Investigation of factors that contribute to the current continual practice of female genital mutilation in Gombora district, Hadiya zone, SNNP.

M Sc. Thesis

Submitted to:

***Department of Biology, College of Natural and Computational Science, School of Post Graduate study*.**

MaddaWalabu University

In Partial Fulfillment of the Requirement for the Master of Sciences in Biology.

By: Mulachew Endale

Major Advisor: Diriba Temesgen (PhD)

January, 2020

Bale, Robe, Ethiopia

DELARATION

I Mulachew Endale declared that this thesis is a result of my research investigations and findings. Source of information other than my own have been acknowledged and reference list has been appended. This work has not been previously submitted to other university for award of my type of academic degree.

Signature: ---

Date: ---

APPROVAL SHEET

This is to certify that the thesis entitled "Investigation of factors that contribute to the current continual practice of female genital mutilation in Gombora District, Hadiya zone, SNNP" Submitted in partial fulfillment for the Degree of Master of Science in Biology has been carried out by Mulachew Endale under my supervision. Here I recommended that the student has fulfilled the requirements and hence can submit the thesis for defense.

Name of Advisor: Diriba Temesgen (PhD)

Signature -------------------------Date-----------------

EXAMINER APPROVAL SHEETP OF THE THESIS

SCHOOL OF GRADUATE STUDIES, MADDA WALABU YUNIVERSTY

Members of the board of examiners of the final master's degree open defense, we certify that we read and evaluated the thesis prepared by Mulachew Endale under the title "Investigation of factors that contribute to the current continual practice of female genital mutilation in Gombora District, Hadiya zone, SNNP" and recommended that the thesis has been accepted in partial fulfillment of the requirements for the degree of Master of Science in Biology.

________________	______________	_________
Name of chairperson	signature	Date
Diriba Temesgen (PhD)	_________________	___________
Name of Advisor	signature	Date
________________	_______________	________
Name of internal examiner	signature	Date
_______________	_______________	_______
Name of external examiner	signature	Date

ACKNOWLEDGMENTS

First of all, I would like to glorify omnipotent and Almighty God for giving me everything what would asking him. Next, I would like to express my sincere gratitude to my advisor, Diriba Temesgen (PhD), for his valuable advice and support during the development from the proposal to the completion of the research

Table of contents

Contents **Page**

Declaration---i

Acknowledgments---ii

List of Tables---iii

List of Figures--iv

Abbreviation---v

Abstracts---vi

1. Introduction -- ---1

1.1Background of the study---1

1.2 Statement of the problem ---2

1.3Objectives Of the study --4

1.3.1. General objectives ------------- ---4

1.3.2. Specific objectives ---4

1.4 Research question --4

1.5 Scope of the study ------------------------------------- ----------------------------------3

1.6 Limitation of the study---3

1.7 Significance of the study----------------------------- -------------------------------------4

2 Literature review---5

2.1 origin and historical aspect of FGM/C---5

2.2 Global aspect of FGM/C---6

2.3 Types of FGM--6

2.4 Reason of FGM--7

2.4.1. Psycho-sexual reason--- ----7

2.4.2. Sociological reason--- 7

2.4.3 Hygiene and aesthetic reason---7

2.4.4. Myths ---8

2.4.4. Religious reason--8
2.5 Medical aspect of FGM----------------------------------- ------------------------------ 8
2.6 Human rights perspective ------------------------------ ---------------------------------8
2.7 Abolition programs------------------------------------ ---------------------------------9
3 Research methodologies--10
3.1 Description of the study area--10
3.2 Research design ---10
3.3 Sampling technique and sample size- -------------------- -----------------------------11
3.3.1. Sample size determination------------------ ---11
3.3.2. Sampling techniques ----------------------- ---12
3.4 Methods of data collection--------------------------- -----------------------------------12
3.5 Method of Data analysis------------------------------------- --------------------------13
3.6 Ethical consideration--- ----------------------------13
3.7 Methods of dissemination of the findings----------------- -----------------------------13
4 Results and Discussion---14
4.1 Background information of the respondents ---14
4.2 Awareness and current information of the respondent about FGM in the district--15
4.3 FGM Performing persons, women's consent and wound healing situations---------17
4.4Cultural, Religious and Social enforcements on FGM---------------------------------18
4.5 The attitude of the people on practice of FGM------------------------ ----------------19
4.6Harmful traditional practice and on legal issues of FGM-------------------------------21
4.7 Analysis of the interview response ---22
4.8 Focus group discussion--22
5 Conclusion and recommendation ---23
5.1 Conclusion ---23
5.2 Recommendation--- -----------------------24
6 References---25

Appendix (A) --- --------------------------------28

Exxo'i Caakkishsha (B) -------------------------- ---------------------------------------31

List of Tables

Table 1Targat population of the study District--11

Table 2 The Back ground Information of the Respondents--------------------------- -------15

Table 3Give Awareness about the FGM in the Gombora District----------------------------16

Table 4 Performance Persons, Women Consents and Wound Healing Situations of FGM-------18

Table 5 Cultural and Social enforcements related to FGM---------------- ---------- --------19

Table 6The Attitude of the People on the Practice of FGM-----------------------------------20

Table 7 Respondents Information on Harmful Traditional Practice of FGM---------------21

LIST OF FIGURE

Figure 1 Map of the study area showing its location in Africa and in Ethiopia (Gombora district fiancé and development office, 2010).. 12

Abbreviation/Acronyms

FC ------------------- Female Circumcision

FGD-------------------Focus Group discussion

FGM----------------- Female Genital Mutilation

FGC------- -----------Female Genital Mutilation

IAC-------------------Inter African committee

NGO---------------- Non Governmental organization

STIS------ -----------Sexual transmitted infection

UN ------------------ United Nation

WHO-----------------World Health Organization

Abstract

Background: Female genital mutilation (FGM) is a term for any procedure performed for cultural or otherwise non-medical reasons involving partial or complete removal of the female external genitalia or damaging them in some other ways. It is practiced mainly in developing countries like Ethiopia including Gombora Districts and its surroundings. It has many harmful effects and considered as violation of human right. Scientific investigation of associated factors of FGM can contribute to tackle its practice and harmful consequences.

Objective: To assess the attitude and awareness of study participation against continual practice of FGM in Gombora District, Hadiya zone, SNNP.

Methods: Data would be collected from randomly sampled population via questionnaire, group discussion and interview. Data would be analyzed through descriptive methods, table and percentage.. This study would provide information on the current status and possible reasons of FGM in Gombora Districts..The study outcome can suggest possible ways to stop the practice of FGM in the study area and serves as a base for other researcher's similar studies in the country.

Results: The findings showed that there was presence of the female genital mutilation around 57.1% during these studied in the Gombora Districts. The grate occurrence of performance genital mutilation take more in age 21-30 years old (46.38 %).The occurrence of female genital mutilation type were different from Five Kebeles presence in the Gombora Districts. The females preferred for marriage in the society acceptance were the mutilated one. The mutilation girls were many times occurrence both through forced and willingly. Although, the enforcement of religion affairs legal or illegal and traditional acceptance genital females whereas making girls calm, sexually inactive, and faithful for their husbands were mentioned in Gombora Districts .The research conducted from July to January in 2020 E.C.

Keywords: FGM, Gombora district, Hadiya Zone, reasons for continuing FGM

1. INTRODUCTION

1.1. Background of the study

Female genital cutting (FGC) is also known as female genital mutilation (FGM). female circumcision, is any procedure involving the partial or total removal of the external female genital organ whether for cultural, religious or other non-beneficial reasons (WHO,2010). There are many reasons FGC is practiced, including social, economic, and political reasons. Those who support FGC believe that it will empower their daughters, ensure the girls get married, and protect the family's good name. In some groups, FGC is performed to show a girl's growth into womanhood and, as in the Masai community, marks the start of a girl's sexual debut. It also is performed to keep a woman's virginity by limiting her sexual behavior. FGC is believed by those who practice it to reduce a woman's sexual desire. In some groups, women who are not cut are viewed as dirty and are treated badly. During the past three decades several international and national humanitarian and medical organizations have drawn worldwide attention to the physical harms associated with FGM. The World Health Organization and the International Federation of Gynecology and Obstetrics have opposed FGM as a medically unnecessary practice with serious, potentially life-threatening complications (WHO, 2001). According to a joint WHO/UNICEF/UNFPA when statement, the use of the word "mutilation" reinforces the idea that this practice is a violation of the human rights of girls and women, and thereby helps promote national and international advocacy towards its abandonment.

It is estimated that at least 100 million women have undergone FGM and that between 4 and 5 million procedures performed annually in female infants and girls, with the most severe types of FGM carried out in Ethiopia , Somalia and Sudanese populations(WHO, 2001). .Currently, FGM is being practiced in Gombora District of Hadiya zone, SNNP for various reasons. FGM has also been practiced traditionally for various purposes in different parts of Ethiopia over long period of time (Karhu, 2010). Due it's immediate and long range harmful effects, different concerned bodies indicated the necessity of stopping the practice and have been working through educating the people and enforcing laws. This study was aimed to investigate the reasons and associated factors of FGM in the study area.

1.2 Statement of problem

According to Shell-Duncan (2001), female genital mutilation is a widespread cultural practice and affects millions of young women causing short-term and long-term health problems. In most countries, FGC is performed in unclean conditions by mainly traditional practitioners who may use scissors, razor blades, or knives. Short-term health problems like Bleeding, Infection, Pain, and Trauma. Long-term health problems like Problems going to the bathroom, Problems with gynecological health, Increased risk of sexually transmitted infections (STIs)including HIV, Psychological and emotional stress. The kinds of problems that develop depend upon the degree of the cutting, the cleanliness cutting, the cleanliness of the tools used to do the cutting and the health of the girl or woman receiving the cutting. Among practicing cultures, FGC is most commonly performed between the ages of four and eight, but can take place at any age from infancy to adolescents. Currently, FGM is practiced in 28 African countries in the sub-Saharan and Northeastern regions of Africa. Prevalence FGM varies significantly from one country to another (UNICEF, 2005). The practice of FGM is rampant in Ethiopia with a national prevalence range of 74 to 85% (National Committee on Traditional Practices of Ethiopia, 1998). At its essence, a basic violation of girls' and women's right to physical integrity and violates a number of recognized human rights At its essence, a basic violation of girls' and women's right to physical integrity and violates a number of recognized human rights. Recently community education on the harmful effects of FGM has been given to the population using mass media and as part of educational curriculum leading to the reduction or elimination of the practice in various parts of the country. However, it is still being practiced in various parts of the country for different reasons. Gombora District, preliminary survey of this study indicated that FGM is currently undertaking. Though Daniel Bogale et al. (2014) investigated FGM in some districts of Hadiya zone; Gombora District was not included. Scientific research focusing on the rate of FGM and the underlying community's reasons for continual practice of FGM can support the efforts to eradicate this harmful traditional practice.

According to UNICEF (2007) there are 28 African countries known for the practice of FGM. Ethiopia is a high prevalence country UNICEF,(2007) SNNP region is labeled as part the group of regions having prevalence rate above 80% (UNICEF,2013).

Hadiya region has an estimated population of about 1.412,3472 and FGM is one of the main problems (UNICEF, 2007). In Hadiya , specifically in Gombora , almost all baby girls whose age ranges from four to eight years have to go through some form of FGM, locally known as "*Balaachcha* ".

According to Ersido (2006) studied Hadiya oral literature and attempted to describe some harmful traditional practices especially in the investigation of factors that influence female genital mutilation in the case of Hadiya zone folktales and idiomatic expression. According to Adanech (2009), the materials culture of Hadiya and tried to describe some harmful traditional practices especially in the investigation of factors that influence female genital mutilation in the case of Hadiya zone. These studies are not sufficient and can't provide current status. A number of anti-FGM projects funded by local and international NGOs have been implemented in Hadiya. However, the level of reduction in the practice is still in question despite the difficulty to support it with empirical data as it is hard to get such district specific information in the community. . Recently community education on the harmful effects of FGM has been given to the population using mass media and as part of educational curriculum leading to the reduction or elimination of the practice in various parts of the country. However, it is still being practiced in various parts of the country for different reasons. In Gombora District where different ethnic groups are living, preliminary survey of this study indicated that FGM is currently undertaking. Though Daniel Bog ale et al. (2014) investigated FGM in some districts of Hadiya zone; Gombora District was not included scientific research focusing on the prevalence of FGM and the underlying community's reasons for continual practice of FGM can support the efforts to eradicate this harmful traditional practice. Therefore, this study was initiated to provide timely information on the practice of FGM and its underlying reason(s) in the study area.

1.3 Objectives of the study

1.3.1 General objectives

The general objective of this study was to investigate of various factors that contribute to the current continual practice of FGM in Gombora District, Hadiya zone, SNNP .

1.3.2 Specific objectives

- ✓ To identify the social, economic, religious and cultural factors those contribute to the current continual practice of FGM in Gombora District, Hadiya zone, SNNP.
- ✓ To identify type (s) of FGM performed in Gombora District, Hadiya zone, SNNP
- ✓ To assess the attitude and awareness of study participation against continual practice of FGM in Gombora District, Hadiya zone, SNNP.

1.4 Research Questions

- ✓ What are the social, economic and cultural factors that contribute to the current continual practice of FGM in Gombora District, Hadiya zone, SNNP?
- ✓ What are the procedures and type of FGM in Gombora District, Hadiya zone, SNNP?
- ✓ What solutions are preferred to protect FGM practice in Gombora District, Hadiya zone, SNNP?

1.5 Scope of the Study

This study was restricted investigation of major contributing factors for continual practice of FGM in five kebeles (Gorta, Mahal Gahanna, Tach Gahanna, Sage and Oreda) of Gombora District, Hadiya zone, SNNP during July 2019 to January 2020.

1.6 Limitation of the study

The researcher faced several constraints including lack of access to internet, shortage of time and budget. The shortage of finance affected the research in covering costs pertaining to refreshments to respondents and research assistant

1.7. Significance of the study

This study will provide information on the current status and possible reasons of FGM in Gombora District. It can come with possible ways to stop the practice of FGM in the study area and serve as a base for other researchers interested to conduct similar studies in the country. It can serve as source of information for government and nongovernment bodies to appropriate measures against FGM practices.

2 .LITERATURE REVIEW

2.1 Origin and historical aspect of FGM/C

FGM is a traditional operation that involves cutting away parts of the female external genital for cultural reason. According to Alexia (2005), Female genital mutilation (FGM), sometimes known as female circumcision (FC), is a term for any procedure performed for cultural or otherwise non-medical reasons involving partial or complete removal of the female external genitalia or damaging them in some other ways.
According to Hosken (1987) stated that, the term female genital mutilation used in the 1980s mostly by western writers was endorsed by the intra African committee on traditional practices Affecting the Health of Women and children during its regional meeting in 1989(unpublished report).

Practices of FGM/C have been found throughout history in many cultures, but there is no definitive evidence documenting when or why this ritual began. The origin is thought to predate the rise of Christianity and Islam (NCTP, 1995). Egyptian mummies have been described displaying characteristics of FGM/C, and it is thought that FGM/C may have been a sign of distinction amongst the ruling class (Genet Mitike and Wakgari Deress, 2009). the Greek historian who travelled around the Mediterranean in the 5th century B. C., reported that the Phoenicians, the Hittites and the Ethiopians practiced circumcision (Taba, 1979).

A Greek papyrus from 163 B.C., exhibited in the British Museum in London, refers to the circumcision of a girl in Memphis in Egypt. It seems that circumcision was practiced both by early Romans and by Arabs (Lightfoot-Klein, 1989). Strabo, a Greek geographer, described circumcised women along the East Coast of the Red Sea at about 25 B.C. Hosken, (1993). Infibulations has been practiced along the Nile on slave girls, as observed by travelers during the 18 Century (Richard, 2002). It seems that FGM/C was "spread by dominant tribes and civilizations, often as a result of tribal, ethnic, and cultural allegiances"(Toubia 1995). FGM/C in the form of clitorectomy was also practiced in Europe and America in the 19 century as a cure for mental/nervous disease (Silverman, D, 2005).

There is no clear evidence that illustrates exactly when and when the practice of FGM was stated. However, there are some documents, which suggested that FGM had been practiced in ancient Egypt around 2000 BC (National committee on traditional practice of Ethiopian woman's,(1995) to the contrary, there is also an assumption that FGM were initiated in

ancient Greece, Rome, Pre-Islamic Arabia and the Tsarist Russian Federation (Elisabeth, 2006). Subsequently, there is also an idea that FGM was practiced in Britain, Canada and the USA in the 18th century to prevent masturbation, cure hysteria and some psychiatric conditions. During that time, this harmful traditional practice was known as female circumcision. Late 1970s is time when the term FGM has gained support from the international community and it is used to distinguish from male circumcision and to show the gravity of the practice (Frances, 1997).

2.2 Global aspect of FGM/C

Worldwide between 100 and 140 million women and girls suffer from the consequences of Female Genital Mutilation/Cutting (Wadesango etal, 2011). It is estimated that about 3 million girls are cut each year (UNICEF, 1993). Estimates of prevalence are mostly based on data provided by Demographic and Health Surveys (1993) and Multiple Indicator Cluster Surveys (MICS), but are not available for all countries. FGM/C is practiced in 28 countries in Africa, predominantly in those countries that extend from Senegal in the west to Somalia in the east. However, considerable variations may exist within these countries. Outside the African continent, GM/C has been reported in communities in Yemen, Jordan, Oman, the Occupied Palestine Territories, in some Kurdish communities in Iraq, in India, Indonesia, Malaysia UNICEF, (1995) and in Central and South America. It is also practiced in migrant communities throughout the world (WHO, 2001).

2.3 Types of FGM

FGM is a collective term for the different practices that involve cutting of the female genitalia. According) to Cook, (1997) FGM is classified in the following four categories:

1. TYPE I (Clitoridectomy): This is partial/total excision of the hood of the clitoris.

2. TYPE II: This is partial/or total excision of the labia minor (Vaginal inner lip), with Excision of the clitoris. This is also called the Sunna type.

3. TYPE III: This is excision of the external genitalia (labia major) partially or totally together with the above two procedures. Following the procedure the vaginal opening is closed/narrowed with stitches (Infibulations/Pharaonic incision) allowing a small opening for urine and menstrual blood to be excreted. The word "infibulations" is derived from the Latin word "fibula," meaning a pin or clasp. The term has been given to a mutative procedure in

The word "infibulations" is derived from the Latin word "fibula," meaning a pin or clasp. The term has been given to a mutative procedure in which the vagina is partially closed by approximating the labia major in the mid line .Clitoridectomy may or may not be included, but the essential part of the operation consists of partial closure of the vulva and the vaginal orifice. The custom is deeply rooted in the country and has been performed since remotest time on all social classes in both the interior regions and in the few coastal towns.

TYPE IV: this is any other procedure done together with/other than the above three. Pricking, piercing, or incision of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterization by burning of the clitoris and surrounding tissues; scraping (anguria cuts) of the vagina orifice or cutting (gishiri cuts) of the vagina; introduction of corrosive substances in to the vagina to cause bleeding, or of herbs in to the vagina with the aim of tightening or narrowing the vagina; any other procedure that falls under the definition of female genital mutilation given above.

2.4 Reasons for FGM/C

The reasons for the practice and the underlying beliefs are multi-faceted and vary from community to community and throughout history. Reasons for FGM/C will be described under the headings as suggested by (WHO, 2001).

2.4.1 Psychosexual reasons

In many societies, it is believed that uncircumcised women will not be able to control their sexuality, and "that a girl who is not excised will run wild and disgrace her family" (Hosken, 1993). Therefore, reduction or elimination of the sensitive tissue will reduce sexual desire in the female. A woman without sexual desire will not seek sexual relations outside marriage, and FGM/C will therefore ensure faithfulness. Circumcision, and especially infibulations, is also seen as proof of chastity and virginity before marriage and will increase a daughter's Therefore, reduction or elimination of the sensitive tissue will reduce sexual desire in the female. A woman without sexual desire will not seek sexual relations outside marriage, and FGM/C will therefore ensure faithfulness Therefore, reduction or elimination of the sensitive tissue will reduce sexual desire in the female. Circumcision, and especially infibulations, is also seen as proof of chastity and virginity before marriage and will increase a daughter's marriage prospect. FGM/C is also thought to increase men's sexual pleasure (Toubia, 1995).

2.4.2 Sociological reasons

Custom and tradition are commonly given as reasons for FGM/C. It provides identification with the cultural heritage, and it defines who belongs to the group. (Toubi, 1995). A suggests that "the fear of losing the psychological, moral, and material benefits of 'belonging' is one of the greatest motivators of conformity". Therefore, it may serve social integration and ensure the maintenance of social cohesion (UNGA, 1993). For some groups, FGM/C is considered as a rite of passage into womanhood. For example, in some societies in West Africa, the clitoris is considered a male part, while the prepuce of the penis is viewed as female, and "both have to be removed to before a person can be accepted as an adult in his/her sex" (Hosken,1993).

2.4.3 Hygiene and aesthetic reasons

Hygiene and cleanliness are common reasons for FGM/C. In Arabic, the terms used for the +procedure are synonymous with those for cleanliness or purification Hosken, (1993).Uncircumcised women are regarded as unclean and sometimes not allowed to handle food and water. There is a commonly view that female external genitalial (Dareer, 1982).

2.4.4 Myths

Many myths are associated with FGM/C. A common belief, e.g. in Ethiopia and Nigeria, is that the clitoris may grow to such a size and length that it may dangle between a woman's legs(Hosken and Lightfoot-Klein,1991). FGM/C is believed to improve fertility Toubia, (1995), and to facilitate childbirth (Lightfoot-Klein, 1991).According to Hosken, (1993),In some communities, it is thought that the clitoris may damage the penis, or that a baby may die when touches it comes in contact with the clitoris.

2.4.5 Religious Reasons

FGM/C is practiced across religions including Christians, Jews, Animists, and Muslims. Within Muslim communities, religion is a commonly cited reason for FGM/C. Female circumcision is not mentioned in the Quran. However, a much-disputed reference to it may exist in the Sunna, which is a collection of the words and actions of the Prophet Mohammed. His quote "Do not cut deep; this is enjoyable to the woman and preferable to the man" has stirred up opinions and served as an argument both for and against FGM/C (Abu Sahlie1994).

2. 5 Medical aspects of FGM/C

FGM/C is associated with a vast number of health complications. Short-term complications reported include severe pain, bleeding, damage to adjacent tissues, and urinary retention due to the changes of the anatomical structure. Long-term adverse effects include abscesses, inclusion cysts, keloid scars, difficulties with maturation and menstruation, vaginal and pelvic infections, complications in pregnancy and childbirth, and a wide range of psychological and psychosomatic disorders.

According to Dareer, (1981), FGM/C may have an impact on a woman's sexuality resulting in painful and difficult intercourse. According to WHO, (1995), recently, a huge landmark study including 28,393 women, demonstrated that women with FGM/C are significantly more likely than those without FGM/C to have adverse obstetric outcomes such as caesarean section, postpartum hemorrhage, episiotomy, extended maternal hospital stay, resuscitation of the infant, and inpatient parental death. The risk of adverse outcomes increases with more extensive FGM/C.

2.6 Human Rights Perspective

The practice of FGM/C contravenes fundamental human rights, including the right to nondiscrimination, to integrity of the person and to the highest attainable standard of physical and mental health. A number of international declarations related to international human right laws have condemned FGM/C, or provide a basis to support elimination, e.g. The Universal Declaration of Human Rights, the International Convention on the Elimination of All Forms of Discrimination against Women, or The Convention of the Rights of the Child (kalev, H.D, 2004). These have been complemented by regional treaties the African Charter on Human and People's Rights, the so-called Banjul Charter (Joan, N, 2009).

2.7 Abolition programmers

Many international and national organizations and agencies, both governmental and nongovernmental, have set up programs to stop or reduce the prevalence of FGM/C complications (Wright,1996). Approaches include IEC (Information, Education, Communication) campaigns that aim at changing attitudes by raising awareness about negative health consequences. Some programmers include teaching about human rights.

Others have focused on training and alternative income for excises, on the introduction of alternative rituals, or on improving anti-FGM/C legislation.

It has been recommended amongst others that "Anti-FGM programmer's implementers must include all stakeholders in the design, implementation, and evaluation of programmers'" (Mohammed et al, 1999). Approaches that look at the context and motives behind the practice in collaboration with the target population, and which also deal with local myths and rum ours have proven to be more effective" (GTZ, 2001).

3. Research Methodologies

3.1. Description of the study area

Gombora district is found in Hadiya Zone which is part of the Southern Nations, Nationalities and Peoples (SNNP) Regional State of Ethiopia. It is Located approximately at 07°69′00″N to 07°91′91″N latitude and 37°95′00″E to 38°10′00″E longitude (Figure 1). It is 252 km away from Addis Ababa, the capital city of Ethiopia. The study area has temperature and rainfall range of 12°C to 28°C and 200 mm to 400 mm, respectively (Hadiya zone Gombora district fiancé and economic development office 2010 E.C). The total population of the district was 110,485 ((Hadiya zone Gombora district fiancé and economic development office 2010 E.C). Of total population of the town,50 ,285 of them were males while 60 ,200 of them were females. The District has 22 farmers associations/rural kebeles and 5 developing manipulate town. Most of the farmers support their life by farming lands and livestock. (Gombora District Agriculture office, 2010).

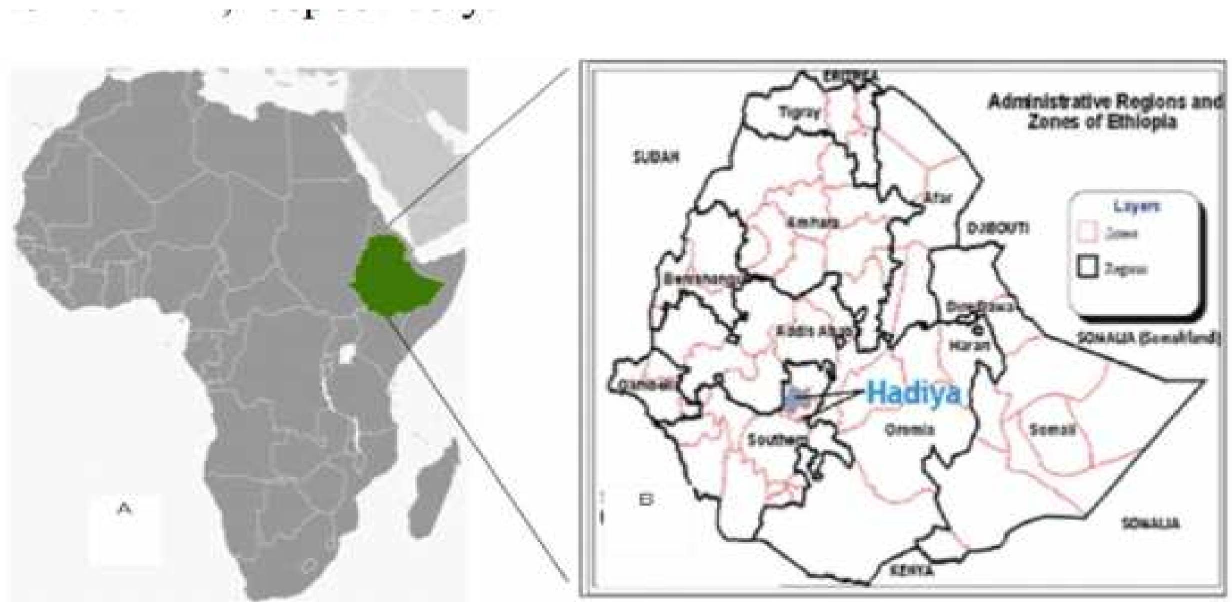

Figure 1 Map of the study area showing its location in Africa and in Ethiopia (Gombora district fiancé and development office, 2010).

3.2 Research Design.

The cross-sectional study would be carried out in Gombora Districts of Hadiya zone from July 2019 to January 2020. Gombora Districts is selected for the study due to the investigating of various factors that contribute to the current continual practice of female genital Mutilation in Gombora District, Hadiya zone, SNNP Ethiopian from July 2019 to January 2020. In this study, Questionnaire, interview and focused group discussion would be used as instrument of data collection.

3.3. Sampling size and Sampling Techniques

3.3.1 Sample Size determination

Sample size was determined according to Yamane (1967) as follows.

$n = \frac{N}{1+Ne^2}$ Where 'N' is the size of the population, 'n' is the size of the sample and 'e' is the marginal error within given level of precision. Taking the level of precision at 95% confidence interval and marginal error of 0.05 and for a total population of 5502 the total sample size (n) will be calculated as:-

$$n = \frac{5502}{1+5502(0.05)^2}$$

$$n = 372.890 \approx 373$$

Then, proportional allocation formula was used to determine the number of study subjects in each Kebles as:

$$n = \frac{\text{Number of population in each kebeles x Total sample size}}{\text{Total population of the study sites}}$$

Tables- Number of study participate in each Kebeles

Name of Kebles	n(number of study participate in each Kebles
Gorta	64
M/Gahanna	56
T/Gahanna	75
Sega	86
Oreda	92
Total	373

Accordingly, the numbers of study participants were randomly 373 individuals, 64, 56 75 86 and 92, respectively taken from Grote, Mahan Gahanna, Tach Gahanna, Sage and Oreda kebeles.

3.3.2. Sampling Technique

Probability randomly sampling method was used to select the representative population (respondent population) out of the target population. The researcher' randomly selected 373 respondents aged great or equal to15 year's women and male population (110485).

Table 1 Target population of the study District.

S.N.	Kebeles	Target population
1	Gorta	950
2	M/Gahanna	830
3	TachGahana	1102
4	Sega	1268
5	Oreda	1352
	Total	5502

3.4. Method of data collections.

Data were collected using questionnaire (both close ended and open ended), interview and focused group discussion (Appendix).The Questionnaire was being prepared in English and translated into local language (mother tongue /Hadiyyisa) appendix "B" for avoiding ambiguity of respondents because of majority of respondents were Hadiyyisa speakers. Then questionnaire were distributed to 373 randomly selected women and male in the Districts. Before distributing the questionnaires, the researcher gave awareness about purpose of the study with cooperative assistance of four data collectors and made respondents familiar with the questionnaire. The interview questions were presented to 20 individuals of 373 women and male were randomly selected from five Kebles with proportions determined according to Kothari (2004) using the formula of N=n*p, n=N/p

Gorta =64/373=0.171 0.17*20 = 3.4 ˜ 3

Mahan Gahanna=56/373=0.15 0.15*20=3.01 ˜ 3

Tach Gahanna=75/373=0.201 0.20*20=4.0 ˜ 4

Sega=86/373=0.230 0.23*20=4.6 ˜ 5

Oreda=92/373=0.246 0.24*20=4.8 ˜˜ 5

The focused group discussion was made by 20 members of the interviewees groups. The researcher clarified the issue of discussion at first. Each member was allowed to freely give their idea and later allowed to comment others idea to reach on a certain common idea if possible.

3.5. Methods of Data Analysis

Mixed data were analyzed using computer excel program through percentage, Table and frequencies were used. Data were analyzed by using qualitative and quantitative method that means data analysis was mixed as qualitative data analysis technique uses the raw data through questionnaires and group discussion in the form of opinion, experience, and behavior and believes through qualitative the data would be, edited and organized. Descriptive statistics such as percentage and frequencies were used. Data presented in the form of percentage using tables

3.6. Ethical consideration

The researcher considered the social and cultural norms of the host community on whom the research was carried out. To do so, first the ethical approval and clearance was obtained from Madda Walabu University and permission was obtained from governing body of the study area. The objective and purpose of the research was clearly communicated to participants and the researcher would also let them know to withdraw if they get discomfort in the process of their participation. Confidentiality and anonymity was ensured and therefore it was impossible to know who said what.

3.7. Methods of dissemination of the finding

The result of this study will be disseminated via workshops or panal discussions and publication on journal.

4. RESULTS AND DISCUSSION

4.1. Background Information of the Respondents

The respondents constituted residents of Gombora district from different age, marital status, educational level, religion and ethnic groups (Table 2).

Table 2 .The Background Information of the Respondents

Variable	Frequency	Percentage
Sex		
male	100	26.8
Female	273	73.2
Total	373	100
Age		
15—20	65	17.4
21-30	120	32.17
31-40	173	46.38
41-50	10	2.6
Above 50	5	1.3
Total	373	100
Educational status		
Illiterate	20	5.3
Primary school	173	46.38
Secondary school	125	33.5
Diploma	30	8
Certificate	15	4
Degree	10	2.6
Master	-	-
Total	373	100
Orthodox	210	59.1
Muslim	143	35.9
Others	20	5
Total	373	100
Marital status		
Married	280	75
Single	85	22.7
Widowed	-	-
Divorced	8	2.3
Total	373	100

As shown in Table 2, 100 (26, 8%) of respondents were male and 273 (73.2%) were females. Table 2 also shows that 65 (17.4%) of respondents were in the age group 15-20, 120 (32.17%) of respondents were in the age group 21-30' 173 (46.38%) respondents were in the age group of 31-40 and 10 (2.6%) of respondents were age group above 50 year is 5(1.3 %)'. This indicates that most of respondents ranged between the ages of 31-40 years. So most of the respondents were found in the productive age. Twenty (5.3%) of respondents responded were illiterate, 173 (46.38%) of respondents responded that they have educational level primary school, 125 (33.5%) of respondents responded secondary school of educational level, 30(8 %) of respondents responded diploma of educational level and the remaining 10 (2.6%) had first degree. These indicate that the society is dominated by some levels of education. Religious wise, most of the respondents (59.1 %) were Orthodox Christians). As depicted from the Table 2, 280 (75%) of respondents were married, 85 (22.5%) of respondents were single and remaining 8(2.3%) of respondents were divorced. Most of the respondents (75.1 % had children).

4.2 Awareness and Current Information of the Respondents about FGM in the district

Nearly 97% of the respondents either knew or heard FGM practice (Table 3). Similarly, 57.1 % of the respondents indicated that they have seen or heard that FGM was being practiced in the district during the study time. According to Demographic and health survey in Ethiopia 2000 and 2005 reports, the rates for FGM were 80% and 74% respectively (Central Statistical Authority 2000).They indicated traditional/social acceptance and religious issues as the main reasons for the practice FGM in the district. Female genital mutilation has become an important part of the cultural identity of girls and women and may also impart a sense of pride and a feeling of community membership. It has also been linked to religions like Muslim where individuals who did not conform to the practice were considered to be acting against their religion and Qur'an (Berg, 2013) while other writers argue that FGM is not indicated in religious books. They indicated traditional/social acceptance and religious issues as the main reasons for the practice FGM in the district. Female genital mutilation has become an important part of the cultural identity of girls and women and may also impart a sense of pride and a feeling of community membership. The respondents indicated that FGM has been practiced in the area from less than five years to higher than 20 years where the majority confined it to 11-20 years. Generally FGM is practiced within the age range in which the individuals are immature and can't make appropriate decision about them.

The Razor blades and sharp knives were pointed out as the materials that are used in the FGM in the district.

Table 3 Respondents' awareness and current information on FGM in The Gombora District.

Questions	Response	Frequency	%
Q8.Do you know/have you ever heard female genital mutilation?	Yes	360	96.52
	No	13	3.48
	Total	373	100.0
Q9.Have you heard or seen that female genital mutilation currently being practiced in Gombora District? ?	Yes	213	57.1
	No	160	42.89
	Total	373	100.0
Q10.Why do people practice it?	Due to traditionalacceptances,allowed by some religion		
Q11.At what age or within what age range is female genital mutilation practiced?	<5 age	31	12.75
	5-10	74	30.45
	11-20age	170	45.57
	>20 age	68	18.23
	Total	373	100.0
Q12.What sharp materials are used for the genital mutilation practice?	Blade or knife		
Q13.Are sharp materials for FGM used repeatedly for other people?	Yes, after washing water	48	12.86
	Yes, after boiling	75	20.10
	No, one material is used only once for one person	250	67.02
	Yes ,as it is	-	-
	Total	373	100.0

The majority of the respondents (67%) indicated that the sharp material used for FGM are used once and not shared among females undergoing FGM. 20% of the respondents said that the sharp materials used for FGM are reused after boiling whereas 13% said the materials are reused after washing with water. The practices indicated the possibility of transmission of diseases like HIV and HBV as mere washing or insufficient boiling can't sterilize the materials None of the respondents said the materials are used by another person directly after once it is used. This shows the community has some information on the negative consequences of sharing sharp materials especially after the spread of HIV

4.3 FGM Performing Persons, Women's Consent and Wound Healing Situations

Data on personnel who perform the female genital mutilation showed that FGM is performed by both men and women, but most of them (68.8%) said experienced females perform. Around 48% of the respondents said that FGM is practiced sometimes willingly and sometimes by force. People inform the girls to perform FGM and perform it whether they agree or disagree as they are dependent on their family. They may negotiate connecting to religion or accepted culture. After FGM, the respondents said that wound either easily cures within short period of time (54.9%) or sometimes cures slowly with problems (45.04%) which might depend on type of FGM or the extent of damage during operation. When the wound doesn't cure easily possibly due to infection, 80% of the respondents said that the patient is not taken to health centers for treatment. This could be due to fear of legal act as FGM is forbidden legally in the country Around 48% of the respondents said that FGM is practiced sometimes willingly and sometimes by force. People inform the girls to perform FGM and perform it whether they agree or disagree as they are dependent on their family. They may negotiate connecting to religion or accepted culture. After FGM, the respondents said that wound either easily cures within short period of time (54.95%) or sometimes cures slowly with problems (45.04%) which might depend on type of FGM or the extent of damage during operation. After FGM, the respondents said that wound either easily cures within short period of time (54.9%) or sometimes cures slowly with problems (45.04%) which might depend on type of FGM or the extent of damage during operation. When the wound doesn't cure easily possibly due to infection, 80% of the respondents said that the patient is not taken to health centers for treatment. This could be due to fear of legal act as FGM is forbidden legally in the country When the wound doesn't cure easily possibly due to infection, 80% of the respondents said that the patient is not taken to health centers for treatment. This could be due to fear of legal act as FGM is forbidden legally in the country.

.Table 4 Performance Persons, Women Consent and Wound Healing Situations of FGM

Questions	Alternatives	Frequency	Percentage
Q14.Who performs Female genital mutilation?	A. An experienced male	12	3.21
	B.An experienced female person	254	68.8
	C. An experienced male or female person	87	23.32
	D. I don't know	20	5.36
	Total	373	100.0
Q15.Is the female genital mutilation practiced willingly or by force?	A, Always willingly	69	18.49
	B. Always by force	128	34.31
	C. Sometimes willingly, sometimes by force	176	47.41
	Total	373	100.0
Q16.How does the wound cure after the cutting?	A. Always easily within short period	205	54.95
	B. Sometimes slowly with problems	168	45.04
	Total	373	100.0
Q17. If the mutilated genital part can't cure easily, Do People take the females to the health centers for treatment?	A. Yes	73	19.57
	B. No	300	80.42
	Total	373	100.0

4.4. Cultural, Religious and Social Enforcements on FGM

FGM is usually associated with socio-cultural and religion affairs for the purpose of virginity, male selection for marriage and acceptance in the society. It is clear that traditional, religion, and social pressure are the main motives for performing FGM (Pashaei, 2012).Accordingly, 54% of the respondents said their religious enforces FGM though this issue is controversial as indicated in different literature. Regarding social acceptance, the number of respondents that said mutilated females have better social acceptance (54.4%) was higher than those who said non-mutilated females have social acceptance. This may show the existence of some change in the attitude of people regarding FGM.

Many respondents (56%) said that they had no information whether males prefer mutilated or non-mutilated females for marriage, but the proportion of respondents that said mutilated females are preferred is higher (35.65%) than those who said non-mutilated females (8.04%). This can also pose impact the practice of FGM. However, two-third (68%) of the respondents said that FGM is not necessary to maintain virginity whereas 32% of the respondents still believe that female's loss their virginity if they are not mutilated.

Table 5 Cultural, religious and social enforcements related to FGM

Questions	Responses	Frequency	Percentage
Q18.Is there any enforcement from your religious affairs to practice FGM formal or informally	Yes	205	54.95
	No	168	45.04
	Total	373	100.0
Q19.Who get better social acceptance in your community?	Mutilated females	203	54.42
	No mutilated female	170	45.57
	Total	373	100.0
Q20.Whom do males prefer for marriage?	Mutilated female	133	35.65
	None mutilated female	30	8.04
	I don't know	210	56.30
	Total	373	100.0
Q21.Do you think that girls lose their virginity if they are not mutilated?	A. Yes	120	32.17
	B. No	253	67.85
	C.I cannot decide	-	-
	Total	373	100.0

4.5 THE ATTITUDE OF THE PEOPLE ON PRACTICE OF FGM

Sixty four percent of the respondents oppose the practice of FGM as they reasoned out FGM is associated with bleeding, pain, infection, problem during child birth or even death. However, 36% of the respondents still support FGM as they thought FGM is necessary to control sexual urge, to be faithful for their husband or it is in accordance to their religion Moreover, 33% of the respondents said they will mutilate their daughter(s) in the future.

So, it is necessary to give the right information to the community on the harmful effects of FGM though higher proportion of the respondents said they will not mutilate them in the future. Concerning whether mutilation created problems or not in the life of mutilated females, 50.40% of the respondents indicated the absent of created problem on their life due to FGM. This could be linked to the type of FGM and lack of awareness that a problem is due to FGM as it is mostly performed at earlier stage.

		Frequency	Percentage
Q22.Do you support or oppose female genital mutilation?	Support	135	36.19
	Oppose	238	63.80
	Total	373	100.0
Q23.Write your reason (s) for your answer for Q 22 to support or oppose female genital mutilation?	Support faithful to husbands, Sunna for Muslims: to control sexual urges		
	Oppose: infection, painful during sexual, difficulty to birth baby, over bleeding, death in severe cases.		
Q24.If you have daughter (s), have you mutilated her (them) recently?	Yes	120	32.17
	No	253	67.82
	Total	373	100.0
Q25.Do you want to mutilate your daughter (s) if you get in the future?	Yes	140	37.53
	No	233	62.46
	Total	373	100.0
Q26.If you are mutilated female, has it created any problem in your life?	Yes	188	50.40
	No	185	49.6
	Total	373	100.0

4.6. Harmful Traditional Practice and on Legal Issues of FGM

Higher proportion (57%) of the respondents didn't have information on considering FGM as harmful traditional practice in contrast to 43% of the respondents (Table 7).However, the majority of them (83%) knew that FGM is illegal activity. Therefore the enforcement of law needs to go side by side with awareness creation to be more effective. Table 7 Respondent Information on Harmful Tradition Practice and legal issues regarding FGM

Q27. Have you ever heard that female genital mutilation is harmful traditional practice that affects females in many ways?		Frequency	Percentage
	Yes	160	42.89
	No	213	57.10
	Total	373	100.0
Q28.Do you know that female genital mutilation is illegal (forbidden by law)?	Yes	310	83.11
	No	63	16.89
	Total	373	100.0
Q29.Is there any government or non-government organization that has worked/ given information to stop FGM in the Gombora District?	Yes	212	56.83
	No	41	10.99
	I don't know	120	32.17
		373	100.0
Q 30 Does your husband support or opposes FGM (if you have husband)?	Support	133	36
	Oppose	30	8
	I don't know this idea	210	56
		373	100

4.7 Analysis of the Interview Response

The interviewees determined depending on the sample size, the interviewees were constituted Gorta, Mahan Gahanna, Tach Gahanna, Sage and Oreda kebeles. The responses of the interviewed women could group in to three categories. The majority (16) of them said during the practice, part/ total clitoris was removed associated with bleeding and sever pain. They added that the reasons were merely tradition whereas Muslims indicated it requirement to pray. In this group, the type of FGM is Type I (Clitoridectomy) according to (WHO, 2008). Two of the interviewed females said that in the process of FGM, clitoris and the external part of their genital was cut followed by sewing the wound leaving small opening indicating the type of FGM is Type III (Infibulation) The remaining two respondents explained they did not undergo FGM. Mutilated woman indicated that the age in which they were mutilated varied from 5 to 15 years with the preparation special ceremony *including diet like meat, honey, a goat, milk, and flour (Attakkan). They added mothers inform their daughters to undergo the FGM practice and their suffering from long term effects like pain during intercourse and problems during delivery. They also indicated it took up 6 weeks for the wound to cure and application of grinded wood (locally called Tumma) and sheep blood to the wound to cure traditionally.*

4.8. Focused Group Discussion

From the group discussion made among women from different kebeles on their view whether FGM shall be continued or avoided in the future, two different groups were formed. Those who said it shall be stopped, mostly Christians; and those that said it shall be continued, mostly Muslims. The later argued people can pray unless they are mutilated. The other grouped who argued the stopping FGM as a result of the information they obtained regarding the harmful effects of FGM from the government via different media like television and radio avoiding the previous belief that unmutilated females break materials in the house, will not be faithful for their husbands and lose virginity. Focused group discussion Participants that support or oppose the future continuation of FGM couldn’t reach on a common idea rather they retained their own previous one requiring further awareness creation especially participating religious leaders.

5. CONCLUSIONS AND RECOMMENDATIONS

Based on the results of the study, the following conclusions and recommendations were forwarded

5.1 CONCLUSIONS

Based on the result and discussion of the study it is possible to conclude that the prevalence of female genital mutilation was present around (57.1%) in Gombora Districts .The practice of genital mutilation were taken due to traditional, culture, and controls the sexual urges of women and young girls, mutilated women are likely to be faithful to their husbands, in Muslim and some Christian religious. But the practices were highly associated in Muslim religion these directly linked to" Sunna" in Quran. The female genital mutilation occurred mostly in five up to nine years age the practice take. The practice performed by an experienced female. These practice many times by willingly and sometimes by force. in generally, during the mutilated over bleeding may occur these goes to death, sometimes after cutting the wound is not easily cure these brings extreme pain, undergo severe infection that occurred due to the materials used, urine retention, injury to neighboring bodies, painful during the sexual intercourse, and painful periods all these happen due to mutilation. The mutilation occurs in the town through hidden and changing the place. So the concerned body followed, the research is important for the other researcher who will take part to protect females mutilation from abusive culture that putting them at risk.

5.2 RECOMMENDATION

Therefore the following recommendation are forwarded for these study

- ✓ To Suggest Possible Solution against continual practice of FGM in Gombora District, Hadiya Zone, SNNP.
- ✓ Continuous public awareness is necessary to change the attitude of the people.
- ✓ Creation of public awareness in all section of society (youth, woman, relies leaders, etc) regarding to harmful practices of FGM should implemented on sustainable basis to contribute FGM retardation
- ✓ Provision information on the harmful effects of FGM has changed the previous attitude in some sections of the community in Gombora district
- ✓ The government should enforce law against the FGM as most of the people knew that FGM is illegal practice but either perform it or not reveal to police
- ✓ Special attention should be given to young females to know the right not to be mutilated and not to silent when it happens to them. Everybody should be encouraged to support them.

6. Reference

ABU-SAHLIEH, 1994, To Mutilate in the Name of Jehovah or Allah: Legitimization ofMale and Female Circumcision. Medicine and Law.

Alexia, L., 2005, changing a Harmful Social Convention: Female Genital Mutilation/Cutting, Nations Children's Fund (UNICEF.

Barbara, S.M., 2008, Feminist theory and the Practice of Female Genital Mutilation.

Berg, R.C., Denison, E., 2013.Atradition in transition, factors perpetuating and hindering the Continuance of female genital mutilation /cutting (FGM/C).WHO/EMRO Technical Publication.

Cook, 1977, Detection of influential observations in linear regression. Techno metrics, 19, 15 18. Egypt forbids female circumcision.

Demographic and Health survey 1995, Egypt .Calverton, MD macro international.

EL DAREER, A, 1981, an Epidemiological Study of Female Circumcision in the Sudan. Khartoum, Sudan: University of Khartoum.

EL DAREER, A, 1982, Woman, why do you weep? Circumcision and its Consequences. London: Zed Books.

GTZ, 2001, Addressing Female Genital Mutilation, Challenges and Perspectives for Health Programmers, Part I: Select approaches. Ashburn, GesellschaftfuerTechnische.

Joan, N., 2009. Female genital mutilation .A case of the sabiny in Kapchwra District, Uganda, University of Troms.

Hosken, F, 1993, the Genital and Sexual Mutilation of Females. Fourth edition. Lexington, MA: Women's International Network.

Hosken, F., 1978, the epidemiology of female genital mutilation Geneva, 2010, Technical Working Group World Health Organization from World Health Organization

Genet Mitike and WakgariDeressa, 2009 ,Prevalence and associated factors of female genital mutilation among Somali refugees in eastern Ethiopia: a cross sectional study. School of Public Health, Addis Ababa University.

Kothari, C.R., 2004, Research Methodology Methods and Techniques .Second revised edition .new Age of International Publisher, Japura (India).

Kalev, H.D., 2004, Cultural Rights or Human Rights: The Case of Female Genital Mutilation

Kaplan et al., 2011.Reproductive health.

Light foot-Klein, Hanny1989. Prisoner of Ritual. An Odyssey into female in Africa. Harrington Park Press, Inc.

MOHAMUD, A, A, ALI, N, A and YINGER, N, V, 1999, Female Genital Mutilation, Programmers to Date: What Works and What Doesn't, a Review. Geneva: Department of Women's Health,

National Committee on Traditional Practices of Ethiopia. 1998, Baseline Survey on Harmful Traditional Practices in Ethiopia. Addis Ababa.

NCTPE, 1998, Baseline Survey on Harmful Traditional Practices in Ethiopia. Addis Ababa.

Pashaei, T., Rahimi, A., Ardalan, A., Felah, A., Majlessi, F., 2012, related factors of female genital Mutilation (FGM) in Rayansar (Iran). A J woman's health care

Peters, J. And Whopper, A, 1995, "Female Genital mutilation. Women's Rights, Human Rights: International Feminist Perspective

Richard, A., S 2002, What about "Female Genital Mutilation"? And Why Understanding Culture Matters in the First place.

Sheehan, E.1981, Victorian Clitoridectomy: Isaac Baker Brown and His Harmless Operative Procedure. Medical Anthropology Newsletter.

Shell, D, B and Hernlund, Y, 2000, "Female 'circumcision' in Africa: Dimensions Of the practice and debates." In Female "Circumcision" in Africa: Culture.

Shell, D., 2010, Contingency and change in the practice of female genital cutting dynamics of Diction making in Senegambia: summary report. Geneva, world health organization.

Shell, D., 2001, the medicalization of female circumcision, harm reduction or promotion of a dangerous practice. Social science and medicine

Silverman, D., 2005. Doing qualitative research.A practical handbook. Second edition. York Sage Publications.

TABA, A.H, 1979, Female Circumcision in: Traditional practices affecting the health of women and children, Report of a Seminar, Khartoum, 10-15.

TABA, A.N, 1995, Female Genital Mutilation, A Call for Global Action. London: RAINBO publication Women (1993).

United Nations General Assembly, Declaration on the elimination of violence against Women (1993).

World Health Organization, Female Genital Mutilation, 2001, Services Bachelor of Social Services (UAS)

WHO, 2010, Female Genital Mutilation; Integrating the Prevention and the Management of the Health.

Wadesango, N., Rembe, S., Chabaya, O., 2011. Violation of women's rights by harmful Traditional practices. Anthropologist.

Wright, J, (1996), "Female genital mutilation: an overview. Journal of Advanced Nursing.

Yamane's, 1967, statistical and introductory, analysis, 2nded.HarperandRow; New.york.

APPENDIX (A)

MADDA WALABU UNIVERSITY

SCHOOL OF GRADUATE STUDIES

I. QUESTIONNAIRE TO BE ANSWERED BY PEOPLE SELECTD FROM GOMBORA DISTRICT

Dear respondents, this QUESTIONNAIRE are designed to collect data for academic research purpose for the fulfillment of M.Sc. degree in biology. The objective of the study is to assess the prevalence of female genital mutilation in Hadiya zone Gombora District therefore; you are kindly requested to give correct information for questions given in the questionnaire.

Thank in advance

Instructions:

i. Please do not write your name

ii. If alternatives are given please tick in the given [ ], but write your answer on the given spaces for other question

Section A: Background Information

2. Age: A, 18-30 [ ] B. 31-40 [ ] c. 41-50 [ ] Above 50

3. Marital status: A. Married [ ] B. not married [ ] C. Divorced [ ] D widowed [

4. Educational level A. No educated B. Primary level. C. Secondary level D, college and above.

5. Ethnicity; A. Hadiyya [ ] B. Kmebata [ ] C. [ ] D. Sileta [ ] E.Gurega [ ]

6. Religion: A. Muslim [ ] B. Orthodox Christian [ ] C. Other Christian [ ]

7. Occupation; A. House wife [ ] B. Self-employment C. Government or non-government employment [ ]. D. Student [ ]

Section B: Basic research Questions

8. Do you know/have you ever heard female genital mutilation?

A. Yes B. No

9. Have you heard or seen that female genital mutilation currently being practiced in Gombora District?

A yes B. No

10. Why do people practice it?

---

11. At what age or within what age range is female genital mutilation practiced?

A. below 5 Age B.5-10 Age C.11-20 Age D. above 20 years old

12. What sharp materials are used for the genital mutilation practice?

---

13. Are sharp materials used for FGM used repeatedly for other people?

A. Yes, after washing water B. Yes, after boiling C. Yes, as it is D. No, one material is used only once for one person

14. Who performs female genital mutilation?

A. An experienced male person

B. An experienced female person

C. An experienced male or female person

D. I don't know

15. Is the female genital mutilation practiced willingly or by force?

A. Always willingly B. Always by force C. Sometimes willingly and sometimes by force

16. How does the wound cure after the cutting?

A, Always easily within short period B. Sometimes slowly with problems like infection

17. If the mutilated genital part can't cure easily, do people take the females to health centers for treatment?

A. Yes B. No

18. Is there any enforcement from your religious affair to practice FGM formally or informally?

A. yes B. no

19. Who get better social acceptance in your community?

A. Mutilated females B. None mutilated females

20. Whom do males prefer for marriage?

A. Mutilated females B. None mutilated females C. I don't know

21. Do you think that girls lose their virginity if they are not mutilated?

A. Yes B. No C. I cannot decide

22. Do you support or oppose female genital mutilation?

A. support B. Oppose

23. Write your reason (s) for your answer to Q20 to support or oppose female genital mutilation?

---

24. If you have daughter (s), have you mutilated her (them) recently?

A. Yes B. No

25. Do you want to mutilate your daughter (s) if you get in the future?

A. Yes B. No

26. If you are mutilated female, has it created any problem in your life?

A. Yes, mention the problem. --

B. No

27. Have you ever heard that female genital mutilation is harmful traditional practice that affects females in many ways?

A. Yes B. No

28. Do you know that female genital mutilation is illegal (forbidden by law)?

A. Yes B. No

29. Is there any government or non-government organization that has worked/given information to stop FGM in the Gombora District?

A. Yes B. No C. I don't know

30. Does your husband support or oppose FGM (if you have husband)?

A. Yes B. No C. I don't know his idea

II. Interview Question

Would you describe what are done in the process of female genital mutilation in Gombora District?

III. Question for focused group discussion

Shall female genital mutilation be stopped or continue in the future? Why?

EXO'O CAKKISHA B

Hayidantaakoo dabachcha uwaani kanni worooni yoo xa'michchuwa gudukkoka msc te;im biolojee lla'm digiree wonishimina hasisoo saarayya ismina xanbo wixxachchina gudaako xamichchuwaa kaa saraayyi hororoor woshsh landa balachchim afisoo hawojaa hadiyyi zonnanne gomiboi'li woradanne qoosimma

Ebikina uwammakko dabachcha xamichchina hanqoo'ina ihoo'isina amaaninoomo.

I . Iajjajo

Gaqqi summi kitaabamoobee'isa

Uwaamu dabachuwisi matonne mare isee

Baxxanch A dabachcha uwaano bayyato

2 umura A 18-30 ----- B31—40 -------- C 41----50 D 50 hananni-------

3 Edoota duuha'I A isaamo---- b isummoyyo ---c tiraamo ---

4 Losa'n gabala A,losumoyyo ---B luxxi gaballa ----C la'm gaballa---- D colleji hananni -----

5 Giir giichch A hadiyya B kamibaata Csiilixee D mullanne ------

6Ammanatto Amusilimma B ortodosaa C mulli kirisitaano

7 baxo A mi'n ammatte B gaqii baxxi yokko C adilli baxo D losaanchcho

Baxxanchch B

Shotoo soroobimmi xamichchuwa

8 landa balaachchimma maceesa laqoohonihe A eeyya B aa'ee'ee

9 kaba maceesoo'isaanne moo'llo 'isaanne landa balachchimmi gombo'l woradanne yoohonne? A eeyya B aa'ee'ee

10minadaabi mahinate landa balaachchohi ?--

11 lana hinka umuraanne ballachchakamo? Aonti woroonne B 5---10 C 10—20 D 20 hanaanne

12 balachchimina hinikido muu'utaa awaxxakkamo ?--

13 oo ballachchakami muuta edaaka edaakaa awaxakamonihe?

A eeyaa anishashakaa lasage B eyya shokisakkaa lasage C eyya ee'isaam D aa'ee'ee

14 ayyi ballachcho A losani yoo goonich B losani yoo minitichcho C losani yoo gonch te'im menitichcho D anni laa'oomoyyo

15 landa balachchimmi iitinneni malayyinnette?A hundi ammanemi iitinne B hundi ammanemme malayyinne C mat mat ammane iitinne mat mat ammane malayyine

16 Balachchamanni balachchama lasage hinkaa'n amanna madi hee'oo ? A hoff ammanne B mat mat ammanne

17 Balachchanichi madi fayee'uubelasi hakimi mine marohonihe? A oyya B aa'ee'ee

18 balachchanichi hasissi ihukisaa hanqo googini ihukko hushanch googinne ijajoo ammnato' yoohonihe Ayooko B bee'e

19 Minaadabi hinka'I keeno lonisokko ?A balachchamu keeno B balachchamu bee keno

20 Gonni mine isimina hinika'I keeno doo'llo? A balachchamu keeno B balachchamu bee'I keno C laa'omoyyo

21 Balachchamu bee' I landi ixxi gaqqi landomanno hoogokko yitoohonihe?A oyya B aa'ee'ee C anni laa'oomoyyo

22 atti land ballichchi sawitte haramitohoni te'im sobotto ? A hara'imomoo B hara'imomoyyo

23 xa'mmichch20 yoohanina haramito te'im sobo mahinidae'e caakise---------------------------

24 kina land yoohani ihulas ka lasaginabalachchito qoddo'I yohonihe? A oyya B aa'ee'ee

25 kina land yohani ihulas kailage balachchtahinihe? A oyya b aa'ee'ee

26 atti balachchanitatolas kiheechchanne mah hawo afisukko ?

A qocuu hawo kure ------------------

B qocucukkoyyo ------------------------

27 landa balachchimi jor heechch qanq ihukisa lobakati googinne afiso hawojaa maceesahinihe ?A oyya B aa'ee'ee

28 land balachchim seer beeq ihukisaa laqohoniheA laaoomo B laa'omoyyo

29 land balachchima uulisimina baxo adilli shoganne adilli shogi biranne hasisoo losano uwwo keeni yohonihe ? A oyya B aa'ee'ee

30 ki mi'n anni landa balachchimma haraamoohoni sabo ?

A harammokko B harammoyyoC sabokko

SAGA'L XAMICHCHA

Landa balachchimi duhaa'a Gomibo'l woraxxekaa caakisee--

GAALICHCH ATOORACHCH XAA'MMICHCHA

Landa balachchima kalasage uulonanni awwononna? Mahina?