

Civil Society Section
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Project Hannah Africa's contribution to a compiled report on Good Practices and Major Challenges
in Preventing and Eliminating Female Genital Mutilation prepared by
the Office of the High Commissioner for Human Rights and submitted to the Human Rights Council
for consideration at the twenty ninth session

Ethiopia Case Study
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1.0 INTRODUCTION

This paper is a contribution from Project Hannah Africa to a report on Good Practices and Major Challenges in Preventing and Eliminating Female Genital Mutilation (FGM) prepared by the Office of the High Commissioner for Human Rights (OHCHR) and submitted to the Human Rights Council for consideration at the twenty ninth session.

The mission of Project Hannah is to offer compassion and encouragement to hurting women around the world and is amongst those loud voices raising awareness on the plight of women. Project Hannah is a faith based movement that identifies and offers compassion to women who are victims of all forms of abuse: including rape, domestic violence, oppression, harmful traditional and religious practices, child bride price, abandonment, divorce, humiliation, and many other circumstances that damage them physically, emotionally, socially, and spiritually. The purpose of the outreach is to enable hurting women to experience their Creator's love where love is lacking, freedom where oppression is dominating and the power of their Creator where the power of darkness prevails as they face life's daily challenges.

For more than 17 years now, Project Hannah has been striving to combat major challenges that hamper their physical, social, economic and spiritual development or result in their death. Project Hannah partners with more than 120 countries, 20 of them being African countries, including Ethiopia which is among those countries that practice FGM to a large extent.

This paper focuses more on the gathering of information in Ethiopia while some research was being done by concerned organisations. The team of Project Hannah Ethiopia assisted during their field trips when they visited FGM victims. The Project Hannah Ethiopia team listened to testimonies from the victims who were willing to share their personal experiences. Their personal stories are shared to provide insight into the problem of FGM in their lives.

1.1 Definition of FGM

The World Health Organization (WHO) defines Female Genital Mutilation (FGM) as a procedure or procedures that involve partial or total removal of the external female genitalia or any other injury to the female genital organs for non-medical reasons. This practice is mostly carried out by traditional circumcisers who often play other central roles in communities, such as attending childbirths.

WHO affirms that FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and in such cases can be considered as a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and even the right to life when in some cases the procedure results in death.

1.2 Types of FGM

The WHO classifies FGM into four types:

- **FGM Type I** - Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).

- **FGM Type II** - Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision). Note also that the term 'excision' is sometimes used as a general term covering all types of FGM.
- **FGM Type III** - Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation). (The term 'appositioning' is used in preference to 'stitching' because stitching (with thorns or sutures) is only one way to create adhesion. Other common techniques include using herbal pastes and often include tying the legs together for healing.
- **FGM Type IV** - All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterisation.

1.3 Background information to the FGM challenge in Africa

In 2013 a book entitled; "*FGM in Ethiopia*" was published as part of a campaign to combat the practice of FGM in Ethiopia. An organization known as "28 Too Many" saw that there was a need to address the issue of FGMs being practiced severely in about 28 African countries. Some of the statistics found in this book show that over 125 million women and girls alive today have experienced FGM in Africa and that about 30 million more girls will be affected over the next decade. Research shows that one girl in the world is being cut every ten seconds (28 Too Many, 2013).

1.4 FGM among the Ethiopian women and girls

Despite the eradication of FGM across Africa, the practice remains a serious concern in Ethiopia since FGM has affected 23.8 million women and girls there. Ethiopia is currently the country in Africa with the second highest statistic for girls affected by FGM. This is because FGM is being practiced by the majority of regions and over half of the ethnic groups in their society. Forty six out of the total of 82 ethnic groups in Ethiopia perform FGM (EGLDAM, 2007).

In Ethiopia the majority of girls, from the age of infancy up to 8-days-old, go through a severe FGM known as type III infibulation; i.e. modifying or mutilation of the genitals - labia minora (inner lips) and labia majora (outer lips). When the labial tissue heals, it forms a wall of skin and flesh across the vagina and the rest of the pubic area. Before the wound heals a twig or similar intrusion is inserted to create a small hole for the passage of urine and menstrual blood.

The main reason for performing type III infibulation is to render women sexually inactive, unlikely to engage in intercourse, and the visibly intact barrier of infibulation assures a husband he has married a virgin. The procedure is usually accompanied by the removal of the clitoris with the legs being bound together for two to four weeks to allow the labia to heal into a barrier. The barrier produced by infibulation is usually penetrated at the time of a girl's marriage by the forcible action of the penis of her

husband, or by cutting the connected tissue with a knife. The procedure frequently results in organ damage, urinary incontinence, obstetric fistula, and death.

Of those women who have undergone FGM in Ethiopia, it is estimated that 8% have experienced Type III infibulation, and 92% Types I or II. Type III infibulation is most prevalent in Afar and Somali regions, but is also carried out to a lesser extent in Harari and Dire Dawa and other regions. Recently there is a reported trend in areas where Type III infibulation is traditionally carried out, for some ethnic groups to adopt a less invasive form of FGM. (28 Too Many, 2013).

2.0 FGM AND THE AFRICAN SOCIETY PERSPECTIVES

FGM in some African cultures is perceived as a symbol of respect. The belief behind this is that if a woman is not circumcised, she is not of respect by the member of a particular community or she is not holy and still to others, FGM brings more children to the family. This belief makes women vulnerable and they grow up with a wrong understanding.

The age at which FGM is performed in Ethiopia depends upon the ethnic group, type of FGM adopted and region. More than 52.5% of girls who undergo FGM do so before the age of 1 year (DHS, 2000). In the north, FGM tends to be carried out straight after birth, whereas in the south FGM is more closely associated with marriage and so it is performed later.

2.1 Cultural Perspective

Cultures which practice FGM in Africa foster the belief that FGM is a source of fertility and so also becomes an associated source of reproduction. African cultures still believe that having many children is an indication of wealth. They tend to enforce this practice and make it a taboo for women not to be circumcised. This captures the women's psychological fear that if they are not circumcised they will be childless. This enhances another major problem in some cultures in Africa where childless women in Africa are shamed and blamed by the community.

According to Assefa et al. (2005) FGM is perceived by some cultures as a method of maintaining moral behavior of women in the society. They believe that circumcision of women will reduce their desire for sex. Yet to others FGM is a way to preserve the virginity of girls. Virginity in Africa is highly valued as it is believed to be a reflection of the status of a family and integral part of a marriage transaction. In the past the parents of a virgin girl were honored by being paid a lot of money during the marriage ceremony.

Physical cleanness is highly valued. A woman is considered unclean if she is not circumcised. It is said that FGM decreases genital secretion and helps a woman to be neat. Moreover uncircumcised women are believed to produce worms and that their genitalia are foul-smelling.

FGM is performed in some cultural groups to control the woman's reaction/emotions, to help her to be decent and reserved. A girl who is not circumcised is considered to be unreserved and absent-minded so

that she would always be breaking utensils, while circumcising a girl will “calm” her and make her decent.

Assefa et al. (2005) gives esthetic reasons that the genitalia of uncircumcised women are believed to be unattractive and uninviting to a man for sexual intercourse. Therefore FGM is performed so that the genitalia look beautiful for the man who owns the girl.

Due to the diversity of ethnic groups that practise FGM, the reasons also can vary. For some FGM is a marker of cultural identity, whereas others perceive FGM as a religious requirement and a needed to ensure chastity and to prevent rape.

2.1 Religious perspective

FGM in some religions in Africa is associated with faith. If a girl or woman is not circumcised, then is not considered clean and so her prayers may neither be heard nor their offerings be accepted by their god. FGM is demanded by their concepts of faith.

In Ethiopia FGM is being practiced by both of the main religions in Ethiopia; Ethiopian Orthodox Christianity and Islam. The prevalence among Muslim communities being 65.1% and that among Orthodox Christians being 45%. According to EGLDAM (2007) there is not only higher prevalence of FGM among Muslims, but is also changing more slowly.

From their findings, Assefa et al. (2005) explained that some ethnic groups in Ethiopia believe that prayers made by uncircumcised women are unacceptable for the uncircumcised are considered an insult to their god. Some even quote from the Holy Book which says “that which protrudes from the body is excessive and should be trimmed”.

2.2 Community perspective – Social pressure

Communities that practice FGM in Africa put social pressure on girls to be circumcised so that she will be fully accepted by her community and that she will have a respect to the elders and be loyal to her husband. Many husbands believe that a circumcised wife will not be sexually active with other men. Most families whose girls have FGM do so because those around them sustain and promote the practice. Important influencers such as parents, grandparents, community leaders and in some cases religious leaders support FGM and it is interwoven with social acceptability, marriageability and beliefs about what is normal and healthy. However, FGM is a human rights violation, a severe form of violence against girls and women and breaks several UN conventions.

Some communities believe that to undergo FGM is to avoid difficulty at delivery. It is believed that FGM helps to shorten the duration of labor and eases the passage of the newborn baby through the birth canal, despite evidence to the contrary.

Another community perspective about FGM is that it increases matrimonial and marriage opportunities. For some communities in Africa, and in Ethiopia in particular, marriages are pre-arranged by families. Therefore a woman has to be circumcised pre-marital to find a husband. A circumcised woman is said to have a tight perineum that increases the pleasure of a man during intercourse. In some instances, even in a circumcised woman, if a man is not satisfied with the tightness of the vaginal opening, the woman is made to go back to her parents, saying she is not well and inadequately circumcised.

Regardless of the three discussed perspectives – cultural, religious and social - and others that are not discussed in this paper, some surveys show that education appears to play an important role in shifting the understanding that FGM is as important as changing the perspective of any other need of human beings in Ethiopia. Many organizations e.g. “28 Too Many” have come up with campaigns to abolish FGM in Ethiopia. The fact is that FGM can only decrease by educating communities about the dangers of FGM. It is suggested that this education should begin to take place among community leaders and then families.

3.0 THE EFFECTS OF FGM

FGM is a traumatic experience and may cause immediate complications such as severe pain, shock, hemorrhage (severe bleeding), tetanus or sepsis (bacterial infection), urine retention, open sores in the genital region and injury to nearby genital tissue. Long term consequences can include current bladder and urinary tract infections, infertility, an increase risk of childbirth complications and newborn deaths, and the need for later surgeries. For example, a Type III infibulation needs to be cut open later to allow for sexual intercourse and childbirth (WHO, 2013).

3.1 Health challenges among women in Ethiopia (Fistula and Prolapsed uterus)

With all the above-mentioned immediate complications from the effects of FGM, the fact is that FGM may also result in serious physical and mental health consequences. This section discusses some pregnancy and birth complications that have resulted from FGM and other complications after birth which is associated with FGM. Some stories are included to support the information given on this section.

Since FGM is a procedure done to the genitals, the most common genital diseases among the Ethiopian women which are associated with FGM is fistula and uterine prolapse. “Fistula” is referred to as a birth injury. It is a hole in the birth canal caused by obstructed labor and uterine prolapsed.

As we all know, a closed vagina cannot allow a delivering mother to give birth to her baby easily. If delivery of the baby took a long time due to prolonged and obstructed labor, then the problem of fistula can easily result. Due to FGM many women are not able to give birth easily due to the skin which is inflexible and harmed. The child birth can take a long time because the baby will be struggling to come out naturally since the birth canal is narrowed. This is how the problem of fistula can easily be created.

Many women (mothers) in Ethiopia suffer from uterine prolapse. The question is: Can FGM cause uterine prolapse. Prolapse is caused by muscles and ligaments that have been weakened or damaged. The most common causes of prolapse include:

- Pregnancy (repetition)
- Childbirth (prolonged childbirth)
- Menopause
- Previous surgery

- Obesity
- Aging
- Genetics

FGM has a negative impact on sexual intercourse too, not only in childbirth. Women experience pain, especially the Type III and IV FGM cause a lot of pain.

Stories from Project Hannah reports received from Ethiopia

Story 1

“M” is an Ari girl (Ari is a tribe in Ethiopia) who got married at the age of 14 years. As soon as she married, she became pregnant. When she was 8 months pregnant she was told that her baby was overweight. She could not go to the hospital quickly for treatment, because her husband was uninformed and not interested in taking her to the hospital. When labour started “M”s husband and his father went to a witch doctor who told them there is no curse she must wait and will soon give birth, but after 7 days of contractions the midwife told her that the baby had already died. The midwife then directed them to Jinka Hospital. When she reached the hospital the dead baby was removed and she saw that the urine was leaking uncontrollably. She was told that she has fistula.

Story 2

A woman suffering from prolapsed uterus was in tears when she was visited by Project Hannah Ethiopia team and said:

"My family is farmers. I married when I was 20 years old to a handicapped person who is having one artificial leg. God gave us six children, one passed away. After delivering six children, I was suffering from uterus prolapse. I did not go to hospital to be treated due to lack of money. I suffered with it for 20 years. I was not aware that there was some help somewhere. I stayed for 20 years with my difficult hardship. I call my problem a hardship because I had difficulty sitting on the chair or anywhere else. My clothes touched my uterus and there was bleeding all the time. If people saw blood on my clothes I felt shame. I never told my children about my case. My neighbor knew that I was suffering from uterine prolapse. Culturally it is taboo to say something about this issue. I received no help or information from the government or church."

Normally, women who experience fistula suffer incontinence, shame, social segregation, and health problems.

3.2 FGM and HIV/AIDS

The link between HIV and FGM is a complex and a contested issue amongst researchers. The WHO multi-country study found that there are no direct links between HIV/AIDS and FGM. However, the consequences of FGM (hemorrhaging subsequent to the operation, bleeding during sexual intercourse as a result of lasting damage to the genital area, and anal intercourse where infibulations prevent or impede vaginal intercourse) are all potential sources of HIV transmission

(WHO, 2006). Considering unsterilized instruments e.g. knives and needles, used by the traditional practitioners can easily transmit diseases like HIV/AIDS. Sharing of some instruments e.g. shavers has also caused the spread of HIV/AIDS.

3.3 FGM also has profound psychological impact

Generally, most of the psychological impacts on the girls who have undergone FGM include trauma due to deep-rooted memory of the act of FGM, especially if performed in older children, and the physical implications from loss of control of their bodies. They may suffer from lack of confidence or low self-esteem. These women and girls may not be confident enough to participate in social gatherings for instance. When they get married they feel like they are not sexually competent to participate in the sexual act and tend to avoid their husbands which can be a cause of domestic violence in many homes. Other psychological effects of FGM include anxiety, somatization, phobia and psychological disturbances e.g. psychiatric problems. This section points out a few psychological consequences of FGM.

More research is needed to be done to understand better the relationship between FGM and consequential psychological, social and sexual problems (Berg and Denison, 2011). A recent study on FGM in Iraq showed that girls who have undergone FGM are more prone to mental disorders, including post-traumatic stress disorder (PTSD). Among 79 circumcised girls studied in the Kurdistan region of northern Iraq, the study found rates of mental disorders up to seven times higher than among uncircumcised girls in the same region, but comparable to rates among girls who had suffered early childhood abuse: 44% suffered PTSD, 34% depression, 46% anxiety, and 37% somatic disturbances (symptoms unexplainable by physical illnesses). The girls studied were aged 8-14 and had not otherwise suffered a traumatic event (IRIN, 2012).

In relation to psychological issues caused by FGM some research shows that women, who have undergone FGM, are more likely to experience some short term and long term effects:

For short term consequences, girls may suffer from:

- Feelings that they are victims.
- The fear of sleeping alone, for example: if the victims are children that still breast feed, they hold to their mothers very tightly so that their mothers do not go away and let them be alone.
- They lose appetite.
- Their moods swing, one moment they are happy and only to be sad the next moment.
- They do not sleep soundly and they experience nightmares.
- The victims sometimes they only look happy in the public, but are not truly happy.
- Have no reason to believe in self.

For long term consequences, women may suffer from:

- mental and spiritual torment, or example: disgust for marital acts (sex), they always feel ashamed. Psychologically they do not prepare for the sexual act, even after they are married. They lack sexual desire or do not feel satisfied during sexual intercourse because of the absence of the most sexually sensitive part of the body that usually makes a woman sexually responsive. The woman may be fearful of the sexual intercourse, because of the deep-rooted memory of the pain associated with FGM. If the FGM act was performed when the child was old enough to remember, she would definitely avoid anybody that would physically want to touch that part of the body..
- self-blame.
- victim blames parents for not offering protection.
- victim neither accepts self, instead hates and blames others too.
- victim may die bitter without forgiving those who have caused the incident.

3.4 Social impact

FGM has serious consequences for women's health both physically and mentally. This in turn may affect their productivity and cause some ill-health, lack of concentration, poor output, reduction of their ability to participate effectively in decision making and productive activities. Women who have undergone FGM and feel weak and lack confidence become unable to care and nurture children who are the future generation and leaders of the society.

3.5 FGM results to Death

Story 3

"A" is an Ari girl who got married when she was 14 year old. When she was 6 months pregnant she was chased away by her husband, because she was "a migi" (someone whose upper teeth came first when she was a baby) When it was time for delivery of the baby,-- as usual Ari people like involving witch doctors in everything they do in life - her parent went to a witch doctor. The doctor kept them waiting for about three days, then he told them that there was a curse and that's why the baby was not coming out. The witchdoctor assured them that "A" would give birth soon, but the position of the baby was not right. And so the baby was late. By the time the witchdoctor told them to take the patient to hospital, it was already too late. They did not have enough money to take her to a health centre. Both the baby and the mother died."

4.0 STRATEGIES TO ELIMINATE FGM IN AFRICA

To combat FGM in Africa, there are several measures that have been taken against this crisis. This section discusses just a few that are considered to be effective in abolishing FGM or dealing with the pain that FGM victims experience. According to EGLDAM (2008) there are more than 82 local NGOs, CBOs, FBOs, international organizations (INGOs) and multilateral organizations working in Ethiopia to eradicate FGM. There have been strong social and political movements for the abolition of FGM,

especially in urban areas, and the Ethiopian government has ensured a favorable legal and policy environment for change. The revised Criminal Code was passed in 2005 which specifically outlaws FGM and although there have been prosecutions; there is scope for greater and more effective law enforcement.

4.1 Education

A range of initiatives and strategies have been used to end FGM. Among these are: health risk/harmful traditional practice approach; addressing the health complications of FGM; educating traditional excisors and discussing the alternative rites of passage; religious-oriented approach; legal approach; human rights approach ('Community Conversations'); promotion of girls' education to oppose FGM; supporting girls escaping from FGM/child marriage and media influence. In Ethiopia, FGM is practiced, to a varying degree, across almost the entire country. Due to the country's significant geographical, cultural, ethnic and religious diversity, strategies for eliminating FGM needs to be approached both at a national level and a community level, with organizations needing to tailor anti- FGM initiatives and strategies to take into account the particular regional circumstances.

- African societies are strongly fighting against FGM, so there are some programmes that help to educate communities about the risks and consequences of FGM through available channels of communication, also its role in the transmission of HIV.
- Religious and community leaders and other influential community leaders and circumcisers are involved in educating the public about FGM.
- Governments are strongly encouraged to be critically committed to making the laws more stringent and to develop enforcement strategies.
- There is improvement in the availability, accessibility and quality of modern health services, including knowledge about harmful traditional practices in school curricula appropriate to the grade levels in elementary and secondary schools.
- In some areas there is an integration of active teaching learning strategies about harmful traditional health practices, especially with favor prevention, in all health sciences curricula.

4.2 Health support

FGM in Ethiopia is included in the National Reproductive Health Strategy (2006–2015) and is covered in the training of medical doctors, nurses and midwives and the Semera Health Sciences College in Afar (UNFPA/UNICEF Joint Programme, Annual report 2012).

The pioneering Addis Ababa Fistula Hospital, founded in 1958, is the world's only medical centre dedicated exclusively to providing free obstetric fistula repair surgery to women suffering from childbirth injuries. In addition to repairing obstetric fistula, the hospital also repairs damage to other childbirth injuries as a result of FGM, It also has a community called Desda Mender dedicated to the lifelong support of women whose fistulae are irreparable. In addition, the Afar Pastoralist Development Association (APDA) runs the Barbra May Maternity Hospital in Mille, Afar, in partnership with UNFPA/UNICEF, treating FGM-related complications.

There is, however, generally a need for more medical care, particularly in relation to women's and maternal health, including treatment for the complications of FGM. The problem is especially acute in remote regions such as Afar. One of the reports the recommendation was that there should be a treatment for girls with complications from infibulations as training to health centre staff. Such treatment would also highlight the negative consequences of FGM and have a preventative effect (Berggav, Talle and Tefferi, 2008).

4.3 Project Hannah programming for the Ari people group in Ethiopia

In conjunction with the strategies discussed above, Project Hannah as a faith based women ministry strives to minister to hurting women through prayer, programming, advocacy and providing ways that would liberate women economically. The following section discusses just one of four Project Hannah strategies that seem to work very well in Ethiopia; namely programming.

The Ari people group in Ethiopia believes in traditions. They send their girls early marriages. Most of their children both girls and boys get married at an early age of 14 or 15 years. These early marriages are being encouraged by a traditional dance which takes place at night where after boys and girls are encouraged to sleep together. The Ari people do not encourage virginity. This special dance destroys completely the moral issue of virginity since boys and girls are introduced to sexual intercourse at very early age. When girls become pregnant they are forced to abort because they regard those babies as a curse for the society. However, girls who have babies conceived at the time of the dancing are considered fertile women and any man can marry them.

Project Hannah has come up with a radio programme which aims not to attack the Ari people's culture, but to educate them in a form of drama. Next year Project Hannah is going to launch the Healing Voice Initiative with 10 lessons to address the issue of early marriages among the Ari people group which are on a drama series for the audience to understand and give their comments. The 10 educational lessons will be recorded on Audio Devices (Mega Voice) that are using solar energy. These devices will be distributed in families around the Ari community so that they learn the danger of FGM, fistula and early marriages without feeling being confronted. The Healing Voice Initiative is just one component of the programming implemented by Project Hannah.

Women of Hope is another component of the programming. This is a radio programme that is being aired in more than 60 languages worldwide. In Africa there are about 12 languages and 2 of these languages are being aired in Ethiopia. The purpose of this radio programme is to minister to women who have gone through hurtful experiences, e.g. rape, domestic violence all forms of abuse, abandonment, divorce so that these women can find their lost hope, love and dignity which the society cannot offer them. Project Hannah produces series of educational lessons which partly discusses life issues (e.g. how to give First Aid to a baby with high fever or to treat a burn) and partly stories that will help the hurting women to forget about their hurting experience and acquire some refreshing of their minds and experience joy in their lives.

5.0 CONCLUSION

FGM is traumatic experience that may cause:

- immediate complications: hemorrhage, shock, even death from severing of blood vessels, infection of the incision and of the urinary tract, tetanus from using non-sterile equipment, damage to the urethra and surrounding tissue, acute urinary retention from very severe pain.
- intermediate complications: adhesion of vaginal lips that can prevent normal urine and menstrual blood outflow, delayed wound healing, Bartholin's cyst and abscess formation, Keloid scar formation, dyspareunia and hepatitis.
- late complications hematocolpos from adhesion of vaginal lips, scarring and narrowing of vaginal hymen, infertility from infection of the uterus, fallopian tubes, and ovaries, obstructed labor and its consequences like fistula formation, recurrent urinary tract infections, inability to deliver vaginally without tearing, urinary calculus (from urine stasis, bacterial infection) and HIV/AIDS from use of unsterilized materials.

Some of the consequences that have been discussed on this paper are psychological consequences which damage the intellectual part of human being. To avoid the consequences of FGM some precautions have to be taken, e.g. education. There is an essential need to educate key people in the society to help combat FGM-and introduce programmes to encourage the FGM victims.

Project Hannah is using prayer mass media, advocacy, and some mercy ministries programmes to address issues affecting women in the society for the purposes of bringing a total change in the person's life. We call upon other entities to collaborate with Project Hannah and meet the needs of women in Africa which are very many and diverse. We together can make a difference in Africa.

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