FGM IN ERITREA:

EXECUTIVE SUMMARY

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Eritrea is a country of approximately 5.5 million[1], situated in the Horn of Africa. It has a war-torn modern history, and tensions remain high between the state and its southern neighbour, Ethiopia. Since independence in 1993, President Isaias Afwerki of the People's Front for Democracy and Justice has been **head of state and head of government**. A new **constitution**, passed in 1997, which allowed for multi-party politics and set elections for 2001, has not been fully implemented, and no elections have been held. It should be noted that the data publicly available in relation to Eritrea is provided almost exclusively by the Government of the State of Eritrea (*GoSE*) and therefore some of the information referred to in this Country Profile **cannot be verified independently**.

The country is divided into **six administrative *zobas***. Less than a quarter of Eritreans live in towns, and agriculture is the **main economic activity**. However, a large percentage of the population serves in the military, as **conscription** is mandatory for both men and women, and many do not receive their discharge and are forced to stay in the military for an indefinite time. It is estimated that half of the population lives below **the poverty line**.[2]

The extent of **military service** has resulted in 46.7% of Eritrean households being headed by women, but an underlying patriarchal culture persists.[3] Women are less likely to participate in household decision-making if they are of a young age, are unemployed, have no living children, have only or less than a primary level of education, live in a rural area, or are in the lower wealth quintiles.[4] Women who are married or have young children are generally exempt from military service[5], which may encourage women to marry and have children at a young age. Over one-third of the armed forces during the 30-year war for independence were female.[6]

The OECD Development Centre classifies Eritrea as having a 'very high' Restricted Physical Integrity Value, the highest classification of the value, because 71% of women justify wife beating; there is no legislation in place regarding domestic violence; legislation against rape exists, but not marital rape; legislation regarding sexual harassment is inadequate; and 28% of women have a need for family planning that is not being met.[7] A 2017 study and the 2015 UN Commission of Inquiry on Eritrea both found that sexual violence is rife within the Eritrean National Service.[8] This is an issue at the forefront of women's rights in Eritrea.

Eritrea has historically had one of the highest rates of FGM practice in the world. While the Demographic and Health Survey (*DHS*) of 2002 calculated the **prevalence of FGM in women aged 15-49** at 88.7%[9], the Eritrean Population and Health Survey 2010 (*EPHS 2010*) calculated it at 83%, and 44.1% of women reported that at least one of their daughters had undergone the practice.[10] This data, together with the **prevalence of FGM in daughters**[11], which decreases in accordance with the mother's age, strongly suggests a decline in the practice.

Prevalence in the capital city, Asmara, is 73.6%, in other towns is 85.4% and in rural areas is 85%.[12] Unlike in most countries, where FGM is more likely to occur in rural areas than in urban areas, in Eritrea, there appears to be more of a division between Asmara and the rest of the country. In Asmara, prevalence fell by nearly 18% from 1995 to 2010; whereas in other areas prevalence fell by about 10% over the same period.[13] Analysis suggests this may be due to a difference in levels of wealth.[14]

Girls in Eritrea are most likely to undergo FGM in their first five years, although girls in Asmara are generally cut earlier than girls in other areas.[15] A 2012 report notes that there is a general belief in Eritrea that the younger a girl undergoes FGM, the more readily she will heal. Many mothers therefore 'take it as an [obligation] to conduct FGM/C on their daughters at a young **age**.'[16]

All of the WHO-classified **types of FGM** are practised in Eritrea.[17] According to the DHS 2002, 38.6% of women aged 15-49 reported that they were 'sewn closed' (Type III – infibulation), 4.1% had had 'flesh removed' and 46% had been 'nicked, no flesh removed' (11.3% did not know).[18]

FGM is most commonly reported to have been performed on women aged 15-49 by a traditional 'circumciser' (80.33%)[19], but it is also performed as a 'treatment' by about 20% of traditional medical practitioners.[20]

Knowledge of FGM among women aged 15-49 is almost universal (99.2%). The prevalence of FGM is slightly higher in rural areas than in urban areas, but knowledge of FGM is slightly lower among women who live in rural areas (98.8%) than among women who live in urban areas (99.5%). 58.9% of women reported that they knew of activities against FGM operating in their area, but in Anseba that figure was much higher, at 85.2%, while in Asmara only 37.2% knew of activities.[21]

In 2010, 77.2% of women and 83.8% of men aged 15-49 who have heard of FGM said they believe that it has no **benefits for a girl** (up from 29.1% in 2002). Women and men who are younger, wealthier and more highly educated are more likely to see no benefits to a girl undergoing FGM.[22] The most commonly perceived benefit of FGM by women was 'social acceptance'; by men, it was 'preserves virginity/prevents pre-marital sex', which is also the second-most-common response from women in general.[23] This data indicates that there is some need for factual teaching on sex and FGM in higher education.

Public support for FGM has declined significantly over the past two decades. The EPHS 2010 reports as follows[24]:

	Women (aged 15-49)	Men (aged 15-49)
FGM should continue	12.2%	10.0%
FGM should *not* continue	82.2%	84.9%

Although the majority of respondents see no benefits in FGM for a girl, very few women report having heard objections to their daughters undergoing it.[25] This may indicate a need for education in communities on how to speak up about one's objections to FGM.

Religious belief is another reason often cited for the continuation of FGM, although only 1.1% of women and 0.6% of men aged 15-49 who have heard of FGM cite 'religious approval' as a benefit of FGM for a girl.[26] None of the recent country-wide surveys for

Eritrea break down the **prevalence of FGM according to respondents' ethnicity** or **religion**, and there is no evidence from other sources to inform these criteria. Eritrea has nine major ethnic groups (Afar, Bilen, Hidarb, Kunama, Nara, Rashida, Saho, Tigre and Tigrinya), and the main religions practised are Christianity (primarily Coptic) and Islam.

While the 1997 Constitution forbids discrimination on religious grounds, the GoSE only recognises Sunni Islam, European Orthodox Christianity, Roman Catholicism and the Evangelican Lutheranism Church of Eritrea, and there are reports of persecution, detention and even torture of people from other denominations and faiths.[27] Despite this, religious leaders are highly influential in the everyday lives of Eritreans and should be involved in anti-FGM campaigns.[28]

Overall, 60.1% of female respondents (aged 15-49) who have heard of FGM believe that it is required by religion, and this belief is more common among older women and those living in rural areas. 70.1% of women with 'no education' believe it is a religious requirement, compared to 40.6% of those educated to secondary level or above. There is a similar variation according to wealth quintile.[29] Levels of wealth and education therefore appear to be the best determinants of whether or not a woman believes FGM is a requirement of her religion.

Eritrea has signed many of **the international and regional conventions and treaties** related to the practice of FGM. Articles 7, 14-16, 22 and 32 of the **1997 Eritrean Constitution**[30] are relevant to FGM and the position of women and girls.

In March 2007 **The Female Circumcision Abolition Proclamation No. 158/2007**[31] came into effect, **outlawing FGM**, although the National Union of Eritrean Women (*NUEW*) had been campaigning against it since the 1990s. Contravention of Proclamation No. 158/2007 is punishable by imprisonment of two to three years or up to ten years if it results in death, or a fine for failing to report a planned FGM event. Although the GoSE's report in 2014 to CEDAW claimed that 144 people had been taken to court under the 2007 legislation against FGM[32], there is no evidence available as to the outcome of those cases or any other indication of the extent to which the legislation has been enforced. The NUEW carried out a series of public meetings and distributed copies of the Proclamation to raise awareness of the law and the effects of FGM. The EPHS 2010 reported that 90.9% of women and 83.1% of men have **heard of the law against FGM.** Those who are wealthier and more highly educated are more likely to have heard of it. People who live in Gash Barka are far less likely to know of it, as are people living in rural areas, suggesting that more work needs to be done in those areas.[33] Two-thirds of mothers with at least one daughter who has not undergone FGM state that the reason for this is because FGM is against the law.[34]

In 2005 Eritrea passed a law requiring local, national and international **NGOs** to be registered.[35] In 2011 the last of the international NGOs working in Eritrea were forced to leave, and the only two registered NGOs active in relation to eliminating FGM are the NUEW and the National Union of Eritrean Youth and Students (*NUEYS*).

The Constitution's preamble commits the GoSE to creating 'a society in which women and men shall interact on the bases of mutual respect, solidarity and **equality**.'[36] The GoSE's 2013 and 2014 reports to the CEDAW state that progress in women's health and education is being made and the NUEW is continuing to promote equality.[37] However, the UK's Foreign & Commonwealth Office's Human Rights and Democracy Report 2013 states that, while

women's rights are well protected within the law, they are not practised to the same standard.[38]

Reporters Without Borders ranks Eritrea 179th out of 180 countries in its 2017 **World Press Freedom Index.** It was ranked last from 2007 to 2016.[39] There is complete government control, through the Ministry of Information, over all **media** outlets and news distribution in the country (there are no privately owned news-media outlets), as well as the imprisonment without charge or trial of numerous journalists and editors since 1996.

Television and radio are the most popular traditional mediums, although radio is overwhelmingly the most-frequently accessed medium in rural areas.[40] Eritrea is the least internet-connected country in the world. Less than 1.5% of the population has access to it (some estimates are even lower), and access there is extremely slow.[41]

Both the NUEW and the NUEYS use **multimedia approaches** in their work to end FGM, as does The Sara Communication Initiative in its Sara Clubs. For example, the NUEW showed a film, *Behind the Curtains of Agony*, which contained hard-hitting footage of girls undergoing Type III FGM. This reportedly had a 'dramatic effect in villages propagating attitude and behavior change' and was instrumental in putting through the anti-FGM legislation.[42] Videos of senior religious leaders have also been effective in sparking discussions in communities and changing attitudes towards and understanding of FGM.[43]

Education is free (in government schools) and compulsory between the ages of six and 13. It is divided into pre-school, elementary, middle and secondary school. The GoSE is the largest education provider. All grade 12 students, some of whom are younger than 18, are required to enrol for **military service** at the SAWA Centre for Education and Training; otherwise, they cannot graduate or work in state-sanctioned employment.[44]

According to the EPHS 2010, approximately 57% of the population is **literate**[45], although the Central Intelligence Agency's World Factbook puts that figure at 73.8%[46]. Learning achievement remains generally low.

Enrolment in elementary school has reportedly fallen, and the **gender gap in literacy** is significant, as only 51.9% of women are literate compared to 63.7% of men. The disparity is much narrower in children and adolescents, and there is almost no disparity in the six-to-nine age group. [47]

FGM has been included in the national school curriculum by the GoSE, and the NUEW, the NUEYs and the Sara Communication Initiative all use club-type environments and young people's interests as a platform for discussing health and social issues, including FGM. Education is vital to reducing FGM: 90.5% of women aged 15-49 with 'no' education have undergone FGM compared to 72.8% of women with a secondary or above level of education.[48]

The GoSE states that, since Eritrea's independence, it has made **healthcare** one of its priorities.[49] The final report on the MDGs for Eritrea notes that, despite progress in the health sector, the GoSE still has a lot of work to do in order to sustain progress and improve current services.[50]

The use of **traditional medicine** is prevalent throughout Eritrea but particularly frequent in rural communities, despite the GoSE's cautions. FGM is considered a traditional treatment, practised by 20.4% of practitioners[51], and there is a cultural element to the use of traditional medicine: practitioners are seen as better understanding the mentality and culture of their

patients (particularly women) and as being easier to communicate with, especially because many state health workers do not speak local ethnic languages.[52]

A **national scheme to eliminate FGM**, Vision Eritrea, was run by the GoSE from 2008 to 2010, involving local authorities and teachers and consisting of events to provide information and form attitudes. Anti-FGM committees were set up in six zobas to promote the anti-FGM message and draft locally-focused strategies. There has also been an **obstetric fistula** programme in place, supported by UNFPA, since 2003.[53]

Eritrea is one of the 15 African governments working in partnership with the **UNFPA-UNICEF on the Joint Programme on FGM/C: Accelerating Change.** The NUEW is the main partner working with the UN. Some of the 'Lessons Learnt' from this project were the need to spark communications about FGM within communities, the effectiveness of using a range of media, wide dissemination of the Proclamations about FGM and child marriage and consistent follow-up and reporting on FGM cases.

The GoSE and the NUEW identify the holistic ***Habarawi*** ('collective') approach, in which anti-FGM messages and programmes are put into operation across all ministries and sectors of society, nation-wide, as the reason for the decrease in FGM prevalence. Challenges to the campaigns have included the difficulties associated with reaching more remote areas and the inconsistent prioritisation by government agents.

Specific challenges to the abolishment of FGM in Eritrea that need to be addressed are as follows.

- ***Traditions, beliefs and social norms that support the continuation of FGM and override the law.*** Social acceptance is the most commonly given reason for practising FGM, and pressures from family and community, particularly grandmothers, make it difficult for people who object to speak up.
- ***Policies and practices of the GoSE that hinder anti-FGM work.*** These include the GoSE's expulsion of NGOs and INGOs and its restrictions on foreign funding, which curtail the amount of FGM research that can be done and prevent the independent verification of existing data; the Ministry of Information's control over news and broadcasting, which limits debates and strengthens taboos; and the fact that girls often drop out of school or marry early to avoid compulsory military service.
- ***Misunderstandings in relation to sex and FGM, home births and the use of traditional medical practitioners.*** Misunderstandings about sex and FGM, the high rate of home births and reliance on traditional medical practitioners, who may use harmful traditional practices, increase the risks for women.
- ***Limited funding and resources.*** The healthcare system, in particular, is in need of additional funding to give easier access to healthcare and clear the backlog of fistula patients.
- ***Disorder in the legal and justice systems.*** The constitution and the 2015 Codes have not been fully implemented, and without firm laws upon which to base the legal and criminal justice systems, the GoSE cannot consistently carry out and report prosecutions for FGM.

- ***Illiteracy*.** The rate of illiteracy is especially high for women, making the distribution of printed material about FGM and related issues ineffective for a large percentage of the population.
- ***Transport and infrastructure in remote locations*.** Remote rural areas present particular difficulties in terms of a lack of infrastructure, making scaling up programmes and prosecuting perpetrators difficult.

Recommendations to further reduce FGM in Eritrea

- Drafting and implementing a new constitution, as well as fully implementing the 2015 Codes;
- continuing the Habarawi approach, including involving religious leaders and teachers;
- creating public, non-judgemental arenas for discussion;
- teaching strategies on how to speak up to family and friends about difficult issues;
- creating programmes targeting older women;
- working further in rural areas, particularly Gash-Barka, to disseminate knowledge of the FGM Proclamation;
- researching why the prevalence of and public support for FGM is lower in Asmara;
- retraining traditional practitioners for alternative careers;
- continuing to work at achieving universal education;
- addressing women's limited access to family planning;
- stepping up education on reproductive health and FGM for both adolescents and adults;
- assigning healthcare professionals who speak ethnic languages to the areas where those languages are spoken, to promote trust in professionals over traditional medical practitioners;
- bearing in mind the culture of dignity in Eritrea when conveying messages that could be interpreted as critical;
- using a variety of media, which has been shown so far to be effective;
- lifting the restrictions on NGOs and INGOs and the receipt of foreign funding for social campaigning;
- providing easier access to court judgements, so that follow-up research and reporting can be done; and
- publishing the results of any mapping and evaluation exercises, as well as any challenges and successes noted by each Anti-FGM Committee in its region of influence.

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