

EXECUTIVE SUMMARY

FGM/C in Ethiopia:

Country Profile Update
June 2023



This Country Profile Update provides comprehensive information on the most recent trends and data on female genital mutilation/cutting (FGM/C) in Ethiopia. It includes an analysis of the current political situation, legal frameworks and programmes to make recommendations on how to move toward eradicating the practice. This report serves as an update to **28 Too Many's 2013 Country Profile**. Its purpose is to equip activists, practitioners, development partners and research organisations with the most up-to-date information to inform decision-making on policy and practice in the Ethiopian context.

Ethiopia is the fastest growing economy in Africa,¹ but ranks 175 out of 191 countries ('low development') on the UNDP's **Human Development Index**,² as this growth has not trickled down to the country's most vulnerable.

Prime Minister Abiy Ahmed replaced Prime Minister Desalegn upon his resignation in February 2018 and was officially elected in July 2021.³

Ethiopia has experienced much **political and cultural turmoil** throughout its history, most recently in the northern Tigray region from 2020 to 2022, during which the Ethiopia Human Rights Commission and the Office of the United Nations High Commissioner for Human Rights⁴ found evidence of violations of international humanitarian/refugee laws and war crimes.⁵ Additionally, in January 2023, violence erupted over a new synod, formed in a split from the Ethiopian Orthodox Church, the leaders of which synod pushed to exercise their faith in the Oromo language.⁶

Crises and instability have negative impacts on the rights of women and girls, on their decision-making powers and on the overall development of a country, due to, for example, school closures, war crimes such as rape, disruptions to health services and aid, and general economic and social instability.

Progress was initially made under Prime Minister Abiy Ahmed toward realising the constitutionally envisaged **freedom of the press**. The repressive Broadcasting Service Proclamation was repealed in 2021 and a New Media Law introduced with the aim of reducing unlawful arrests and detentions of journalists.⁷ Sadly, Reporters Without Borders notes, 'Most of the recent press freedom gains have been lost since Ethiopia became embroiled in ethnic conflicts and a civil war.'⁸ It appears that new legislation against misinformation and the Tigray conflict in northern Ethiopia gave government agencies and media authorities permission to begin repressing the media once again.⁹ Reports on the actual numbers of journalists arrested since then vary, but there are numerous specific examples of arrests and violence.¹⁰ Access to the internet has also been restricted.¹¹ Partly due to these restrictions, radio remains the most commonly accessed medium¹² and is therefore still the most effective means (in terms of mass media) of reaching the Ethiopian population with messaging about FGM/C and related issues. If restrictions continue, the Ethiopian people's health and welfare will be significantly disadvantaged.

Statistics on the prevalence of FGM/C in Ethiopia were compiled through **Demographic and Health Surveys (DHS)** in 2000, 2005, 2011 and 2016.

The prevalence of FGM/C in Ethiopia appears to be decreasing. According to DHS reports, it has reduced from 79.9% of women aged 15–49 in 2000 to 74.3% in 2005 and to 65.2% in 2016.¹³

However, one concern is that the population of Ethiopia is growing, resulting in an increase in the number of girls at risk.

Orchid Project’s estimate of 33 million girls and women at risk in Ethiopia as of 2016 is the largest absolute number of girls/women in eastern and southern Africa and the third-highest globally, after Indonesia and Egypt.

FGM/C prevalence is significantly higher in the eastern regions of Ethiopia (Somali and Affar) and lowest in the northern region of Tigray. However, taking **population density** into account, more than 60% of the women and girls affected by FGM/C live in the Oromiya (nine million) and Amhara (seven million) regions. The largest reductions in prevalence between 2000 and 2016 occurred in Dire Dawa (95.1% to 75.3%), Amhara (79.7% to 61.7%) and Addis Ababa (79.8% to 54%). The region that changed the least is Somali (99.7% to 98.5%).¹⁴

17.5% of women and 11.1% of men who have heard of FGM/C (aged 15–49) believe that the practice should continue. 79.3% of women and 86.7% of men believe that it should not.¹⁵ However, small-scale studies using indirect **methods of questioning** found that, while both men and women report low levels of support for FGM/C when asked directly, when they are asked indirectly, the amount of support is revealed to be significantly higher.¹⁶

These studies emphasise the need for improved survey techniques when researching matters that may be sensitive, taboo or illegal.

Unfortunately, not practising FGM/C still has **negative consequences for girls and women** in certain Ethiopian communities, especially where FGM/C is linked to marriageability and chastity. Many of these girls and women are motivated to undergo FGM/C to avoid those consequences.¹⁷

Ethnic identity and conformity is a strong driver of FGM/C in Ethiopia.

It affects the prevalence of FGM/C and the belief that it should continue. Ethnicity is strongly associated with religious affiliation and, therefore, **the mistaken belief that FGM/C is required by the major religions**. Nationally, 23.6% of women and 16.8% of men aged 15–49 believe that FGM/C is a requirement of their religion. This belief is most common among Muslim men and women.¹⁸ The strongest **levels of support for FGM/C** are among Affar, Somali and Sidama women and Affar, Somali and Amhara men.¹⁹ In the Affar region, where the majority of the population is Affar and Muslim, there are indications of a **change in the severity of cutting** that has been attributed to messaging from Muslim religious leaders and information about the health risks of FGM/C, showing the importance of engaging religious leaders in programming.²⁰

Interventions to address social and cultural norms that drive FGM/C must be tailored to the specific beliefs and practices of each ethnic group. Programmers and activists must understand the severity of social consequences for abandoning the practice. Programming should be directed at **FGM/C hotspots** in the country, where, in most cases, religious beliefs are strong drivers of the practice. It is critical to engage religious leaders in these areas to educate and shift beliefs.

Most girls in Ethiopia are **cut before the age of five**.²¹ 73% of Ethiopian women aged 15–49 who have undergone FGM/C report having had flesh removed. 2.6% report being cut, but having no flesh removed, and 6.5% report being ‘sewn closed’ (infibulation). 17.9% do not know what **type of FGM/C** they have undergone.²² Women and girls who are infibulated are predominantly from the Somali and Affar ethnic groups (75.6% and 71% of women aged 15–49, respectively). Muslim women are more likely to be infibulated than women of other faiths.²³

In terms of **the law**, FGM/C is illegal in Ethiopia under Articles 565 to 570 of The Criminal Code of the Federal Democratic Republic of Ethiopia (2004).²⁴ Accordingly, the Government and UNICEF developed in 2019 a *National Costed Roadmap to End Child Marriage and FGM 2020–2024*, which aims to eliminate FGM/C and early marriage before 2025 by empowering girls and their families; engaging with communities (including faith leaders); enhancing systems, accountability and services across sectors; creating and strengthening enabling environments; and increasing data-and-evidence generation and use.²⁵ **Medicalised FGM/C** was banned in January 2017 by the Ministry of Health, although it has not been criminalised.²⁶ If the Government is to further create an enabling environment for the eradication of FGM/C, however, enforcement of the law and access to legal services must be improved.²⁷

Ethiopia has made some progress toward the **Sustainable Development Goals** in terms of health and well-being. It ranks 125th out of the 144 countries on the Gender Equality Index and currently has a ‘Very Poor’ rating.²⁸ This means that conditions for women in Ethiopia are more challenging than for women across the wider continent. The prevalence of FGM/C in Ethiopia is well above the average for sub-Saharan African, but when the Horn of Africa is considered, the prevalence in Ethiopia is lower than in most of its neighbouring countries. Unfortunately, the COVID-19 pandemic has had a devastating effect on gender equality, closing schools, putting up to ten million girls at risk of early marriage and increasing their risks of FGM/C.²⁹ The maternal mortality ratio has also increased. On a positive note, the infant mortality rate has dropped, and, three years before the Millennium Development Goals’ deadline in 2015, Ethiopia reached its target for under-five mortality.

There are numerous **international and local non-governmental organisations** working to eradicate FGM/C, using a variety of strategies including national and regional advocacy, engaging with the ethnic drivers of the practice, addressing patriarchal gender norms that perpetuate FGM/C, promoting education about FGM/C through digital media and traditional outlets, and engaging with religious leaders. A comprehensive overview of these approaches, with examples from active organisations, is included in this report.

This report calls for the following actions:

- **increase** financial resources for the response to FGM/C in Ethiopia, prioritising a multi-sectoral and multi-faceted response to accelerate progress;
- **target** geographic hotspots;
- **gather and make available** sub-regional data;
- **engage with** the unique drivers and contextual factors associated with the practice in each community;
- **improve** research methods, using indirect approaches to explore attitudes and beliefs about FGM/C;
- **reduce** the social-exclusion risk for uncut women and girls by engaging men and boys, religious leaders and influential community members;
- **integrate** FGM/C awareness-raising, community dialogues, and skills training in relation to girls' rights and agency; and
- **strengthen and increase** economic opportunities for women and girls.

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This update is intended to be used in conjunction with and as a supplement to the report **Country Profile: FGM in Ethiopia** published by 28 Too Many (part of Orchid Project) in 2013, which may be downloaded at <https://www.fgmcri.org/country/ethiopia/>.

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Please note the use of a photograph of any girl or woman in this Country Profile Update does not imply that she has, nor has not, undergone FGM/C.



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