"Our culture does not accept another type of FGM/C, sewing is the type of FGM/C that the community practices here, no other type of FGM/C... I think it is good to stop this type of FGM/C... it is harmful. I was circumcised when I was 8 years old. The area was sewn by thorns, not thread. I suffer pain during menstruation; it does not flow well and is very painful. I do not know what I will experience in the future because of FGM/C."

- Across regions, most girls have undergone FGM/C.
- More girls in Afar than Somali have already undergone FGM/C – but this is because of differences in the way FGM/C is practiced.
- In Afar girls are cut as infants; in Somali, they are cut in late childhood.
- Mothers are the primary deciders of if and when girls will undergo FGM/C.
- Nearly all girls are cut by traditional cutters – but there is growing evidence of medicalisation in Somali.

 Somali participants are more likely to report a
 religious mandate for FGM/C than Afar participants.
 Across regions, participants highlight
 cultural identity as the primary driver of FGM/C.

- Participants are more likely to report that FGM/C has benefits – primarily controlling girls' sexuality and ensuring their marriageability - than risks.
- A majority of respondents agree that FGM/C should continue.
- Knowledge of the law criminalizing FGM/C is low overall; caregivers in Somali have less accurate knowledge of the law than those in Afar.
- FGM/C is not a 'one off' event it results in a lifetime of pain and trauma.

Type 3 (infibulation)

Type 2 (excisio

Type 1 (clitorectom Type of FGM/C, by region, of adolescent girls who admit to having undergone FGM/C

	AFAR	Somali
າ) 8	85% with scar tissues	100%
ion)	10%	
ny)	5%	





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When asked if she would cut her daughter in the future, a 19-year-old girl from kebele C (Afar)said

"I may not cut her if the culture does not inhibit me... If I get more information on FGM/C I may stop it but if the culture still considers it [important] then I will circumcise her. "

## beliefs about FGM/C

**Cultural identity** 

ΟΔ

- Religious mandate
- FGM/C has risks
- Attract husband
- FGM/C has benefits
- Ensure girls' good behavior
- FGM/C should be continued

FGM/C practices, as reported by adolescent girls, by region

		Afar	Soma li
	Have heard of FGM/C	96%	78%
	Have been cut (of those who have heard)	97%	72%
	Close/ far	63	76
	Mean age of FGM/C (of girls who have been cut)	1year	9year
	Input into timing (of cut)	not appli cable	33%



## Facts on Femail Gental **Mutulation pastoralist**

Ethiopia

most adolescent girls and female caregivers responded to our surveys that the practice should continue (see Table 19 ). In Afar, 59% of girls responded in favour of continuation, as did 66% of female caregivers.

FGM/C practices in Somali, as reported by adolescent girls, by age cohort

		Somali girls (age 10–14)	Somali girls (age 15–19)
	Have heard of FGM/C	74%	86%
	Have been cut (of those who have heard)	65%	85%
	Mean age of FGM/C (of girls who have been cut)	9%	9.7%
	Input into timing (of cut)	28	40