A STUDY ON

FEMALE GENITAL MUTILATION

IN

ERITREA

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ACRONYMS

FGM	Female Genital Mutilation
MOH	Ministry of Health
MOI	Ministry of Information
MOE	Ministry of Education
NUEW	National Union of Eritrean Women
NUEYS	National Union of Eritrean Youth and Students
FRHAE	Family Reproductive Health Association of Eritrea
TBAs	Traditional Birth Attendants
IEC	Information, Education and Communication
WHO	World Health Organization
EDHS	Eritrean Demographic and Health Survey
STIs	Sexually Transmitted Infections
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immunodeficiency Diseases
FGD	Focus Group Discussion

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1. INTRODUCTION

Eritrea is a small country located in Eastern Africa, abuts the Sudan to the North, Djibuti to the Southeast, Ethiopia to both the West and South and the Red Sea to the Northeast. Administratively, Eritrea is divided into six regions, namely, Anseba, Debub, Gash-Barka, Maekel, Northern Red Sea and Southern Red Sea.

Whilst no official census has been undertaken to date, Eritrea's population that comprise of the Afar, Bilen, Hidareb, Kunama, Nara, Rashaida, Saho, Tigre and Tigrigna ethnic groups, is believed to be between 3.3 and 4 million. The population is said to be rising at a rate of 4.8 (EDHS: 2000).

The female to male ratio is almost equal. About 900,000 women are said to be in the reproductive age. This figure is projected to grow to 1.8 million by the year 2020 (Population Bureau: 2002).

Though efforts continue to be made by the Government of the State of Eritrea and other interested groups and organizations to alter the gender imbalances that prevail at all levels of the society, Eritrean women are found at the lowest level of the social, economic and political structures.

Young girls have from childhood been taught their "inherent" roles as wives, mothers and homemakers. They have not been told to cater for their own needs or work towards the attainment of their own aspiration. Their identity has been intricately linked to that of fathers or husbands. This had the consequence of Eritrean women being financially and socially more dependent.

EDHS, 1995 estimated the maternal mortality ratio at 998/100,000 live births. This indicates that the health of women is particularly in bad state. According to UNICEF, the lifetime risk for an Eritrean woman dying from pregnancy related causes are estimated to be one in fourteen women. According to EDHS, 2002, the utilization of reproductive health services is:-

Assisted Deliveries	=	28 percent
Contraceptive Prevalence Rate	=	7 percent
Total Fertility Rate	=	4.8
FGM	=	89 percent

Other reproductive health problems that affect women's health include, early and un-spaced pregnancies, unsafe abortion, STIs, HIV and AIDS. Heavy workload inside and outside their homes, inadequate quality and quantity of food also contribute to poor maternal health.

Women have been also made victims of violent actions such as, early marriage and pregnancy, sexual abuse, domestic violence including female genital mutilation (FGM). Various government institutions and NGOs (Local and International) are involved in alleviating the lots of girls and women in Eritrea.

1.1 Objective

The aim of this study is to build a body of knowledge on FGM in Eritrea that can be used for designing interventions in the area. Specifically the study set out to:

- Measure the prevalence of FGM in the country
- Identify the various types of FGM
- Investigate local perceptions and attitudes associated with FGM
- Explore the reasons why people continue to adhere to the practice.
- Propose means /mechanisms for preventing continuity of the practice.

1.2 Methodology and Scope of Coverage

The study used various instruments, among them were the following: -

1.2.1 Literature Review

Available literature relevant to the topic under study was reviewed. It included newspapers, pamphlets, policy documents and studies that had been conducted by various institutions and individuals.

1.2.2 Participatory Methods

- Focus group discussions were carried out with 35 groups of women and men in selected communities.
- In depth interviews with 65 key informants have been conducted. The key informants comprised of teachers, health personnel, community leaders, religious leaders, traditional birth attendants (TBA), Trained traditional birth attendants (TTBA), circumcisers, youth leaders, women leaders, government officials etc.

1.2.3 Structured Interviews

A structured questionnaire was used to interview 2,950 women in childbearing age, whose last (youngest) daughter was below the age of ten years. This was meant to assess the incidence of the practice in that period. In the last ten years, some efforts have been made by various institutions including the media to create awareness on FGM.

The respondents were from the six regions in Eritrea. 400 women were from Anseba zone, while, 800, 600, 600, 350 and 200 were from Gash-Barka, Debub, Maekel, Northern Red Sea and Southern Red Sea Zones respectively. This was done purposively in order to include the various groups of people in the country, namely,

returnees, dislocated people in the rural and urban areas, people from the various ethnic groups and religious creeds, pastoralists, agro-pastoralists and people by the borders.

Both stratified and random sampling methods were applied in selecting respondents for the structured interviews. Casting lots after making sure that the sub-regions and villages had the required characteristics needed by the study. For example, when the study wanted to interview women from the Nara ethnic group, the first step was to identify the sub-regions and villages where the people from the Nara ethnic group reside and then cast lots. Once the sub-regions and villages were selected, interviews were conducted by selecting the respondents randomly. In this case, by taking every fifth household.

1.3 Limitations

Though attempts were made to include every ethnic group in the study, it was not possible to include the Rashaida ethnic group, as there was resistance from the community leaders. Hence, it became difficult to have a representative sample that could help to make conclusive statements in relation to the objectives of the study. Nevertheless, the few interviews that were conducted with women from the Rashaida ethnic group helped to have a general picture on FGM among this group. However, the consultant did not see the importance of including the findings in the report.

Unwillingness to openly discuss the issue was also a problem faced in the focus group discussion carried with protestant women in Gheleb. For example, answering on how girls are circumcised, they tell as it is written in the book. Because of that the facilitator had to cut short the discussion.

It was not also easy to find women whose last (youngest) daughter is below the age of ten years among some groups of people in the rural areas. For example, in Maekel the researchers had to move from village to village in order to interview the required number of interviewees. Such a scenario was common among the Protestants as most of the women in the rural area were either women past their childbearing age or who do not have daughters who are less than ten years.

The fact that the study was conducted during the month of Ramadan (fasting period for the Moslems) also created some inconvenience. Many women were not willing to be interviewed or to participate in the focus group discussions in the afternoon. Due to this, the researcher had to work only in the mornings in some areas. Conducting the study during the harvest season was another delaying factor as some times it was not possible to find the women in their homes. This led to postponement of some of the focus group discussions in Maekel.

Some women in Maekel tried to disorient the study by hiding the truth. For instance, some women said no when asked if they have circumcised their last daughter. When asked why not, they replied, “Because the government has told us not to do so”. But when the interviewer asked why government should interfere with what they do to their children, they revealed the truth and said “let me tell you the truth”, I have

circumcised all my daughters" or they tell that every woman in the village makes sure that all her daughters are circumcised. Thus indicating that there could be a certain degree of unreliability in the data related to the prevalence of FGM as it seems that some women hide the truth out of fear or guilty consciousness. Such occurrences were common among the women who gave birth in health facilities because the health personnel advise them against circumcising their daughters.

Women in the lowlands did not consider clitoridectomy as circumcision and because of that, many of them said that their daughters were not circumcised. This might have influenced the reliability of the data to a certain extent.

2. HISTORY AND ORIGIN OF FGM

FGM has evolved from early times in primitive communities desirous of establishing control over the sexual behaviours of women. The concern over women's sexual moral does not seem to have been confined to Africa, neither in ingenuity to curb or conceal female sexuality displayed only on that continent. From many of the accounts given about FGM, it is not clear exactly where it first originated. Nevertheless, traditional practices have existed in many parts of the world to control female sexuality, examples of which are Roman technique of slipping rings through the labia majora of their female slaves to prevent them from becoming pregnant. Similarly, the chastity belt, introduced in Europe in the 12th century by the crusaders was intended as a barrier against unlawful or unsanctioned sex. It was recorded that genital surgery or clitoridectomy took place in some western countries in the pretext to cure masturbation, hysteria, depression, epilepsy and insanity (Sadawi, 1980; Kose-Thomas, 1987; Toubia, 1993).

The African method of controlling female sexuality is purely surgical (Koso-Thomas: 1987, Sanderson: 1981). Circumcision cuts not only part of the clitoris but other parts of genital organs also, these cuts are irreversible. It is also believed that these surgical methods were known in ancient Egypt and among ancient Arabs, and it is known to have existed in the middle belt of Africa before written records were kept.

It is therefore difficult to date the first operation or determine the country in which it took place. But documentaries have it that female circumcision dates back to 25 B.C. (Silent Tears). Circumcision was known in Europe as late as the 19th century because of the migration of cultures that are involved in the practice. It is recorded as going back far into the past, under the pharonic kingdoms of Ancient Egypt, and Herodotus mentioned the existence of female circumcision seven hundred years before Christ was born. This is why the operation as practiced in the Sudan is called "Pharonic Excision" (Sadawi, 1980).

Some say that circumcision is a remnant of the practice of pre-Islamic era (Jahillia period), for preventing other men of other tribes making love to their women when they are at war or on commercial activities. Many people think that FGM only started with the advent of Islam, but as a matter of fact, it was well known and widespread in some areas of the world before the Islamic era, including the Arab Peninsula, and

Juedo – Christian societies. It could be said or assumed that the practice was a male principle of controlling female sexuality. A practice introduced by men, handed over to the women who perpetuated the practice without questioning the rational behind it, and specially when it is a domain for them to exercise power, control and recognition over other women.

In the various focus group discussions and in-depth interviews conducted it seems that infubulation has come to Eritrea from Egypt and that is why some people call it, Pharonic circumcision. Clitoridictomy known as Suna among the Moslems is said to be a religious injunction among the Moslems. However, the Christian respondents do not seem to know its origin.

2.1 Clitoridectomy

According to World Health Organization (WHO), clitoridectomy is defined as the removal of the prepuce and the tip of the clitoris with or without excision of part or the entire clitoris. This is supposed to be the mildest form of circumcision (WHO: 1996). However, Isatou Touray: 1993 defines clitoridectomy as the removal of the clitoral hood, preserving the clitoris itself and the posterior large parts of the labia minora.

In Eritrea, clitoridectomy fits the two definitions. However, in some parts clitoridectomy can also involve stitching the upper part of the labia majora. This involves massaging the upper inner part of labia majora with ash until it is lacerated and cut it with a razor. Further, the child is tied around the hip for half a day or twenty-four hours depending on the circumcisers' approach. Tying is supposed to control the child's movement.

2.2 Excision or Reduction

This is excision of the prepuce and clitoris together with partial or total excision of the labia minora. It is said to be the most frequent form of circumcision (WHO: 1996). In Eritrea, this form of female circumcision does not seem to be common, as the labia minora is not usually excised.

2.3 Infubulation

After the removal of the clitoris and labia minora as well as parts of the labia majora, the two parts of the vulva are closed over the vagina (narrowing the vaginal opening). This is done by fastening together the two bleeding sides of labia majora with thorns or catgut or some sticky paste. A small opening is created by a splinter of wood to allow for elimination of urine and later menstrual blood. The legs of the child are then tied together, immobilizing her for several weeks or until the wound is healed. Infubulation is known as "Pharonic circumcision" because it always has been practiced in Upper Egypt and was known to the ancient Egyptian (WHO: 1966).

Infubulation is wildly practiced in Eritrea but there are slight variations in the practice. Among the Afars, it comprises of pricking and lifting up of the clitoris before cutting so that no part of the clitoris or adjacent tissue is left un-cut. Moreover, both the labia majora and minora are removed. The child is further tied around the hips, thighs, and legs and in some cases the toes. The operation is repeated after every delivery.

Among the Tigre ethnic group in Northern Red Sea zone, the clitoris, labia majora and minora used to be excised. Thorns were also used to suture the vulva, which was followed by tying the child around the hips, thighs, and legs. Currently, total excision of the labias is no longer practiced. Instead the labias are incised with a razor in order to create raw areas, which will enhance suturing. After delivery, this continues until the fourth delivery or even more depending on the wish of the woman.

Among the Benamir and Hidareb, infubulation is performed by excising the clitoris and labia minora. After that, the two lips of the labia majora are brought together and stitched with the help of a soft thin wood (dirki). To enforce stitching, thread is used. The labia majora get elevated after the practice is successfully performed.

Various types of herbs, sugar, incense and capsules (unclassified) are applied to promote healing and to keep the two lips together.

The Kunama, after excising the clitoris and labia majora they tie the child in three areas and the toes. After four days the girl is untied and cleansed. Again she is tied for a month. To protect her from pain and infection, a mixture of “Shinfa” (lipodum) and “Fersi” (undigested food staff from the intestine of a killed animal) is applied on the mutilated vulva.

In all ethnic groups, if the labias fail to stick together the operation is repeated after the wound heals. Among the Afars, if it fails to hold, the girl’s father tells the in-laws that they had a problem in infubulating their daughter. This helps the marriage to continue.

3. HOUSEHOLD CHARACTERISTICS

This chapter presents information on some demographic characteristics of the respondents such as age, marital status, education and residence (urban-rural). Information is also provided on number of children, number of deliveries and number of daughters of the interviewees. Table 2 below presents the ethnic distribution of the various respondents.

TABLE 1 Ethnic Composition of the Respondents

ETHNIC	COUNT	ETHNIC GROUP BY PERCENT

TIGRIGNA	940	31.9
TIGRE	678	23.0
KUNAMA	160	5.4
SAHO	312	10.6
BILEN	200	6.8
HIDAREB	160	5.4
AFAR	200	6.8
NARA	160	5.4
RETURNEES	140	4.9
TOTAL	**2,950**	**100**

Source: - Field Data

As shown in the above table, 32 percent of the interviewees were Tigrigna, whereas 23 percent, 11, 7 percent, 7 percent 5 percent, 5 percent 5 percent and 5 percent were Tigre, Saho, Bilen, Afar, Kunama, Hidareb, Nara and Returnee respectively.

Sixty seven percent (1,968) are Moslems while 34 percent (982) are Christians of whom 18 percent are orthodox, 9 percent Catholics and 6 percent, Protestants.

Fifty three percent (1,564) of the sample group is rural based. The rest, 47 percent (1,386) are located in urban centers.

Most of the women were unable to tell their exact age, however, 41 percent (1,216) said that they are 26-35 old. The rest, that is, 29 percent (864), around 19 percent (546), 9 percent (262), 2 percent (54), around 1 percent (17) are in the age range of 36-45, 18-25, 46-55, over 56 and under 17 respectively.

As for the marital status of the respondents is concerned, 58 percent (1,712) are married and living together. 25 percent (764) were married but not living together. The majority of the husbands are in the national service. Sixty nine percent (204) are divorcees and 6 percent (186) are widows. Three percent (86) are women who have never been formally married but who happened to have children out of wedlock.

Thirty five percent (1,016) of the target group had had 2-3 deliveries, 29 percent (840) had 4-5, 18 percent (536) had 6-7, 10 percent (280) had 8-10, around 9 percent (250) had 1, and around 1 percent (24) had more than ten deliveries in their life. Asked on how many daughters they have, 39 percent (1,154) of the interviewee said that they have only one daughter whereas 57 percent (1,678) have 2-4 daughters. Four percent (108) have 5-7 daughters and only around 1 percent have 8-10 daughters.

Sixty percent (1,778) of the respondents are illiterate. Twenty three percent (684) have attended grade 1-5. Eight percent (288) have attended grade 6-7. Eight percent (246) have attended grades 8-12 and around 1 percent (14) have attended above grade 12.

The estimated monthly income of the majority of the respondents (60 percent) falls between the income brackets of 100-599 Nakfa. Whereas, the rest fall between the income bracket of 600-1,000, 1001-1,500, 1,501-2000, 2001-2,500, 2501-3,000 and

above 3,000 for 19 percent, 8 percent, 4 percent, 1 percent, 1 percent, and around 1 percent of the respondents respectively. Four percent of the respondents said that they couldn't estimate their household's monthly income because it is their husbands who own their household's resources and because they are the ones who do shopping. Around 1 percent of the respondents had monthly incomes of less than 100 Nakfa per month.

TABLE 2 PERCENT OF WOMEN WHO REPORTED TO HAVE BEEN CIRCUMCISED

Background Characteristic	YES			NO			I DO NOT KNOW			TOTAL		
	No.	Overall %	% within age/res/eth/edu group	No.	Overall %	% within age/res/eth/edu group	No.	Overall %	% within age/res/eth/edu group	No.	Overall %	% within age/res/eth/edu group
AGE												
>17	6	0.21	75.00	2	2.33	25.00				8	0.27	100.00
18-25	524	18.37	95.97	20	23.26	3.66	2	16.67	0.37	546	18.51	100.00
26-35	1168	40.95	96.05	42	48.84	3.45	6	50.00	0.49	1216	41.22	100.00
36-45	846	29.66	97.92	16	18.60	1.85	2	16.67	0.23	864	29.29	100.00
46-55	254	8.91	96.95	6	6.98	2.29	2	16.67	0.76	262	8.88	100.00
Over 56	54	1.89	100.00							54	1.83	100.00
RESIDENCE												
URBAN	1338	46.91	96.54	38	44.19	2.74	10	83.33	0.72	1386	46.98	100.00
RURAL	1514	53.09	96.80	48	55.81	3.07	2	16.67	0.13	1564	53.02	100.00
ETHNICITY												
TIGRIGNA	856	30.01	91.06	72	83.72	7.66	12	100.00	1.28	940	31.86	100.00
TIGRE	678	23.77	100.00		0.00	0.00				678	22.98	100.00
KUNAMA	160	5.61	100.00		0.00	0.00				160	5.42	100.00
NARA	158	5.54	98.75	2	2.33	1.25				160	5.42	100.00
SAHO	304	10.66	97.44	8	9.30	2.56				312	10.58	100.00
BILEN	200	7.01	100.00		0.00	0.00				200	6.78	100.00
HIDAREB	160	5.61	100.00		0.00	0.00				160	5.42	100.00
AFAR	196	6.87	98.00	4	4.65	2.00				200	6.78	100.00
RETURNEES	140	4.91	100.00							140	4.75	100.00
Educational Background												
ILLITERATE	1730	60.66	97.30	42	48.84	2.36	6	50.00	0.34	1778	60.27	100.00
1-5	658	23.07	96.20	22	25.58	3.22	4	33.33	0.58	684	23.19	100.00
6-7	220	7.71	96.49	8	9.30	3.51				228	7.73	100.00
8-12	232	8.13	94.31	12	13.95	4.88	2	16.67	0.81	246	8.34	100.00
12 & ABOVE	12	0.42	85.71	2	2.33	14.29				14	0.47	100.00
TOTAL	**2852**	**100.00**	**96.68**	**86**	**100.00**	**2.92**	**12**	**100.00**	**0.41**	**2950**	**100.00**	**100.00**

Source:- Field Data

4. PREVALENCE OF FGM

Table 2 reveals that the practice of FGM is virtually universal among the respondents. Ninety seven percent (2,852) of the women interviewed reported that they had been circumcised.

Women who are younger than 17 years are less likely to be circumcised. Seventy five percent (6) of women under 17 reported to be circumcised as compared to the older age groups, which ranges from 96 percent among the 18-25 (525) age groups to 100 percent (54) for the over 56 age groups. Comparison by residence shows marked difference, where the prevalence rate for urban dwellers is 47 percent (1,338) and that of the rural dwellers is 53 percent (1,514).

All Tigre, Kunama, Bilen and Hidareb respondents are circumcised. Among the other ethnic groups the prevalence is slightly lower. That is, Nara 99 percent (158) followed by Afar 98 percent (196), Saho 97 percent (304) and Tigrigna 92 percent (856) reported to have been circumcised.

Comparisons by level of education show marked difference too. Sixty one percent (1,730) of women with no education are circumcised while 8 percent (232) of women with 8-12 years of education are circumcised. This shows that education has a positive role in the elimination of the practice and calls for inclusion of FGM in the curricula of basic education.

TABLE 3 PERCENT OF WOMEN WHO REPORTED TO BE NOT CIRCUMCISED BY REASONS FOR NOT BEING CIRCUMCISED

Background Characteristic	IT IS NOT HEALTHY			FATHER OPPOSED			MOTHER OPPOSED			NATURALLY CIRCUMCISED			MOTHER DIED			I DO NOT KNOW			TOTAL		
	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group
AGE																					
>17																2	10.00	100.00	2	2.33	100.00
18-25	2	33.33	10.00				6	27.27	30.00	8	26.67	40.00				4	20.00	20.00	20	23.26	100.00
26-35				4	100.00	9.52	14	63.64	33.33	16	53.33	38.10	2	50.00	4.76	6	30.00	14.29	42	48.84	100.00
36-45	2	33.33	12.50				2	9.09	12.50	6	20.00	37.50	2	50.00	12.50	4	20.00	25.00	16	18.60	100.00
46-55	2	33.33	33.33													4	20.00	66.67	6	6.98	100.00
Over 56																					
RESIDENCE																					
URBAN	4	66.67	10.53	2	50.00	5.26	10	45.45	26.32	12	40.00	31.58	2	50.00	5.26	8	40.00	21.05	38	44.19	100.00
RURAL	2	33.33	4.17	2	50.00	4.17	12	54.55	25.00	18	60.00	37.50	2	50.00	4.17	12	60.00	25.00	48	55.81	100.00
ETHNICITY																					
TIGRIGNA	6	100.00	8.33	2	50.00	2.78	20	90.91	27.78	26	86.67	36.11	4	100.00	5.56	14	70.00	19.44	72	83.72	100.00
TIGRE																					
KUNAMA																					
NARA																2	10.00	100.00	2	2.33	100.00
SAHO				2	50.00	25.00	2	9.09	25.00	2	6.67	25.00				2	10.00	25.00	8	9.30	100.00
BILEN																					
HIDAREB																					
AFAR										2	6.67	50.00				2	10.00	50.00	4	4.65	100.00
RETURNEES																					
Educational Background																					
ILLITERATE				4	100.00	9.52	8	36.36	19.05	16	53.33	38.10	2	50.00	4.76	12	60.00	28.57	42	48.84	100.00
1-5	2	33.33	9.09				4	18.18	18.18	10	33.33	45.45	2	50.00	9.09	4	20.00	18.18	22	25.58	100.00
6-7							4	18.18	50.00							4	20.00	50.00	8	9.30	100.00
8-12	2	33.33	16.67				6	27.27	50.00	4	13.33	33.33							12	13.95	100.00
12 & ABOVE	2	33.33	100.00																2	2.33	100.00
TOTAL	**6**	**100.00**	**6.98**	**4**	**100.00**	**4.65**	**22**	**100.00**	**25.58**	**30**	**100.00**	**34.88**	**4**	**100.00**	**4.65**	**20**	**100.00**	**23.26**	**86**	**100.00**	**100.00**

Source:- Field Data

5. REASONS FOR NOT BEING CIRCUMCISED

As can be seen in table 2, 3 percent (186) are said not to be circumcised. Though this number is incomparable with those who reported to be circumcised, finding out the reasons why they were not circumcised is very important, because the reasons mentioned can be the basis for message development in the campaigns for the elimination of the practice. In realization of this notion, the reasons given are as follows: -

Seven percent (6) of uncircumcised women stated that they were not circumcised because they believe it is an unhealthy practice. Some said they were not circumcised because their parents opposed [fathers 5 percent (4) and mothers 26 percent (22)].

Opposing circumcision by mothers assures that if empowered women can have a decisive role in protecting their children from being circumcised. Interestingly enough, 35 percent (4) of the women reported to be naturally circumcised. Others stated that they were not circumcised because there was no body to take care of them after the death of their mothers.

TABLE 4 PERCENT OF WOMEN WHO ARE CIRCUMCISED BY TYPE OF CIRCUMCISION

Background Characteristic	CILITORIDECTOMY			EXCISION			INFUBULATION			I DO NOT KNOW			TOTAL		
	No.	Overall %	% within age/res/eth/ edu group	No.	Overall %	% within age/res/eth/ edu group	No.	Overall %	% within age/res/eth/ edu group	No.	Overall %	% within age/res/eth/ edu group	No.	Overall %	% within age/res/eth/ edu group
AGE															
>17				2	1.75	33.33	4	0.24	66.67				6	0.21	100.00
18-25	130	14.19	24.81	20	17.54	3.82	342	20.70	65.27	32	18.82	6.11	524	18.37	100.00
26-35	336	36.68	28.77	42	36.84	3.60	720	43.58	61.64	70	41.18	5.99	1168	40.95	100.00
36-45	272	29.69	32.15	36	31.58	4.26	492	29.78	58.16	46	27.06	5.44	846	29.66	100.00
46-55	146	15.94	57.48	10	8.77	3.94	78	4.72	30.71	20	11.76	7.87	254	8.91	100.00
Over 56	32	3.49	59.26	4	3.51	7.41	16	0.97	29.63	2	1.18	3.70	54	1.89	100.00
RESIDENCE															
URBAN	514	56.11	38.42	68	59.65	5.08	670	40.56	50.07	86	50.59	6.43	1338	46.91	100.00
RURAL	402	43.89	26.55	46	40.35	3.04	982	59.44	64.86	84	49.41	5.55	1514	53.09	100.00
ETHNICITY															
TIGRIGNA	634	69.21	74.07	54	47.37	6.31	64	3.87	7.48	104	61.18	12.15	856	30.01	100.00
TIGRE	152	16.59	22.42	30	26.32	4.42	462	27.97	68.14	34	20.00	5.01	678	23.77	100.00
KUNAMA	32	3.49	20.00		0.00	0.00	126	7.63	78.75	2	1.18	1.25	160	5.61	100.00
NARA		0.00	0.00		0.00	0.00	148	8.96	93.67	10	5.88	6.33	158	5.54	100.00
SAHO	34	3.71	11.18	10	8.77	3.29	260	15.74	85.53		0.00	0.00	304	10.66	100.00
BILEN	8	0.87	4.00	10	8.77	5.00	182	11.02	91.00		0.00	0.00	200	7.01	100.00
HIDAREB		0.00	0.00		0.00	0.00	152	9.20	95.00	8	4.71	5.00	160	5.61	100.00
AFAR	16	1.75	8.16	2	1.75	1.02	176	10.65	89.80	2	1.18	1.02	196	6.87	100.00
RETURNEES	40	4.37	28.57	8	7.02	5.71	82	4.96	58.57	10	5.88	7.14	140	4.91	100.00
Educational Background															
ILLITERATE	400	43.67	23.12	54	47.37	3.12	1202	72.76	69.48	74	43.53	4.28	1730	60.66	100.00
1-5	256	27.95	38.91	34	29.82	5.17	314	19.01	47.72	54	31.76	8.21	658	23.07	100.00
6-7	116	12.66	52.73	8	7.02	3.64	84	5.08	38.18	12	7.06	5.45	220	7.71	100.00
8-12	132	14.41	56.90	18	15.79	7.76	52	3.15	22.41	30	17.65	12.93	232	8.13	100.00
12 & ABOVE	12	1.31	100.00									0.00	12	0.42	100.00
TOTAL	**916**	**100.00**	**32.12**	**114**	**100.00**	**4.00**	**1652**	**100.00**	**57.92**	**170**	**100.00**	**5.96**	**2852**	**100.00**	**100.00**

Source:- Field Data

6. TYPE OF CIRCUMCISION

According to table 4, 32 percent (916) of the circumcised women had clitoredectomy. Only a small proportion 4 percent (114) had excision. Fifty eight percent (1652) have been infubulated. Six percent (170) of those who are circumcised do not know the type of circumcision they have undergone.

Urban women are less likely to be infubulated, 51 percent (670) as opposed to rural women 65 percent (982) are circumcised. On the other hand clitoridectomy is more common in urban women 38 percent (514) while that of the rural women is 27 percent (402).

The least sever form of circumcision, clitoridectomy, is more common among the Tigrigna ethnic group, 75 percent (634), while infubulation is least prevalent, 7 percent (64).

Infubulation is highest among the Hidareb 95 percent (152), followed by Nara 94 percent (148), Bilen 91 percent (182), Afar 80 percent (176), Saho 86 percent (260), Kunama 79 percent (126) and Tigre 68 percent (462). Prevalence rate of excised women is low (4 percent, 114).

Differentials by educational background show that women with no education are more likely to be infubulated 69 percent (1,202) as compared with women who have 8-12 years of schooling 22 percent (52). This pattern holds true for all three forms of circumcision.

TABLE 5 PERCENT DISTRIBUTION OF CIRCUMCISED WOMEN BY AGE OF CIRCUMCISION

Background Characteristics	< 1 Month			1-3 Months			4-11 Months			1-4 Years			5-15 Years			I Do Not Know			Total		
	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group
AGE																					
> 17	2	0.24	33.33													4	0.51	66.67	6	0.21	100.00
18-25	106	12.50	20.23	78	21.20	14.89	8	20.00	1.53	94	27.81	17.94	110	23.40	20.99	128	16.24	24.43	524	18.37	100.00
26-35	318	37.50	27.23	136	36.96	11.64	20	50.00	1.71	156	46.15	13.36	212	45.11	18.15	326	41.37	27.91	1168	40.95	100.00
36-45	270	31.84	31.91	122	33.15	14.42	10	25.00	1.18	66	19.53	7.80	138	29.36	16.31	240	30.46	28.37	846	29.66	100.00
46-55	126	14.86	49.61	24	6.52	9.45		0.00	0.00	18	5.33	7.09	8	1.70	3.15	78	9.90	30.71	254	8.91	100.00
Over 56	26	3.07	48.15	8	2.17	14.81	2	5.00	3.70	4	1.18	7.41	2	0.43	3.70	12	1.52	22.22	54	1.89	100.00
RESIDENCE																					
URBAN	466	54.95	34.83	196	53.26	14.65	20	50.00	1.49	126	37.28	9.42	160	34.04	11.96	370	46.95	27.65	1338	46.91	100.00
RURAL	382	45.05	25.23	172	46.74	11.36	20	50.00	1.32	212	62.72	14.00	310	65.96	20.48	418	53.05	27.61	1514	53.09	100.00
ETHNICITY																					
TIGRIGNA	358	42.22	41.82	154	41.85	17.99	22	55.00	2.57	38	11.24	4.44	10	2.13	1.17	274	34.77	32.01	856	30.01	100.00
TIGRE	58	6.84	8.55	88	23.91	12.98	6	15.00	0.88	72	21.30	10.62	208	44.26	30.68	246	31.22	36.28	678	23.77	100.00
KUNAMA				2	0.54	1.25				94	27.81	58.75	40	8.51	25.00	24	3.05	15.00	160	5.61	100.00
NARA										34	10.06	21.52	66	14.04	41.77	58	7.36	36.71	158	5.54	100.00
SAHO	152	17.92	50.00	80	21.74	26.32	6	15.00	1.97	16	4.73	5.26	4	0.85	1.32	46	5.84	15.13	304	10.66	100.00
BILEN	96	11.32	48.00	36	9.78	18.00	4	10.00	2.00	8	2.37	4.00	38	8.09	19.00	18	2.28	9.00	200	7.01	100.00
HIDAREB										36	10.65	22.50	80	17.02	50.00	44	5.58	27.50	160	5.61	100.00
AFAR	176	20.75	89.80	2	0.54	1.02										18	2.28	9.18	196	6.87	100.00
RETURNEES	8	0.94	5.71	6	1.63	4.29	2	5.00	1.43	40	11.83	28.57	24	5.11	17.14	60	7.61	42.86	140	4.91	100.00
Educational Background																					
ILLITERATE	464	54.72	26.82	178	48.37	10.29	20	50.00	1.16	240	71.01	13.87	356	75.74	20.58	472	59.90	27.28	1730	60.66	100.00
1-5	220	25.94	33.43	98	26.63	14.89	18	45.00	2.74	74	21.89	11.25	78	16.60	11.85	170	21.57	25.84	658	23.07	100.00
6-7	68	8.02	30.91	46	12.50	20.91	2	5.00	0.91	16	4.73	7.27	16	3.40	7.27	72	9.14	32.73	220	7.71	100.00
8-12	94	11.08	40.52	44	11.96	18.97				8	2.37	3.45	20	4.26	8.62	66	8.38	28.45	232	8.13	100.00
12 & ABOVE	2	0.24	16.67	2	0.54	16.67										8	1.02	66.67	12	0.42	100.00
TOTAL	**848**	**100.00**	**29.73**	**368**	**100.00**	**12.90**	**40**	**100.00**	**1.40**	**338**	**100.00**	**11.85**	**470**	**100.00**	**16.48**	**788**	**100.00**	**27.63**	**2852**	**100.00**	**100.00**

Source:- Field Data

7. AGE OF CIRCUMCISION

Table 5 depicts that around 44 percent (1,256) of the circumcised women were circumcised before reaching the age of one year. Thirty percent of those (848) were circumcised before they were one month old.

Those who were circumcised between 1-4 years are 12 percent (338), while 16 percent (470) were circumcised between the ages of 5-15 years. However, twenty eight percent (788) of the circumcised women stated that they do not know at what age they were circumcised.

Comparison by residence shows that 35 percent (466) of the circumcised women in urban areas and 25 percent (382) of the women in rural are circumcised before they were one month old. The reverse is true for women who were circumcised between 5-15 years. Of those women who were circumcised between ages 5-15 years 20 percent (310) were from rural area, 12 percent (160) were from urban areas.

Differentials by ethnic group show that 90 percent (376) of the Afar women are more likely to be circumcised before they are 8 days old followed by Saho 50 percent (152), and Bilen, 48 percent (96). Whereas Kunama women are very unlikely to be circumcised before they are one year old. Kunama respondents are circumcised around the age of 1-4, 59 percent (94) and 40 percent (40) at the age of 5-15.

Circumcision between ages 5-15 is more common among Hidareb 50 percent (80) followed by Nara 42 percent (66), Tigre 31 percent (208) of the respondents.

TABLE 6 PERSONS WHO PERFORM CIRCUMCISION IN PERCENTILE

Background Characteristic	TRADITIONAL BIRTH ATTENDANT			TRADITIONAL CIRCUMCISER			MOTHER, GRAND-MOTHER, MOTHER-IN-LAW			HEALTH PERSONNEL			I DO NOT KNOW			TOTAL		
	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group
AGE																		
>17				4	0.24	66.67							2	0.61	33.33	6	0.21	100.00
18-25	40	22.99	7.63	266	16.28	50.76	136	19.15	25.95				82	25.15	15.65	524	18.37	100.00
26-35	84	48.28	7.19	652	39.90	55.82	300	42.25	25.68	6	75.00	0.51	126	38.65	10.79	1168	40.95	100.00
36-45	46	26.44	5.44	496	30.35	58.63	212	29.86	25.06	2	25.00	0.24	90	27.61	10.64	846	29.66	100.00
46-55	4	2.30	1.57	166	10.16	65.35	58	8.17	22.83				26	7.98	10.24	254	8.91	100.00
Over 56				50	3.06	92.59	4	0.56	7.41							54	1.89	100.00
RESIDENCE																		
URBAN	54	31.03	4.04	854	52.26	63.83	314	44.23	23.47				116	35.58	8.67	1338	46.91	100.00
RURAL	120	68.97	7.93	780	47.74	51.52	396	55.77	26.16	8	100.00	0.53	210	64.42	13.87	1514	53.09	100.00
ETHNICITY																		
TIGRIGNA	4	2.30	0.47	682	41.74	79.67	104	14.65	12.15				66	20.25	7.71	856	30.01	100.00
TIGRE	98	56.32	14.45	328	20.07	48.38	138	19.44	20.35	8	100.00	1.18	106	32.52	15.63	678	23.77	100.00
KUNAMA	2	1.15	1.25	94	5.75	58.75	60	8.45	37.50				4	1.23	2.50	160	5.61	100.00
NARA	4	2.30	2.53	96	5.88	60.76	32	4.51	20.25				26	7.98	16.46	158	5.54	100.00
SAHO	4	2.30	1.32	142	8.69	46.71	130	18.31	42.76				28	8.59	9.21	304	10.66	100.00
BILEN	2	1.15	1.00	98	6.00	49.00	94	13.24	47.00				6	1.84	3.00	200	7.01	100.00
HIDAREB	38	21.84	23.75	52	3.18	32.50	44	6.20	27.50				26	7.98	16.25	160	5.61	100.00
AFAR	10	5.75	5.10	114	6.98	58.16	62	8.73	31.63				10	3.07	5.10	196	6.87	100.00
RETURNEES	12	6.90	8.57	28	1.71	20.00	46	6.48	32.86				54	16.56	38.57	140	4.91	100.00
Educational Background																		
ILLITERATE	146	83.91	8.44	902	55.20	52.14	480	67.61	27.75	4	50.00	0.23	198	60.74	11.45	1730	60.66	100.00
1-5	18	10.34	2.74	406	24.85	61.70	156	21.97	23.71	4	50.00	0.61	74	22.70	11.25	658	23.07	100.00
6-7	6	3.45	2.73	146	8.94	66.36	48	6.76	21.82				20	6.13	9.09	220	7.71	100.00
8-12	2	1.15	0.86	170	10.40	73.28	26	3.66	11.21				34	10.43	14.66	232	8.13	100.00
12 & ABOVE	2	1.15	16.67	10	0.61	83.33										12	0.42	100.00
TOTAL	**174**	**100.00**	**6.10**	**1634**	**100.00**	**57.29**	**710**	**100.00**	**24.89**	**8**	**100.00**	**0.28**	**326**	**100.00**	**11.43**	**2852**	**100.00**	**100.00**

Source:- Field Data

8. PERSON WHO PERFORM CIRCUMCISION

Table 6 shows that in Eritrea circumcision is mostly performed by a traditional circumciser. More than half of the respondents, 57 percent (1,634) had the procedure done by a traditional circumciser and one-fourth (710) was performed by close relatives or neighbours (mother, grandmother, in-laws etc). Only 6 percent (174) of procedures were carried out by traditional birth attendants. Health personnel performed a small proportion of circumcisions around 1 percent (4).

The likelihood of the women who were circumcised by traditional circumciser differs by residence. Half of rural women (120) and 64 percent (54) of urban women were circumcised by traditional circumcisers.

Differentials by ethnic group show that Tigrigna women are circumcised by traditional circumcisers 80 percent (682) followed by Nara 61 percent (96), Kunama 59 percent (94), Afar 58 percent (114), Bilen 49 percent (98) and Tigre 48 percent (328). Traditional birth attendants seem to be more accepted as circumcisers among the Hidareb and Tigre women (24 percent, and 15 percent respectively).

Forty seven percent of Bilen women (94) claimed to be circumcised by their mothers or grandmothers followed by Saho 43 percent (130), Kunama 38 percent (60), Afar 32 percent (62) and Hidareb 29 percent (44).

The proportion of circumcisions performed by traditional circumcisers varies from 52 percent (902) among illiterate to 73 percent (170) in women who have 8-12 years of education.

TABLE 7 PERCENT DISTRIBUTION OF CIRCUMCISED WOMEN BY THE NEED OF RE-SUTURING AFTER DELIVERING A BABY

Background Characteristic	YES			NO			TOTAL		
	No.	Overall %	% within age/res/eth/edu group	No.	Overall %	% within age/res/eth/edu group	No.	Overall %	% within age/res/eth/edu group
AGE									
>17	4	0.39	100.00				4	0.25	100.00
18-25	224	21.96	67.47	108	19.57	32.53	332	21.12	100.00
26-35	458	44.90	64.69	250	45.29	35.31	708	45.04	100.00
36-45	300	29.41	63.03	176	31.88	36.97	476	30.28	100.00
46-55	26	2.55	59.09	18	3.26	40.91	44	2.80	100.00
Over 56	8	0.78	100.00				8	0.51	100.00
RESIDENCE									
URBAN	340	33.33	56.11	266	48.19	43.89	606	38.55	100.00
RURAL	680	66.67	70.39	286	51.81	29.61	966	61.45	100.00
ETHNICITY									
TIGRIGNA	2	0.20	16.67	10	1.81	83.33	12	0.76	100.00
TIGRE	294	28.82	55.89	232	42.03	44.11	526	33.46	100.00
KUNAMA	90	8.82	71.43	36	6.52	28.57	126	8.02	100.00
NARA	138	13.53	87.34	20	3.62	12.66	158	10.05	100.00
SAHO	156	15.29	82.11	34	6.16	17.89	190	12.09	100.00
BILEN	40	3.92	21.98	142	25.72	78.02	182	11.58	100.00
HIDAREB	160	15.69	100.00				160	10.18	100.00
AFAR	100	9.80	79.37	26	4.71	20.63	126	8.02	100.00
RETURNEES	40	3.92	43.48	52	9.42	56.52	92	5.85	100.00
Educational Background									
ILLITERATE	830	81.37	72.68	312	56.52	27.32	1142	72.65	100.00
1-5	138	13.53	48.59	146	26.45	51.41	284	18.07	100.00
6-7	46	4.51	50.00	46	8.33	50.00	92	5.85	100.00
8-12	6	0.59	11.54	46	8.33	88.46	52	3.31	100.00
12 & ABOVE		0.00	0.00	2	0.36	100.00	2	0.13	100.00
TOTAL	**1020**	**100.00**	**64.89**	**552**	**100.00**	**35.11**	**1572**	**100.00**	**100.00**

Source:- Field Data

9. RE-SUTURING AFTER DELIVERY

Sixty five percent (1,020) of circumcised women confirmed that they are required to be re-sutured after delivery, while 35 percent (552) said no. As exposed by table 7, among those who need to be re-sutured are those who are within the age range of 26-35, 44 percent (458), 36-45, 29 percent (300) and 18-25, 22 percent (224).

As expected rural women 70 percent (680) are re-sutured as opposed to urban women 56 percent (340).

Re-suturing is more required by Hidareb women 100 percent (160), Nara 87 percent (138), Saho 82 percent (156), Afar 79 percent (100). It is least practiced by Tigrigna women 17 percent (2) followed by Bilen 22 percent (40).

Table 7 also shows that there is a relationship between woman's level of education and re-suturing. Illiterate women are likely to be re-sutured [73 percent (830)] than those who have 8-12 years of schooling 12 percent (6).

TABLE 8 PERCENT DISTRIBUTION OF CIRCUMCISED WOMEN WHO HAVE HAD PROBLEMS/COMPLICATION

Background Characteristic	YES			NO			TOTAL		
	No.	Overall %	% within age/res/eth/edu group	No.	Overall %	% within age/res/eth/edu group	No.	Overall %	% within age/res/eth/edu group
AGE									
>17	2	0.26	50.00	2	0.20	50.00	4	0.22	100.00
18-25	156	20.16	41.71	218	21.67	58.29	374	21.01	100.00
26-35	348	44.96	44.85	428	42.54	55.15	776	43.60	100.00
36-45	256	33.07	46.89	290	28.83	53.11	546	30.67	100.00
46-55	10	1.29	14.71	58	5.77	85.29	68	3.82	100.00
Over 56	2	0.26	16.67	10	0.99	83.33	12	0.67	100.00
RESIDENCE									
URBAN	356	45.99	50.42	350	34.79	49.58	706	39.66	100.00
RURAL	418	54.01	38.92	656	65.21	61.08	1074	60.34	100.00
ETHNICITY									
TIGRIGNA	24	3.10	14.63	140	13.92	85.37	164	9.21	100.00
TIGRE	164	21.19	28.77	406	40.36	71.23	570	32.02	100.00
KUNAMA	84	10.85	65.63	44	4.37	34.38	128	7.19	100.00
NARA	74	9.56	46.84	84	8.35	53.16	158	8.88	100.00
SAHO	122	15.76	64.21	68	6.76	35.79	190	10.67	100.00
BILEN	132	17.05	72.53	50	4.97	27.47	182	10.22	100.00
HIDAREB	52	6.72	32.50	108	10.74	67.50	160	8.99	100.00
AFAR	88	11.37	68.75	40	3.98	31.25	128	7.19	100.00
RETURNEES	34	4.39	34.00	66	6.56	66.00	100	5.62	100.00
Educational Background									
ILLITERATE	560	72.35	45.98	658	65.41	54.02	1218	68.43	100.00
1-5	126	16.28	34.05	244	24.25	65.95	370	20.79	100.00
6-7	60	7.75	55.56	48	4.77	44.44	108	6.07	100.00
8-12	28	3.62	35.00	52	5.17	65.00	80	4.49	100.00
12 & ABOVE				4	0.40	100.00	4	0.22	100.00
TOTAL	**774**	**100.00**	**43.48**	**1006**	**100.00**	**56.52**	**1780**	**100.00**	**100.00**

Source:- Field Data

10. PROBLEMS EXPERIENCED

Forty three percent (774) of circumcised women claimed that they experienced problems associated with circumcision, while 57 percent (1,006) reported that they have never encountered problems due to circumcision.

Women in the age range of 36-45 are more likely to report to have experienced problems as compared to circumcised women between the ages of 46-55 (47 percent, 256) and 15 percent (10). On the other hand 85 percent (58) of the circumcised women in their fiftieth claimed to have no problems encountered.

Thirty nine percent (418) of rural women and 50 percent of urban women (356) claimed to have encountered problems due to circumcision. This could be due to the information urban women have, i.e. the information they have on problems can help them to recognize and report.

Comparisons by ethnic group shows that Bilen women respondents claimed to have problems associated with circumcision 73 percent (132), followed by Afar 69 percent (88) and Saho 64 percent (122). Tigrigna women respondents are less likely to report experiencing problems.

Reported problems experienced seem to have direct relationship with the type of circumcision. The above stated ethnic groups are those who reported to have undergone the most sever form of circumcision, infubulation.

Illiterate women are more likely to report to have more problems, 46 percent (560) than women with secondary education 35 percent (28).

TABLE 9 PERCENT DISTRIBUTION OF CIRCUMCISED WOMEN WHO EXPERIENCED PROBLEMS/COMPLICATIONS BY NATURE OF THE PROBLEM OR COMPLICATION

Background Characteristic	DURING SEXUAL INTERCOURSE			DURING DELIVERY			DURING SEXUAL INTERCOURSE & DELIVERY			SEXUAL INTERCOURSE & MENSTRUATION			SEXUAL INTERCOURSE, DELIV & MENSTRUATION			TOTAL		
	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group
AGE																		
>17	2	5.56%	100.00%													2	0.26%	100.00%
18-25	8	22.22%	5.13%	78	23.21%	50.00%	68	18.18%	43.59%	2	25.00%	1.28%				156	20.16%	100.00%
26-35	14	38.89%	4.02%	140	41.67%	40.23%	176	47.06%	50.57%	6	75.00%	1.72%	12	60.00%	3.45%	348	44.96%	100.00%
36-45	12	33.33%	4.69%	114	33.93%	44.53%	124	33.16%	48.44%				6	30.00%	2.34%	256	33.07%	100.00%
46-55				2	0.60%	20.00%	6	1.60%	60.00%				2	10.00%	20.00%	10	1.29%	100.00%
Over 56				2	0.60%	100.00%										2	0.26%	100.00%
RESIDENCE																		
URBAN	26	72.22%	7.30%	128	38.10%	35.96%	186	49.73%	52.25%	4	50.00%	1.12%	12	60.00%	3.37%	356	45.99%	100.00%
RURAL	10	27.78%	2.39%	208	61.90%	49.76%	188	50.27%	44.98%	4	50.00%	0.96%	8	40.00%	1.91%	418	54.01%	100.00%
ETHNICITY																		
TIGRIGNA	2	5.56%	8.33%	20	5.95%	83.33%	2	0.53%	8.33%							24	3.10%	100.00%
TIGRE	10	27.78%	6.10%	66	19.64%	40.24%	78	20.86%	47.56%	2	25.00%	1.22%	8	40.00%	4.88%	164	21.19%	100.00%
KUNAMA				22	6.55%	26.19%	60	16.04%	71.43%				2	10.00%	2.38%	84	10.85%	100.00%
NARA	8	22.22%	10.81%	42	12.50%	56.76%	24	6.42%	32.43%							74	9.56%	100.00%
SAHO	14	38.89%	11.48%	26	7.74%	21.31%	74	19.79%	60.66%	6	75.00%	4.92%	2	10.00%	1.64%	122	15.76%	100.00%
BILEN				80	23.81%	60.61%	52	13.90%	39.39%							132	17.05%	100.00%
HIDAREB				20	5.95%	38.46%	32	8.56%	61.54%							52	6.72%	100.00%
AFAR				54	16.07%	61.36%	26	6.95%	29.55%				8	40.00%	9.09%	88	11.37%	100.00%
RETURNEES	2	5.56%	5.88%	6	1.79%	17.65%	26	6.95%	76.47%							34	4.39%	100.00%
Educational Background																		
ILLITERATE	22	61.11%	3.93%	256	76.19%	45.71%	268	71.66%	47.86%	4	50.00%	0.71%	10	50.00%	1.79%	560	72.35%	100.00%
1-5	8	22.22%	6.35%	50	14.88%	39.68%	64	17.11%	50.79%		0.00%	0.00%	4	20.00%	3.17%	126	16.28%	100.00%
6-7	6	16.67%	10.00%	20	5.95%	33.33%	26	6.95%	43.33%	2	25.00%	3.33%	6	30.00%	10.00%	60	7.75%	100.00%
8-12				10	2.98%	35.71%	16	4.28%	57.14%	2	25.00%	7.14%				28	3.62%	100.00%
12 & ABOVE																		
TOTAL	**36**	**100.00%**	**4.65%**	**336**	**100.00%**	**43.41%**	**374**	**100.00%**	**48.32%**	**8**	**100.00%**	**1.03%**	**20**	**100.00%**	**2.58%**	**774**	**100.00%**	**100.00%**

Source:- Field Data

11. TYPE OF PROBLEMS EXPERIENCED

Circumcised women who reported to have problems were asked to state when or what type of problems they experienced and as seen in table 9 almost 96 percent (746) of circumcised women claimed to have problems during sexual intercourse and delivery. Forty four percent during delivery and 48 percent during sexual intercourse and delivery. Not surprisingly, rural women tend to have more problems during delivery, 50 percent (208) than urban women 36 percent (128).

Seventy one percent of Kunama women (60) claimed to have problems during sexual intercourse and delivery, followed by Hidareb [62 percent (32)], and Saho [61 percent, (74)]. On the other hand those who reported to have experienced problems during delivery only are Tigrigna, 83 percent (20). Afar 61 percent (54), Bilen 61 percent (80) and Nara 57 percent (42).

Nine out of ten (524) of illiterate women reported to have experienced problems during sexual intercourse or delivery. On the other hand, six out of ten (26) of the women with secondary education stated to have encountered problems.

The in-depth interviews and focus group discussion proved that girls and women are confronted with various types of hazards as a result of FGM. For the purpose of this study it is attempted to classify the complications in to two.

11.1 Physical and Psychological Effects

The physical effects of FGM refer to the operation done on the girl child or woman without their consent, which is a violation of fundamental human rights (charter on human rights, article 24). The effects of FGM depend on the type of circumcision performed, the expertise or the circumciser, the sanitary condition under which the operation is conducted and the management of the victim during the healing process. Following are some of the reported problems in the focus group discussions and in-depth interviews.

11.1.1 Immediate Physical and Psychological Effects

The immediate physical and psychological effects include excessive bleeding which can lead to shock and eventually death. In Zoba Maekel, a nine-year-old girl died of excessive bleeding after undergoing clitoredectomy. Since the circumciser was too old, her hands were shaking while performing the operation the circumciser's hand was shaking, because she was too old. This resulted in the miss management of the operation, which led to the death of the girl child. Surprisingly, the mother had her younger daughters circumcised.

Another example of excessive bleeding after infubulation is Gemila Idris's case. Gemila a 3-year-old child in the Northern Red Sea Zone suffered from profuse bleeding which lead to hemorrhagic anemia. The parents took the girl to a health center in their surroundings. When the health assistant realized that she was unable to stop the bleeding, she referred the girl to the zonal hospital for further care and management. (Source: Health Assistant in Hirghigo Health center).

At times the little girl suffers from painful urination, urinary retention due to fear of passing urine on the raw genitalia and damage to the urethra and its surrounding tissues, fever, tetanus, and sometimes death due to poor management of the victims and the surrounding environment. Zahra Abdela's case is a typical example.

"Zahra Abdela was 5 years old when her mother took her to a health center around her village, because she was suffering from acute urinary retention after infubulation. The health personnel referred her to the zonal hospital. There, the health personnel discovered that the hole was very narrow and that it was because of that, that the child was suffering. The mother was asked to de-infubulate the child however she refused to do so.

In an in-depth discussion father Abiel Wana, a protestant priest in Ashoshi (Gash-Barka) mentioned that some girls in that area limp due to injuries caused by tightly tying their feet during infubulation. After witnessing such incidences, he advised women not to circumcise their daughters but was in vain.

Long Term Physical and Psychological Effects of FGM

After conducting various focus group discussions and in-depth interviews, it was possible to confirm that in Eritrea, girls and women experience different forms of health related difficulties caused by circumcision. Among the many problems are: -

Difficulties in Menstrual Flow

Many of the respondents reported that infubulated girls and women experience serious pain during menstruation, some have to be deinfubulated in order to release the accumulated menstrual blood. For example, Halima an 18-year-old girl is one of the victims who suffered due to infubulation. She told the health worker that during her menstrual periods, she experiences pain because of the accumulated menstrual blood. Fatma stated that she could not use sanitary towels (rags) or pants because she thinks that they obliterate the flow. Further, she stated that she tries to remove the blood clots with her fingers. Also, she said that she feels better when she sits on a bowel with hot water or use traditional sauna "Tish". The health personnel asked her to deinfubulate her, however, she declined to do so and as a result she is suffering and goes to the health facility to get anti pain tablets during her menses.

A health worker in Assab told the consultant that a certain girl was infubulated leaving a very narrow opening for the flow of urine and menstrual blood. When the girl reached her puberty age it was found that her belly was getting bigger and bigger because of the accumulated menstrual blood. Her father suspected her of being pregnant. As he become so angry and could not stand the humiliation he killed his daughter.

Difficulties during Sexual Contacts

The young infubulated girl has to endure pain during the first sexual intercourse because vaginal penetration may be difficult or even impossible. In a focus group discussion with men in Southern Red Sea, it was mentioned that men have to forcefully push to penetrate. In most cases, the struggle of penetration takes 3-4 days. Some of them fail to penetrate and substitute it by brushing. In the course of time the young woman can get pregnant and that's when the TBA leaves him an opening for penetration and stitch the rest of the vulva after helping her with the delivery. It is only after this assistance that full penetration can take place.

In other instances the men and women in the focus group discussion mentioned that when the man is unable to penetrate he tells his mother. The mother together with other three women deinfubulates the vulva. This is told to be common among the Bilen, Tigre and Hidareb ethnic groups.

For example, Arafat a mother of four children remembers the pain she experienced when she was infubulated at the age of nine. She had problem of urine retention. At 16 she got married to a man who was thinner and weaker than her. In the first sexual contact Arafat could not endure the pain and because of that she kicked the man away from the bed. This went on for a week. Later Arafat and her husband agreed to tell his mother. Together with other three women, the mother de-infubulated Arafat.

Difficulties During and After Delivery

At delivery, there is prolonged and obstructed labour. Vaginal examination before or during labour is sometimes impossible. The experience of an X teacher can be sited to illustrate the long-term physical and psychological complications of infubulation.

X is a 44 years old teacher who was born and brought up in Keren. Though she is from the Tigrigna ethnic group, she was infubulated by her circumciser who happened to be a Bilen. X reported that she used anesthetic ointment to kill off the pain during her first sexual contact. She delivered her first baby at home and experienced second-degree tear, which resulted in infection and delayed wound healing. After delivering the second child at home, she found out that the pain and infection persisted. That's when she decided to seek medical assistance. There she was informed that she had second degree tear and that it was not stitched. All the problems she faced created some sort of psychological trauma that she decided not to have another child for 15 years. After 15 years, she got pregnant and like a primi gravida she had to have an episiotomy in the hospital.

In Northern Red Sea it was revealed that some women suffer from fistula that arise because of the TBA's mismanagement during deinfubulation and the general management of the delivery. An elder, sighted a lady who developed fistula (Vesico-vaginal) and was incontinent. The lady went to Asmara and Ethiopia for medical aid before six years. However, since the intervention was not successful her husband divorced her.

Sister Signe, a nurse mid-wife in Barentu, had helped a premi-gravida woman deliver. The woman had extensive tear before coming to the hospital. The tear happened as a result of prolonged labour that occurred because of infubulation. Sister Signe and her colleagues repaired the tear. However, after a year she got pregnant. She delivered at home and had the same tear again. But, because she did not go to the health facility early enough she developed puerperal sepsis (infection after delivery). The victim died after she arrived at the health facility.

Among the Hidareb many women die of puerperal sepsis (infection caused by tears that occur while delivering). The tear is accompanied by bleeding which leads to anemia and die as a result of the combined effect. Ghirmay Hadgu who is the head of a health center in Forto (Gash-Barka) reported that 3-4 women died within two years in his catchment area. According to EDHS 2002 only 28 percent of women deliver in a health facility. This indicates that almost three fourth of women deliver at home without the assistance of a skilled personnel. Thus making it clear that there could be many more women who died during pregnancy and childbirth due to infubulation, whose cases are not reported.

Re-infubulation after every delivery is said to be one of the causes of infection, bleeding, tears, fistula and even death. A returnee from the Sudan who was living in "Shegherab Camp" witnessed the death of a woman. The woman safely delivered the baby. After three days of her delivery a circumciser re-infubulated her. Later on she developed infection and died as a consequence of the infection.

The long-term effect of infubulation is not limited only to the mother but also to the neonate. Another returnee in the focus group discussion said that a TBA incised the scalp of the neonate in an attempt to deinfubulate the mother in "Wodelhilo".

Kedija Ahmmed a health assistant in Hirghigo (Northern Red Sea) informed the study, that most women and specially the primi gravida experience prolonged labour. Most of the women deliver at home because they believe that if they go out under such situation the "wind" or "evil spirits" will affect her adversely. When a health personnel goes for home visit, it is very usual to see the baby dying. Such happenings are common around Ghedem (Northern Red Sea). The health personnel attributes such neonatal deaths to prolonged labour caused by infubulation.

X is a 28-year-old woman born in the Sudan in 1975. She went to school in the Sudan and came to Eritrea after independence. One day when she was six years old she noticed the preparations made for the ceremony of her circumcision. Early the next morning the circumciser came to her house. X run away to escape mutilation. However, some women chased her and brought her back. It was then that the circumciser with the help of other women performed the operation. After the operation X was in new dress and shawl, eyeliner was put on her eyes and was treated like a bride. On the third day the guests left, but the relatives stayed for seven days. X was restricted from playing outside her home for 40 days on fear that the sutured vulva may gape.

X revealed that after she was circumcised all her peers came to ask her if the operation was painful. Every child who has reached the circumcision age is afraid of the operation and they remember the circumcision day with fear and hatred.

Her parents' attempts to marry her off failed several times because she refused to marry, as she was afraid of the first sexual contact. This became a big worry to her parents. But later she got married to someone she loved. X said that the husband has been very considerate and took four days to have sexual contact. Her worry did not end there but she also resisted to get pregnant and have a child as she feared the pain and other related complications.

Despite that, however, when she found out that she got pregnant she made every attempt to abort it, but to no avail. She gave birth to a baby girl who is now two years old. Circumcising the little girl has become an issue that seems to lead towards ending the marriage. The husband insists on circumcising the little girl, which is rejected by X.

X's case is a typical case of how circumcision affects the psychology of girls and women. Sex that is supposed to be enjoyable, entertaining and gratifying becomes a source of fear, pain and hardship to women. For men especially for those who are unable to penetrate creates shame and inferiority complex as it challenges their manhood.

Some girls develop inflammation of the labias, because of difficulty in penetration. Tibe Kidane a health assistant in Gengheren (Anseba) revealed that 13-14 years old boys take condom from the clinic and they brash girls of their age. Because of that many girls come to the clinic with inflamed vulva for treatment.

11.2 Economic Effect of FGM

The material base of FGM in Eritrea differs from ethnic group to ethnic group. Among the Tigrigna, Hidareb and Tigre not much is spent on circumcising a girl. However, among the Kunama and Nara big feasts that last from three days to one month are thrown.

A group of three to four women come together to circumcise the girl in the Tigrigna ethnic group. Most of the time the circumciser is a relative (grandmother, aunt, neighbour etc.). After the operation is over, the women drink coffee or tea and eat breakfast or lunch depending on the time the act is performed. In most cases the circumciser is unpaid but at times the mother gives them some money for buying coffee or sugar. In some cases they give them 2-3 kilos of flour. Since the number of skilled women is getting smaller and because most of the performers have gone under-ground out of fear from government bodies, some of them have to travel outside their villages to have their daughters circumcised. In such a situation they give her a kilo of coffee or its equivalent in cash, which is 20-30 Nakfa (2-2½ USD).

Circumcision ceremony in the Tigre ethnic group comprises of eating porridge and drinking coffee with the women (most of the time neighbours and relatives) in some parts of Northern Red Sea Zone. 20-80 Nakfa is what is paid to the circumciser. Tigre women in Gheleb (Anseba) told that they eat porridge with neighbours and relatives. The villagers come with gifts to congratulate the family. Money and flour is given to the circumciser. While in Keren which is an urban setting the rich kill a goat and

invite people for lunch. Gifts are given to the circumciser as remuneration. The husband buys the wife gold. The poor eat porridge and drink coffee only and pay 20 to 80 Nakfa to the circumciser. In the villages around Tesenai (Gash-Barka) they invite the villagers and feed them porridge. Those who are not invited for the ceremony come to congratulate the family after they have assured the success of the operation. They are provided porridge and coffee. 10 Nakfa and 2 bars of soap is what is given as payment to the circumciser.

The Hidareb pay only 20 Nakfa or 6 kilo of flour. Whereas the Bilen (Muslim in Keren) pay three kilo of sorghum, 2 bars of soap, a kilo of sugar and coffee and transportation money. In the rural area they pay 20 Nakfa only. Apart from that the mother and the neighbour eat porridge. A circumciser in Southern Red Sea is paid 20-100 Nakfa.

Among the Nara the circumcision ceremony is relatively expensive and that is why they circumcise the girl, when she is 3-4 years old, as they have to save money for the ceremony. In some instances in order to share the expense girls are circumcised when a member of a family or a close relative is getting married. Those who have 3-4 daughters they circumcise them at the same time so that they can save the money required for undertaking the ceremony. All the villagers are invited to eat and drink. Goats are killed. Guests give money and Jewellery as gift to the girl.

As stated earlier to circumcise a girl is very expensive among the Kunama. The family slaughters a cow or an ox and invites the whole village, relatives and some people from the villages around them to attend the ceremony and enjoy the food and drinks prepared for the occasion. The maternal uncle provides the girl a cow or a goat as a gift. Her father also gives her a goat or a cow if she survives the operation. These animals are supposed to be taken with her to her new home which she establishes after she gets married. New clothes are bought to her by her parents and relatives. Others give her money. The father brings a small goat that is moved around the victim and then killed, all those who have come to attend the ceremony eat from the meat of the small goat. After mixing the “Fersi” (undigested food staff from the intestine) with “Shenfa” (lipodium) they apply it on the little girl’s mutilated vulva as anti pain and anti tetanus.

The leg and the skin of the oxen or cow that have been slaughtered for the circumcision feast are given to the circumciser as payment. Apart from that she gets 6 kilo of sorghum, incense, a certain amount of oil or butter, honey and traditional eyeliner (Kuhli).

In urban centers they give the circumciser some meat from the oxen or cow that was killed for the ceremony, half a liter of oil and butter, a certain amount of incense, 6 kilo of sorghum and traditional eyeliner (Kuhli).

Having realized that this ritual has no religious base, and that the health risks (physical and psychological) are irreversible, the consultant considers all the expenditures of the ceremony as a waste of the meager resources of the household.

TABLE 10 PERCENT DISTRIBUTION OF ALL WOMEN WITH DAUGHTERS BY DAUGHTERS STATUS OF CIRCUMCISION

Background Characteristics	YES			NO			NATURALLY CIRCUMCISED			TOTAL		
	No.	Overall %	% within age/res/eth/edu group	No.	Overall %	% within age/res/eth/edu group	No.	Overall %	% within age/res/eth/edu group	No.	Overall %	% within age/res/eth/edu group
AGE												
>17	4	0.19	50.00	4	0.45	50.00				8	0.27	100.00
18-25	288	14.04	52.75	258	28.79	47.25				546	18.51	100.00
26-35	806	39.28	66.28	410	45.76	33.72				1216	41.22	100.00
36-45	700	34.11	81.02	164	18.30	18.98				864	29.29	100.00
46-55	212	10.33	80.92	48	5.36	18.32	2	100.00	0.76	262	8.88	100.00
Over 56	42	2.05	77.78	12	1.34	22.22				54	1.83	100.00
RESIDENCE												
URBAN	1020	49.71	73.59	364	40.63	26.26	2	100.00	0.14	1386	46.98	100.00
RURAL	1032	50.29	65.98	532	59.38	34.02	0			1564	53.02	100.00
ETHNICITY												
TIGRIGNA	524	25.54	55.74	414	46.21	44.04	2	100.00	0.21	940	31.86	100.00
TIGRE	514	25.05	75.81	164	18.30	24.19				678	22.98	100.00
KUNAMA	116	5.65	72.50	44	4.91	27.50				160	5.42	100.00
NARA	108	5.26	67.50	52	5.80	32.50				160	5.42	100.00
SAHO	240	11.70	76.92	72	8.04	23.08				312	10.58	100.00
BILEN	180	8.77	90.00	20	2.23	10.00				200	6.78	100.00
HIDAREB	72	3.51	45.00	88	9.82	55.00				160	5.42	100.00
AFAR	200	9.75	100.00	0						200	6.78	100.00
RETURNEES	98	4.78	70.00	42	4.69	30.00				140	4.75	100.00
Educational Background												
ILLITERATE	1298	63.26	73.00	478	53.35	26.88	2	100.00	0.11	1778	60.27	100.00
1-5	480	23.39	70.18	204	22.77	29.82				684	23.19	100.00
6-7	118	5.75	51.75	110	12.28	48.25				228	7.73	100.00
8-12	150	7.31	60.98	96	10.71	39.02				246	8.34	100.00
12 & ABOVE	6	0.29	42.86	8	0.89	57.14				14	0.47	100.00
TOTAL	**2052**	**100.00**	**69.56**	**896**	**100.00**	**30.37**	**2**	**100.00**	**0.07**	**2950**	**100.00**	**100.00**

Source:- Field Data

12. CIRCUMCISION OF DAUGHTERS

When answering the question “have you circumcised your daughters?”, seven out of ten women (2,052) reported that they have circumcised their daughters, while the rest, 30 percent (896) said no.

Overall, the prevalence of female circumcision among daughters, 70 percent, seems to be lower than the prevalence among mothers 97 percent. Younger women are somewhat less likely to have their daughters circumcised than older women. Place of residence does not seem to be associated with the daughters circumcision. Seventy four percent of (1,020) urban dwellers and 66 percent (1,032) rural dwellers claimed to have circumcised their daughters

As indicated in table 10 the ethnic groups who reported to have circumcised their daughters are Afar 100 percent (200), Bilen 90 percent (180), Tigre 76 percent (514), and Saho 77 percent (240).

By level of education, the highest proportion of daughters circumcised is among those whose mothers have no education 73 percent (1298) while the lowest proportion is among daughters whose mothers have 8-12 years of schooling 61 percent (150).

TABLE 11 PERCENT DISTRIBUTION OF CIRCUMCISED DAUGHTERS BY TYPE OF CIRCUMCISION

Background Characteristics	CILITORIDECTOMY			EXCISION			INFUBULATION			I DO NOT KNOW			TOTAL		
	No.	Overall %	% within age/res/eth/ edu group	No.	Overall %	% within age/res/eth/ edu group	No.	Overall %	% within age/res/eth/ edu group	No.	Overall %	% within age/res/eth/ edu group	No.	Overall %	% within age/res/eth/ edu group
AGE															
>17				2	0.93	50.00	2	0.23	50.00				4	0.19	100.00
18-25	124	13.30	43.06	36	16.82	12.50	124	14.16	43.06	4	13.33	1.39	288	14.04	100.00
26-35	344	36.91	42.68	86	40.19	10.67	366	41.78	45.41	10	33.33	1.24	806	39.28	100.00
36-45	290	31.12	41.43	72	33.64	10.29	326	37.21	46.57	12	40.00	1.71	700	34.11	100.00
46-55	146	15.67	68.87	14	6.54	6.60	48	5.48	22.64	4	13.33	1.89	212	10.33	100.00
Over 56	28	3.00	66.67	4	1.87	9.52	10	1.14	23.81				42	2.05	100.00
RESIDENCE															
URBAN	578	62.02	56.67	92	42.99	9.02	332	37.90	32.55	18	60.00	1.76	1020	49.71	100.00
RURAL	354	37.98	34.30	122	57.01	11.82	544	62.10	52.71	12	40.00	1.16	1032	50.29	100.00
ETHNICITY															
TIGRIGNA	446	47.85	85.11	54	25.23	10.31	2	0.23	0.38	22	73.33	4.20	524	25.54	100.00
TIGRE	214	22.96	41.63	64	29.91	12.45	230	26.26	44.75	6	20.00	1.17	514	25.05	100.00
KUNAMA	56	6.01	48.28	2	0.93	1.72	58	6.62	50.00				116	5.65	100.00
NARA	10	1.07	9.26	4	1.87	3.70	94	10.73	87.04				108	5.26	100.00
SAHO	84	9.01	35.00	40	18.69	16.67	116	13.24	48.33				240	11.70	100.00
BILEN	38	4.08	21.11	6	2.80	3.33	136	15.53	75.56				180	8.77	100.00
HIDAREB	2	0.21	2.78				70	7.99	97.22				72	3.51	100.00
AFAR	46	4.94	23.00	34	15.89	17.00	120	13.70	60.00				200	9.75	100.00
RETURNEES	36	3.86	36.73	10	4.67	10.20	50	5.71	51.02	2	6.67	2.04	98	4.78	100.00
Educational Background															
ILLITERATE	456	48.93	35.13	150	70.09	11.56	684	78.08	52.70	8	26.67	0.62	1298	63.26	100.00
1-5	266	28.54	55.42	48	22.43	10.00	156	17.81	32.50	10	33.33	2.08	480	23.39	100.00
6-7	84	9.01	71.19	6	2.80	5.08	26	2.97	22.03	2	6.67	1.69	118	5.75	100.00
8-12	120	12.88	80.00	10	4.67	6.67	10	1.14	6.67	10	33.33	6.67	150	7.31	100.00
12 & ABOVE	6	0.64	100.00										6	0.29	100.00
TOTAL	**932**	**100.00**	**45.42**	**214**	**100.00**	**10.43**	**876**	**100.00**	**42.69**	**30**	**100.00**	**1.46**	**2052**	**100.00**	**100.00**

Source:- Field Data

13. TYPE OF CIRCUMCISION OF DAUGHTERS

As can be seen from table 11, 45 percent (932) of the interviewed women reported that their daughter had clitoridectomy, 43 percent (876) infubulation and 10 percent (214) excision. Daughters whose mothers are between 36-45 (47 percent, 326) are more likely to be infubulated than daughters whose mothers are in the age group of 46-55 years.

Urban mothers whose daughters type of circumcision was clitoridectomy are 57 percent (578) while those of rural mothers is 34 percent (354). Fifty three percent (544) of rural women and 33 percent (332) of urban women have their daughters infubulated.

Daughters of Tigrigna women have undergone clitoridectomy 85 percent (446), followed by Kunama 48 percent (56) and Tigre 42 percent (214). On the other hand infubulation seems to be more common among Hidareb daughters 97 percent (70), Nara 87 percent (94), Bilen 76 percent (136), Afar 60 percent (120), Kunama 50 percent (58).

As expected illiterate mothers have more daughters infubulated 53 percent (684) than women who had 8-12 years of schooling 7 percent (10). While those who underwent clitoridectomy are daughters of mothers who have secondary education 80 percent (120) as compared to mothers with no education 35 percent (456).

TABLE 12 PERCENT DISTRIBUTION OF CIRCUMCISED DAUGHTERS BY AGE OF CIRCUMCISION

Background Characteristics	< 1 Month			1-3 Months			4-11 Months			1-4 Years			5-15 Years			I Do Not Know			Total		
	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group
AGE																					
> 17				2	0.46	50.00										2	8.33	50.00	4	0.19	100.00
18-25	96	12.80	33.33	66	15.21	22.92	18	21.43	6.25	70	16.75	24.31	38	11.11	13.19				288	14.04	100.00
26-35	250	33.33	31.02	170	39.17	21.09	38	45.24	4.71	176	42.11	21.84	164	47.95	20.35	8	33.33	0.99	806	39.28	100.00
36-45	258	34.40	36.86	148	34.10	21.14	16	19.05	2.29	142	33.97	20.29	128	37.43	18.29	8	33.33	1.14	700	34.11	100.00
46-55	126	16.80	59.43	42	9.68	19.81	8	9.52	3.77	26	6.22	12.26	8	2.34	3.77	2	8.33	0.94	212	10.33	100.00
Over 56	20	2.67	47.62	6	1.38	14.29	4	4.76	9.52	4	0.96	9.52	4	1.17	9.52	4	16.67	9.52	42	2.05	100.00
RESIDENCE																					
URBAN	406	54.13	39.80	248	57.14	24.31	48	57.14	4.71	154	36.84	15.10	148	43.27	14.51	16	66.67	1.57	1020	49.71	100.00
RURAL	344	45.87	33.33	186	42.86	18.02	36	42.86	3.49	264	63.16	25.58	194	56.73	18.80	8	33.33	0.78	1032	50.29	100.00
ETHNICITY																					
TIGRIGNA	242	32.27	46.18	172	39.63	32.82	30	35.71	5.73	50	11.96	9.54	10	2.92	1.91	20	83.33	3.82	524	25.54	100.00
TIGRE	72	9.60	14.01	134	30.88	26.07	32	38.10	6.23	130	31.10	25.29	144	42.11	28.02	2	8.33	0.39	514	25.05	100.00
KUNAMA				2	0.46	1.72				54	12.92	46.55	60	17.54	51.72				116	5.65	100.00
NARA										58	13.88	53.70	50	14.62	46.30				108	5.26	100.00
SAHO	140	18.67	58.33	72	16.59	30.00	10	11.90	4.17	16	3.83	6.67	2	0.58	0.83				240	11.70	100.00
BILEN	102	13.60	56.67	34	7.83	18.89	4	4.76	2.22	28	6.70	15.56	12	3.51	6.67				180	8.77	100.00
HIDAREB										34	8.13	47.22	38	11.11	52.78				72	3.51	100.00
AFAR	186	24.80	93.00	14	3.23	7.00													200	9.75	100.00
RETURNEES	8	1.07	8.16	6	1.38	6.12	8	9.52	8.16	48	11.48	48.98	26	7.60	26.53	2	8.33	2.04	98	4.78	100.00
Educational Background																					
ILLITERATE	446	59.47	34.36	230	53.00	17.72	40	47.62	3.08	302	72.25	23.27	268	78.36	20.65	12	50.00	0.92	1298	63.26	100.00
1-5	188	25.07	39.17	102	23.50	21.25	30	35.71	6.25	96	22.97	20.00	54	15.79	11.25	10	41.67	2.08	480	23.39	100.00
6-7	48	6.40	40.68	40	9.22	33.90	8	9.52	6.78	12	2.87	10.17	10	2.92	8.47	0			118	5.75	100.00
8-12	66	8.80	44.00	58	13.36	38.67	6	7.14	4.00	8	1.91	5.33	10	2.92	6.67	2	8.33	1.33	150	7.31	100.00
12 & ABOVE	2	0.27	33.33	4	0.92	66.67	0			0			0			0			6	0.29	100.00
TOTAL	**750**	**100.00**	**36.55**	**434**	**100.00**	**21.15**	**84**	**100.00**	**4.09**	**418**	**100.00**	**20.37**	**342**	**100.00**	**16.67**	**24**	**100.00**	**1.17**	**2052**	**100.00**	**100.00**

Source:- Field Data

14. DAUGHTERS' AGE OF CIRCUMCISION

Sixty two percent (1,268) of the respondents reported that they have circumcised their daughters before they were 1 year old as stated in table 12. Thirty seven percent (750) were circumcised at the age of 1 month, 21 percent (434) when they were 1-3 months old, 20 percent (418) between the ages 1-4 years and 17 percent (342) between 5-15 years old. Four out of ten (406) of the respondents reported that they circumcised their daughters when they were less than one month in urban areas and around one third (344) in rural areas. Daughters of women in the age range of 46-55 are circumcised before they are one month old [60 percent, (126)].

Afar women reported that their daughters were circumcised before they were one month old [93 percent, (186)] followed by Saho [58 percent, (140)], Bilen [57 percent, (102)] and Tigrigna [46 percent, (242)]. On the other hand Hidareb and Nara women declared that their daughters were circumcised after they were one year old. Of special note also is that Afar women reported that their daughters were all circumcised at less than three months old [100 percent, (200)].

Among the women who reported that their daughters are circumcised between the age of 1-4 years are Nara [54 percent, (58)], Hidareb [47 percent, (34)] and Kunama [47 percent, (54)]. Those who claimed that their daughters were circumcised between 5-15 years are Hidareb [53 percent, (38)], Kunama [52 percent, (60)] and Nara [46 percent, (50)].

TABLE 13 PERCENT DISTRIBUTION OF CIRCUMCISED DAUGHTERS BY TYPE OF CIRCUMCISER

Background Characteristic	TRADITIONAL BIRTH ATTENDANT			TRADITIONAL CIRCUMCISER			MOTHER, GRAND-MOTHER, MOTHER-IN-LAW			HEALTH PERSONNEL			I DO NOT KNOW			TOTAL		
	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group
AGE																		
>17	2	0.74	50.00	2	0.16	50.00										4	0.19	100.00
18-25	54	19.85	18.75	168	13.23	58.33	66	14.86	22.92							288	14.04	100.00
26-35	112	41.18	13.90	494	38.90	61.29	166	37.39	20.60	32	50.00	3.97	2	100.00	0.25	806	39.28	100.00
36-45	86	31.62	12.29	412	32.44	58.86	176	39.64	25.14	26	40.63	3.71				700	34.11	100.00
46-55	18	6.62	8.49	156	12.28	73.58	32	7.21	15.09	6	9.38	2.83				212	10.33	100.00
Over 56				38	2.99	90.48	4	0.90	9.52							42	2.05	100.00
RESIDENCE																		
URBAN	94	34.56	9.22	682	53.70	66.86	208	46.85	20.39	34	53.13	3.33	2	100.00	0.20	1020	49.71	100.00
RURAL	178	65.44	17.25	588	46.30	56.98	236	53.15	22.87	30	46.88	2.91				1032	50.29	100.00
ETHNICITY																		
TIGRIGNA	24	8.82	4.58	438	34.49	83.59	50	11.26	9.54	12	18.75	2.29				524	25.54	100.00
TIGRE	118	43.38	22.96	300	23.62	58.37	68	15.32	13.23	26	40.63	5.06	2	100.00	0.39	514	25.05	100.00
KUNAMA	0			64	5.04	55.17	52	11.71	44.83							116	5.65	100.00
NARA	4	1.47	3.70	78	6.14	72.22	22	4.95	20.37	4	6.25	3.70				108	5.26	100.00
SAHO	22	8.09	9.17	118	9.29	49.17	98	22.07	40.83	2	3.13	0.83				240	11.70	100.00
BILEN	18	6.62	10.00	78	6.14	43.33	82	18.47	45.56	2	3.13	1.11				180	8.77	100.00
HIDAREB	22	8.09	30.56	34	2.68	47.22	14	3.15	19.44	2	3.13	2.78				72	3.51	100.00
AFAR	22	8.09	11.00	138	10.87	69.00	38	8.56	19.00	2	3.13	1.00				200	9.75	100.00
RETURNEES	42	15.44	42.86	22	1.73	22.45	20	4.50	20.41	14	21.88	14.29				98	4.78	100.00
Educational Background																		
ILLITERATE	188	69.12	14.48	752	59.21	57.94	314	70.72	24.19	42	65.63	3.24	2	100.00	0.15	1298	63.26	100.00
1-5	50	18.38	10.42	320	25.20	66.67	96	21.62	20.00	14	21.88	2.92				480	23.39	100.00
6-7	16	5.88	13.56	80	6.30	67.80	18	4.05	15.25	4	6.25	3.39				118	5.75	100.00
8-12	16	5.88	10.67	114	8.98	76.00	16	3.60	10.67	4	6.25	2.67				150	7.31	100.00
12 & ABOVE	2	0.74	33.33	4	0.31	66.67										6	0.29	100.00
TOTAL	**272**	**100.00**	**13.26**	**1270**	**100.00**	**61.89**	**444**	**100.00**	**21.64**	**64**	**100.00**	**3.12**	**2**	**100.00**	**0.10**	**2052**	**100.00**	**100.00**

Source:- Field Data

15. PERSON WHO PERFORM DAUGHTERS' CIRCUMCISION

Regarding the person who performs circumcision, table 13 shows that traditional circumciser performed slightly more than 60 percent (1,270) of the circumcisions. Mothers and grandmothers performed the majority of the remaining circumcisions, 22 percent (444). Insignificant proportion of daughters were reported to be circumcised by health personnel (3 percent, 64). More Hidareb women, 31 percent (22) and Tigre 23 percent (118) women are circumcised by traditional birth attendants.

Eighty four percent of Tigrigna women (438) reported that their daughters were circumcised by traditional circumcisers, followed by Nara 72 percent (78), Afar 69 percent (138), Tigre 58 percent (300) and Kunama 55 percent (64).

Mothers and grandmothers are more common circumcisers in the Bilen, Kunama and Saho ethnic groups (46 percent, 45 percent and 41 percent respectively).

A person who performs the circumcision does not seem to be affected by either place of residence or educational background.

16. INSTRUMENTS USED FOR CIRCUMCISION

Razor blade seems to be the most commonly used instrument for circumcising. Few women use razor blade and needle or thorm.

TABLE 14 PERCENT DISTRIBUTION OF LAST (YOUNGEST) DAUGHTER'S STATUS OF CIRCUMCISION

Background Characteristics	YES			NO			TOTAL		
	No.	Overall %	% within age/res/eth/edu group	No.	Overall %	% within age/res/eth/edu group	No.	Overall %	% within age/res/eth/edu group
AGE									
>17	4	0.24	50.00	4	0.31	50.00	8	0.27	100.00
18-25	234	14.18	42.86	312	24.00	57.14	546	18.51	100.00
26-35	622	37.70	51.15	594	45.69	48.85	1216	41.22	100.00
36-45	548	33.21	63.43	316	24.31	36.57	864	29.29	100.00
46-55	200	12.12	76.34	62	4.77	23.66	262	8.88	100.00
Over 56	42	2.55	77.78	12	0.92	22.22	54	1.83	100.00
RESIDENCE									
URBAN	854	51.76	61.62	532	40.92	38.38	1386	46.98	100.00
RURAL	796	48.24	50.90	768	59.08	49.10	1564	53.02	100.00
ETHNICITY									
TIGRIGNA	406	24.61	43.19	534	41.08	56.81	940	31.86	100.00
TIGRE	410	24.85	60.47	268	20.62	39.53	678	22.98	100.00
KUNAMA	88	5.33	55.00	72	5.54	45.00	160	5.42	100.00
NARA	74	4.48	46.25	86	6.62	53.75	160	5.42	100.00
SAHO	220	13.33	70.51	92	7.08	29.49	312	10.58	100.00
BILEN	160	9.70	80.00	40	3.08	20.00	200	6.78	100.00
HIDAREB	42	2.55	26.25	118	9.08	73.75	160	5.42	100.00
AFAR	198	12.00	99.00	2	0.15	1.00	200	6.78	100.00
RETURNEES	52	3.15	37.14	88	6.77	62.86	140	4.75	100.00
Educational Background									
ILLITERATE	1038	62.91	58.38	740	56.92	41.62	1778	60.27	100.00
1-5	384	23.27	56.14	300	23.08	43.86	684	23.19	100.00
6-7	110	6.67	48.25	118	9.08	51.75	228	7.73	100.00
8-12	114	6.91	46.34	132	10.15	53.66	246	8.34	100.00
12 & ABOVE	4	0.24	28.57	10	0.77	71.43	14	0.47	100.00
TOTAL	**1650**	**100.00**	**55.93**	**1300**	**100.00**	**44.07**	**2950**	**100.00**	**100.00**

Source:- Field Data

17. CIRCUMCISION OF LAST (YOUNGEST) DAUGHTER

The interviewees have been asked to tell the circumcision experience of their last daughter. The responses are shown in table 14. Accordingly, more than half of the women (1,650) reported that their last daughter was circumcised.

Age differentials does not seem to affect the circumcision of last daughter except for slight variations among the 18-25 years old, who claimed that 43 percent (234) of their last daughter was circumcised. The other age groups vary from 50 percent to 70 percent.

Circumcision of last daughter has positive correlation with increase of age, which ranges from 43 percent (234) among the 18-25 years to 79 percent (42) for the over 56 years old.

Table 14 also indicates that almost all Afar women [99 percent, (198)] have circumcised their last (youngest) daughters. Second in rank are Bilen women [80 percent, (160)], Saho [71 percent, (220)] and Tigre [60 percent, (410)].

As expected Hidareb women were the least [26 percent, (42)] to report that their last daughters are circumcised. This could be attributed to the age at which they circumcise their daughters, which, according to table 11, is between 1-4 years and between 5-15 years.

Illiterate and less educated women are more likely to have their last daughter circumcised 63 percent (1,032) and 23 percent (374) respectively compared with the older women.

Women with 8-12 years of education or above are less likely to have their last daughters circumcised 29 percent (114).

TABLE 15 REASONS FOR NOT CIRCUMCISING LAST (YOUNGEST) DAUGHTER IN PERCENTILE

Background Characteristics	I Couldn't Find Circumciser			It is Unhealthy			My Husband Opposed			She is Small			Others			Naturally Circumcised			Total		
	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group
AGE																					
> 17				4	0.72	100.00													4	0.31	100.00
18-25	20	20.00	6.45	86	15.41	27.74	6	15.79	1.94	186	33.33	60.00	10	35.71	3.23	2	11.11	0.65	310	23.85	100.00
26-35	50	50.00	8.36	242	43.37	40.47	28	73.68	4.68	266	47.67	44.48	10	35.71	1.67	2	11.11	0.33	598	46.00	100.00
36-45	22	22.00	7.01	170	30.47	54.14	2	5.26	0.64	104	18.64	33.12	8	28.57	2.55	8	44.44	2.55	314	24.15	100.00
46-55	6	6.00	9.68	48	8.60	77.42		0.00	0.00	2	0.36	3.23		0.00	0.00	6	33.33	9.68	62	4.77	100.00
Over 56	2	2.00	16.67	8	1.43	66.67	2	5.26	16.67										12	0.92	100.00
RESIDENCE																					
URBAN	36	36.00	6.77	300	53.76	56.39	24	63.16	4.51	150	26.88	28.20	12	42.86	2.26	10	55.56	1.88	532	40.92	100.00
RURAL	64	64.00	8.33	258	46.24	33.59	14	36.84	1.82	408	73.12	53.13	16	57.14	2.08	8	44.44	1.04	768	59.08	100.00
ETHNICITY																					
TIGRIGNA	46	46.00	8.61	426	76.34	79.78	30	78.95	5.62	6	1.08	1.12	12	42.86	2.25	14	77.78	2.62	534	41.08	100.00
TIGRE	20	20.00	7.58	42	7.53	15.91	2	5.26	0.76	196	35.13	74.24		0.00	0.00	4	22.22	1.52	264	20.31	100.00
KUNAMA	4	4.00	5.26							66	11.83	86.84	6	21.43	7.89				76	5.85	100.00
NARA										82	14.70	97.62	2	7.14	2.38				84	6.46	100.00
SAHO	16	16.00	17.39	70	12.54	76.09	6	15.79	6.52										92	7.08	100.00
BILEN	2	2.00	5.00	6	1.08	15.00				28	5.02	70.00	4	14.29	10.00				40	3.08	100.00
HIDAREB	2	2.00	1.67							116	20.79	96.67	2	7.14	1.67				120	9.23	100.00
AFAR										2	0.36	100.00							2	0.15	100.00
RETURNEES	10	10.00	11.36	14	2.51	15.91				62	11.11	70.45	2	7.14	2.27				88	6.77	100.00
Educational Background																					
ILLITERATE	54	54.00	7.32	206	36.92	27.91	10	26.32	1.36	440	78.85	59.62	16	57.14	2.17	12	66.67	1.63	738	56.77	100.00
1-5	38	38.00	12.58	154	27.60	50.99	12	31.58	3.97	82	14.70	27.15	10	35.71	3.31	6	33.33	1.99	302	23.23	100.00
6-7	6	6.00	5.08	86	15.41	72.88	8	21.05	6.78	18	3.23	15.25							118	9.08	100.00
8-12	2	2.00	1.52	102	18.28	77.27	8	21.05	6.06	18	3.23	13.64	2	7.14	1.52				132	10.15	100.00
12 & ABOVE				10	1.79	100.00													10	0.77	100.00
TOTAL	**100**	**100.00**	**7.69**	**558**	**100.00**	**42.92**	**38**	**100.00**	**2.92**	**558**	**100.00**	**42.92**	**28**	**100.00**	**2.15**	**18**	**100.00**	**1.38**	**1300**	**100.00**	**100.00**

Source:- Field Data

18. REASONS FOR NOT CIRCUMCISING LAST (YOUNGEST) DAUGHTER

Table 16 shows that 43 percent (558) of the respondents have not circumcised their last daughter because they are convinced that it is unhealthy. Eighty percent (426) are Tigrigna, 77 percent (70) are Saho, 16 percent (42) are Tigre and 15 percent (6) are Bilen.

Further, table 15 corroborated that 43 percent (558) of the respondents did not circumcise their daughters because they were small. Almost all the Afars, 97 percent (116) of the Hidareb, 98 percent (82) of the Nara, 87 percent (66) of the Kunama, 74 percent (196) of the Tigre and 70 percent (28) of the Bilen confirmed that they did not circumcise their daughter because the girl was too small to be circumcised. Other reasons for not circumcising their daughters are: couldn't find circumciser 8 percent (100) and other reasons, such as, couldn't find time and money 2 percent (28). Thus indicating that the prevalence of FGM among last daughters could be much higher if the hindering factors are removed or facilitated.

TABLE 16 REASONS FOR CIRCUMCISION IN PERCENTILE

Background Characteristic	Neatness			Religious & Cultural			Control Sexuality			Transition to Womanhood (Adult)			I DO NOT KNOW			TOTAL		
	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group
AGE																		
>17				2	0.17	50.00	2	0.52	50.00							4	0.19	100.00
18-25	46	13.77	15.97	182	15.80	63.19	36	9.28	12.50	22	13.10	7.64	2	20.00	0.69	288	14.04	100.00
26-35	132	39.52	16.38	448	38.89	55.58	136	35.05	16.87	82	48.81	10.17	8	80.00	0.99	806	39.28	100.00
36-45	146	43.71	20.86	356	30.90	50.86	134	34.54	19.14	64	38.10	9.14				700	34.11	100.00
46-55	10	2.99	4.72	136	11.81	64.15	66	17.01	31.13							212	10.33	100.00
Over 56				28	2.43	66.67	14	3.61	33.33							42	2.05	100.00
RESIDENCE																		
URBAN	136	40.72	13.33	614	53.30	60.20	214	55.15	20.98	48	28.57	4.71	8	80.00	0.78	1020	49.71	100.00
RURAL	198	59.28	19.19	538	46.70	52.13	174	44.85	16.86	120	71.43	11.63	2	20.00	0.19	1032	50.29	100.00
ETHNICITY																		
TIGRIGNA	42	12.57	8.02	260	22.57	49.62	218	56.19	41.60	2	1.19	0.38	2	20.00	0.38	524	25.54	100.00
TIGRE	88	26.35	17.12	262	22.74	50.97	84	21.65	16.34	72	42.86	14.01	8	80.00	1.56	514	25.05	100.00
KUNAMA	18	5.39	15.52	92	7.99	79.31	4	1.03	3.45	2	1.19	1.72				116	5.65	100.00
NARA	10	2.99	9.26	84	7.29	77.78	4	1.03	3.70	10	5.95	9.26				108	5.26	100.00
SAHO	70	20.96	29.17	112	9.72	46.67	42	10.82	17.50	16	9.52	6.67				240	11.70	100.00
BILEN	56	16.77	31.11	68	5.90	37.78	18	4.64	10.00	38	22.62	21.11				180	8.77	100.00
HIDAREB	12	3.59	16.67	50	4.34	69.44	6	1.55	8.33	4	2.38	5.56				72	3.51	100.00
AFAR	26	7.78	13.00	158	13.72	79.00	4	1.03	2.00	12	7.14	6.00				200	9.75	100.00
RETURNEES	12	3.59	12.24	66	5.73	67.35	8	2.06	8.16	12	7.14	12.24				98	4.78	100.00
Educational Background																		
ILLITERATE	226	67.66	17.41	752	65.28	57.94	196	50.52	15.10	122	72.62	9.40	2	20.00	0.15	1298	63.26	100.00
1-5	76	22.75	15.83	250	21.70	52.08	122	31.44	25.42	30	17.86	6.25	2	20.00	0.42	480	23.39	100.00
6-7	14	4.19	11.86	60	5.21	50.85	28	7.22	23.73	12	7.14	10.17	4	40.00	3.39	118	5.75	100.00
8-12	16	4.79	10.67	86	7.47	57.33	42	10.82	28.00	4	2.38	2.67	2	20.00	1.33	150	7.31	100.00
12 & ABOVE	2	0.60	33.33	4	0.35	66.67										6	0.29	100.00
TOTAL	**334**	**100.00**	**16.28**	**1152**	**100.00**	**56.14**	**388**	**100.00**	**18.91**	**168**	**100.00**	**8.19**	**10**	**100.00**	**0.49**	**2052**	**100.00**	**100.00**

Source:- Field Data

19. REASONS FOR CIRCUMCISION

Women who reported to have circumcised their daughters were asked, why they circumcised their daughters. The results provide further insight into the factors that contribute to the wide spread support of the practice. According to table 16 more than half of the women (1,152) support the practice, because they believe that circumcision is required by religion and culture. Nineteen percent (388) circumcised their daughters to control their sexuality, and 16 percent (334) for neatness.

The reasons given for having their daughters circumcised does not seem to vary much by age and residence. For most ethnic groups religion and culture were the main reasons why they had their daughters circumcised. Seventy nine percent (92) of the Kunama, 79 percent of the Afar (26), 78 percent of the Nara (84), 69 percent of the Hidareb (50) and 50 percent of the Tigrigna women reported that their daughters were circumcised for religious and cultural reasons.

Control of sexuality as the main reason for circumcising daughters was cited more by Tigrigna [42 percent, (219)], Saho [18 percent, (42)] and Tigre [16 percent, (84)].

As expected women with no education had their daughters circumcised because of religious and cultural reasons [58 percent, (752)].

The FGD and in-depth interview findings on the reasons for circumcision are more or less the same. Included below are some of the justifications:-

Control of Sexuality

It is in general believed that an uncircumcised girl will go wild and will chase men like cats – as stated in FGD of Tigre women in Dembe Zaul (Maekel Zoba). Infubulation is practiced to protect the girl from rape as penetration is not easy.

“Since our girls are shepherds, they go far away from their residence to look after livestock, there, they can be confronted by men who attempt to rape them. In such a situation even if we don’t succeed in preventing the accident, we can rescue them, before the damage is done” said a community leader in Southern Red Sea Zone, in elaborating the above statement.

“Since the mother checks the daughter every now and then or more often, the daughter will not dare to have sex, even if she is interested” continued the community leader.

Apart from that the community leader said that parents make sure that their daughter is circumcised since an un-infubulated girl is considered to be deflowered.

Re-enforcing the community leaders justification for female circumcision a group of Hidareb women underlined that “an un-infubulated vulva is like a box with out a locker”.

A group of men in Keren (Bilen) associate the infubulated vulva with a locked shop, which means that no one can take goods from the shop. By the same token a man can not have sex without the consent of the girl.

Neatness

It is perceived that the clitoris and its surroundings are not only dirty but that they are also a good media for various types of infectious organisms which itches the girl and forces her to keep scratching the vulva. Moreover, in extreme cases "scratching can create infections which can be a cause of death" said FGD men Gahro – Northern Red Sea Zone.

"Do you eat a potato without pealing it" said a group of women in Massawa".

Not circumcising can make a girl lose weight, her skin becomes pale (ash and gray) and loses appetite.

Religious Reason

Clitoredectomy is understood to be a religious obligation by Moslems all over the country. Some went even further to state that an un-circumcised (whose clitoris is not cut) can not enter the mosque nor can they pray (salad). Christian FGD participants say that the bible – Old Testament orders the circumcision of a boy and a girl.

Health Reasons

Some men in Northern Red Sea circumcise their daughters to have as many children as possible because not circumcising is understood to be the cause for low fertility. Besides that, a circumcised child can gain weight and thrive.

Cultural Reasons

Almost all FGD participants and in-depth interview respondents practice FGD because it is their culture that have come from their ancestors.

Social Pressure

Not circumcising a child is an insult to the mother and often times people take the child for an orphan. Among the Kunama an un-circumcised girl is buried along with children and instead of being carried to the funeral on a bed she is covered with torn clothes or rags. This stems from the belief that an un-circumcised girl is considered to be pre-mature and will continue to be considered as child until when she is circumcised.

"An un-circumcised child is insulted even by her peers" said Tigre FGD women in Adi-Umer (Gash-Barka) when explaining the social pressure that an un-circumcised girl faces. The same women continued by saying that "if a girl happen to have premarital sex, she gets infubulated before she gets married to avoid the shame and ostratization".

Beauty or Esthetic Reasons

"An infubulated vagina is graceful" Salma Abdela.

"An un-infubulated vagina looks ugly and men do not like it" (Hidareb men: FGD).

"The clitoris is excised in order to smoothen the vulva and make it look beautiful" community leader in Barentu.

"If the mouth is left open flies can easily enter in to the mouth and if the vulva is not infubulated a man can easily penetrate or rape" same community leader in Barentu.

"When urinating it is projected up words like that of men and the flow of urine is profuse as compared to an infubulated girl where the urine trickles down in small quantity" same leader.

"Does a closed mouth looks better than an open mouth". Tigre FGD – women Adi-Umer (Gash-Barka) and Bilen Moslem FGD men – Keren.

Inconvenience

"Not to be circumcised is believed to be immoral and that if the clitoris grows it pricks the man's penis during intercourse" (Kunama women FGD).

Marrageability

A girl can not get a husband if she is not circumcised because in some ethnic groups such as the Kunama it is easy to find out if a girl is not circumcised as when a girl is circumcised every member of a specific community is invited to attend the circumcision ceremony.

- The man is sexually gratified if the vulva or the entrotus is narrow (Hidareb FGD men).

TABLE 17 PERCENT DISTRIBUTION OF THE RESPONDENTS BY THEIR ATTITUDES TOWARD DISCONTINUATION OF FEMALE CIRCUMCISION

Background Characteristics	YES			NO			I DO NOT KNOW			TOTAL		
	No.	Overall %	% within age/res/eth/edu group	No.	Overall %	% within age/res/eth/edu group	No.	Overall %	% within age/res/eth/edu group	No.	Overall %	% within age/res/eth/edu group
AGE												
>17	6	0.53	75.00	2	0.11	25.00				8	0.27	100.00
18-25	176	15.66	32.23	366	20.20	67.03	4	28.57	0.73	546	18.51	100.00
26-35	482	42.88	39.64	734	40.51	60.36				1216	41.22	100.00
36-45	300	26.69	34.72	556	30.68	64.35	8	57.14	0.93	864	29.29	100.00
46-55	126	11.21	48.09	136	7.51	51.91				262	8.88	100.00
Over 56	34	3.02	62.96	18	0.99	33.33	2	14.29	3.70	54	1.83	100.00
RESIDENCE												
URBAN	636	56.58	45.89	742	40.95	53.54	8	57.14	0.58	1386	46.98	100.00
RURAL	488	43.42	31.20	1070	59.05	68.41	6	42.86	0.38	1564	53.02	100.00
ETHNICITY												
TIGRIGNA	636	56.58	67.66	292	16.11	31.06	12	85.71	1.28	940	31.86	100.00
TIGRE	178	15.84	26.25	498	27.48	73.45	2	14.29	0.29	678	22.98	100.00
KUNAMA	40	3.56	25.00	120	6.62	75.00				160	5.42	100.00
NARA	8	0.71	5.00	152	8.39	95.00				160	5.42	100.00
SAHO	136	12.10	43.59	176	9.71	56.41				312	10.58	100.00
BILEN	54	4.80	27.00	146	8.06	73.00				200	6.78	100.00
HIDAREB				160	8.83	100.00				160	5.42	100.00
AFAR	46	4.09	23.00	154	8.50	77.00				200	6.78	100.00
RETURNEES	26	2.31	18.57	114	6.29	81.43				140	4.75	100.00
Educational Background												
ILLITERATE	468	41.64	26.32	1304	71.96	73.34	6	42.86	0.34	1778	60.27	100.00
1-5	330	29.36	48.25	348	19.21	50.88	6	42.86	0.88	684	23.19	100.00
6-7	126	11.21	55.26	100	5.52	43.86	2	14.29	0.88	228	7.73	100.00
8-12	188	16.73	76.42	58	3.20	23.58				246	8.34	100.00
12 & ABOVE	12	1.07	85.71	2	0.11	14.29				14	0.47	100.00
TOTAL	**1124**	**100.00**	**38.10**	**1812**	**100.00**	**61.42**	**14**	**100.00**	**0.47**	**2950**	**100.00**	**100.00**

Source:- **Field Data**

20. ATTITUDE ON THE DISCONTINUATION OF CIRCUMCISION

Table 17 exposes that there is a widespread support for continuing the practice of circumcision among women in Eritrea. As a whole, 61 percent of women (1,812) feel that the practice should not be discontinued. Young women, under 17 years, are more likely to report that they are in favour of discontinuation of the practice.

Surprisingly enough, elderly women age 46-55 years are more likely to support discontinuation of the practice 49 percent (126 women) than women in the age bracket of 18-25 [32 percent (176)].

Differences in attitude toward the continuation of the practice are evident according to the women's background characteristics. Urban residents are less likely than rural residents to support the continuation of circumcision. There is also a marked negative relationship between a woman's educational level and the likelihood that she does not support the discontinuation of the practice. 73 percent (1,304) of illiterate women do not support the discontinuation of circumcision as compared to 24 percent (58) of the women who have 8-12 years of education.

The attitude towards circumcision does not seem to vary by ethnic group, except for Tigrigna [32 percent, (292)] who reported positive attitude towards discontinuation, the rest of the ethnic groups responses show strong support for the continuation of the practice. All Hidareb respondents (160) claimed that they want the practice to continue, followed by Nara [95 percent, (152)], Afar [77 percent, (154)], Kunama [75 percent, (120)], Tigre [73 percent, (498)] and Bilen [73 percent, (146)].

It is interesting to note that the women who do not want the practice to be discontinued are those who undergo the most sever form of circumcision and those who reported to have experienced problems due to circumcision.

TABLE 18 PERCENT DISTRIBUTION OF WOMEN BY REASONS FOR SUPPORTING THE CONTINUATION OF CIRCUMCISION

Background Characteristics	She will go Astray			It is Against Religion			It is Against Culture			It is Dirty			It is Against Culture & Religion			I Do Not Know			Total		
	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group	No.	Overall %	% within age/res/ eth/edu group
AGE																					
> 17				2	1.85	100.00													2	0.11	100.00
18-25	38	15.32	10.38	20	18.52	5.46	234	20.49	63.93	6	33.33	1.64	66	22.60	18.03	2	50.00	0.55	366	20.20	100.00
26-35	84	33.87	11.44	60	55.56	8.17	478	41.86	65.12		0.00	0.00	110	37.67	14.99	2	50.00	0.27	734	40.51	100.00
36-45	76	30.65	13.67	22	20.37	3.96	352	30.82	63.31	8	44.44	1.44	98	33.56	17.63				556	30.68	100.00
46-55	44	17.74	32.35	2	1.85	1.47	70	6.13	51.47	4	22.22	2.94	16	5.48	11.76				136	7.51	100.00
Over 56	6	2.42	33.33	2	1.85	11.11	8	0.70	44.44				2	0.68	11.11				18	0.99	100.00
RESIDENCE																					
URBAN	116	46.77	15.68	54	50.00	7.30	482	42.21	65.14	8	44.44	1.08	80	27.40	10.81		0.00	0.00	740	40.84	100.00
RURAL	132	53.23	12.31	54	50.00	5.04	660	57.79	61.57	10	55.56	0.93	212	72.60	19.78	4	100.00	0.37	1072	59.16	100.00
ETHNICITY																					
TIGRIGNA	98	39.52	33.79	14	12.96	4.83	172	15.06	59.31	2	11.11	0.69	4	1.37	1.38				290	16.00	100.00
TIGRE	46	18.55	9.24	58	53.70	11.65	308	26.97	61.85	16	88.89	3.21	70	23.97	14.06				498	27.48	100.00
KUNAMA				12	11.11	10.00	106	9.28	88.33				2	0.68	1.67				120	6.62	100.00
NARA	6	2.42	3.95	2	1.85	1.32	112	9.81	73.68				32	10.96	21.05				152	8.39	100.00
SAHO	38	15.32	21.59	2	1.85	1.14	82	7.18	46.59				52	17.81	29.55	2	50.00	1.14	176	9.71	100.00
BILEN				2	1.85	1.37	144	12.61	98.63										146	8.06	100.00
HIDAREB	16	6.45	10.00				118	10.33	73.75				26	8.90	16.25				160	8.83	100.00
AFAR	34	13.71	21.79	10	9.26	6.41	14	1.23	8.97				96	32.88	61.54	2	50.00	1.28	156	8.61	100.00
RETURNEES	10	4.03	8.77	8	7.41	7.02	86	7.53	75.44				10	3.42	8.77				114	6.29	100.00
Educational Background																					
ILLITERATE	148	59.68	11.35	74	68.52	5.67	822	71.98	63.04	10	55.56	0.77	246	84.25	18.87	4	100.00	0.31	1304	71.96	100.00
1-5	76	30.65	21.84	22	20.37	6.32	210	18.39	60.34	8	44.44	2.30	32	10.96	9.20				348	19.21	100.00
6-7	14	5.65	14.00	10	9.26	10.00	64	5.60	64.00				12	4.11	12.00				100	5.52	100.00
8-12	10	4.03	17.24	2	1.85	3.45	44	3.85	75.86				2	0.68	3.45				58	3.20	100.00
12 & ABOVE							2	0.18	100.00										2	0.11	100.00
TOTAL	**248**	**100.00**	**13.69**	**108**	**100.00**	**5.96**	**1142**	**100.00**	**63.02**	**18**	**100.00**	**0.99**	**292**	**100.00**	**16.11**	**4**	**100.00**	**0.22**	**1812**	**100.00**	**100.00**

Source:- Field Data

21. REASONS FOR SUPPORTING THE CONTINUATION OF CIRCUMCISION

Looking at the responses presented in table 17, the most frequently cited reason for supporting the continuation of circumcision is culture, 63 percent (1,142). Sixteen percent (292) think that female circumcision should not be discontinued because it is against culture and religion. The other reasons in order of frequency are that the "girl will go astray" [14 percent, (148)], it is against "religion" [6 percent, (108)].

Religion as a reason for support of circumcision is cited equally by urban and rural women. On the other hand 62 percent of rural women (660) mentioned that it is against culture.

The differentials shown in the table also suggest that for most ethnic groups culture is the main reason for continuing FGM. Among women who stated that it is against culture are Bilen [99 percent, (144)], Kunama [88 percent, (106)], Nara [74 percent, (112)], Hidareb [74 percent, (118)], Tigre [62 percent, (308)] and Tigrigna [59 percent, (172)]. Afar women mentioned culture and religion as the main reasons for not discontinuing [62 percent, (96)]. On the other hand it is to be noted that Hidareb women did not mention religion as a reason for continuing the practice.

By educational background, the most frequently cited reasons for not discontinuing the practice is that "it is against culture and religion". For illiterate mothers, 19 percent (246), "against culture" 63 percent (822) against religion, 6 percent (74), "she will go astray", 11 percent (148) are among the reasons given by illiterate women.

In the focus group discussions and in-depth interviews it was asked why they are interested to continue female circumcision and different responses were given by various groups and individuals. Women in Dembe Zaul (Maekel) support the abolition of infubulation because they don't practice it but on the other hand they insisted that the government should pay the circumcisers for the service they render to the community.

Men in Assab like those in Dembe Zaul are for the elimination of infubulation as it is a source of fatigue to them. Nevertheless, emphasized that clitoredectomy should continue, as it is a religious obligation (FGD Assab).

In Rahaita (Southern Red Sea Zone) women even went up to requesting the government to bring them a circumciser as the one they have is getting old. In support of that, women in Hirghigo suggested that the operation should be done by a health personnel (FGD in Hirghigo, Southern Red Sea Zone). Others stressed that the circumcisers need to be oriented on HIV/AIDS and that the circumcisers should not injure nerves and blood vessels (Zahra Ahmed – Circumciser: Wokiro).

Women from the Nara ethnic group strongly oppose the eradication of FGM because they believe that it is a culture that they cherish. In addition to that they told that many individuals have been advising them to stop the practice, as it is harmful to their health, despite that however, they have chosen to continue it. (FGD with women in Turkina – sub-region Mogolo).

Taking the above attitude further, Kunama women think that cutting the clitoris and the labia majora and stiching the vulva makes the vulva look beautiful and attractive. Therefore, they advocate for the continuation of the practice.

Ghidei is a mother of three girls in Zoba Maekel. The first daughter who is now six years old was circumcised when she was less than a month old. She managed to do so because she gave birth in her village of origin. Her other two daughters however are not yet circumcised because there is no circumciser in her husbands village and could not got to her natal village. The husband who is doing his national service keeps urging Ghidei to circumcise the daughter whenever he writes her a letter.

On the other hand, there are community leaders and religious leaders who are proponents for the discontinuation of the practice. Father Abiel Wana; head of the Protestant Church in Ashoshi – Gash Barka and Aba Thomas, head of Eparchy of Barentu agree that FGM is harmful and should be abolished. Suggesting on ways to abolish the practice, they stressed on educating the community through mass media, inclusion in the curriculum and facilitating open discussion among community groups. They even went further to recommend legislating against the practice.

The secretary of the Keren office of the Mufti, who a religious scholar told the consultant that those who believe that infubulation has a religious base are those who don not know Islam and its doctrines. However, he noted that clitordectomy which is known as Suna among the Muslim is optional but not compulsory.

“FGM is not accepted as it predisposes girls and women to HIV/AIDS”, said a high school teacher in Keren (Bilen). Contradicting his previous statement the teacher insisted that the operation should not be performed by health professionals, as they are not competent in performing the operation. However, he believes that the traditional circumcisers are more skilled to conduct the operation safely.

A group of men from the Bilen ethnic group in Keren underlined that they don’t see any valid reason for stopping circumcision, in fact, they feel that circumcision protects her (the women) from chasing boys.

22. INTERVENTIONS FOR THE ERADICATION OF FGM IN ERITREA

FGM has never been accepted, as a practice that should be perpetuated, however, despite that attitude, the efforts made by government and various organizations did not manage to create the necessary awareness that can encourage the Eritrean society to abandon the practice. Among the main reasons are lack of systematic approach, not research based, inconsistent information dissemination and not targeted.

Considering the magnitude of the problems posed by FGM Ministry of Health (MOH) developed a “sexual and Reproductive health Policy” along the other elements of primary health care in September 1998.

Among the objectives of the policy one can find a statement on FGM, that reads as follows:-

- Prevention of harmful traditional practices such as female genital mutilation and early marriage. Treatment, counseling and rehabilitation for women who suffer from the negative consequences of FGM.

- Unsafe traditional practices will be discouraged by creating and enforcing legislation which prohibits certain practices and by educating communities and groups which perform traditional practice.

These policy statements explicitly demonstrate the commitment of MOH towards improving maternal health in general and FGM in particular as it is one of the contributing factors to the unacceptably high maternal mortality rate.

To operationalize the policy-statements, measures undertaken include:-

- Developed a Female Genital Mutilation Eradication Communication Strategy, Oct. 1999. The strategy developed was based on the EDHS, 1995 and qualitative study done by NUEYS in three regions. The participants of the workshop were all relevant implementing and funding organizations and religious leaders.

So far,

- MOH has developed promotional materials in different formats.

- Is in the process of developing the capacity of health workers.

- Is making the necessary arrangements to form a national committee.

- Health workers are imparting messages on the subject in health facilities and outreach sites.

Hence, though there is evidence of a government policy aimed at eradicating the practice of FGM, it is well understood that MOH should intensify its efforts towards eliminating the practice in a systematic and scientific way.

NUEW on the other hand has been waging campaigns against the practice of FGM since 1996 and is of the feeling that their activities have contributed towards creating awareness among women and reducing the practice. Nevertheless, it doesn't seem that NUEW has conducted any research on the subject.

The other organization that claims to do continuous work against FGM is NUEYS. Prior to its commencement of the campaign NUEYS conducted a qualitative survey on FGM in three towns (Ghindae, Hagaz and Mendefera) which are found in Northern Red Sea, Debub and Anseba Regions. Based on the findings they prepared and disseminated ICE materials, organized FGM clubs in schools, conducted awareness raising workshops and seminars.

Other organizations that have shown interest in eradicating the practice include MOE, MOI, Evangelical Church of Eritrea and Catholic Secretarial of Eritrea (CSE).

23. CONCLUSIONS AND RECOMMENDATIONS

23.1 Conclusion

As observed from the findings of the study, 97 percent of the respondents are circumcised, whilst 70 percent and 56 percent of the respondents agreed that they have circumcised all their daughters and the last (youngest) daughter respectively. Examining the data closely shows that some ethnic groups perform circumcision at a much higher rate than some of them. For example, all the women respondents from Kunama, Hidareb, Tigre, Afar, Bilen and Returnees claimed to be circumcised. The rest that is 99 percent, 98 percent, 97 percent and 92 percent of the Nara, Afar, Saho and Tigrigna respondents respectively reported that they are circumcised.

The percentage of women who have circumcised all their daughters is lower than that of the respondents and that of the last daughter is much lower than the mother. Nevertheless, investigating the reasons for not circumcising the last daughters gives a different picture. Fifty four percent of the children were not circumcised because their mothers could not find a circumciser, money and time, the girl was too small to be circumcised and some of them were naturally circumcised. Thus, confirming that the mothers will circumcise their last daughter when the barriers are removed. The situation is more pronounced among Kunama, Nara, Hidareb and Afar who said that the reasons for not circumcising their last daughter is outside the reason of my husband opposed or it is unhealthy. All of them gave the reason for not circumcising their last daughters shortage of money, time etc. Whereas, in the Tigrigna 80 percent of the respondents said that they did not circumcise their last daughter because they found it to be unhealthy and 5.6 percent told that their husbands have opposed it.

The overall picture suggests that in some ethnic groups the prevalence of FGM among the last daughters could be as high as that of the mother. Apart from that it indicates that husbands share the same attitude as the wife towards FGM. This calls for the inclusion of men in the struggle for the elimination of the practice. Operations are in general performed by traditional circumcisers and TBA. Nevertheless, in the in-depth interviews it was found that there are trained traditional birth attendants (TTBA) who circumcise and re-stich after delivery. Not only that, but that they strongly support the practice and that despite the fact that they have been advised not to circumcise while they were being trained by MOH, they still perform the operation. It is, therefore, advisable to consider them as target audience, and ensure that FGM is given due attention in the training provided to TBAs.

Sixty five percent of the infubulated respondents corroborated that they are re-stiched after every delivery. As this can be one of the contributing factors that pre-dispose women to complications and death after delivery, conscious efforts need to be taken in order to prevent unnecessary deaths and health (physical and psychological) complications. Though 38 percent (1,124) of the interviewee want to see circumcision abolished, the majority were in favour of continuing the practice for cultural and religious reasons, 85 percent (1,542). In the focus group discussions and in-depth interviews the overwhelming majority of the discussants favoured continuation of the practice. This conforms that female circumcision has a strong inter-relationship with religion and culture which dictates the activities of the communities. Although the health consequence of FGM is very important, this seems to be a secondary reason

from the point of view of the people who practice it, therefore strategies should emphasize more on the religious and cultural aspects which are deeply embedded in their belief systems. And moreover, the practice should be dissociated from religion with the help of religious leaders.

Surprisingly enough in-depth interview with almost all the male and female teachers exposed that the majority of them are against infubulation but in support of clitoredectomy. Since it is the teachers who are supposed to communicate the harmful effects of this practice to the students, it want be effectively passed across to the students if the teachers themselves are not convinced against the practice. Therefore, alongside with inclusion of FGM in the curriculum efforts should be made to ensure that teachers, as duty bearers, change their attitudes and become advocates.

23.2 Recommendations

It is not advisable to pass a law banning female genital mutilation because criminalization can make communities continue the practice underground. The government of Eritrea has recognized and ratified the existence of the conventions (CRC and CEDAW). When these legal instruments are instituted it makes it difficult to perpetuate the practice, which is positive and supportive as a start. Since the reasons for female genital mutilation in Eritrea are connected with the religious and cultural practices in Eritrea and similarly in other countries, it is the responsibility of the communities and institutions at large to educate and make the people aware of the truth by breaking the myth that FEMALE GENITAL MUTILATION IS NOT A RELIGIOUS INJUNCTION, and that it is one of the harmful cultural practices that can be abandoned without disintegrating the Eritrean culture. If the truth is unveiled, based on the suggested strategies there will be no need for enforcement of laws upon any person involved, because the whole community will be involved.

All organizations should assume advocacy role and mechanisms to ensure that the practice is wiped out. Also, networking at local, national and international levels among committees will help in achieving a holistic approach in the eradication programme, since the reasons for the practice seems to be similar in most respect, learning from each others experiences will lead towards a more effective strategy, and empowerment of groups committed to the eradication of this practice.

This study proposes a systematic and gradual eradication of female genital mutilation, emphasizing more on community participation, by having in place structures that will ensure a smooth programme for the proposed interventions. Even though this research is based on Eritrea, some of the information can be relevant to other countries whose experiences are similar in terms of the practice of female genital mutilation especially in Africa.

> *It is appreciated that education by itself has the potential for initiating the analytical ability of the individual. Education and awareness go hand in hand. It enhances the individual's self esteem and gives him or her a unique self-confidence. It thus provides a huge impetus for change.*

23.2.1 The Community Workers

The role of the community workers (CHW, TTBA, Extension workers, NUEW, NUEYS etc.) is very crucial in the campaign towards eradication especially in the rural areas. The community workers form the link between the grassroots and organization, and as catalysts they know the sociology of the environment. Some of the community workers have been trained by the various institutions such as Line Ministries and Non Government Organizations. All community workers whether trained or untrained should be utilized because of their experiences not only through formal training, but the fact that they have practical experience with the people, and have command of the local languages and the politics of the localities in which they operate. Given the nature of the subject of female genital mutilation, they should be involved in all target group activities.

The Proposed Action Plan

These consist of two steps:- The formation of a national level committee and of sub-committees at zonal level.

1. A national level committee consisting of capable people, who are known to have deep commitment to the cause of women and to the cause of the eradication of female genital mutilation should be formed to carryout the proposed strategy. The committee is responsible for organizing and liaising with other organizations that have the same commitment for campaigning towards the eradication of circumcision of women. It also co-ordinates and conducts training programmes for various organizations The committee should be responsible for the wide dissemination of research findings concerning the status of women and girls in traditional and non-traditional media, education, religion and culture.

2. Formation of sub-committees at zonal level, these sub-committees should constitute traditional birth attendants, circumcisers and their assistants, health workers, community workers, NGO's etc. This sub-committee can be regarded as the technical committee responsible for working closely with the indigenous people in order to reach the target population.

The proposed strategy aims at making impact on the following target groups by emphasizing on the trickle down effects:- community leaders, women, youth, health workers and the media which would have created sufficient momentum in paving the way for policy intervention.

23.2.2 Community Leaders

Community leaders include Sheks, Priests, Policy-makers, Administrators, NUEW and NUEYS members and Circumcisers with their assistants. A special programme aimed at creating awareness about the physical, psychological and economic effects of female genital mutilation should be embarked upon, in all zones especially in areas where the practice is most prevalent. These leaders should be encouraged to talk about

female genital mutilation in public to their communities. The standpoint of religion should be emphasized to this target group that FGM is not a religious injunction. If the communities hear their own leaders condemning the practice from a religious and cultural point of view, many of them will listen to them. The primary message for this target group is that FEMALE GENITAL MUTILATION IS NOT A RELIGIOUS INJUNCTION. This can be achieved through workshops, seminars, and radio programmes directed at their various communities. At this level both men and women community leaders must be encouraged to participate, especially the men because it is a community and not only women's issue. When women alone are encouraged there is a danger of trivializing the whole issue. The purpose is to encourage an open discussion of FGM among the community to demystify the culture of silence about the issue.

23.2.3 Women

This target group can be reached at through various channels, for example they can be met in their women's groups and the issue of female genital mutilation can be discussed. Here the cooperation and expertise of the community workers can be utilized in liaising with the women in their programmes through organizing and mobilizing women at various levels of the community. The involvement of the Village Health Committees (VHC's) which mostly consist of community leaders and other representatives is essential because of their previous experience from the community leaders programme in which the religious and cultural perspective was discussed. At this level, these leaders can be involved as resource persons as motivators, and on the other hand their opinion carries respect and weight in their communities.

23.2.4 Youth

This group involves the age grade dynamic school children, social leaders, youth clubs in military guides associations etc. They can be reached in schools, group meetings and at community level, at home, military barracks and recreation centers.

23.2.5 Public Fora at Community Levels

This level constitutes youth at home, on farms, and market places. The committees and sub-committees should focus on them by creating awareness through public meetings organized in conjunction with the youth leaders of these communities to avoid negative and aggressive reaction because of the nature of the subject matter. Perhaps, if they are aware of the facts about the practice this generation of youth may not subject their female children to such a practice.

23.2.6 Schools and Associations

For schools, association heads and teachers should be trained to use the life skills training guide for their students from primary to secondary. The lessons could be graded to suit the level of students taught. This package could be part of the curriculum under the subject matter of biology, Health Science, Civic or Family Life Education (FLE). When these youth learn the truth of female genital mutilation from

the religious/cultural to the health consequences, they are likely to avoid having their daughters circumcised. Similarly, associations can conduct awareness and training and information campaigns for their group members as part of the associations effort towards eradication.

23.2.7 Health Workers

Health workers need to be educated on the issue of female genital mutilation and its consequences, because the health care programme under takes a lot of activities for women's health. For example maternal and child care programme in particular and primary health care programme in general. The issue of female genital mutilation can be included in their health talks and they could link the health consequences of FGM with delivery. At this level the issue of sexuality can be discussed as it relates to their bodies. A systematic data collection relating to the health (physical and psychological) consequences of female genital mutilation with delivery would be useful as a scientific base and data bank for Eritrea on this issue.

23.2.8 The Media

Information when hoarded or suppressed has no value, the use of the media is invaluable, the radio and the newspapers should be utilized maximally to disseminate information to the public. For the illiterate audience, who can not read, the radio can broadcast programmes on various local languages of Eritrea, especially contributions of community leaders towards the eradication of female genital mutilation. Forums should be organized for an hour in the radio where gynecologists, health workers, social workers, religious leaders, youth and politicians address the issue as a panel discussion.

The aim of community participation strategy is that if the whole community is involved at various levels and capacities, the practice will be discontinued, because the campaign would have disseminated sufficient information (health, religious, cultural, economic) to be able to gain sufficient momentum in discontinuing the practice.

There are numerous NGO's in Eritrea concerned with development issues particularly with rural development. All these offer enormous opportunities for coordinated integrated and concerted efforts in the development process. Government encourages and promotes integrated approach to development so as to tap all resources and expertise available and avoiding duplications and unnecessary overlapping. Committed efforts by communities to effect cooperation will greatly enhance successful eradication strategy.

Work with leading theater groups to develop a training program for community-based actors who can focus on FGM should be initiated and strengthened.

Government should be more actively involved in the eradication campaign.

24. REFERENCES

1. KOSO - Thomas Olayinka. 1987, The Circumcision of Women: A Strategy for Eradication. Zed Books Ltd. London and New Jersey.

2. Sadawi Nawal EL, (1980) The Hidden Face of Eve: Women in the Arab World. Translated and edited by Dr. Sherif Hetata. Zed Press.

3. Sanderson, Passmore, L. 1981, Against the Mutilation of Women: The Struggle to End Unnecessary Suffering. Ithaca Press London 1981.

4. Toubia, Nahid. 1993, Female Genital Mutilation: A call for Golbal Action. Publication Women, Ink., United Nations Plaza, NY, NY 10017 USA.

5. Eritrea Demographic Health Survey 2002 Preliminary Report – National Statistics and Evaluation Office Asmara, Eritrea, September, 2002.

6. EDHS 1995, National Statistics and Evaluation Office, Asmara Eritrea, 1995.

7. Primary Health Care Policy and Policy Guidelines, MOH, September, 1998.

25. INDIVIDUALS CONSULTED

ZOBA MAEKEL

Focus Group Discussions

1.	Ferah Bekit	10.	Nurani Ebrahim
2.	Medina Saleh	11.	Nuria Suleman
3.	Abeba Jabr	12.	Semira Hummed
4.	Nigisti Gebremeskel	13.	Kibatu Yemane
5.	Yehdega Kefela	14.	Sillas Kinfe
6.	Hiwot Kidane	15.	Zaid Meles
7.	Asma Atha	16.	Bahro Abdurahman
8.	Fatma Berhane	17.	Fatma Kahsay
9.	Meriem Suleman	18.	Amina Seid

Key Informants

1.	Bekit Romodan	Village Administrator
2.	Ghidei	NUEW Officer
3.	Yehdega	NUEW Officer
4.	Fisahaye	Toker Land Husbandary Project Coordinatore
5.	Silas Kasa	Home Economist
6.	Ghebrezghi Demam	Head of Adult Education
7.	Aba Kibrom	Catholic Secretariat
8.	Azenegash G/Selasse	Head of IEC

DEBUB

Focus Group Discussions

1.	Freweini Merhay	25.	Abrehet Weldegiorgis
2.	Tsega T/yonas	26.	Haddas Gebrehiwot
3.	Negest Semere	27.	Haddas Teklehaymanot
4.	Teberh Teferi	28.	Nigisti Gebremeskel
5.	Thiblez Werede	29.	Letezion Gebretensae
6.	Tsege Berhane	30.	Asli Shunbash
7.	Hawa Hammid	31.	Jima Mohammed Ali
8.	Kedija Seid	32.	Fatma Mohammed
9.	Saliha Shifa	33.	Fatna Ibrahim
10.	Seida Suleman	34.	Saada Saleh
11.	Nuria Mohammed	35.	Zahra Ahmed
12.	Saada Aman	36.	Fatma Mohammed Ali
13.	Dawit Welday	37.	Berhe Haile
14.	Kibrom Haile	38.	Kiros Sumendi
15.	Mehari Reda	39.	Tesfamariam Gebre
16.	Shumendi Asmelash	40.	Tesfu Tsegay
17.	Weldegebriel Tesfamariam	41.	Gebremeskel Teklemichael

18. Goitom Kibreab
19. Umer Gima
20. Umaro Ismael
21. Saleh Hammed
22. Mohammed Mahisha
23. Abdelkadr Hassen
24. Umer Adem
42. Zemichael Berket
43. Suleman Mohammed
44. Hammed Umer
45. Saleh Umer
46. Mussa Umer
47. Saleh Suleman
48. Hammed Ali Ebrahim

SOUTHERN RED SEA

Focus Group Discussions

Kedija Mohammed	TBA and Circumciser
Issa Ahmed Issa	Community Leader
Halima Ali Yosuf	TTBA and Circumciser

Key Informants

1.	Fatma Mohammed Ayneta	Circumciser
2.	Shek Mohammed Abdella	Religious Leader
3.	Hammed Ummer Kadi	Teacher
4.	Daniel Berhe	CDC Co-ordinator and IEC Officer
5.	Sister Alem Asmelash	Mid-wife
6.	Sultan Abdelkadir Nawad	Sultante of Rahita and Afar in Eritrea & Djibouti
7.	Abida Hamedo	TTBA and Circumciser

NORTHERN RED SEA

Focus Group Discussions

1. Fatma Mohammed
2. Saada Salem
3. Saada Hamed Ali
4. Saida Idris
5. Asha Mohammed
6. Fatma Mohammed
7. Kedija Idris
8. Nafha Abubeker
9. Asha Osman
10. Saleh Mohammed
11. Ali Mohammed
12. Idris Maetuk
13. Ibrahim Saleh
14. Abdella Mohammed
15. Saida Osman
16. Halima Mohammed
17. Zeineb Usman
18. Kedija Saleh
19. Amna Idris
20. Bekita Mahmud
21. Fatna Seid
22. Amna Mahmud
23. Hawa Mohammed Ali
24. Idris Abdelkadir
25. Mohammed Haji
26. Mahmud Seid
27. Suleman Umer

Key Informants

1.	Saleh Abdella	Village Administrator
2.	Hamid Damie	School Director
3.	Shek Said Usman	Religious Leader
4.	Idris Mohammed Saleh	Village Notable
5.	Umer Mohammed	Teacher
6.	Kedija Ahmmed	Health Assistant
7.	Zahra Humed Afraha	TBA and Circumciser
8.	Seid Ibrahim	Junior Secondary Teacher
9.	Abdelkadir	Religious Leader

GASH-BARKA

Focus Group Discussions

1.	Fatma Mohammed	38.	Hawa Adem Hassen
2.	Halima Awed Hamid	39.	Hawa Mohammed Hamid
3.	Hawa Kelifa Ismael	40.	Kedija Mohammed Abei
4.	Meriem Mohammed	41.	Kultume Deber
5.	Kultuma Deber	42.	Kedija Anja
6.	Kedija Usman	43.	Bekita Mohammed
7.	Idris Mohammed Sagot	44.	Saleh Beshir Awrin
8.	Usman Babeker Hiyab	45.	Afa Abdella Demon
9.	Suleiman Saleh	46.	Seid Adem
10.	Idris Adem Dane	47.	Ali Falu Ghebil
11.	Hummed Abdu Salem	48.	Adem Kemis Kalo
12.	Ali Mohammed Musa	49.	Yosuf Idris Arey
13.	Abdella Sherif Baho	49.	Mohammed Usman
14.	Idris Hussien Hajaj	50.	Ali Mushai Halib
15.	Abdella Usman Awad	51.	Idris Yassin Hadar
16.	Nana Ambol Sheren	52.	Medina Ghinjar Matu
17.	Sciki Gherger Kuwa	53.	Kundi Shega Assai
18.	Kedija Gemal Dagashi	54.	Asho Mammid Adem
19.	Lali Maric	55.	Dawit Ashek
20.	Sebakier Kemis	56.	Nati Abdella
21.	Hassen Kini	57.	Shek Kelai
22.	Saidna Gholla	58.	Kedija Mobare
23.	Kedija Hassen	59.	Amna Hummed
24.	Fatna Hushek	60.	Amna Idris
25.	Fatna Hassen	61.	Asha Abdella
26.	Amna Usman	62.	Asha Musa
27.	Ibrahim Adem	63.	Usman Idris
28.	Mohammed Hagi	64.	Tito Mohammed
29.	Idris Usman	65.	Mohammed Kemis Idris
30	Asha Adem	66.	Asha Mohammed
31.	Fatna Hummed	67.	Fatna Hammid
32.	Asha Usman	68.	Amna Ferej
33.	Asha Abuhaj	69.	Amna Saleh

34. Asha Mohammed
35. Hamed Saleh
36. Mohammed Usman
37. Jaefer Haj Usman
70. Asha Ali Abdella
71. Umer Mohammed
72. Hideg Mohammed Ibrahim

Key Informants

1.	Lulu Bekit	Community Leader
2.	Sora Sihrasone Lginion	Catholic Nun
3.	Sora Aklilu Teklemariam	Catholic Nun
4.	Amna Hibab Yasin	TBA (Nara)
5.	Adem Idris	Religious Leader
6.	Mohammed Ibrahim	Teacher (Nara)
7.	Sister Signe Meassie	Nurse Mid-wife
8.	Idris Anisi	Community Leader
9.	Bahju	Home-Economist
10.	Sillas Marcos	Home-Economist
11.	Napoleon Yossief	School Director
12.	Father Abiel Wana	Religious Leader (Protestant)
13.	Erketo Shedin	Circumciser
14.	Kelai Uoti	Elder (Notable)
15.	Aba Thomas	(Pope of Gash-Barka – Catholic)
16.	Kedija Ushek Hassen	TTBA and Circumciser
17.	Mohammed Idris	School Director
18.	Ghirmay Hadgu	Nurse (Head of Health Center)
19.	Roma Kemis	Teacher (Kunama)
20.	Amira Usman	Teacher (Nara)

ANSEBA

Focus Group Discussions

1. Behet Gebre
2. Nitshti Baryay
3. Hitet Weldeab
4. Hawa Redae
5. Noema Dehaba
6. Zeineb Mohammed
7. Kerey Mohammed
8. Bekita Abdelkader
9. Ibrahim Adem Idris
10. Ibrahim Gibat
11. Abdu Idris
12. Seid Mohammed Ali
13. Abubeker Mohammed
14. Umer Mohammed
15. Seidi Adem
16. Fatna Mohammed Ali
29. Milite Weldegiorgis
30. Tebe Debesay
31. Letehans Mebrahtu
32. Bereka Rebi
33. Melika Akte
34. Zeineb Idris Arey
35. Arhet Usman
36. Sitna Idris
37. Haj Hussein Hammed
38. Saleh Negash
39. Ibrahim Ali
40. Abdelkadir Jabir
41. Saleh Yosuf
42. Ferej Yasin
43. Fatma Yeshak
44. Sadia Umer

17. Amna Musa
17. Donek Hasbela
18. Rahyet Ali Bekit
19. Bekita Musa
20. Maka Fire
21. Hayaget Gubtan
22. Usman Mohammed Nur
23. Mohammed Ali
24. Mohammed Seid Hibti
25. Ibrahim Nasheh
26. Musa Idris
27. Jimie Libab
28. Rahwa Kidane
45. Agusana Abdella
46. Jewket Jimie
47. Taka Umer
47. Zahra Seid
48. Zahra Saleh
49. Akiar Gubtan
50. Ferej Mohammed
51. Idris Mohammed Ali
52. Mohammed Seid Mohammed Ali
53. Musa Saleh
54. Umer Mohammed Nur
55. Usman Umer

Key Informants

1.	Abdelrehim Musa	Secretary of Mufti Office in Keren
2.	Zekarias Tesfazghi	Teacher
3.	Tiebe Kidane	Health Assistant
4.	Dehab Temnew	Teacher
5.	Yohannes Okbatsion	Lutheran Church
6.	Hammed Musa	Teacher
7.	Sora Rosina	Head of Ashera Health Station
8.	Letengus Haile	TBA and Circumciser
9.	Gresin Hailemichael	Teacher (Bilen)