

Female Genital Mutilation in Ethiopia: Health and Human Right Issue

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Abstract

Female genital mutilation (FGM) is a traditional practice performed in different parts of the world, although the type and its prevalence may be different, affecting the wellbeing of millions of women and children. As tradition is interwoven into the identity of a given community, ending any traditional practice is possible only when the practicing community really understands the need for change and be committed for the same. The objective of this article was to assess the knowledge level of people in Gindeberet District of Oromia Regional State (Ethiopia) regarding the negative health effects of FGM on women and children and also its being violation of their human right. The study also aimed at identifying risk factors associated with the practice of FGM in the study area. Differences in level of awareness based on educational level and personal accounts of females who were subjected to FGM were also examined. Sample for the study included 148 residents of four villages of Gindeberet district, 208 grade 12 students and community opinion leaders of the selected villages. The study shows that (76.96%) and (65.74%) of the participants were aware that FGM affects the health of women and violates their human rights respectively. Educational level is found to be associated with awareness about the fact that FGM affects the health of women and children and violates their human rights. In the study area, single instrument is used on multiple girls for mutilation and the material used to do the procedure is not properly sterilized, hence increasing the chance of the victims to contract infectious diseases including HIV/AIDS. Great majority of female participants who were subjected to the practice indicated that they have negative feelings associated with the procedure.

Key words: - Female Genital Mutilation, Traditional practice, Human right, Health, Ethiopia

Introduction

Female genital mutilation is a traditional practice that involves cutting or altering the female genitalia as a rite of passage or for other socio-cultural reasons (Population Reference Bureau, 2001). Female genital cutting refers to practices that involve the surgical manipulation of the female genitalia (Kathryn and Bisrat, 2007). According to Rahman and Toubia (2000), FGM constitutes all procedures, which involve partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons.

There are different forms of FGM practiced in different cultures and Population Reference Bureau (2001) indicated that in 1995, the World Health Organization classified FGM into four broad categories/types:

Type I- Clitoridectomy- is a type of FGM that involves partial or total removal of the clitoris and/or the prepuce

Type II- Excision- this category of FGM refers to the procedure of removing the clitoris together with all or part of the labia minora.

Type III – Infibulation- is the removal of part or all of the external female genitalia (clitoris, labia minora and labia majora) and stitching and narrowing of the vaginal opening, leaving a small hole for urine and menstrual flow.

Type IV- Unclassified- the unclassified category of FGM includes all harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

- Piercing, pricking or incision involves making small holes into the clitoris and/or labia of girls with sharp pointed object.
- Scraping is the scratching of the vaginal orifice by a rough surface to cause bleeding
- Cauterization is the act of burning the clitoris and surrounding tissues by heated instruments

Three different terminologies are commonly used to describe the procedures performed on female genitalia. These are: Female Circumcision, Female Genital Cutting (FGC) and Female Genital Mutilation. Authors who prefer the term female genital cutting to the two terminologies argue that female circumcision minimizes the severity of the surgery and female genital mutilation is viewed as judgmental and pejorative. It means that the two are extremes and female genital cutting is sort of average one. They also contend that female genital cutting is a more neutral term describing what takes place.

Whatever form it takes and whatever name is given to the non therapeutic procedure performed on the female

genitalia, the procedure has a deleterious effect on the health of women and children and violates their human right. For the purpose of this study, the term female genital mutilation is preferred to address the non therapeutic procedure performed on female genitalia. Because it is believed that, the term circumcision (which is performed on male human beings) is a very light term and also culturally, legally and religiously supported practice in most social contexts, though not universal. Therefore, the use of the term in the case of females does not really describe the physical, physiological and psychological effects of the practice on the victims. The justification given by some authors that female genital mutilation is judgmental and pejorative term is also unnecessary attempt to be humble toward traditions while half of humanity, women, are suffering from this dreadful practice. In all cultures, there are certain traditional practices that the society adheres to. Given the relative nature of most traditional practices and the practicing community's commitment to the tradition, judgment on whether the practice is harmful or beneficial is not an easy task and at the same time a very sensitive issue. However, due to the advancement in the knowledge about the physical and psychological nature of human beings, there is a better understanding of the structure and function of the human body, human psychic and social life. Therefore, this advancement in knowledge eases the conditions for more objective assessment and judgment on whether a traditional practice is harmful to human beings or not. Accordingly, based on this advancement in knowledge, different bodies attest that FGM is one of the harmful traditional practices violating the rights and affecting the life of girls and women.

World Health Organization estimates that between 100 million and 140 million girls and women alive today have experienced some form of FGM. It is further estimated that up to 3 million girls in sub Saharan Africa are at risk of genital mutilation annually (UNICEF, 2005). Study by UNICEF indicates that Ethiopia has one of the highest levels of infant girls undergoing some form of FGM. Metasebia (n.d.) states that the Ethiopian Demographic and Health Survey of 2001 reveals that 80% of ever-married women between the ages of 15 and 49 have undergone some form of FGM. Furthermore, the 2005 Ethiopia Demographic and Health Survey reveals that, Oromia (the largest regional state in Ethiopia) is among the regions of Ethiopia with high prevalence of FGM and about 87.2% of women in the region undergone the practice (Central Statistical Agency, 2005).

Regarding the origin of FGM, NCTPE (1998) states that some evidence indicates that it is associated with the history of slave trade. That is, slave traders favored infibulated women or infibulated slaves because these women whose labor would be uninterrupted by child bearing could be sold for higher prices. When we think about slavery, what automatically comes to our mind is lack of equal right with others, lack of voice in personal as well as common issues, great contribution but unrecognized etc. As it is believed by some people that FGM was formerly practiced on women slaves and currently on many women, it follows that women in the societies that practice FGM have been considered as and given the position of slaves of the ancient times. Therefore, there is no doubt that this is contrary to the current human rights movement. The fact that girls are not asked for their consent to undergo FGM but subjected to the practice by the decision of others is also the violation of their right to decide on their private matter. In this regard, study conducted on 350 Egyptian women revealed that the majority of the children (77.4%) who were subjected to genital mutilations were never informed as to what they were being subjected to, let alone given the opportunity to give informed consent (Badawi, 1989).

FGM is a cross cultural and cross regional ritual. Although it is commonly perceived in present day Western countries to be a foreign phenomenon, according to Kindela (1999 cited in Whitehorn, Ayonrinde and Maingay, 2002), clitoridectomy was a recognized practice in the 19th century Britain in the management of epilepsy, sterility, and masturbation. Similarly, Rahman and Toubia (2000) indicated that as recently as 1950s, Physicians in the United Kingdom and the United States performed FGM to 'treat' hysteria, lesbianism, masturbation and other so called 'female deviations'. The fact that FGM used to be practiced by westerners, who are the major advocates of the abolishment of the practice today, implies that it is also possible and promising to do the same in countries where it is currently prevalent.

Regarding the use of FGM as 'treatment' for different problems or 'female deviations', one can reasonably argue that the claim is unscientific as well as gender biased. Because, what were mentioned as being deviations for females are either shared by males or there are equivalent behaviors for males. But there is no equivalent practice proposed to control the same or similar behaviors in the case of males. Had the claim been scientific, there would have been alternative procedure for males to deal with the same or similar behaviors. Among the justifications given for the practice of FGM the psychosexual reasons are also double standard. Because, when men prefer chaste and virgin women, there are no such restrictions put on men. Preservation of virginity for man's sake is the violation of the woman's right over her body. Therefore, despite the difference in its underlying reasons, FGM is undoubtedly a gender based discrimination against women with multiple and irreversible negative impacts on their life.

END FGM – European Campaign (2008) states that female genital mutilation in any of its forms is recognized internationally as a gross violation of human rights of girls and women. The practice reflects deep-rooted

inequality between the sexes, and constitutes an extreme form of discrimination against women. World Health Organization (2008) also indicates that it is a violation of the rights of the child as it is usually carried out on minors. In the same way, UNICEF (2005) asserts that FGM especially as practiced to control a woman's sexuality or to initiate a woman into strictly defined gender roles, is a violent method of socializing women into a subordinate role in society.

According to NCTPE (1998), today one of the widely practiced traditions that have devastating effects on the health of women and young girls in Ethiopia is FGM. Women and girls who are subjected to FGM are exposed to short and long-term effects on their physical, psychological, sexual and reproductive health. World Health Organization (2008) attests that female genital mutilation is a form of violence against girls and women, with physical and psychological consequences. The removal of or damage to healthy, normal genital tissue interferes with the natural functioning of the body and causes several immediate and long-term health consequences. Immediate consequences of FGM, according to END FGM – European Campaign (2008), include excessive bleeding and septic shock, difficulty in passing urine, infections and sometimes death. In addition to the severe pain during and in the weeks following the cutting, women who have undergone FGM experience various long-term effects - physical, sexual and psychological. END FGM – European Campaign (2008) further mentioned that long-term consequences of FGM include, but not limited to, chronic pain, chronic pelvic infections, and development of cysts, abscesses and genital ulcers. There can be excessive scar tissue formation, infection of the reproductive system, decreased sexual enjoyment and painful intercourse.

Similarly, Koso (1987) asserts that FGM has medical, social hazards as well as psychological effects on the victims. Apart from the physical, obstetric and gynaecological side-effects of FGM, Basher (1974 cited in Aigbodion, Imhonde, and Aluede ,2004) identified several psychological consequences. These include: Anxiety state in young girls as a result of the fear of the operation and its sequel leading to sleeplessness, nightmare and panic; psychological trauma as a result of operating without anaesthetic; reactive depression as a result of delayed scarring; and neurasthenia and marital disharmony as a result of lack of sexual stimulation and difficult sexual intercourse.

Regarding the sexual effects of FGM, it was further indicated that sexual dysfunction in both partners resulted when the husband finds it difficult to consummate the marriage and the woman finds it difficult to relax due to pain of FGM. There are also social problems of vesico-vaginal/ recto-vaginal fistula, both of which expose women to social ostracization, divorce, etc. Psychological disturbances could occur as many women suffered depression, frigidity, and psychoses as a result of FGM (Koso, 1987).

What is more, Monjok, Essien and Holmes (2007) states that the sharing of needles and the exchange of blood products during non-sterile female genital mutilation is one of the different ways of HIV transmission that increases the vulnerability of girls and women.

Objective of the study

- To assess the level of awareness of people in the study area about health impacts of FGM and its being the violation of human rights of women and children
- To find out the difference in awareness about the health impacts of FGM and its being the violation of the human rights of women and children based on educational level
- To identify risk factors associated with the practice of FGM in the study area
- To examine the personal experience of women and girls in the study area who have undergone FGM

Study Methods

Sample

The sample for the study consisted of 148 (76 female and 72 male) married residents of four rural kebeles (*villages*) of Gindeberet district and 208 grade 12 students (41 female and 167 male) from grade12 of Gindeberet Senior Secondary School. Community opinion leaders of the selected kebeles (*villages*) were also participants of the study. The average age of the students was 19.7 years and that of the married group 35.5 years. With regard to their level of education, the married participants were all below primary level some being illiterate.

Instruments

To elicit relevant information from the participants, questionnaires, interviews and focus group discussions were used. The instruments were content validated by three professors of Addis Ababa University.

Data Analysis

The data obtained through questionnaires were processed using the Statistical Package for Social Science (SPSS) version 17. The data were analyzed and presented in terms of frequencies, percentages and Chi-square test of independence was also calculated. With regard to the qualitative data, only comprehensive and salient ideas were

narrated.

Results and Discussion

Awareness about the Impacts of FGM

To assess the awareness level of the participants regarding the effects of FGM and its being the violation of the human right of women and children, they were asked two questions related to the issues. Besides assessing the general awareness level of the participants, comparison of different groups about their level of awareness regarding the issues of concern was made.

Table 1: Participants' Awareness about the Impact of FGM on the Health and Human Rights of Women

Item/question	Response	Group									
		Married females		Married Males		Female Students		Male Students		Total	
		n	%	n	%	n	%	n	%	n	%
Do you think that FGM affects the health of women?	Yes	63	82.9	38	52.8	36	87.8	137	82	274	77
	No	7	9.2	7	9.7	2	4.9	13	7.8	29	8.1
	I do not know	6	7.9	27	37.5	3	7.3	17	10.2	53	14.9
	Total	76	100	72	100	41	100	167	100	356	100
Do you think that FGM is the violation of the human rights of women?	Yes	28	36.8	36	50	34	82.9	143	85.6	241	67.7
	No	16	21.1	17	23.6	3	7.3	9	5.4	45	12.6
	I do not know	32	42.1	19	26.4	4	9.8	15	9	70	19.7
	Total	76	100	72	100	41	100	167	100	356	100

Table-1 shows that the majority of the participants were generally aware that FGM affects the health of women (77%) and it violates the human rights of women (67.7%).

In terms of the educational level, majority of the participants with secondary education were aware about the health impacts of FGM and its being the violation the human rights of girls and women. That is, out of 208 participants with secondary education 173 (83.17%) indicated that they are aware of the fact that FGM has negative impact. In the case of participants without secondary education, 101 (68.24%) out of the total of 148 participants were found to be aware about the health impacts of FGM.

Regarding whether FGM is the violation of the human rights of women, of 208 participants with secondary education 85.1% indicated that it is so. In the case of the group without secondary education, out of 148 participants only 64 (43.24%) know that FGM violates the human rights of girls and women. Whereas the large proportion of this group 84 (56.76%) either indicated that FGM is not the violation of the human rights of women or they do not know about the issue.

The above results imply that awareness about the health impacts of FGM and its being the violation of the human rights of girls and women depends on educational level.

The calculated Chi-squares to investigate the association of educational level with knowledge about the effects of FGM on girls' and women's health and its being the violation of human rights of women are ($X^2=12.38$, $df=2$, $\alpha=0.05$, $p=0.002$) and ($X^2=69.26$ $df=2$, $\alpha=0.05$, $p=0.000$) respectively. This indicates that knowledge about the impact of FGM on the health of females and its being the violation of human rights of women is significantly associated with educational level.

Informed Consent to undergo FGM

The female participants who have undergone FGM were asked whether they have consented to undergo the procedure. Accordingly, the great proportion of this group 80 out of 102 or 78.43% indicated that they were mutilated without their consent. The remaining 20.59% do not remember whether they were asked for consent or not because they were mutilated at early age. Interestingly enough, only one individual indicated that she

undergone FGM by her consent.

Rather than being given opportunity to give informed consent to undergo FGM, girls in the study area were deceived or misinformed about what is going to be done to them. Regarding this, one of the interviewees said:

“No girl is informed when she is going to be circumcised [mutilated]; I was not informed when I was circumcised. I did not also inform my daughters when they undergone the procedure. If the girl knew before hand that she is going to be circumcised, she becomes fearful and anxious. Therefore, it should be kept secret from her”.

The participants of FGDs also indicated that parents use different mechanisms to conceal the matter (the fact that she is going to be mutilated) from a girl. The following excerpt is an account of the female group discussant and is in line with the above statement:

“...since there is feast prepared for the occasion, the girl is told that it is just to invite relatives or it is for those people who will come to assist the family to work on the farm ...”

The result of this study corroborates with the finding of Badawi (1989) regarding informed consent to undergo FGM as it generally showed that girls in the study area have been subjected to this dreadful practice without being informed. Even in the case of medical operation (surgery), which is carried out to cure a patient from a certain diseases, the patient gives her/his consent before the procedure as long as she/he is matured and/or conscious enough to do so. However, girls in the study area were subjected to FGM (a practice with both negative short term and long-term effects on their life) without having voice in the process. Had the victims been given the opportunity to give their informed consent they would have refused to undergo the practice at least for its immediate physical consequences. As girls in the study area were denied of their right to decide about their most personal matter, their right is truly violated.

Victims' Thoughts and Feelings about FGM

Naturally, people have an idea about or react emotionally to a certain person, object or event in a certain way. Accordingly, to know their thoughts and feelings about their being subjected to FGM, all the female participants who have undergone FGM were asked how they felt, what they think and feel about the procedure performed on them.

Table 2: Female Participants' Thoughts and Feelings about Their Undergoing FGM

Questions for female participants who have undergone FGM								
What do you think about your being circumcised?	I am happy		I regret		Neutral		Total	
	n	%	n	%	n	%	n	%
	0	0	69	67.65	33	32.35	102	100
Have you experienced negative feelings (anxiety, worry, fear) prior to, during and/ or after the process?	Yes		No		I do not remember		Total	
	n	%	n	%	n	%	n	%
	65	63.73	13	12.75	24	23.52	102	100
If you have experienced negative feelings due to FGM, how often does this disturb your normal functioning?	Usually		Sometimes		Never		Total	
	n	%	n	%	n	%	n	%
	11	16.92	35	53.85	19	29.23		100

Regarding their reflection on their undergoing FGM, out of 102 female participants who have undergone FGM, 69 (67.65%) indicated that they regret about their being mutilated while the remaining 33 respondents from this group (32.35%) indicated that they are neutral about it (neither regret nor happy with it).

It is worth mentioning that though all of the married females and 63.4% of the female students have undergone FGM, no mutilated female respondent indicated that she is happy with the procedure. This implies that girls might have been subjected to FGM without being interested in the procedure or personally believing in its necessity. Rather external agents (the community in which they live or the tradition of that community) might have forced them to comply with the existing norm of mutilation, which is indeed harmful. This was also reflected in the information gathered through interview and FGD. The following two excerpts from interview and FGDs could be indicative of this:

“...let alone not to be circumcised throughout life, being a matured adolescent without undergoing the procedure is shameful...”

“...undergoing FGM is not optional. Once a girl reaches the age of ‘circumcision’ [commonly 2-12 years of age], parents make no compromise to ‘circumcise’ their

daughters. It is uncommon and shame for a girl not to be 'circumcised' ..."

With regard to the feeling of FGM victims about the practice, the result of this study is in line with the statement by Population Reference Bureau (2001) that describes the situation in Burkina Faso. The report indicates that in Burkina Faso, 72% percent of women from 15-49 years of age have undergone FGM whereas only 18% of them approve the practice. According to the same, in Egypt and Sudan too, though the gap is not as wide as the one in Burkina Faso, not all women who have undergone FGM approve the practice. This might be because of the problems they encountered as a result of the practice or due to the fact that they did not consent to undergo the practice.

Generally, it is expected that members of a certain community enjoy any practice that is related to their tradition. However, majority of girls and women in the study area who were subjected to FGM indicated that they have negative emotional experiences related to the practice. Therefore, the practice of FGM is an atrocity against women and is a torture rather than being culture as it is carried out at the expense of the victim's enjoyment or wellbeing.

As shown in Table 2, the participants were asked whether they have experienced negative feelings like fear, anxiety or worry prior to, during and/or after FGM. Of 102 female participants undergone FGM, 63.73% pointed out that they have experienced negative feelings in relation to FGM. Whereas only 13 individuals or 12.75% of the group mentioned that they have not experienced negative feelings associated with FGM. The remaining 24 participants 23.52% did not remember the feelings they experienced as a result of their being subjected to FGM. It is apparent that the majority of the participants who were subjected to FGM have experienced negative feelings in relation to the procedure.

The female participants who experienced negative feelings due to FGM were also asked how often the negative feelings related to the procedure disturb their life. Accordingly, 46 out of 65 (70.77%) indicated the negative feelings due to FGM either usually or sometimes disturb their normal functioning. Those who mentioned that such feelings had no impact on their life are 19 and constitute 29.23% of this group. The data shows that FGM related negative feelings disturb the normal functioning of the majority of the female participants who were subjected to the practice. This indicates that the impact of FGM on the victims is not restricted to the brief time when the mutilation is performed rather the procedure has a far-reaching emotional impact on the victims.

With regard to their personal experience and that of others regarding the painfulness of FGM, the interviewees mostly mentioned that it was painful and girls are so anxious during the procedure and the pain also persists for some days following the procedure till the wound heals. As there is no medical treatment made for the girl who undergoes the procedure [except the use of some herbs, butter and ash to cure and/or ease the pain- all of which have no proven medical value], according to the female interviewees, the healing of the wound may take long time (individual difference being as it is) and entails some complications (hemorrhage, difficulty to pass urine and infection to mention few) on the part of the girl. They further mentioned that there are also some girls who faint during or immediately after the procedure. The statements by the interviewees clearly indicate that FGM has negative health consequences - physical, physiological as well as psychological.

The interviewees were also asked why they do not refuse to be mutilated given its adverse impacts. The excerpt from one of the interviewees is as follows:

....actually, it is not a matter of choice [that is a girl is not asked her consent to undergo FGM]. Even if there is a chance to refuse to undergo FGM, how can one be different from the mass; it [FGM] is a necessary condition for a girl to be considered for marriage. Therefore, no girl dares to remain without husband being afraid of the consequences of FGM. It is better to bear the pain as a result of FGM than not being selected for marriage. We [woman] are all destined to undergo the procedure.

Custom being the general justification given for the practice of FGM in the study area, the female participants of FGD underscored marriageability as the main reason for undergoing FGM. Therefore, intervention efforts need to target this concern of girls (being overlooked for marriage unless subjected to FGM). This could be done by including unmarried males in any program to end the practice as they are potential partners for the girls.

Instruments Used to Do FGM

The participants were asked about the general procedure and type of instruments commonly used to do FGM in their locality. Other related questions such as whether the same instrument is used to do FGM on different individuals and sterilization of the instrument were also presented.

The participants commonly indicated that FGM is performed at home by untrained practitioners, usually older women. Regarding the most commonly used instrument to do FGM in the study area, 92.1% of the participants indicated that razor blade is used to do FGM. Moreover, they were asked whether the same instrument is used to do FGM on different girls or one instrument is used for only one girl. Regarding this question, 29.5% of the respondents stated that single instrument is used on multiple individuals and 65.2% indicated that one instrument

is used to do FGM only on one girl. The remaining participants responded 'I do not know' to this question.

The proportion of participants who indicated that one instrument is used to do FGM on more than one individual might seem insignificant in relation to the total number of participants. But in view of the irreversibility of the harm it causes and because the harm is directly targeted to the indispensable human life, the percent is not negligible.

Depending on the preceding two questions, another related question was forwarded to 105 participants for whom it was applicable (those who indicated that the same material is used to do FGM on multiple individuals). The third item deals with the sterilization of the material in cases where single material is used to do FGM on multiple individuals. Accordingly, 24.8% of the participants in this category indicated that the material is sterilized whereas 75.2% indicated it is not sterilized.

The interviews and focus group discussions also revealed that 'sterilization' of the materials used to do FGM is washing of the instrument in boiled water and/or using ash or some plants as detergent to clean the material. According to the interviewees, if the plan coincides, girls in close vicinity may undergo FGM at the same time by one practitioner at the same place and there is a possibility of using the same instrument for different girls. Obviously, the degree to which the water is to be boiled and the procedures followed, and the substances used to clean the materials are not scientifically controlled. The use of the same instrument that is not properly sterilized to perform FGM on multiple individuals makes the girls in the study area more prone to HIV/AIDS and other infectious diseases.

Conclusion

Awareness level about the health impacts of FGM on females' health and its being the violation of their human rights depends on educational level. Females in the study area are subjected to FGM without their consent. The majority of female participants who were subjected to FGM have negative emotional experiences related to the practice. FGM is done in highly unhygienic conditions, which expose the girls to short term as well as long term complications. Moreover, the use of the same instrument to perform FGM on multiple individuals makes them more vulnerable to HIV/AIDS and other infectious diseases.

Recommendation

As the majority of the uneducated participants lack awareness about the potential health risks of FGM and its being the violation of the human right of women and children, proper awareness rising for and discussions with this group can help a lot to mitigate the practice.

It may be difficult and time taking, if not impossible, to stop the practice of FGM through legal actions and external impositions only. The condemnation and criminalization may minimize the public practice of FGM while the community may continue with the practice covertly assuming the condemnation of the practice by people from other cultures as moral imposition or cultural imperialism. Therefore, it is important to use a participatory approach whereby facts related to the health complications of undergoing FGM and its being the violation of human rights of women are explained to and sustained discussions are made with important figures in the community so that they can influence the community members to end the practice.

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