment to enhance the role of civil society organizations': 'areas that were off-limits for resident/foreign CSOs (Civil Society Organisations), such as promotion of human and democratic rights [...] are now expected to be open to be undertaken by CSOs'.[50]

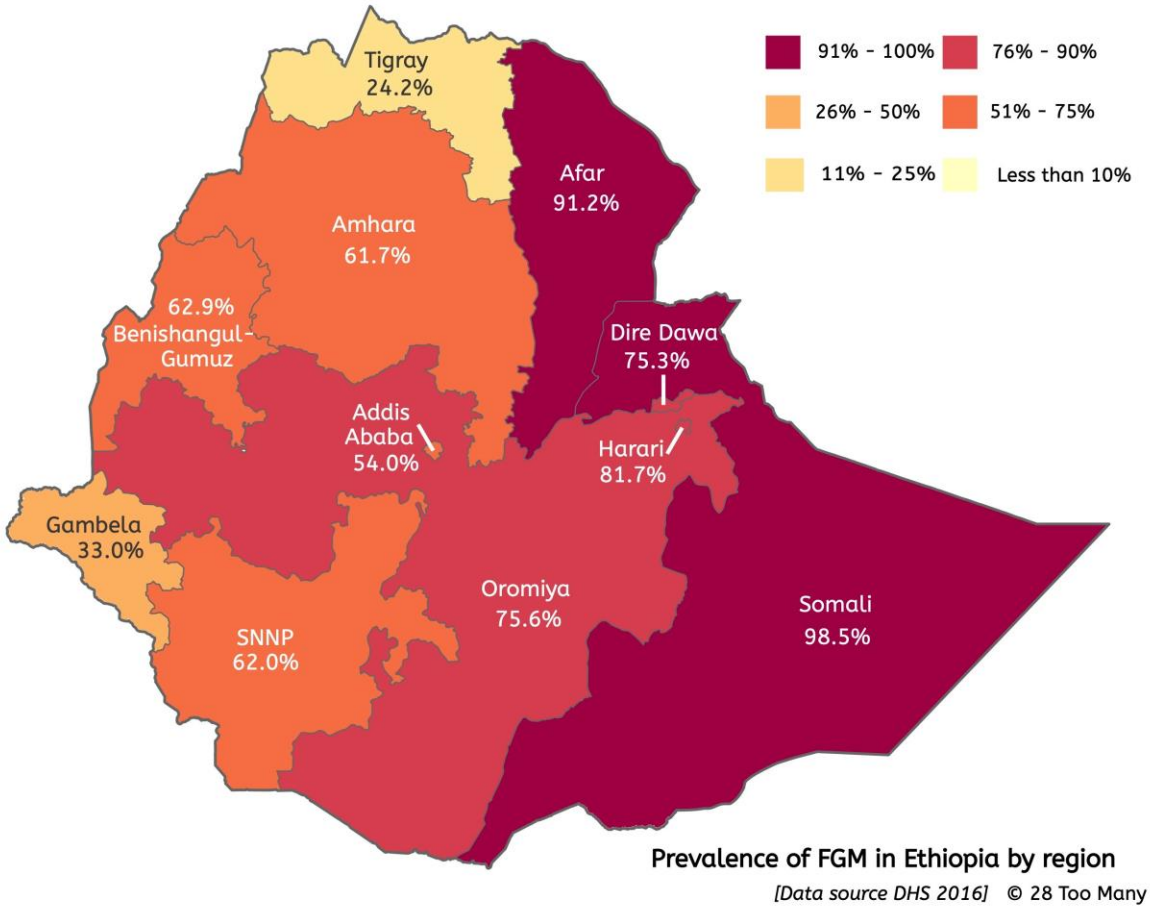
With this new law both foreign and local CSOs are anticipated to be able to raise funds from any legitimate source, while restriction on ownership and disposition rights of CSOs are projected to be lifted.[51] However, the Ethiopia Council of Ministers, as of 14 January 2022, is still considering a draft CSO regulation, which is to give effect to the new CSO Proclamation and finally replace the Charities and Societies Regulation No. 168/2009.[52] This draft CSO Regulation 'governs, among other matters, the establishment and registration of CSOs, the CSO Board, and self-regulation in the sector'.[53] At the same time the new Agency for Civil Societies Organizations (ACSO), the old *Federal Charities and Societies Agency,*[54] is preparing a number of directives.[55] Based on the International Center for Not-for-profit Law's (ICNL) monitoring and analysis of this new legal framework, the new CSO Proclamation poses a number of new barriers to CSOs: barriers to entry (civil society organisations have to re-register with ACSO), barriers to operational activity (ACSO supervision and investigative power on their activities), and barriers to resources (prior approval of ACSO for accessing them).[56]

[48] Mehari, G., et al., Exploring changes in female genital mutilation/cutting: Shifting norms and practices among communities in Fafan and West Arsi zones, Ethiopia, 3 January 2020, url, pp. 3, 14
[49] Ethiopia, Federal Negarit Gazette, 12 March 2019, url
[50] NGO Source, Spotlight on Ethiopia: The New Charities and Societies Law and Trends, 26 May 2019, url
[51] NGO Source, Spotlight on Ethiopia: The New Charities and Societies Law and Trends, 26 May 2019, url; see also Demissie, K. D., The 2009 and 2019 CSO Laws in Ethiopia: From Hinderance to Facilitator of CSO Activities?, December 2019, url, pp. 28-29
[52] ICNL, Civic Freedom Monitor - Ethiopia, 14 January 2022, url
[53] ICNL, Civic Freedom Monitor - Ethiopia, 14 January 2022, url
[54] NGO Source, Spotlight on Ethiopia: The New Charities and Societies Law and Trends, 26 May 2019, url
[55] ICNL, Civic Freedom Monitor - Ethiopia, 14 January 2022, url
[56] ICNL, Civic Freedom Monitor - Ethiopia, 14 January 2022, url

2. National statistics and trends

2.1. Overview

Figure 2. Average FGM prevalence in Ethiopia by region among women aged 15-49



Based on DHS data from 2016, the national FGM/C prevalence among Ethiopian women aged 15-49 was 65.2%.[57] 28 Too Many, in its FGM country profile for Ethiopia from 2021, indicates (still based on the DHS 2016) that:

(1) FGM/C is practised across all regions, religions and ethnic groups in Ethiopia;
(2) 'Cut, flesh removed' is the most common type of FGM practised;
(3) almost all FGM/C is carried out by 'traditional practitioners';
(4) the region with the highest prevalence is Somali, at 98.5%, while the lowest prevalence is in Tigray, at 24.2%;
(5) prevalence in rural areas is higher (68.4% of women aged 15-49) than in urban areas (53.9%);

[57] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. 315-327

(6) the Somali and the Afar are the ethnic groups with the highest prevalence of FGM/C among women aged 15-49 (above 98%), while the ethnic group with the lowest prevalence is the Tigray (23%);
(7) across religions, prevalence is as follows: 82.2% of Muslim women aged 15-49, 65.8% of Protestant women, and 54.2% of Orthodox women;
(8) in terms of trends, in the period 2005-2016, the overall prevalence fell from 74.3% to 65.2% (still for women aged 15-49); more in particular the overall prevalence for women aged 15-19 fell to 47.1%, compared to 75,3% for women aged 40-49. This would 'suggest that the practice is declining'.[58]

In particular, the chartered city of Dire Dawa would have experienced the most significant decline. Based on DHS 2016, FGM/C prevalence in this city has reportedly passed from 92% in 2005 to 75% in 2016.[59] However, as noted in the National Costed Roadmap to End Child Marriage and FGM/C 2020-2024, while in all but two regions (Gambella and Somali), 'there is a decline in the practice', 'some declines are insignificant and point to stasis in FGM/C prevalence rates in regions such as Afar (92% 2005 versus 91% 2016) and Harari (85 versus 82%)'. Additionally, as noted in the DHS 2016, 'the notable decline observed among younger women may be in part a reporting issue. FGM/C was criminalized in 2005, which may lead to underreporting of the practice to avoid legal consequences'.[60]

For more information on DHS 2016 dataset limits and underreporting issues see section 2.5 Dataset limits, under-reporting, and self-reporting, as well as section 5. Regional and other variations for further info on research and surveys at regional level.

In terms of absolute numbers, according to 28 Too Many, with an overall population of nearly 104.5 million, Ethiopia is second only to Egypt in the total number of women and girls who have experienced FGM/C.[61] The Overseas Development Institute (ODI, GAGA programme) speaks about 'the world's second largest total number of women and girls'.[62] Within this context, as per the UNFPA-UNICEF projection, 'recent estimates indicate that nearly 6.3 million girls will be at risk of FGM [in Ethiopia] between 2015 and 2030 if current trends in the incidence of FGM continue'.[63]

2.2. Forms of FGM in Ethiopia

WHO classifies four main types of FGM/C:

[58] 28 Too Many, Ethiopia (Country Profile), 2021, url
[59] Ethiopia, National Costed Roadmap to End Child Marriage and FGM/C 2020–2024, August 2019, url, p. 25
[60] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. 317
[61] 28 Too Many, Ethiopia (Country Profile), 2021, url
[62] Presler-Marshall, E. et al., Exploring the diversity of FGM/C practices in Ethiopia, January 2022, url, p. 1; see also UNICEF, A profile of Female Genital Mutilation in Ethiopia, 2020, url, p. 8
[63] UNFPA-UNICEF, Accelerating Change, Annual Report 2018, Joint Programme on the Elimination of Female Genital Mutilation, August 2019, url, pp. 74-75

Table 1. WHO classification of FGM/C[64]

Type I	**I. Clitoridectomy**: partial or total removal of the clitoris and/or the prepuce	I.a Removal of the clitoral hood or prepuce only
		I.b Removal of the clitoris with the prepuce
Type II	**II. Excision**: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora	II.a Removal of the labia minora only
		II.b Partial or total removal of the clitoris and the labia minora
		II.c Partial or total removal of the clitoris, the labia minora and the labia majora
Type III	**III. Infibulation**: narrowing of the vaginal orifice with creation of a covering seal by cutting and apposition of the labia minora and/or the labia majora, with or without excision of the clitoris	III.a Removal and apposition of the labia minora
		III.b Removal and apposition of the labia majora
Type IV	**IV. All other harmful procedures** to the female genitalia for non-medical purposes	For example, pricking, piercing, incising, scraping and cauterization

As per the DHS 2016, Section 13 on FGM/C,[65] women aged between 15-49 were asked the following questions (among others) with corresponding survey results (affirmative replies):

Table 2. DHS 2016 questions about FGM/C and survey results, EUAA elaboration[66]

Questions	Results
Have you ever heard of female circumcision?	92,7%
Have you yourself ever been circumcised?	65,2%
Was the genital just nicked without removing any flesh?	2,6%
Was any flesh removed from the genital area?	73%
Was your genital area sewn closed?	6.5%
Did not know about type of circumcision	17,9%

As indicated by UNICEF in its FGM/C country profile for Ethiopia (still based on the same dataset, DHS 2016), 'removing flesh is the most common form of FGM in Ethiopia'. However regional variations are quite substantial: infibulation for instance is quite common in the Afar

[64] WHO, Eliminating Female genital mutilation – An Interagency Statement, 2008, url, p. 24
[65] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. 458-459
[66] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. 320-321, 458

and the Somali regions, where respectively 69% and 62% of the women (aged 20-24) with FGM/C have undergone it, but it is rare elsewhere.[67] At the same time, according to Nicola Jones, Ethiopia expert on FGM issues at ODI,[68] in many parts of Oromia and of the SNNPR, 'removal of considerable chunks of flesh is quite the normal, even if there's not infibulation'. Among others, this is the case for instance in the Oromia belt closest to the Somali border, which includes Hararghe, and in the Wolayta and Kembata zones in SNNPR.[69]

The clitoridectomy or *sunna* type of cutting (Type I), towards which, at regional level, some communities have reportedly shifted their practices,[70] especially in urban areas[71] - see section 5 Regional and other variations for more details - is at times not even acknowledged as a form of FGM/C.[72] Jones reports that in parts of Oromia, Somali, and Afar regions, people assume, when asked whether the practice still exist, that FGM is only about infibulation: 'if *sunna* is still practiced it is not considered a form of FGM'.[73] Moreover, still on the *sunna* type of cutting, a journal article published already in 2006 discussed the 'reliability of self-reported form of female genital mutilation and WHO classification'. The authors, Elmusharaf et al., concluded, based on their sectional study, that 'the reliability of reported form of FGM is low' and that 'there is considerable under-reporting of the extent.' More in details, these authors argued that 'this should be considered in the interpretation of studies based on interviews showing a change in practice towards less severe forms' and that their 'results indicate an extensive over-reporting of the "sunna" form'.[74] Additionally, as indicated in the National Costed Roadmap to End Child Marriage and FGM (2019), '25 per cent of girls aged 15–19 years do not know what type of FGM/C has been perpetrated on their bodies, making it difficult to ascertain whether the type of FGM/C is shifting to "milder" forms over time'.[75]

For further details on regional variations, including more recent datasets and research findings with a regional focus, please refer to section 5 Regional and other variations.

[67] UNICEF, A profile of Female Genital Mutilation in Ethiopia, 2020, url, p. 9

[68] Jones, N., Director of the DFID-funded nine-year global mixed methods Gender and Adolescence: Global Evidence research programme. Her expertise lies in the intersection of gender, age and social inclusion and social protection. Video interview, 22 March 2022

[69] Jones, N., Video interview 22 March 2022

[70] Abebe et al., Prevalence and Barriers to Ending Female Genital Cutting: The Case of Afar and Amhara Regions of Ethiopia, 29 October 2020, url, p. 5; Abathun, A. D., et al., Attitude toward female genital mutilation among Somali and Harari people, Eastern Ethiopia, 6 October 2016, url, p. 560; Jones, N., et al., Adolescent bodily integrity and freedom from violence in Ethiopia, May 2019, url, p. 2; Mehari, G., et al., Exploring changes in female genital mutilation/cutting: Shifting norms and practices among communities in Fafan and West Arsi zones, Ethiopia, 3 January 2020, url, pp. 32-33; Presler-Marshall, E. et al., Exploring the diversity of FGM/C practices in Ethiopia, January 2022, url, pp. 3, 8, 11; 28 Too Many, Ethiopia: The Law and FGM, July 2018, url, p. 7

[71] Mehari, G., et al., Exploring changes in female genital mutilation/cutting: Shifting norms and practices among communities in Fafan and West Arsi zones, Ethiopia, 3 January 2020, url, pp. 32-33; Presler-Marshall, E. et al., Exploring the diversity of FGM/C practices in Ethiopia, January 2022, url, p. 11

[72] Jones, N., Video interview 22 March 2022; Mehari, G., et al., Exploring changes in female genital mutilation/cutting: Shifting norms and practices among communities in Fafan and West Arsi zones, Ethiopia, 3 January 2020, url, p. 29

[73] Jones, N., Video interview 22 March 2022

[74] Elmusharaf, S., et al., Reliability of self reported form of female genital mutilation and WHO classification: cross sectional study, 27 June 2006, url, pp. 1, 3

[75] Ethiopia, National Costed Roadmap to End Child Marriage and FGM/C 2020–2024, August 2019, url, p. 23

2.2.1 Age of cutting

As per the DHS 2016, in Ethiopia, FGM/C is performed throughout childhood, with following breakdown per age group:[76]

Table 3. Age of cutting FGM/C in Ethiopia

Age of cutting				
Younger than 5 years old	5-9 years old	10-14 years old	Older than 15 years	Don't know/missing
48.6%	21.7%	18%	5.9%	5.8%

Source DHS 2016, EUAA Elaboration

Same as for the type of FGM/C, age at cutting varies substantially by region and religion (in brackets percentage of girls cut before 5 years of age): in Amhara (92%), Afar (89.5%), and Benishangul-Gumuz (76.5%) most children undergo the practice when they are younger than 5 years of age, whereas in Oromia (31.8%), SNNPR (30.6%), and Somali (12.8%) these percentages are much lower, as in these regions the practice of cutting is more spread across age-groups.[77] Moreover, as indicated in the National Costed Roadmap to End Child Marriage and FGM, 'Women in Amhara, Gambella, and Tigray, on the other hand, have the highest rates of not knowing what type of FGM/C they have experienced (40% or more), most likely because the practice is predominantly carried out in infancy and early childhood'.[78]

For further details on regional variations, including more recent datasets and research findings with a regional focus, please refer to section 5 Regional and other variations.

2.2.2 Re-infibulation

According to Jones, in locations where infibulation is the norm, including in the Somali region, re-infibulation is relatively common, especially after the first marital nights or post-childbirth. This would be the case also in Dire Dawa for instance, where there is a sizeable Somali population.[79] In Afar instead, re-infibulation seems relatively rare, also in more remote rural locations. In Afar, infibulation practices are in fact somewhat different, they do not necessarily imply stitching, they can be done in terms of the 'scar tissue that is then allowed to grow together'.[80]

[76] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. 318, 322
[77] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, p. 322; see also UNICEF, A profile of Female Genital Mutilation in Ethiopia, 2020, url, p. 10
[78] Ethiopia, National Costed Roadmap to End Child Marriage and FGM/C 2020–2024, August 2019, url, p. 23
[79] Jones, N., Video interview 22 March 2022
[80] Jones, N., Video interview 22 March 2022

2.3. FGM/C performers

2.3.1. Traditional performers

As per the DHS 2016 data nearly all FGM/C in Ethiopia are performed by traditional practitioners: be they traditional agents or circumcisers (up to almost 98% of cases), or traditional birth attendants (between 2 and 3 % of cases).[81] On this same point a recent UNICEF report indicates that '[t]he vast majority of FGM in Ethiopia are carried out by traditional cutting practitioners and traditional birth attendants'.[82]

2.3.2 Medicalised genital mutilation

UNICEF in its recent report titled The Medicalization of FGM in Kenya, Somalia, Ethiopia, and Eritrea (2021) provides for a definition of this practice: 'the term 'medicalization' is used to refer to the involvement of any kind of medical or health professional in the practice of FGM, whether at home, in a public or private clinic, or elsewhere. It also includes the procedure of re-infibulation (Type III), which can take place at any point in a woman's life.'[83]

As per the DHS 2016 data, 'medical professionals', be they doctors, nurses, midwifes or other health professional, perform FGM/C in Ethiopia in 1.9% of cases for girls aged 0-14, and 1% of cases for women aged 15-49.[84]

UNICEF's report, which still relies on the data of the DHS from 2016, reiterates that the practice in Ethiopia involves medical professionals in only 2% of cases. However, the situation would be different in the SNNPR, where in 2016 it was reported that 10% of girls and women between the age of 15-49 who had undergone FGM/C 'had been cut by a doctor, nurse, midwife or other health professional.'[85] On this point see additional info and details in section 5.6 Situation in SNNPR, 46 5.7 Situation in Amhara, and in general in section 5 Regional and other variations for further info on research and surveys at regional level.

In terms of absolute numbers, 28 Too Many reported already in 2013 that despite the fact that medicalisation of FGM/C did not appear to be significant across most of Ethiopia, 'according to a 2011 survey, in Addis Ababa health workers carry out over 20% of FGM on girls under 15, and in SNNP and the city of Harari that figure was more than 10%'. [86] It was cautiously noted

[81] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, p. 325
[82] UNICEF, The Medicalization of FGM in Kenya, Somalia, Ethiopia, and Eritrea, February 2021, url, p. 13
[83] UNICEF, The Medicalization of FGM in Kenya, Somalia, Ethiopia, and Eritrea, February 2021, url, p. 3
[84] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, p. 325
[85] UNICEF, The Medicalization of FGM in Kenya, Somalia, Ethiopia, and Eritrea, February 2021, url, p. 13; see also Amado, A. A., Prevalence of Female Genital Mutilation (FGM): The Prospective Form Angacha District Kembata Community; SNNPRS, Ethiopia, August 2021, url, p. 75; Mehari, G., et al., Exploring changes in female genital mutilation/cutting: Shifting norms and practices among communities in Fafan and West Arsi zones, Ethiopia, 3 January 2020, url, p. 26
[86] 28 Too Many, Country Profile: FGM in Ethiopia, October 2013, url, p. 45; see also 28 Too Many, Ethiopia: The Law and FGM, July 2018, url, p. 4

back then that 'this may represent a trend towards the medicalisation of FGM within Ethiopia, particularly in the urban areas'.[87]

More recent information on medicalisation trends at national and urban level could not be found within the time limits of this research.

2.4. Cross border FGM/C practice

As indicated by 28 Too Many in their latest report on Ethiopia, 'in some countries [including Ethiopia] where FGM has become illegal, the practice has both been pushed underground and across borders to avoid prosecution', thus causing the movement of families and traditional practitioners across national boundaries for the purpose of FGM/C.[88]

On this same point, in its report on Cross-border FGM/C (2019), the Community of Practice on FGM notes, while quoting a previous study, that the practice has three main aspects revolving around movement across borders: the movements of circumcisers, the movement of families, and the concurrent movement of both. Reportedly, the main drivers behind this practice are the need to avoid persecution, family/ethnic/and cultural bonds, and the need to avoid disputes over the practice in the 'home' place. [89] To this regard, UNFPA (2019) notes that because FGM/C is deeply rooted as a social norm, 'this crossborder practice is one of the strategies for communities to ensure that the FGM is done in secret or without risks of prosecution'.[90]

Most anti-FGM/C laws in Africa, including in Ethiopia, do not specifically address the issue of cross-border FGM/C.[91] Yet, as stressed by UNFPA in a thematic report from 2019 with focus on Ethiopia, among other countries, 'the geography of FGM and the distribution of communities and ethnic groups are inextricably linked and determine the distribution of FGM across the region',[92] for both, those who supply the service and those who seek for it.[93] In the case of East Africa, regions with high prevalence are often concentrated in areas that span several countries such as the border areas of Kenya Ethiopia and Somalia… and of Ethiopia, Djibouti and Eritrea'.[94] Within this context the Somalis who reside in Ethiopia, Kenya, and Somalia are a notable example.[95]

[87] 28 Too Many, Country Profile: FGM in Ethiopia, October 2013, url, p. 45; see also 28 Too Many, Ethiopia: The Law and FGM, July 2018, url, p. 4
[88] 28 Too Many, Ethiopia: The Law and FGM, July 2018, url, p. 4
[89] The Community of Practice on FGM, Cross Border Female Genital Mutilation, December 2019, url, p. 3
[90] UNFPA, Beyond the crossing – Female Genital Mutilation Across Borders, November 2019, url, p. 25
[91] The Community of Practice on FGM, Cross Border Female Genital Mutilation, December 2019, url, p. 5
[92] UNFPA, Beyond the crossing – Female Genital Mutilation Across Borders, November 2019, url, p. 18
[93] UNFPA, Beyond the crossing – Female Genital Mutilation Across Borders, November 2019, url, p. 25
[94] UNFPA, Beyond the crossing – Female Genital Mutilation Across Borders, November 2019, url, p. 7
[95] UNFPA, Beyond the crossing – Female Genital Mutilation Across Borders, November 2019, url, p. 18

2.5. Dataset limits, under-reporting, and self-reporting

The last DHS in Ethiopia, which includes information on prevalence of and attitudes towards female genital cutting (FGC module), was conducted in 2016.[96] As of February 2022 a new standard DHS is on-going in Ethiopia, with envisaged fieldwork to take place in the period October 2022- February 2023 and an overall sample size of 18 885 women (20 272 households).[97]

Referring to the DHS 2016, 28 Too Many notes, on its on-line Ethiopia's country profile, that 'small sample sizes were used in many of the regions and figures therefore may not be accurate'.[98] A point that is also stressed by Presler-Marshall et al. in their latest report on FGM in Ethiopia published at the beginning of 2022,[99] and confirmed by Jones on occasion of the interview conducted for the purpose of this report.[100]

Still Presler-Marshall et al. maintain that while the DHS 2016 highlights Ethiopia's 'slow but steady progress towards eliminating FGM/C… it cautions that apparent progress may be due to under-reporting due to criminalisation of the practice in 2005'.[101] On this same point 28 Too Many in its latest report on The Law and FGM in Ethiopia (2018) indicates that 'reports suggest… that rural families have increasingly carried out FGM in secret to avoid the law', and that, along with 'low awareness of the law in remote rural communities' another main reason of concern is 'the fear [that] women and girls have of reporting FGM'.[102] Abebe et al., in the journal article from 2020 already mentioned above, maintain that as a result of the new legal framework in force (since 2005), 'many have resorted to practicing FGC at home either by the mother herself or by the grandmother', and, as a quoted key informant puts it, they do so '"hidden inside their home without calling anyone… which makes the identification and reporting very complicated"'.[103] Against this backdrop, Boyden et al., in the context of their seminal research project on childhood poverty called Young Lives, commented already in 2013 on the reliability of the Ethiopia DHS dataset (from 2011 back then): 'given that the practice is illegal and that enforcement through punishment does occur in some areas, it seems likely that there may be some under-reporting in this and other surveys'.[104] In a later Policy Brief (no. 21, 2014) of the same Young Lives project, which relied on DHS Datasets from 2000, 2005, and 2011, the same research group noted that although 'there is clear evidence of a decline in both child marriage and female circumcision… there is likely to be under-reporting' given the illegality and the sensitivities of the practice.'[105]

[96] USAID, The DHS Program, Ethiopia, n.a., url
[97] USAID, The DHS Program, Ethiopia, Standard DHS 2022, n.a., url
[98] 28 Too Many, Ethiopia (Country Profile), 2021, url
[99] Presler-Marshall, E. et al., Exploring the diversity of FGM/C practices in Ethiopia, January 2022, url, p. 1, footnote no. 1
[100] Jones, N., Video interview 22 March 2022
[101] Presler-Marshall, E. et al., Exploring the diversity of FGM/C practices in Ethiopia, January 2022, url, p. 1
[102] 28 Too Many, Ethiopia: The Law and FGM, July 2018, url, p. 7
[103] Abebe et al., Prevalence and Barriers to Ending Female Genital Cutting: The Case of Afar and Amhara Regions of Ethiopia, 29 October 2020, url, p. 9
[104] Boyden, J., et al., Harmful Traditional Practices and Child Protection: Contested Understandings and Practices of Female Child Marriage and Circumcision in Ethiopia, February 2013, url, p. 13
[105] Young Lives, Child Marriage and Female Circumcision (FGM/C): Evidence from Ethiopia, December 2014, url, p. 3

Social desirability issues also play a crucial role as demonstrated by a study conducted by Gibson et al. in 2018 in Ethiopia. They argue that people, when questioned directly about FGM/C, are anticipated to hide their true support for the practice, being it a sensitive and 'illegal' topic.[106] In fact, by comparing directly-stated versus privately-held views in support of FGM/C, the authors found out that - in their research area in West Arsi, Oromia - while both genders express low support for FGM/C when questioned directly, indirect methods revealed substantially higher acceptance of cutting both daughters and daughters-in-law.[107] Yet, as they note, 'to date most studies exploring FGC behaviour have relied on self-report data derived from direct questioning methods, with many [of these] indicating that rates of (and interest in) FGC are broadly in decline'.[108] However, 'the disparity between clinical and self-report data, confirms that people may be inclined to conceal FGC behaviour (and their support for it) in surveys'.[109] On this same point and on reported forms of FGM/C (notably the *sunna* type) see section above 2.2 Forms of FGM in Ethiopia.

Another practice with considerable implications for (under)reporting is cross-border FGM/C, see section below 2.4 Cross border FGM/C practice.

Another set of limitations affecting the DHS 2016 are intra-regional variations. As Jones puts it 'regions themselves are often the size of countries, Oromia region has 40 million people, Amhara has close to 30 million people, and there are many different practices and norms within each of these'.[110] She also mentions data collection capacities in the more under-served areas, and the presence of FGM/C hotspots across regions. Despite these limitations, she maintains that the regional statistics published with the DHS 2016 can work as a 'useful starting point': they provide basic parameters about prevalence, or very rough estimates about type and age of cutting, that can be used to orient the best approach to eradicate the practice locally.[111] For further details about DHS 2016 shortcomings and regional variations in light of more recent research projects/outputs see section 5. Regional and other variations, including section 5.1.2 FGM/C hotspots.

[106] Gibson, M. A., Indirect questioning method reveals hidden support for female genital cutting in South Central Ethiopia, 2 May 2018, url, p. 1
[107] Gibson, M. A., Indirect questioning method reveals hidden support for female genital cutting in South Central Ethiopia, 2 May 2018, url, p. 1
[108] Gibson, M. A., Indirect questioning method reveals hidden support for female genital cutting in South Central Ethiopia, 2 May 2018, url, p. 2
[109] Gibson, M. A., Indirect questioning method reveals hidden support for female genital cutting in South Central Ethiopia, 2 May 2018, url, p. 2
[110] Jones, N., Video interview 22 March 2022
[111] Jones, N., Video interview 22 March 2022

3. Societal attitude and drivers

As indicated by Abebe et al. (2020) the social norms in vogue in the Ethiopian society 'prioritize the protection of culture and customs over government initiatives, including anti-FGC interventions.'[112] On this same point, 28 Too Many reports that 'despite national legislation being in place, those working in communities to end FGM report continuing challenges around knowledge and enforcement of the law'. Moreover, law awareness is still 'very poor, even among those in law-enforcement agencies', while 'local community leaders still support traditional practitioners who cut girls'.[113]

As per the DHS 2016, among women and men aged 15-49 who have heard of FGM, 79.3% of women and 86.7% of men believe that the practice should not be continued.[114] However, as noted in the National Costed Roadmap to End Child Marriage and FGM (2019), 'there is a significant disconnect between the percentage of women who report that they believe FGM/C should continue and the (higher) percentage who have daughters who are cut'.[115] Within this context, it would be difficult to ascertain 'how much of the gap is due to women [and men] reporting what they "should" say, versus genuine differences in beliefs versus practices, or more recently evolved beliefs against FGM/C'.[116]

Moreover, still based on the DHS 2016, societal attitude varies quite substantially across regions. For instance, in the Afar and Somali regions, 54.8% and 52.2% respectively of women aged 15-49 who have heard of FGM/C, still believe that the practice should continue, while the same applies to 36% and 34.2% of men. In Tigray, Benishangul-Gumuz, Gambela, SNNPR, and Addis Abeba less than 20% of women who have heard of FGM/C in each region believe that the practice should continue, and the same applies to less than 20% of men in each region.[117] However, as already discussed above and in section 2.5 Dataset limits, under-reporting, and self-reporting, social desirability issues and community pressure have an impact on hidden truly held views.

In terms of main drivers of FGM/C, the National Costed Roadmap to End Child Marriage and FGM (2019), summarises them along these lines:

> 'FGM/C, like child marriage, is primarily driven by gender norms that seek to control women's sexuality. These norms may be tied to religious beliefs, and FGM/C is still believed by many to be a religious requirement. FGM/C may also be so embedded in cultural practices that it is held in place, even when parents believe that it should be eliminated, by fear of being socially sanctioned by the community. Uncut girls are attributed with negative qualities including having an uncontrolled libido and may be ostracized by their peers. Critically, given the

[112] Abebe et al., Prevalence and Barriers to Ending Female Genital Cutting: The Case of Afar and Amhara Regions of Ethiopia, 29 October 2020, url, p. 13
[113] 28 Too Many, Ethiopia: The Law and FGM, July 2018, url, p. 7
[114] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, p. 327
[115] Ethiopia, National Costed Roadmap to End Child Marriage and FGM/C 2020–2024, August 2019, url, p. 25
[116] Ethiopia, National Costed Roadmap to End Child Marriage and FGM/C 2020–2024, August 2019, url, p. 25
[117] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, p. 327

> central role of marriage and motherhood to girls' future lives, in many Ethiopian contexts uncut girls are perceived to be unmarriageable."[118]

In practice, as noted by Boyden et al., FGM/C 'tends to be seen as a necessary precursor' to marriage,[119] particularly by families and communities most likely to engage in child marriage.[120] While constraining girls' 'errant sexual behaviour', and thus shaping their conduct, FGM/C practices 'safeguard their social standing and marriageability'.[121] FGM/C assures social belonging and girls' purity,[122] but also social integration and girls protection.[123]

Within this context Jones et al., a research team at ODI, in a back-then forthcoming research study quoted in the National Costed Roadmap to End Child Marriage and FGM (2019), found out about interesting regional variations. In Amhara, for example, they reported that 'many respondents believe that uncut girls cannot have sex, because uncut female anatomy precludes male penetration'. In Afar, 'they found that girls who are not cut are considered haram (forbidden by religion)'. In Oromia, having undergone FGM/C is a crucial step prior to 'impending adulthood', and connotes 'readiness for marriage', to the extent that some girls demand to be cut so that they will fit in with their group of peers and stick to the expected cultural norms.[124]

Another example of regional variations, also captured by the DHS 2016, revolves around religion as a possible FGM/C driver.[125] Overall, 23.6% of women aged 15-49 who have heard of FGM/C believe that the practice is required by religion, with following breakdown across main religious affiliations: Muslim 40.9%, Orthodox 17%, Protestant 12.6%, Catholic 19.6%.[126] As indicated by McCauley and van den Broek in a research paper from October 2018 on the eradication of the practice, 'no religious scripts prescribe the practice of FGM/C, although there are variations in how different religious leaders regard FGM/C'. While some promote it and resist change, others consider it irrelevant to religion, and others advocate actively for its elimination.[127] More in particular, in Ethiopia, as indicated by Mehari et al. in 2020, new developments are observed whereby some religious leaders and faith based organisations have denounced the religious basis of the practice (the Evangelical Churches Fellowship of Ethiopia, the Ethiopian Orthodox Tewahedo Church, the Ethiopian Catholic Church, and the Islamic Affairs Supreme Council in Afar region).[128]

[118] Ethiopia, National Costed Roadmap to End Child Marriage and FGM/C 2020–2024, August 2019, url, p. 28
[119] Boyden, J., et al., Harmful Traditional Practices and Child Protection: Contested Understandings and Practices of Female Child Marriage and Circumcision in Ethiopia, February 2013 url, p. 4
[120] Ethiopia, National Costed Roadmap to End Child Marriage and FGM/C 2020–2024, August 2019, url, p. 28
[121] Boyden, J., et al., Harmful Traditional Practices and Child Protection: Contested Understandings and Practices of Female Child Marriage and Circumcision in Ethiopia, February 2013 url, p. 18
[122] Boyden, J., et al., Harmful Traditional Practices and Child Protection: Contested Understandings and Practices of Female Child Marriage and Circumcision in Ethiopia, February 2013 url, p. 18
[123] Boyden, J., et al., Harmful Traditional Practices and Child Protection: Contested Understandings and Practices of Female Child Marriage and Circumcision in Ethiopia, February 2013 url, pp. 13, 41
[124] Ethiopia, National Costed Roadmap to End Child Marriage and FGM/C 2020–2024, August 2019, url, p. 28
[125] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. 319, 326
[126] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, p. 326
[127] McCauley, M., & van den Broek, N., Challenges in the eradication of female genital mutilation/cutting, 29 October 2018, url, p. 1
[128] Mehari, G., et al., Exploring changes in female genital mutilation/cutting: Shifting norms and practices among communities in Fafan and West Arsi zones, Ethiopia, 3 January 2020, url, p. 7

All this notwithstanding, regional variations are indicative of how much religion can permeate the practice. In the Afar and the Somali region, about 61.7% and 57% respectively of women who have heard of FGM/C believe that the practice is required by religion. In Tigray, Benishangul-Gumuz, Gambela, SNNPR, and Addis Abeba the percentage of women who believe that the practice is required by the religion varies between a minimum 6.2% in Addis Abeba and a maximum of 20.1% in Tigray.[129] As noted in the National Costed Roadmap to End Child Marriage and FGM/C 2020-2024, 'more people [in Ethiopia] believe that FGM/C is required by religion than believe it should continue, highlighting the critical importance of working with faith leaders to help shift social and gender norms'.[130] For further details on this point as well as on regional variations in societal attitudes see section 5. Regional and other variations.

[129] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, p. 326
[130] Ethiopia, National Costed Roadmap to End Child Marriage and FGM/C 2020–2024, August 2019, url, p. 24

4. Social and legal protection mechanisms

4.1. Family and girls agency

According to Jones, the scope for girls' agency is generally quite limited in most parts of the country, except where some sort of groundswell of opposition gains momentum and some anti-FGM/C champions speak out against the practice. Normally, only where there is a sizeable minority refusing to undergo the practice - a group of girls who come together and publicly refuse it – there is scope for agency. However, in contexts where prevalence is high, this is 'much more challenging'.[131] This limited scope is also explained by the young age at which girls usually undergo the practice (roughly, the majority of them under 10 years of age).[132] Moreover, in those contexts where the practice takes place in early or mid-adolescence – between 10 and 15 years of age – such as in Oromia and in the SNNPR, Jones and her research team have witnessed a downward pressure on age. In a number of localities, the age of cutting is coming down as a strategy to evade girls' agency.[133]

On this same point, according to Landinfo, in its latest report on FGM/C (2021), families' agency about whether to undergo FGM/C is determined by different factors, the most important of which is 'the prevalence in one's own ethnic group'.[134] When prevalence is low or moderate, family and community's expectations including pressure on families and girls are lower than in communities or groups where prevalence is higher or 'universal'. In ethnic groups like Somali and Afar 'not carrying out FGM would be a radical choice', which requires 'knowledge of and resistance to the practice' as well as resilience and resources to hold to this decision.[135]

Urban or rural residence, and in general proximity and level of social control performed by the local community, are another important factor determining this level of agency. In urban settings, where people are less likely to follow the actions of others, to know each other and be socially sanctioned for not sticking to social norms, it would be easier to escape the practice.[136] Jones is of the same opinion when she states that in urban settings, such as Addis Ababa or Bahir Dar, the situation can be quite different for girls. Here, with higher levels of education and wider consideration of FGM/C as a problem, there would be scope for agency. However, she would distinguish between those who have lived in urban areas for quite some time or who have been born there, and those who have recently migrated from rural contexts, often in distress, and whose level of agency would be quite limited too. Additionally, she notes that population composition of urban centres is also quite crucial in determining the level of agency: in Dire Dawa for instance there is a large Oromo population, especially from the East

[131] Jones, N., Video interview 22 March 2022
[132] Jones, N., Video interview, 22 March 2022
[133] Jones, N., Video interview, 22 March 2022
[134] Landinfo, Ethiopia - Female Genital Mutilation (FGM), 22 June 2021, url, p. 22
[135] Landinfo, Ethiopia - Female Genital Mutilation (FGM), 22 June 2021, url, p. 22
[136] Landinfo, Ethiopia - Female Genital Mutilation (FGM), 22 June 2021, url, p. 22

Hararghe zone, which is quite conservative, as well as a large Somali population, where FGM/C is almost universal and infibulation is still practiced.[137]

As indicated by Landinfo, other important factors to take into consideration are the level of education, especially of the mother but also the father, the socio-economic status of the family, and potential experiences of migration.[138] However, still on education as a factor affecting held views about FGM/C, Gibson et al, in their seminal study on 'hidden support for FGM' (2018) with focus on ethnic Arsi Oromo, found that 'it is elders, particularly educated men, who hold some of the strongest views in favour of the practice' (>45% privately endorse it). Although this group represents a tiny portion of the overall population (around 12%), its members usually hold positions of authority and leadership in the community, while supervising 'key social rites'. As the authors put it 'concealed support and pressure to continue FGC from this powerful and influential group of elders could explain the stubborn persistence of the practice in this and similar communities'.[139]

Overall, though, when there is some level of agency, 'it is mostly for mothers, and especially young mothers, to exercise it', notes Jones. It is for them to decide whether their infants, little babies in the case of the Amhara, or toddlers in other parts of the country, have to undergo the practice. Being that levels of early marriage are quite high across the country, these mothers are often girls, young girls.[140]

On another note, Jones underlines that if young girls have managed to avoid the practice at younger age, this does not prevent them from being exposed to it later. Under renewed social pressure, in a large number of cases they may then be forced to undergo it at the point of marriage.[141] This can happen either just before marriage or during child delivery as Jones and her research team have noted in East Hararghe (Oromia).[142] Mehari et al. have noted similar dynamics in West Arsi Zone (Oromia), where if on the one hand they have observed enhanced levels of girls' agency to abandon the practice, on the other hand they have also noted (mothers-)in-law pressure to force uncut married women to reconsider their decision.[143]

For more details on these and other factors affecting FGM prevalence see section 5.1 Age, religion, residence, education, wealth, and other factors.

4.2. Consequences for refusing to undergo FGM

Landinfo notes that 'breaking with established social norms can be controversial, and in many cases may provoke reactions from the environment. What and how great the social costs will

[137] Jones, N., Video interview 22 March 2022
[138] Landinfo, Ethiopia - Female Genital Mutilation (FGM), 22 June 2021, url, p. 23
[139] Gibson, M. A., Indirect questioning method reveals hidden support for female genital cutting in South Central Ethiopia, 2 May 2018, url, p. 11
[140] Jones, N., Video interview 22 March 2022
[141] Jones, N., Video interview 22 March 2022
[142] Jones, N., Video interview 22 March 2022
[143] Mehari, G., et al., Exploring changes in female genital mutilation/cutting: Shifting norms and practices among communities in Fafan and West Arsi zones, Ethiopia, 3 January 2020, url, pp. 27-28

be for parents who oppose circumcision and their daughters, will vary' based on the attitudes of extended families and the local community.[144]

Jones indicates that social ostracisation is the most significant consequence for refusing to undergo FGM/C, in that girls will be labelled as being 'unclean', 'clumsy', 'unfit' for domestic work, or 'having uncontrolled sexuality', and thus as being unmarriageable. Given the pervasive gender norms and what is valued in the society, these 'insults' can be taken very seriously, with many girls fearing them.[145]

Indeed, as reported by Landinfo, as the FGM/C practice is usually linked to ideas of purity, virginity, and marriageability, one first consequence for the girls would be unsuitability for marriage. Another potential consequence would be exclusion from the social community and social stigma.[146]

In the same way, mothers who do not force their girls to undergo the practice, may also be ostracized. Within this context, Jones notes, things can become quite challenging for them as soon as the time for marriage proposals is approached.[147]

4.3. Social and legal protection mechanisms

The National Costed Roadmap to End Child Marriage and FGM 2020-2024 foresees, amongst other strategies, the enhancement of girls' education as well as of 'girl-friendliness and responsiveness of services' as a way to end the practice. Reportedly these include school-based services such as safe spaces, case reporting, and referral linkages.[148] Also, as indicated by Presler-Marshall et al., students learn or should learn in school about HTPs, including FGM/C, in the curriculum as well as in girls' clubs.[149] Kassegne et al. indicate though that at the local level 'schools do not have resources to undertake anti-FGM/C activities (e.g. drama) on a regular basis'.[150]

Against this backdrop, Jones indicates that girls who refuse to undergo the practice and search for some form of protection can in theory report the case in school: either to the 'girls club leader' where they exist, or to the 'health extension worker', or to the 'school principal'.[151] She notes that while this mechanism is activated more frequently in the case of child marriage, many fewer cases are brought to the attention of these actors in the case of FGM/C, mainly because of the age at which the practices are prevalently undergone. Moreover, the

[144] Landinfo, Ethiopia - Female Genital Mutilation (FGM), 22 June 2021, url, p. 23
[145] Jones, N., Video interview 22 March 2022
[146] Landinfo, Ethiopia - Female Genital Mutilation (FGM), 22 June 2021, url, p. 23; Jones, N., Video interview 22 March 2022
[147] Jones, N., Video interview 22 March 2022
[148] Ethiopia, National Costed Roadmap to End Child Marriage and FGM/C 2020–2024, August 2019, url, p. 35
[149] Presler-Marshall, E. et al., Exploring the diversity of FGM/C practices in Ethiopia, January 2022, url, pp. 5, 9, 14
[150] Kassegne, A. B., Yes I do - Gaining insight into the magnitude of and factors influencing child marriage, female genital mutilation/ cutting and teenage pregnancy in Ethiopia, August 2018, url, p. 52
[151] Jones, N., Video interview 22 March 2022

effectiveness of this mechanism depends on how 'proactive' these health or education officials are in taking it to the district level.[152]

In principle, the Ethiopian criminal law, at Article 443(1) states that 'anyone knowing the commission of, or the identity of the perpetrator, a crime punishable with death or rigorous imprisonment, fails to report such things to the competent authorities is punishable with a fine not exceeding 1000 Birr, or by simple imprisonment not exceeding six months.'[153] However, the prevalent social culture, whereby FGM/C is interlinked with cultural and religious norms, prevents the triggering of legal repercussions.[154] As indicated by Abebe et al., 'families and community members frequently feel unsafe disclosing the identity of cutters and other families who practice FGC due to stigma and social isolation'.[155] The same authors note that 'reporting cases to local authorities is viewed negatively as it threatens the livelihood of the cutter and her family', while the same applies to police officers, who are supposed to report FGM/C cases.[156] Boyden et al. indicate that at times girls may even organise their own circumcision and take responsibility to protect their families and traditional practitioners from legal action, such as in Oromia.[157] Still Abebe et al. note that, in certain communities, such as in the Afar Region, 'it is considered unacceptable to refer a member of the community to a legal body for wrongdoing'.[158] In fact, as a way to accelerate the eradication of FGM/C, Jones et al., in their GAGE report on Adolescent bodily integrity and freedom from violence (2019), recommend the development of school- and community-based reporting chains that could be accessed anonymously by girls or other women.[159]

Other potential social protection mechanisms are the one-stop centres, which are relevant for any form of gender-based violence, including FGM/C, and which are being rolled out in the major urban centres across all regions. In this respect, Jones mentions: 'in Addis Ababa for instance there is one, and it tends to be just one in a major urban area'. These work as shelters that also provide legal and psycho-social support. When girls manage to find protection there, 'this is often just for a very limited period of time'.[160]

For more information on the enforcement of the law that criminalises FGM and the prevalence of social norms over the legal framework see section 1.3 Enforcement of the law.

[152] Jones, N., Video interview 22 March 2022
[153] Ethiopia, The Criminal Code of the Federal Democratic Republic of Ethiopia, Proclamation No. 414/2004, 9 May 2005, url
[154] Abebe, S., et al., Prevalence and Barriers to Ending Female Genital Cutting: The Case of Afar and Amhara Regions of Ethiopia, 29 October 2020, url, p. 11
[155] Abebe, S., et al., Prevalence and Barriers to Ending Female Genital Cutting: The Case of Afar and Amhara Regions of Ethiopia, 29 October 2020, url, p. 11
[156] Abebe, S., et al., Prevalence and Barriers to Ending Female Genital Cutting: The Case of Afar and Amhara Regions of Ethiopia, 29 October 2020, url, pp. 12-13
[157] Boyden, J., et al., Harmful Traditional Practices and Child Protection: Contested Understandings and Practices of Female Child Marriage and Circumcision in Ethiopia, February 2013, url, pp. 37-38
[158] Abebe, S., et al., Prevalence and Barriers to Ending Female Genital Cutting: The Case of Afar and Amhara Regions of Ethiopia, 29 October 2020, url, p. 13
[159] Jones, N., et al., Adolescent bodily integrity and freedom from violence in Ethiopia, May 2019, url, p. 35
[160] Jones, N., Video interview 22 March 2022

5. Regional and other variations

5.1. Age, religion, residence, education, wealth, and other factors

Yismaw et al. in their analysis of FGM/C factors and spatial distribution across Ethiopia (2021), still based on the DHS 2016, show that 'variables such as respondent's age group, religion, residence, husband's education, wealth index, and region [are] important determinants of female genital cutting'.[161] As also confirmed by Alemu's study (2021), FGM/C prevalence increases as age increases, due to the fact, most probably, that younger groups benefit from government-led and other initiatives to stop FGM/C and improve the health status of girls.[162] However, as noted by Landinfo, for the age group 1-14 years, DHS 2016 figures are preliminary, as girls in this age group might not yet have been circumcised at the time of the survey but might undergo the practice at a later time.[163]

At the same time sources agree that following other factors play a role:[164]

Table 4. Determinants of FGM/C

Factors	Impacts
Age group	An increase in women's age is associated with higher odds of FGM/C;[165]
Religion	Muslim religious followers are more likely to undergo circumcision than Protestant, Catholic,[166] and Orthodox religion follower;[167]

[161] Yismaw, A. E., et al., Spatial distribution and associated factors of female genital cutting among reproductive-age women in Ethiopia: Further analysis of EDHS 2016, 2021, url, p. 3

[162] Alemu, A. A., Trends and Determinants of Female Genital Mutilation in Ethiopia: Multilevel Analysis of 2000, 2005 and 2016 Ethiopian Demographic and Health Surveys, 2021, url, p. 26; Yismaw, A. E., et al., Spatial distribution and associated factors of female genital cutting among reproductive-age women in Ethiopia: Further analysis of EDHS 2016, 2021, url, p. 5

[163] Landinfo, comment received during the peer-review process of the present report, 12 April 2022

[164] Yismaw, A. E., et al., Spatial distribution and associated factors of female genital cutting among reproductive-age women in Ethiopia: Further analysis of EDHS 2016, 2021, url, pp. 4-5; Alemu, A. A., Trends and Determinants of Female Genital Mutilation in Ethiopia: Multilevel Analysis of 2000, 2005 and 2016 Ethiopian Demographic and Health Surveys, 2021, url, pp. 22-23, 25-26

[165] Alemu, A. A., Trends and Determinants of Female Genital Mutilation in Ethiopia: Multilevel Analysis of 2000, 2005 and 2016 Ethiopian Demographic and Health Surveys, 2021, url, pp. 24, 26; Yismaw, A. E., et al., Spatial distribution and associated factors of female genital cutting among reproductive-age women in Ethiopia: Further analysis of EDHS 2016, 2021, url, p. 5

[166] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, p. 321

[167] Alemu, A. A., Trends and Determinants of Female Genital Mutilation in Ethiopia: Multilevel Analysis of 2000, 2005 and 2016 Ethiopian Demographic and Health Surveys, 2021, url, p. 26; Yismaw, A. E., et al., Spatial distribution and associated factors of female genital cutting among reproductive-age women in Ethiopia: Further analysis of EDHS 2016, 2021, url, p. 5; Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, p. 321

Factors	Impacts
Residence	Women living in rural areas are more likely to undergo FGM/C as compared to their counterparts in urban areas;[168]
Education	Primary educated husbands decrease the likelihood of FGM/C as compared to husbands without education.[169] Increasing women's educational level reduces the percentage of FGM/C;[170]
Wealth	Women in the richest wealth index are less likely to undergo FGM/C compared to women from poor(er) households;[171]
Region	Women living in Afar, Amhara, Oromia, Somalia, Benishangul, SNNP, Harari, Addis Ababa, and Dire Dawa are more likely to undergo FGM/C compared to women living in the Tigray Region.[172]

EUAA elaboration of Yismaw et al. (2021, pp. 4-5) and Alemu, A. A. (2020, pp. 22-23, 25-26)

For more details on variations across the regions of Ethiopia see sections below.

5.1.1. FGM/C across ethnic groups

At the time of the DHS 2016, Ethiopia was 'split into nine ethnic-based regional states' (Afar, Amhara, Benishangul Gumuz, Gambela, Harari, Oromia, Somali, Southern Nations, Nationalities, and People's Region - SNNP and Tigray) and two chartered cities (Addis Ababa and Dire Dawa).[173] In February 2021, the Sidama Regional State, until then a Zone within the SNNPR, was officially inaugurated as a regional state on its own.[174] Few months later, on 1 November 2021, the SNNPRS Council handed over power to the South West Ethiopian

[168] Yismaw, A. E., et al., Spatial distribution and associated factors of female genital cutting among reproductive-age women in Ethiopia: Further analysis of EDHS 2016, 2021, url, p. 5
[169] Yismaw, A. E., et al., Spatial distribution and associated factors of female genital cutting among reproductive-age women in Ethiopia: Further analysis of EDHS 2016, 2021, url, p. 5
[170] Alemu, A. A., Trends and Determinants of Female Genital Mutilation in Ethiopia: Multilevel Analysis of 2000, 2005 and 2016 Ethiopian Demographic and Health Surveys, 2021, url, pp. 24, 26
[171] Alemu, A. A., Trends and Determinants of Female Genital Mutilation in Ethiopia: Multilevel Analysis of 2000, 2005 and 2016 Ethiopian Demographic and Health Surveys, 2021, url, p. 23; Yismaw, A. E., et al., Spatial distribution and associated factors of female genital cutting among reproductive-age women in Ethiopia: Further analysis of EDHS 2016, 2021, url, p. 5
[172] Yismaw, A. E., et al., Spatial distribution and associated factors of female genital cutting among reproductive-age women in Ethiopia: Further analysis of EDHS 2016, 2021, url, p. 5
[173] Yismaw, A. E., et al., Spatial distribution and associated factors of female genital cutting among reproductive-age women in Ethiopia: Further analysis of EDHS 2016, 2021, url, p. 2
[174] Ethiopia Monitor, Sidama Regional State Officially Inaugurated, 22 February 2021, url

People's Regional State, which was officially recognized as the 11th state by the House of Federation following the September 30 referendum.[175]

The table below, based on DHS 2016 data, offers a comparison between prevalence across main Ethiopian ethnic groups and (corresponding) regions:[176]

Table 5. FGM/C prevalence across main Ethiopian ethnic groups and (corresponding) regions

Ethnic Group	Prevalence	(Corresponding) Region	Regional Prevalence
Afar	98.4	Afar	91.2
Amhara	60.5	Amhara	61.7
Oromo	77.1	Oromiya	75.6
Somali	98.5	Somali	98.5
Tigray	23	Tigray	24.2
Welaita	92.3	SNNPR	62.0
Hadiya	92.3	SNNPR	62.0
Guragie	78.3	SNNPR	62.0
Sidama	87.6	(ex) SNNPR	62.0
		Benishangul-Gumuz	62.9
		Gambela	33
Others	38.1		

EUAA elaboration of Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, p. 321

For most regions, the difference between regional and ethnic prevalence was minimal.[177] While bearing in mind all due caveats and with the exception of Oromia and SNNPR among other regions, Jones maintains that regional prevalence as per DHS 2016 is a decent proxy of ethnic prevalence.[178]

Data on ethnic groups is crucial for regions such as SNNPR which is the home of more than 45 ethnic groups.[179] Here FGM/C prevalence is 62% which is much lower than the prevalence among the Sidama for instance (87.6%),[180] or the Wolaita (Welaita) and the Hadiya (both 92.3%)[181], which are ethnic groups in the same region.[182] As indicated in the National Costed Roadmap to End Child Marriage and FGM (2019), 'national level figures hide significant ethnic and regional variation'.[183]

[175] Addis Standard, Southern State hands over power to newly constituted South West Ethiopian People's State, 3 November 2021, url
[176] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, p. 321
[177] Mehari, G., et al., Exploring changes in female genital mutilation/cutting: Shifting norms and practices among communities in Fafan and West Arsi zones, Ethiopia, 3 January 2020, url, p. 5
[178] Jones, N., Video interview 22 March 2022
[179] Jones, N., Video interview 22 March 2022
[180] Mehari, G., et al., Exploring changes in female genital mutilation/cutting: Shifting norms and practices among communities in Fafan and West Arsi zones, Ethiopia, 3 January 2020, url, p. 5
[181] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, p. 321
[182] Abebe, S., et al., Prevalence and Barriers to Ending Female Genital Cutting: The Case of Afar and Amhara Regions of Ethiopia, 29 October 2020, url, p. 2
[183] Ethiopia, National Costed Roadmap to End Child Marriage and FGM/C 2020–2024, August 2019, url, p. 24

5.1.2. FGM/C hotspots

In 2021 Geremew et al., by conducting a cross-sectional data analysis using secondary data from the DHS 2016, evaluated whether the pattern of FGM/C is 'clustered', 'dispersed' or 'random' across Ethiopia.[184] They came to the conclusion that FGM/C hotspots were detected in northern, eastern, and north-eastern parts of the country, particularly in Afar, Amhara, Tigray and Oromia regions, but also in Somali, Benishangul-Gumuz, and SNNPR regions including Dire Dawa town.[185] Another research team, led by Tesema, identified in 2020, still based on the DHS 2016, a total of 581 significant primary and secondary clusters. Moreover, the hotspot analysis detected significant hotspot areas by comparing the DHS 2000, 2005, and 2016, which were consistently located in the entire Somali, Afar, Harari, and border areas of Somali regions.[186] A similar research study, conducted by Yismaw et al. in 2021, engaged also with spatial distribution analysis and associated factor of FGM/C in Ethiopia.[187] This time the research team came to the conclusion that FGM/C spatial distribution is 'random' in Ethiopia.[188]

As reported by Landinfo in its 2021 report on FGM/C in Ethiopia, while quoting Geremew's study, 'in addition to a large variation between regions', FGM/C prevalence also varies within regions: 'interactions between factors such as ethnicity, religion and community understanding of FGM can form clusters of high prevalence at the local level'.[189]

5.2. Situation in the Somali Regional State

As per the DHS 2016, average prevalence in the Somali region (Somali State or Somali Regional State, SRS) is 98.5% for women aged 15-49 (225 circumcised women over 229 respondents). The regional breakdown per age group and type of FGM/C is as follows:[190]

[184] Geremew, T. T., et al., Hotspots of female genital mutilation/cutting and associated factors among girls in Ethiopia: a spatial and multilevel analysis, 2021, url, pp. 1, 2, and 3
[185] Geremew, T. T., et al., Hotspots of female genital mutilation/cutting and associated factors among girls in Ethiopia: a spatial and multilevel analysis, 2021, url, p. 12
[186] Tesema, Trends and Spatio-temporal variation of female genital mutilation among reproductive-age women in Ethiopia: a spatio-temporal and multivariate decomposition analysis of Ethiopian demographic and health surveys, 2020, url, pp. 10, 12, 14
[187] Yismaw, A. E., et al., Spatial distribution and associated factors of female genital cutting among reproductive-age women in Ethiopia: Further analysis of EDHS 2016, 2021, url, p. 2
[188] Yismaw, A. E., et al., Spatial distribution and associated factors of female genital cutting among reproductive-age women in Ethiopia: Further analysis of EDHS 2016, 2021, url, p. 4
[189] Landinfo, Ethiopia - Female Genital Mutilation (FGM), 22 June 2021, url, p. 21
[190] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. 321-322

Table 6. SRS, Age of cutting and FGM/C prevalent type

Age of Cutting				
Before 5 years of age	Between 5-9	Between 10-14	Older than 15	Don't Know/Missing
12.8%	61.3%	23.8%	0.4%	1.7%
FGM Prevalent Type				
Type 3/Infibulation	Cut, flesh removed	Cut, no flesh removed	/	Don't know/Missing
73.1%	24.7%	1.7%		0.5%

EUAA elaboration of Ethiopia CSA and ICF, Demographic and Health Survey 2016, July 2017, url, p. 321-322

More recently (2019), Mehari et al., a group of Ethiopian researchers, conducted a study about shifting norms and practices among various communities in Ethiopia, including Fafan in the SRS. The inquiry was a cross-sectional qualitative study which involved in-depth interviews and focus group discussions.[191] The situation in the Somali study setting was described as follows:

> 'Significant alterations of FGM/C norms and practises were not observed. The association between FGM/C and marriageability, purity, virginity, and respect is still very strong. Uncut girls are considered haram (impure/unclean) and excluded from social responsibilities. FGM/C is considered to be a process of purifying girls. Community awareness of the health risks associated with FGM/C have not led to abandonment of the practice. Abandoning FGM/C involves a high social risk as sanctions against uncut girls/women include exclusion from social interactions and religious activities.'[192]

The study highlights that 'Somali girls continue to be excluded from FGM/C-related decision-making' and that their agency regarding 'their circumcision is constrained by religious and cultural norms that cherish FGM/C'.[193] Additionally, in the Somali setting, the very meaning of FGM/C is contested, because for some people only infibulation is considered to be FGM/C, and thus illegal, whereas *sunna* is perceived as a legal practise. As a result, abandoning FGM/C is considered to be abandoning the severe type of FGM/C and shifting to the *sunna* cut.[194] Reportedly religious leaders encourage this practice and people consider the *sunna* cut a religious requirement as well as a process of purifying girls/women.[195]

Against this societal backdrop, the study showed 'slight changes towards a supposedly less severe type of FGM/C (the *sunna* cut) especially in urban areas', while, 'infibulation, popularly known as *Gudnika Faronika*, is generally still highly cherished and widely practised in the

[191] Mehari, G., et al., Exploring changes in female genital mutilation/cutting: Shifting norms and practices among communities in Fafan and West Arsi zones, Ethiopia, 3 January 2020, url, p. 9
[192] Mehari, G., et al., Exploring changes in female genital mutilation/cutting: Shifting norms and practices among communities in Fafan and West Arsi zones, Ethiopia, 3 January 2020, url, p. 32
[193] Mehari, G., et al., Exploring changes in female genital mutilation/cutting: Shifting norms and practices among communities in Fafan and West Arsi zones, Ethiopia, 3 January 2020, url, p. 28
[194] Mehari, G., et al., Exploring changes in female genital mutilation/cutting: Shifting norms and practices among communities in Fafan and West Arsi zones, Ethiopia, 3 January 2020, url, p. 29
[195] Mehari, G., et al., Exploring changes in female genital mutilation/cutting: Shifting norms and practices among communities in Fafan and West Arsi zones, Ethiopia, 3 January 2020, url, p. 29

study community despite FGM/C interventions.'[196] In 2015 Abathun et al. conducted a qualitative research study of the attitudes towards FGM/C among male and female focus group participants (32 in the SRS and 32 in Harari) aged 18-65 years.[197] Back then the majority of focus group participants in the Somali region stated that 'the majority of those who practice infibulations [have] shifted to practice the less extensive or "Sunna" type'.[198]

In terms of societal attitudes in the SRS, according to the DHS 2016, 57% of women who have heard of FGM/C believe that the practice is required by religion, and 52.2% maintain that the practice should continue (34.2% among men).[199] As already noted this percentage is far lower than the actual prevalence of the practice in the region, calling into question social desirability issues (see section 3. Societal attitude and drivers).[200] Mehari et al. note in this regard that in general parents and girls (in Fafan) 'are subjected to strong social pressure to conform to FGM/C-related social norms'. Most of them believe that other girls and women have undergone the practice, hence confronted with such empirical expectations they comply with the norms.[201]

Still on this point, from October to December 2015, Abathun and his research team conducted a school-based cross-sectional quantitative study in the SRS (and Harari Regional State), aimed at investigating the attitude towards FGM/C among young people. The study showed that, out of 238 respondents (male and female aged 16-22), only 20.6% were in favour of the continuation of the practice,[202] while 77.3% stated that FGM/C was against the law.[203] Quite interestingly, the study also found that more than half, 58.6%, of young boys in both study areas preferred to marry uncircumcised girls (uncut).[204] However, as indicated by the authors of the research article, the study had a number of limitations, including the fact that 'self-reported answers' might have been biased by social desirability issues.[205]

5.3. Situation in Afar

In Afar, as per the DHS 2016, average FGM/C prevalence is 91.2% for women aged 15-49 (61 circumcised women over 67 respondents). The regional breakdown per age group and FGM/C type is as follows:[206]

[196] Mehari, G., et al., Exploring changes in female genital mutilation/cutting: Shifting norms and practices among communities in Fafan and West Arsi zones, Ethiopia, 3 January 2020, url, p. 32
[197] Abathun, A. D., et al., Attitude toward female genital mutilation among Somali and Harari people, Eastern Ethiopia, 6 October 2016, url, p. 559
[198] Abathun, A. D., et al., Attitude toward female genital mutilation among Somali and Harari people, Eastern Ethiopia, 6 October 2016, url, p. 560
[199] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. 326-327
[200] Ethiopia, National Costed Roadmap to End Child Marriage and FGM/C 2020–2024, August 2019, url, p. 25
[201] Mehari, G., et al., Exploring changes in female genital mutilation/cutting: Shifting norms and practices among communities in Fafan and West Arsi zones, Ethiopia, 3 January 2020, url, p. 32
[202] Abathun, A. D., et al., Attitude towards the Practice of Female Genital Cutting among School Boys and Girls in Somali and Harari Regions, Eastern Ethiopia, 2017, url, p. 3
[203] Abathun, A. D., et al., Attitude towards the Practice of Female Genital Cutting among School Boys and Girls in Somali and Harari Regions, Eastern Ethiopia, 2017, url, p. 6
[204] Abathun, A. D., et al., Attitude towards the Practice of Female Genital Cutting among School Boys and Girls in Somali and Harari Regions, Eastern Ethiopia, 2017, url, p. 7
[205] Abathun, A. D., et al., Attitude towards the Practice of Female Genital Cutting among School Boys and Girls in Somali and Harari Regions, Eastern Ethiopia, 2017, url, p. 7
[206] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. 321-322

Table 7. Afar, Age of cutting and FGM/C prevalent type

Age of Cutting				
Before 5 years of age	Between 5-9	Between 10-14	Older than 15	Don't Know/Missing
89.5%	4.6%	3.2%	0.2%	2.5%
FGM Prevalent Type				
Type 3/Infibulation	Cut, flesh removed	Cut, no flesh removed	/	Don't know/Missing
63.6%	24.1%	7.2%		5%

EUAA elaboration of Ethiopia CSA and ICF, Demographic and Health Survey 2016, July 2017, url, p. 321-322

Other more recent studies offer a different picture. Abebe et al.'s study, which was conducted in April 2020 in three adjacent districts (Kewat, North Shoa Zone, in the Amhara Region, and Telalak and Dewe in the Afar region), found that almost all women participating in the survey, 398 out of 405, or 98%, underwent FGM/C.[207] Prevalence in the Afar districts (Telalak and Dewe) was 100% (204 out of 204 surveyed women).[208] Moreover, the prevalence of FGM/C among the female children of all participants (in Afar and Amhara) was 74%, and 65% of the participants' youngest daughters (last born) had undergone FGM/C.[209]

A pool of ODI researchers contributing to the multiannual GAGE project published at the beginning of 2022 the results of their field research on 'Exploring the diversity of FGM/C practices in Ethiopia'.[210] The report focuses on Zone 5 (Afar Region) among others, and draws on mixed-methods research undertaken by GAGE in rural and urban sites.[211] For Zone 5 it relies on a quantitative sample of 802 adolescents in two age cohorts (older adolescents, aged 17–19, and younger adolescents, aged 12–14), and a qualitative sample of 64 core adolescents.[212] Among the age group 17-19, 84% of girls reported to have experienced FGM/C, compared to 92% of younger girls (12-14 years of age) according to their female caregivers. Moreover, across age groups in Zone 5 of Afar girls underwent FGM/C at the average age of 1,5 years.[213] Based on this research there have been shifts in practices from Type 3 to Type I FGM/C, especially in more central *kebeles* (municipalities), while in more remote *kebeles* progress has been more mixed.[214]

In Afar, as per the DHS 2016, 61.7% of women who have heard of FGM/C believe that the practice is required by religion, and 54.8% maintain that the practice should continue.[215] Based on the research findings of the ODI GAGE project (2022), 71% of girls aged 17-19 in Zone 5 believe that the practice is required by religion and 72% believe that it should continue.[216] Abebe et al. report that about 54% of their 405 respondents (across the three surveyed

[207] Abebe, S., et al., Prevalence and Barriers to Ending Female Genital Cutting: The Case of Afar and Amhara Regions of Ethiopia, 29 October 2020, url, p. 3
[208] Abebe, S., email exchange, 4 March 2022
[209] Abebe, S., et al., Prevalence and Barriers to Ending Female Genital Cutting: The Case of Afar and Amhara Regions of Ethiopia, 29 October 2020, url, p. 8
[210] Presler-Marshall, E. et al., Exploring the diversity of FGM/C practices in Ethiopia, January 2022, url, p. 1
[211] Presler-Marshall, E. et al., Exploring the diversity of FGM/C practices in Ethiopia, January 2022, url, p. 3
[212] Jones N., email 15 March 2022
[213] Presler-Marshall, E. et al., Exploring the diversity of FGM/C practices in Ethiopia, January 2022, url, p. 10
[214] Presler-Marshall, E. et al., Exploring the diversity of FGM/C practices in Ethiopia, January 2022, url, p. 11
[215] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. 326-327
[216] Presler-Marshall, E. et al., Exploring the diversity of FGM/C practices in Ethiopia, January 2022, url, p. 10

districts, see above for details) believe that FGM/C is obligatory to the practice of their religion.[217] They also indicate that in some districts women consider ending-FGM/C initiatives as mere government goals which actually conflict with their own religious beliefs and practices.[218]

The same research group reports that 'in Afar, 'Sunna' is considered as part of Islamic religious obligation' and some families force traditional birth attendants to practice it.[219] A combination of 'internalized stigma at the individual level' and 'restrictive social norms' at the family level enables FGM/C practice to continue, while the interlinkage of FGM/C with cultural and religious beliefs poses a significant barrier to social change.[220] Moreover, still Abebe et al. report that 'challenging FGC and reporting cases to local authorities is viewed negatively as it threatens the livelihood of the cutter and her family.'[221] Additionally they report that 'FGC often takes place in secret and out of sight' which is full of implications for legal prosecution.[222]

5.4. Situation in Oromia

As per the DHS 2016, average prevalence in Oromia is 75.6% for women aged 15-49 (2 178 circumcised women out of 2 881 respondents). The regional breakdown per age group and type of FGM/C is as follows:[223]

Table 8. Oromia, Age of cutting and FGM/C prevalent type

Age of Cutting				
Before 5 years of age	Between 5-9	Between 10-14	Older than 15	Don't Know/Missing
31.8%	27.4%	23.4%	8.5%	9%
FGM Prevalent Type				
Type 3/Infibulation	Cut, flesh removed	Cut, no flesh removed	/	Don't know/Missing
1.6%	83.8%	2%		12.6%

EUAA elaboration of Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, p. 321-322

[217] Abebe, S., et al., Prevalence and Barriers to Ending Female Genital Cutting: The Case of Afar and Amhara Regions of Ethiopia, 29 October 2020, url, p. 12
[218] Abebe, S., et al., Prevalence and Barriers to Ending Female Genital Cutting: The Case of Afar and Amhara Regions of Ethiopia, 29 October 2020, url, p. 12
[219] Abebe, S., et al., Prevalence and Barriers to Ending Female Genital Cutting: The Case of Afar and Amhara Regions of Ethiopia, 29 October 2020, url, p. 11
[220] Abebe, S., et al., Prevalence and Barriers to Ending Female Genital Cutting: The Case of Afar and Amhara Regions of Ethiopia, 29 October 2020, url, p. 11
[221] Abebe, S., et al., Prevalence and Barriers to Ending Female Genital Cutting: The Case of Afar and Amhara Regions of Ethiopia, 29 October 2020, url, p. 12
[222] Abebe, S., et al., Prevalence and Barriers to Ending Female Genital Cutting: The Case of Afar and Amhara Regions of Ethiopia, 29 October 2020, url, p. 14
[223] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. 321-322

Mehari et al., a group of Ethiopian researchers, conducted a study about shifting norms and practices across two different communities in Ethiopia, in the West Arsi zone in Oromia and the Fanfan zone in the Somali region. The inquiry was a cross-sectional qualitative study which involved in-depth interviews and focus group discussions. The results of the study were published in 2020.[224] The authors, with regards to FGM/C practices, describe the situation in West Arsi as 'more dynamic and changing' as compared to Fafan.[225]

The study shows that in West Arsi 'changes in norms and practises are manifested in various ways: the number of girls abandoning FGM/C is increasing, uncut girls are getting married, social pressure on uncut girls and their parents is declining, and uncut girls are considered to be modern and educated.' Within this context 'community values and norms related to marriageability, purity, and respect —perceived advantages of FGM/C—are challenged'.[226] However, despite these changes, 'uncut girls are exposed to challenges in their marital home mainly propagated by [mother] in-laws and people related to their husband's clan' who want them to conform to the practice.[227] On this same point Jones reports that in parts of Oromia, such as in the East Hararghe Zone, given the very high prevalence of the practice, even if girls have managed to resist pre-marriage FGM/C, they may get forced to undergo FGM/C either just before marriage, 'and then it becomes very painful', or 'during child birth'.[228]

A more recent report of ODI researchers (January 2022) titled 'Exploring the diversity of FGM/C practices in Ethiopia' provides a different picture in terms of general trends in Oromia.[229] The report focuses on the East Hararghe zone in Oromia, among other regions, and draws on mixed-methods research undertaken by GAGE in rural and urban sites.[230] For East Hararghe it relies on a quantitative sample of 2 255 adolescents in two age cohorts (older adolescents, aged 17–19, and younger adolescents, aged 12–14), and a qualitative sample of 99 core adolescents.[231] The survey found that 89% of girls aged 17-19 admitted to having been cut – 'a significantly higher rate than that reported by the 2016 DHS for Oromia as a whole (76%)'. These girls had experienced FGM/C at an average age of 9.6 years.[232] The qualitative findings suggest that 'although most [girls] undergo the practice between the ages of 9 and 12, some experience it before the age of 5, apparently because younger girls tend to be more compliant and also because it is easier to conceal the practice.'[233] Moreover, while Type 1 seems to be the most widespread form and most adults report that infibulation had been abandoned a long time ago, 'a sizeable minority of girls undergo the removal of both the inner and outer labia (in addition to the clitoris) and a smaller minority are still infibulated'.[234]

[224] Mehari, G., et al., Exploring changes in female genital mutilation/cutting: Shifting norms and practices among communities in Fafan and West Arsi zones, Ethiopia, 3 January 2020, url, p. 9
[225] Mehari, G., et al., Exploring changes in female genital mutilation/cutting: Shifting norms and practices among communities in Fafan and West Arsi zones, Ethiopia, 3 January 2020, url, p. 32
[226] Mehari, G., et al., Exploring changes in female genital mutilation/cutting: Shifting norms and practices among communities in Fafan and West Arsi zones, Ethiopia, 3 January 2020, url, p. 32
[227] Mehari, G., et al., Exploring changes in female genital mutilation/cutting: Shifting norms and practices among communities in Fafan and West Arsi zones, Ethiopia, 3 January 2020, url, pp. 27, 32
[228] Jones, N., Video interview 22 March 2022
[229] Presler-Marshall, E. et al., Exploring the diversity of FGM/C practices in Ethiopia, January 2022, url, p. 1
[230] Presler-Marshall, E. et al., Exploring the diversity of FGM/C practices in Ethiopia, January 2022, url, p. 3
[231] Jones N., email exchange, 15 March 2022
[232] Presler-Marshall, E. et al., Exploring the diversity of FGM/C practices in Ethiopia, January 2022, url, p. 7
[233] Presler-Marshall, E. et al., Exploring the diversity of FGM/C practices in Ethiopia, January 2022, url, p. 7
[234] Presler-Marshall, E. et al., Exploring the diversity of FGM/C practices in Ethiopia, January 2022, url, pp. 7-8

In Oromia, as per the DHS 2016, 27.2% of women in general who have heard of FGM/C believe that the practice is required by religion, and 19.2% maintain that the practice should continue.[235] Based on the research findings of the ODI GAGE project (2022), 71% of girls aged 17-19 in East Hararghe believe that the practice is required by religion and 49% believe that it should continue.[236] About West Arsi zone, Mehari et al. report that 'due to strong cultural values and beliefs attached to FGM/C, programme implementers experience challenges in persuading community members, especially women, to abandon the practice'.[237] In 2016 Gibson et al. carried out a seminal study on hidden support for FGM/C in South Central Ethiopia, which was published in 2018.[238] They administered a socio-demographic household survey to 1 620 adults living in rural sub-districts of Arsi and East Shewa zones, southern Oromia, among ethnic Arsi Oromo.[239] They made a comparison of FGM/C attitudes obtained from direct and indirect questioning methods, which 'provided a measure of the extent to which privately-held views differed from those openly-stated'.[240] Based on their research findings, 'true support was three times higher, at approximately 22.4%' compared to what otherwise stated by respondents through direct questions (7.7%).[241]

5.5. Situation in Benishangul-Gumuz

According to the data of the DHS 2016, average prevalence in Benishangul-Gumuz is 62.9% for women aged 15-49 (47 circumcised women out of 75 respondents). The regional breakdown per age group and type of FGM/C is as follows:[242]

Table 9. Benishangul-Gumuz, Age of cutting and FGM/C prevalent type

Age of Cutting				
Before 5 years of age	Between 5-9	Between 10-14	Older than 15	Don't Know/Missing
76.5%	10.4%	5.6%	3%	4.5%
FGM Prevalent Type				
Type 3/Infibulation	Cut, flesh removed	Cut, no flesh removed	/	Don't know/Missing
3.2%	66.2%	5.9%		24.7%

EUAA elaboration of Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, p. 321-322

[235] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. 326-327
[236] Presler-Marshall, E. et al., Exploring the diversity of FGM/C practices in Ethiopia, January 2022, url, p. 7
[237] Mehari, G., et al., Exploring changes in female genital mutilation/cutting: Shifting norms and practices among communities in Fafan and West Arsi zones, Ethiopia, 3 January 2020, url, p. 28
[238] Gibson, M. A., Indirect questioning method reveals hidden support for female genital cutting in South Central Ethiopia, 2 May 2018, url
[239] Gibson, M. A., Indirect questioning method reveals hidden support for female genital cutting in South Central Ethiopia, 2 May 2018, url, pp. 3, 5
[240] Gibson, M. A., Indirect questioning method reveals hidden support for female genital cutting in South Central Ethiopia, 2 May 2018, url, p. 4
[241] Gibson, M. A., Indirect questioning method reveals hidden support for female genital cutting in South Central Ethiopia, 2 May 2018, url, p. 6
[242] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. 321-322

In Benishangul-Gumuz, as registered in the DHS 2016, 14.9% of women who have heard of FGM/C believe that the practice is required by religion, and 9.7% maintain that the practice should continue.[243]

5.6. Situation in SNNPR

According to the data of the DHS 2016, average prevalence in SNNPR is 62% for women aged 15-49 (1 024 circumcised women over 1 653 respondents). The regional breakdown per age group and type of FGM/C is as follows: [244]

Table 10. SNNPR, Age of cutting and FGM/C prevalent type

Age of Cutting				
Before 5 years of age	Between 5-9	Between 10-14	Older than 15	Don't Know/Missing
30.6%	25.9%	30.6%	10.2%	2.7%
FGM Prevalent Type				
Type 3/Infibulation	Cut, flesh removed	Cut, no flesh removed	/	Don't know/Missing
4.3%	88.7%	2.8%		4.1%

EUAA elaboration of Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, p. 321-322

A more recent study by Asebe Awol Amado, a lecturer and researcher at Dilla University in Ethiopia on FGM/C in SNNPR was conducted in the Angacha District of the Kembata Tembaro Zone from September 2019 to May 2020, and it involved 278 women aged 15-49.[245] Based on the study's research findings, FGM/C is widely practiced in both literate and illiterate groups of the community: 257 women (92.4%) confirmed that FGM/C is still practiced in the community, and 216 (77.7%) affirmed that they had undergone it. Quite exceptionally for Ethiopia, in SNNPR, 130 women (46.8%) reported that 'health professionals' perform the practice (according to the data of the DHS 2016 health professionals perform only 2% of cases in Ethiopia, and 10% of cases in SNNPR, see section 2.3 FGM performers for further details). The study authors report about focus group discussants disclosing that 'the prevalence of FGM has an increasingly alarming rate in the community' and that 'circumcision (FGM) is performed by health professionals at night-time in rural villages'.[246] Increasing medicalisation trends were also observed in the West Arsi zone in Oromia by Mehari et al. in their recent study (2020).[247]

The research study by Amado mentioned above shows that 'Protestants are dominant FGM victims in the study area, and students, aged 15 to 25 years old, are mostly the victims of the

[243] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. 326-327
[244] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. 321-322
[245] Amado, A. A., Prevalence of Female Genital Mutilation (FGM): The Prospective Form Angacha District Kembata Community; SNNPRS, Ethiopia, August 2021, url, p. 76
[246] Amado, A. A., Prevalence of Female Genital Mutilation (FGM): The Prospective Form Angacha District Kembata Community; SNNPRS, Ethiopia, August 2021, url, p. 79
[247] Mehari, G., et al., Exploring changes in female genital mutilation/cutting: Shifting norms and practices among communities in Fafan and West Arsi zones, Ethiopia, 3 January 2020, url, p. 26

practice'.[248] In general, more than 68% of girls undergo the practice between the age of 11 and 20 (52.2% 11-15 years of age, 16.2% 16-20 years of age).[249]

Another study, carried out in March 2018 in SNNPR, in the Damot Gale *woreda* (district), Wolayita zone, complements the picture above.[250] The primary data sources were responses from married women, 333 in total, aged 18 to 49, who were interviewed in their homes.[251] 296 (88.9%) of the total responders had undergone FGM/C, whereas 37 (11.1%) had not. The majority of FGM/C was performed when children were aged 1 to 5, accounting for 171 instances of FGM/C (51.4 %). While all types of FGM/C were practiced in the study area, clitoridectomy was the most common type of FGM/C (286 cases, or 85.8%), and traditional circumcisers performed the majority of the circumcisions at home (282 cases, or 95.5%).[252]

According to the data of the DHS 2016, in SNNPR 18.1% of women who have heard of FGM/C believe that the practice is required by religion, and 15.6% maintain that the practice should continue.[253] Amado, in his recent research conducted in the Angacha District in the Kembata Tembaro Zone (2020), indicates instead that 61.9% of the respondents have a plan to circumcise their daughter in the future.[254] Moreover, according to qualitative data of the same study, marriage would be the most influential push factor of FGM/C in the community, while quantitative data show a combination of various elements that ensure that the practice continues to exist: including respect of norms and traditions, increasing chances of marriage, accessing womanhood.[255] Anjulo and Lambebo, in their study carried out in the Wolayta zone (2021), report that 46.2% of their respondents believe that the practice should continue, and 84.1% that they will continue to circumcise their daughters.[256]

5.7. Situation in Amhara

As per the DHS 2016, average prevalence in Amhara is 61.7% for women aged 15-49 (1 127 circumcised women over 1 826 respondents). The regional breakdown per age group and type of FGM is as follows:[257]

[248] Amado, A. A., Prevalence of Female Genital Mutilation (FGM): The Prospective Form Angacha District Kembata Community; SNNPRS, Ethiopia, August 2021, url, p. 78
[249] Amado, A. A., Prevalence of Female Genital Mutilation (FGM): The Prospective Form Angacha District Kembata Community; SNNPRS, Ethiopia, August 2021, url, p. 79, Table 2.
[250] Anjulo, B. B., & Lambebo, A. F., Prevalence and associated factors of Female Genital Mutilation among reproductive age women's of Wolayita Zone, Southern Ethiopia: A cross sectional study, 23 October 2021, url, p. 92
[251] Anjulo, B. B., & Lambebo, A. F., Prevalence and associated factors of Female Genital Mutilation among reproductive age women's of Wolayita Zone, Southern Ethiopia: A cross sectional study, 23 October 2021, url, p. 93
[252] Anjulo, B. B., & Lambebo, A. F., Prevalence and associated factors of Female Genital Mutilation among reproductive age women's of Wolayita Zone, Southern Ethiopia: A cross sectional study, 23 October 2021, url, p. 94
[253] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. 326-327
[254] Amado, A. A., Prevalence of Female Genital Mutilation (FGM): The Prospective Form Angacha District Kembata Community; SNNPRS, Ethiopia, August 2021, url, p. 80
[255] Amado, A. A., Prevalence of Female Genital Mutilation (FGM): The Prospective Form Angacha District Kembata Community; SNNPRS, Ethiopia, August 2021, url, pp. 80-81
[256] Anjulo, B. B., & Lambebo, A. F., Prevalence and associated factors of Female Genital Mutilation among reproductive age women's of Wolayita Zone, Southern Ethiopia: A cross sectional study, 23 October 2021, url, pp. 94-95
[257] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. 321-322

Table 11. Amahara. Age of cutting and FGM/C prevalent type

Age of Cutting				
Before 5 years of age	Between 5-9	Between 10-14	Older than 15	Don't Know/Missing
92%	3.6%	0.9%	0.6%	3%
FGM Prevalent Type				
Type 3/Infibulation	Cut, flesh removed	Cut, no flesh removed	/	Don't know/Missing
2.8%	55.1%	1.8%		40.2%

EUAA elaboration of Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, p. 321-322

Other more recent studies offer a different picture. Abebe et al.'s study, which was conducted in April 2020 in three adjacent districts (Kewat, North Shoa Zone, in the Amhara Region, and Telalak and Dewe in the Afar region), found that almost all women participating in the survey, 398 out of 405 or 98%, underwent FGM/C.[258] The prevalence in the Kewat District of the Amhara Region was 96.5% (194 out of 201 surveyed women).[259] Moreover, the prevalence of FGM/C among the female children of all participants (in Afar and Amhara) was 74%, and 65% of the participants youngest daughters (last born) had undergone FGM/C.[260]

The research of the ODI GAGE project (2022) focuses on the South Gondar Zone (Amhara Region) among others, and draws on mixed-methods research undertaken by GAGE in rural and urban sites.[261] For South Gondar it relies on a quantitative sample of 2 482 adolescents in two age cohorts (older adolescents, aged 17–19, and younger adolescents, aged 12–14), and a qualitative sample of 101 core adolescents.[262] Of the older cohort, 'only 25%' of girls reported to have been cut (with 70% of these not able to say at what age), while for the younger girls 'female caregivers reported that 35% had experienced FGM/C'.[263]

While, '[a]dolescents and adults agreed that awareness-raising about the deleterious health effects of FGM/C has been responsible for progress',[264] the authors of the research are more cautious about it. They maintain that 'incidence rates are most likely considerably higher than reported – especially in more remote *kebeles*' for fear of legal ramification on the one hand, and, on the other hand, as a consequence of the fact that 'the practice is moving underground, which makes it difficult to monitor'.[265] On this point see also section 2.5 Dataset limits, under-reporting, and self-reporting.

[258] Abebe, S., et al., Prevalence and Barriers to Ending Female Genital Cutting: The Case of Afar and Amhara Regions of Ethiopia, 29 October 2020, url, p. 3
[259] Abebe, S., email exchange, 4 March 2022
[260] Abebe, S., et al., Prevalence and Barriers to Ending Female Genital Cutting: The Case of Afar and Amhara Regions of Ethiopia, 29 October 2020, url, p. 8
[261] Presler-Marshall, E. et al., Exploring the diversity of FGM/C practices in Ethiopia, January 2022, url, p. 3
[262] Jones N., email exchange, 15 March 2022
[263] Presler-Marshall, E. et al., Exploring the diversity of FGM/C practices in Ethiopia, January 2022, url, p. 4
[264] Presler-Marshall, E. et al., Exploring the diversity of FGM/C practices in Ethiopia, January 2022, url, p. 5
[265] Presler-Marshall, E. et al., Exploring the diversity of FGM/C practices in Ethiopia, January 2022, url, p. 5

The authors report that, 'in line with the DHS and government categorisation', their research found that in South Gondar, 'most FGM/C involves cutting with flesh removed' and that 'exactly *what* flesh is removed varies, and includes both Type 1 and Type 2 FGM/C'. Reportedly, of all girls undergoing FGM/C, most undergo Type 1 (clitoridectomy).[266] Moreover, the same authors report that while nearly all cases of FGM/C in South Gondar are performed by traditional cutters, there are signs indicating that the practice is becoming more medicalised as a reaction to health awareness campaigns.[267]

In 2018, Kassegne et al. published a baseline report on factors influencing child marriage, FGM/C and teenage pregnancy in Ethiopia, with focus on the Amhara region. The study was conducted in two *woredas* (districts): Qewet *woreda* in North Shewa Zone (Amhara) and Bahirdar Zuria *woreda* in West Gojjam Zone.[268] 1 602 respondents aged 15-24 (804 in Bahirdar and 792 in Qewet, plus other 6), were administrated an household survey.[269] Based on this survey, 607 among all female respondents (1 132), or 53.6%, affirmed to have been circumcised, 'with little differences across woredas', 24.4% stated that they had not been circumcised and 21.9% reported not to know whether they had been circumcised.[270]

In Amhara, as per the DHS 2016, 22% of women who have heard of FGM/C believe that the practice is required by religion, and 16.7% maintain that the practice should continue.[271] Based on the research findings of the ODI GAGE project (2022), 12% of girls aged 17-19 in South Gondar believe that the practice is required by religion and 12% believe that it should continue. Among the female caregivers of the younger girls (aged 12-14) instead, 26% believe that it is required by religion and 17% that it should continue.[272]

5.8. Situation in Gambella

As per the DHS 2016, average prevalence in Gambella is 33% for women aged 15-49 (7 circumcised women over 22 respondents). The regional breakdown per age group and type of FGM is as follows:[273]

[266] Presler-Marshall, E. et al., Exploring the diversity of FGM/C practices in Ethiopia, January 2022, url, p. 4
[267] Presler-Marshall, E. et al., Exploring the diversity of FGM/C practices in Ethiopia, January 2022, url, p. 6
[268] Kassegne, A. B., Yes I do - Gaining insight into the magnitude of and factors influencing child marriage, female genital mutilation/ cutting and teenage pregnancy in Ethiopia, August 2018, url, p. 15
[269] Kassegne, A. B., Yes I do - Gaining insight into the magnitude of and factors influencing child marriage, female genital mutilation/ cutting and teenage pregnancy in Ethiopia, August 2018, url, p. 17
[270] Kassegne, A. B., Yes I do - Gaining insight into the magnitude of and factors influencing child marriage, female genital mutilation/ cutting and teenage pregnancy in Ethiopia, August 2018, url, p. 31
[271] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. 326-327
[272] Presler-Marshall, E. et al., Exploring the diversity of FGM/C practices in Ethiopia, January 2022, url, p. 4
[273] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. 321-322

Table 12. Gambella, Age of cutting and FGM/C prevalent type

Age of Cutting				
Before 5 years of age	Between 5-9	Between 10-14	Older than 15	Don't Know/Missing
63.4%	17.6%	6.8%	2.3%	9.9%
FGM Prevalent Type				
Type 3/Infibulation	Cut, flesh removed	Cut, no flesh removed	/	Don't know/Missing
4.8%	43.7%	6.6%		44.9%

EUAA elaboration of Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, p. 321-322

In Gambella, as per the DHS 2016, 14.7% of women who have heard of FGM/C believe that the practice is required by religion, and 7.6% maintain that the practice should continue.[274]

5.9. Situation in Tigray

As per the DHS 2016, average prevalence in Tigray is 24.2% for women aged 15-49 (131 circumcised women over 540 respondents). The regional breakdown per age group and type of FGM is as follows:[275]

Table 13. Tigray, Age of cutting and FGM/C prevalent type

Age of Cutting				
Before 5 years of age	Between 5-9	Between 10-14	Older than 15	Don't Know/Missing
93%	1.1%	0%	0.5%	5.4%
FGM Prevalent Type				
Type 3/Infibulation	Cut, flesh removed	Cut, no flesh removed	/	Don't know/Missing
7.1%	43.3%	9.9%		39.7%

EUAA elaboration of Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, p. 321-322

Gebre et al. conducted a study (2020) on the prevalence of gender-based violence and harmful traditional practices against women in the seven administrative zones of the Tigray region.[276] The study's questionnaire was administered to a total of 1 253 respondents in the age group between 16 and 83 years (mean age 35.66).[277] Based on the survey results, FGM/C was found to have an occurrence rate of 11.7%. At the same time, 72.8% of the respondents

[274] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. 326-327
[275] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. 321-322
[276] Gebre, T., et al., The Prevalence of Gender-based Violence and Harmful Traditional Practices against Women in the Tigray Region, Ethiopia, 2020, url
[277] Gebre, T., et al., The Prevalence of Gender-based Violence and Harmful Traditional Practices against Women in the Tigray Region, Ethiopia, 2020, url, p. 60

believed that the practice was still continuing, although decreasing (79.3% believed so), and 31.4% of the respondents claimed that it was supported by the community.[278]

In terms of societal attitudes, as per the DHS 2016, 20.1% of women who have heard of FGM/C believe that the practice is required by religion, 7.9% maintain that the practice should continue, and 88.5% that it should stop.[279] Gebre et al.'s study indicated instead that 75% of the respondents were reportedly against the practice.[280]

5.10. Situation in Addis Ababa, Dire Dawa, Harari

5.10.1. Addis Ababa

As per the DHS 2016, average prevalence in Addis Ababa is 54% for women aged 15-49 (251 circumcised women over 466 respondents). The regional breakdown per age group and type of FGM is as follows:[281]

Table 14. Addis Ababa, Age of cutting and FGM/C prevalent type

Age of Cutting				
Before 5 years of age	Between 5-9	Between 10-14	Older than 15	Don't Know/Missing
69.3%	16.8%	5.4%	0.4%	8.2%
FGM Prevalent Type				
Type 3/Infibulation	Cut, flesh removed	Cut, no flesh removed	/	Don't know/Missing
1.4%	65.4%	5.1%		28%

EUAA elaboration of Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, p. 321-322

In Addis Ababa, according to the data of the DHS 2016, 6.2% of women who have heard of FGM/C believe that the practice is required by religion, and 3.7% maintain that the practice should continue.[282]

5.10.2. Dire Dawa

As per the DHS 2016, average prevalence in Dire Dawa is 75.3% for women aged 15-49 (35 circumcised women over 47 respondents). The regional breakdown per age group and type of FGM is as follows:[283]

[278] Gebre, T., et al., The Prevalence of Gender-based Violence and Harmful Traditional Practices against Women in the Tigray Region, Ethiopia, 2020, url, pp. 68, 72
[279] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. 326-327
[280] Gebre, T., et al., The Prevalence of Gender-based Violence and Harmful Traditional Practices against Women in the Tigray Region, Ethiopia, 2020, url, p. 72
[281] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. 321-322
[282] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. 326-327
[283] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. 321-322

Table 15. Dire Dawa, Age of cutting and FGM/C prevalent type

Age of Cutting				
Before 5 years of age	Between 5-9	Between 10-14	Older than 15	Don't Know/Missing
39.5%	22.5%	28.8%	4%	5.2%
FGM Prevalent Type				
Type 3/Infibulation	Cut, flesh removed	Cut, no flesh removed	/	Don't know/Missing
10.1%	78.1%	3.3%		8.5%

EUAA elaboration of Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, p. 321-322

In a recent ODI research study conducted, among other urban and rural locations, in Dire Dawa, 46% of girls aged 17-19 years reported having been cut.[284]

In Dire Dawa, as per the DHS 2016, 36.4% of women who have heard of FGM/C believe that the practice is required by religion, and 24.2% maintain that the practice should continue.[285]

5.10.3. Harari

According to the data of the DHS 2016, average prevalence in Harari is 81.7% for women aged 15-49 (15 circumcised women over 18 respondents). The regional breakdown per age group and type of FGM is as follows:[286]

Table 16. Harari, Age of cutting and FGM/C prevalent type

Age of Cutting				
Before 5 years of age	Between 5-9	Between 10-14	Older than 15	Don't Know/Missing
13%	51.4%	28%	1.1%	6.6%
FGM Prevalent Type				
Type 3/Infibulation	Cut, flesh removed	Cut, no flesh removed	/	Don't know/Missing
4.5%	92.2%	0.6%		2.7%

EUAA elaboration of Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, p. 321-322

In terms of societal attitudes in Harari, as per the DHS 2016, 31.1% of women who have heard of FGM/C believe that the practice is required by religion, and 15.9% maintain that the practice should continue.[287] From October to December 2015, Abathun and his research team conducted a school-based cross-sectional quantitative study in the Harari Regional State of

[284] Presler-Marshall, E. et al., Exploring the diversity of FGM/C practices in Ethiopia, January 2022, url, p. 13
[285] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. 326-327
[286] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. 321-322
[287] Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, url, pp. 326-327

Ethiopia (and the SRS), aimed at investigating the attitude towards FGM/C among young people. The study showed that, out of 240 respondents (male and female aged 16-22), only 7.9% were in favour of the continuation of the practice,[288] while 82.9% stated that FGM/C was against the law.[289] Quite interestingly, the study also found that more than half, 58.6%, of young boys in both study areas preferred to marry uncircumcised girls.[290] However, as indicated by the authors of the research article, the study had a number of limitations, including the fact that 'self-reported answers' might have been biased by social desirability issues.[291] At the same time, Abathun's research team conducted a qualitative research study of the attitudes towards FGM/C among male and female focus group participants (32 per each region, SRS and Harari) aged 18-65 years.[292] Back then (2015) the majority of focus group participants in the Harari region stated that 'practice is diminishing with the exception of rural areas where "Sunna" type of circumcision is being practiced'.[293]

[288] Abathun, A. D., et al., Attitude towards the Practice of Female Genital Cutting among School Boys and Girls in Somali and Harari Regions, Eastern Ethiopia, 2017, url, p. 3
[289] Abathun, A. D., et al., Attitude towards the Practice of Female Genital Cutting among School Boys and Girls in Somali and Harari Regions, Eastern Ethiopia, 2017, url, p. 6
[290] Abathun, A. D., et al., Attitude towards the Practice of Female Genital Cutting among School Boys and Girls in Somali and Harari Regions, Eastern Ethiopia, 2017, url, p. 7
[291] Abathun, A. D., et al., Attitude towards the Practice of Female Genital Cutting among School Boys and Girls in Somali and Harari Regions, Eastern Ethiopia, 2017, url, p. 7
[292] Abathun, A. D., et al., Attitude toward female genital mutilation among Somali and Harari people, Eastern Ethiopia, 6 October 2016, url, p. 559
[293] Abathun, A. D., et al., Attitude toward female genital mutilation among Somali and Harari people, Eastern Ethiopia, 6 October 2016, url, p. 560

Annex 1: Bibliography

Oral sources

Jones, Nicola, Director of the DFID-funded nine-year global mixed methods Gender and Adolescence: Global Evidence (GAGE) research programme. Her expertise lies in the intersection of gender, age and social inclusion and social protection. Video interview, 22 March 2022, email exchange 15 March 2022.

Abebe, Syntayehu, Reproductive, Maternal, Child, Adolescent and Youth Health Program Manager, Amref Health Africa in Ethiopia. Email exchange 4 March 2022.

Written sources

28 Too Many, Country Profile: FGM in Ethiopia, October 2013, https://www.28toomany.org/static/media/uploads/Country Research and Resources/Ethiopia/ethiopia_country_profile_executive_summary_v1_(april_2021).pdf, accessed 29 March 2022

28 Too Many, Ethiopia (Country Profile), 2021, https://www.28toomany.org/country/ethiopia/, accessed 29 March 2022

28 Too Many, Ethiopia: The Law and FGM, July 2018, https://www.28toomany.org/static/media/uploads/Law Reports/ethiopia_law_report_(july_2018).pdf, accessed 29 March 2022

Abathun, A. D., et al., Attitude toward female genital mutilation among Somali and Harari people, Eastern Ethiopia, 6 October 2016, file://C:\\Users\gonnemi\AppData\Local\Temp\Abathun_et_al-2016-International_Journal_of_Women's_Health.pdf, accessed 29 March 2022

Abebe et al., Prevalence and Barriers to Ending Female Genital Cutting: The Case of Afar and Amhara Regions of Ethiopia, 29 October 2020, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7663154/pdf/ijerph-17-07960.pdf, accessed 29 March 2022

Abebe, S., email exchange, 4 March 2022

Addis Standard, Southern State hands over power to newly constituted South West Ethiopian People's State, 3 November 2021, https://addisstandard.com/news-southern-state-hands-over-power-to-newly-constituted-south-west-state/, accessed 29 March 2022

Alemu, A. A., Trends and Determinants of Female Genital Mutilation in Ethiopia: Multilevel Analysis of 2000, 2005 and 2016 Ethiopian Demographic and Health Surveys, 2021, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7797311/pdf/ijwh-13-19.pdf, accessed 29 March 2022

Amado, A. A., Prevalence of Female Genital Mutilation (FGM): The Prospective Form Angacha District Kembata Community; SNNPRS, Ethiopia, August 2021, http://socialhealthjournal.org/wp-content/uploads/2021/08/07-AMADO.pdf, accessed 29 March 2022

Anjulo, B. B., & Lambebo, A. F., Prevalence and associated factors of Female Genital Mutilation among reproductive age women's of Wolayita Zone, Southern Ethiopia: A cross sectional study, 23 October 2021, https://www.peertechzpublications.com/articles/IJSRHC-4-130.pdf, accessed 29 March 2022

AU (African Union), List of Countries which have signed, ratified/acceded to the protocol to the African Charter on human and people's rights on the rights of women in Africa, 16 October 2019, https://au.int/sites/default/files/treaties/37077-sl-PROTOCOL TO THE AFRICAN CHARTER ON HUMAN AND PEOPLE%27S RIGHTS ON THE RIGHTS OF WOMEN IN AFRICA.pdf, accessed 29 March 2022

Boyden, J., et al., Harmful Traditional Practices and Child Protection: Contested Understandings and Practices of Female Child Marriage and Circumcision in Ethiopia, February 2013, https://www.younglives.org.uk/sites/default/files/migrated/YL-WP93_Boyden.pdf, accessed 29 March 2022

CIPE (Center for International Private Enterprise), A Users' Manual on Registering and Operating CSOs, BMOs, and Business Start-Ups in Ethiopia, 30 March 2021, https://www.cipe.org/resources/a-users-manual-on-registering-and-operating-csos-bmos-and-business-start-ups-in-ethiopia/, accessed 29 March 2022

Demissie, K. D., The 2009 and 2019 CSO Laws in Ethiopia: From Hinderance to Facilitator of CSO Activities?, December 2019, file://C:\\Users\gonnemi\AppData\Local\Temp\Demissie-Kidan-Dires_MA_2018_19_SJP.pdf, accessed 29 March 2022

EASO, EASO Country of Origin Information (COI) Report Methodology, June 2019, https://coi.easo.europa.eu/administration/easo/PLib/2019_EASO_COI_Report_Methodology.pdf, accessed 29 March 2022

EASO, Writing and Referencing Guide for EASO Country of Origin Information (COI) Reports, June 2019, https://coi.easo.europa.eu/administration/easo/PLib/2019_EASO_COI_Writing_and_Referencing_Guide.pdf, accessed 29 March 2022

Elmusharaf, S., et al., Reliability of self reported form of female genital mutilation and WHO classification: cross sectional study, 27 June 2006, https://www.bmj.com/content/bmj/333/7559/124.full.pdf, accessed 29 March 2022

Ethiopia Monitor, Sidama Regional State Officially Inaugurated, 22 February 2021, https://ethiopianmonitor.com/2021/02/22/sidama-regional-state-officially-inaugurated/, accessed 29 March 2022

Ethiopia, Constitution of the Federal Democratic Republic of Ethiopia, 21 August 1995, https://www.wipo.int/edocs/lexdocs/laws/en/et/et007en.pdf, accessed 29 March 2022

Ethiopia, CSA and ICF, Demographic and Health Survey 2016, July 2017, https://dhsprogram.com/pubs/pdf/FR328/FR328.pdf, accessed 29 March 2022

Ethiopia, Embassy of the Federal Democratic Republic of Ethiopia (London, UK), National plan to end child marriage, FGM by 2025 launched, 14 August 2019, https://www.ethioembassy.org.uk/national-plan-to-end-child-marriage-fgm-by-2025-launched/, accessed 29 March 2022

Ethiopia, Federal Negarit Gazette, 12 March 2019, https://www.abyssinialaw.com/uploads/1113.pdf, accessed 29 March 2022

Ethiopia, Federal Negarit Gazette, 13 February 2009, https://chilot.files.wordpress.com/2011/02/charities20and20societies20proclamation.pdf, accessed 29 March 2022

Ethiopia, National Costed Roadmap to End Child Marriage and FGM/C 2020–2024, August 2019, https://www.unicef.org/ethiopia/media/1781/file/National Roadmap to End Child Marriage and FGM.pdf, accessed 29 March 2022

Ethiopia, The Criminal Code of the Federal Democratic Republic of Ethiopia, Proclamation No. 414/2004, 9 May 2005, https://www.wipo.int/edocs/lexdocs/laws/en/et/et011en.pdf, accessed 29 March 2022

Gebre, T., et al., The Prevalence of Gender-based Violence and Harmful Traditional Practices against Women in the Tigray Region, Ethiopia, 2020, https://journals.sagepub.com/doi/pdf/10.1177/0021909619867110, accessed 29 March 2022

Geremew, T. T., et al., Hotspots of female genital mutilation/cutting and associated factors among girls in Ethiopia: a spatial and multilevel analysis, 2021, https://bmcpublichealth.biomedcentral.com/track/pdf/10.1186/s12889-021-10235-8.pdf, accessed 29 March 2022

Gibson, M. A., Indirect questioning method reveals hidden support for female genital cutting in South Central Ethiopia, 2 May 2018, https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0193985&type=printable, accessed 29 March 2022

ICNL (The International Center for Not-for-Profit Law), Civic Freedom Monitor - Ethiopia, 14 January 2022, https://www.icnl.org/resources/civic-freedom-monitor/ethiopia, accessed 29 March 2022

ILO (International Labour Organisation), Ethiopia – Criminal and Penal Law, n.a, https://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=70993&p_country=ETH&p_classification=01.04, accessed 29 March 2022

Jones N., email exchange, 15 March 2022

Jones, N., et al., Adolescent bodily integrity and freedom from violence in Ethiopia, May 2019, https://www.gage.odi.org/wp-content/uploads/2019/05/Adolescent-bodily-integrity-and-freedom-from-violence-in-Ethiopia-1.pdf, accessed 29 March 2022

Kassegne, A. B., Yes I do - Gaining insight into the magnitude of and factors influencing child marriage, female genital mutilation/ cutting and teenage pregnancy in Ethiopia, August 2018, https://www.kit.nl/wp-content/uploads/2019/01/Baseline-report-Ethiopia-Yes-I-Do.pdf, accessed 29 March 2022

Landinfo, Ethiopia - Female Genital Mutilation (FGM), 22 June 2021, https://landinfo.no/wp-content/uploads/2021/12/Report-Ethiopia-FGM-220621.pdf, accessed 29 March 2022

LIFOS, Etiopien – Kvinnlig könsstympning [Ethiopia – Female Genital Mutilation], 14 March 2019, https://lifos.migrationsverket.se/dokument?documentAttachmentId=46540, accessed 29 March 2022

McCauley, M., & van den Broek, N., Challenges in the eradication of female genital mutilation/cutting, 29 October 2018, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6314151/pdf/ihy082.pdf, accessed 29 March 2022

Mehari, G., et al., Exploring changes in female genital mutilation/cutting: Shifting norms and practices among communities in Fafan and West Arsi zones, Ethiopia, 3 January 2020, https://knowledgecommons.popcouncil.org/cgi/viewcontent.cgi?article=2129&context=departments_sbsr-rh, accessed 29 March 2022

NGO Source, Spotlight on Ethiopia: The New Charities and Societies Law and Trends, 26 May 2019, https://www.ngosource.org/blog/spotlight-on-ethiopia-the-new-charities-and-societies-law-and-trends, accessed 29 March 2022

Presler-Marshall, E. et al., Exploring the diversity of FGM/C practices in Ethiopia, January 2022, https://www.gage.odi.org/wp-content/uploads/2022/01/FGM-in-Ethiopia-v3.pdf, accessed 29 March 2022

Tesema, Trends and Spatio-temporal variation of female genital mutilation among reproductive-age women in Ethiopia: a spatio-temporal and multivariate decomposition analysis of Ethiopian demographic and health surveys, 2020, https://bmcpublichealth.biomedcentral.com/track/pdf/10.1186/s12889-020-08882-4.pdf, accessed 29 March 2022

Community of Practice on FGM (The), Cross Border Female Genital Mutilation, December 2019, https://copfgm.org/wp-content/uploads/2020/08/TN-Cross-Border-FGM-ENG.pdf, accessed 29 March 2022

Trans-lex, Ethiopian Civil Code, 1960, https://www.trans-lex.org/604600/_/ethiopian-civil-code/, accessed 29 March 2022

UNFPA (United Nations Population Fund), Beyond the crossing – Female Genital Mutilation Across Borders, November 2019, https://www.unfpa.org/sites/default/files/pub-pdf/Beyond_the_Crossing_Female_Genital_Mutilation_Across_Borders_Final.pdf, accessed 29 March 2022

UNFPA, UNFPA-UNICEF (United Nations Population Fund and United Nations Children's Fund), Joint Programme on the Elimination of Female Genital Mutilation, 18 November 2021, https://www.unfpa.org/unfpa-unicef-joint-programme-female-genital-mutilation, accessed 29 March 2022

UNFPA-UNICEF (United Nations Population Fund and United Nations Children's Fund), Accelerating Change, Annual Report 2018, Joint Programme on the Elimination of Female Genital Mutilation, August 2019, https://www.unfpa.org/sites/default/files/pub-pdf/19-152-UNJP-FGM-AR2018-Aug2019.pdf, accessed 29 March 2022

UNFPA-UNICEF (United Nations Population Fund and United Nations Children's Fund), Metrics of Progress Moments of Change, Accelerating Change Annual Report 2015, Joint Programme on the Elimination of Female Genital Mutilation, October 2016, https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_FGM_WEB_FINAL_ENGLISH.pdf, accessed 29 March 2022

UNICEF (United Nations Children's Fund), A profile of Female Genital Mutilation in Ethiopia, 2020, https://www.unicef.org/ethiopia/media/2261/file/A Profile of Female Genital Mutilation.pdf, accessed 29 March 2022

UNICEF (United Nations Children's Fund), A profile of Female Genital Mutilation in Ethiopia, 2020, https://www.unicef.org/ethiopia/media/2261/file/A Profile of Female Genital Mutilation.pdf, accessed 29 March 2022

UNICEF (United Nations Children's Fund), The Medicalization of FGM in Kenya, Somalia, Ethiopia, and Eritrea, February 2021, https://www.unicef.org/esa/media/8866/file/The-Medicalization-of-FGM-2021.pdf, accessed 29 March 2022

USAID (United States Agency for International Development), The DHS Program, Ethiopia, n.a., https://dhsprogram.com/Countries/Country-Main.cfm?ctry_id=65&c=Ethiopia&Country=Ethiopia&cn=&r=1, accessed 29 March 2022

USAID (United States Agency for International Development), The DHS Program, Ethiopia, Standard DHS 2022, n.a., https://dhsprogram.com/methodology/survey/survey-display-586.cfm, accessed 29 March 2022

WHO (World Health Organization), Eliminating Female genital mutilation – An Interagency Statement, 2008, http://apps.who.int/iris/bitstream/handle/10665/43839/9789241596442_eng.pdf;jsessionid=3108310B3B7E945DC8FCBAA102C054D7?sequence=1, accessed 29 March 2022

WHO (World Health Organization), Ethiopia bans medicalization of female genital mutilation (FGM), 31 January 2017, https://www.afro.who.int/news/ethiopia-bans-medicalization-female-genital-mutilation-fgm, accessed 29 March 2022

Yismaw, A. E., et al., Spatial distribution and associated factors of female genital cutting among reproductive-age women in Ethiopia: Further analysis of EDHS 2016, 2021, https://reader.elsevier.com/reader/sd/pii/S2213398421001664?token=0E3CBFCEE019B4480A36E6D5E60E1E52AA6C191D6093DB72E7328A9F49758EB656F6C3B809C412B8AE4450D62B455D59&originRegion=eu-west-1&originCreation=20220317101213, accessed 29 March 2022

Young Lives, Child Marriage and Female Circumcision (FGM/C): Evidence from Ethiopia, December 2014, https://www.younglives.org.uk/sites/www.younglives.org.uk/files/YL-PolicyBrief-21_Child Marriage and FGM in Ethiopia.pdf, accessed 29 March 2022

Annex 2: Terms of Reference

Introduction and methodology

General information on genital mutilation in the country

1. The Legal and policy framework
    a. National legislation: Constitutional protection, criminal and civil law
    b. International obligations
    c. Enforcement of the law
    d. Policy framework

2. National statistics and trends
    a. Overview
    b. Forms of FGM
    c. FGM Performers
    d. Dataset limits and underreporting

3. Societal attitude and drivers

4. Social and legal protection mechanisms

5. Regional and other variations
    a. Age, education, wealth, urban and rural areas, marital status, occupation, ethnic group, religion
    b. Regional states


euaa
EUROPEAN UNION
AGENCY FOR ASYLUM