



FGM/C in Ethiopia: Update Key Findings

June 2023

The **Ethiopia Country Profile Update (2023)** provides comprehensive information on the most recent trends and data on FGM/C in Ethiopia. It includes an analysis of the current political situation, an outline of the legal frameworks and recommendations on how to move towards eradicating the practice. The report serves as an update to **28 Too Many's 2013 Ethiopia Country Profile**. Its purpose is to equip activists, practitioners, development partners and research organisations with the most up-to-date information to inform decision-making on policy and practice in the Ethiopian context.

What Is Happening?

The prevalence of FGM/C in Ethiopia appears to be decreasing. According to DHS reports, it has reduced from 79.9% of women aged 15–49 in 2000 to 74.3% in 2005 and to 65.2% in 2016.¹

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

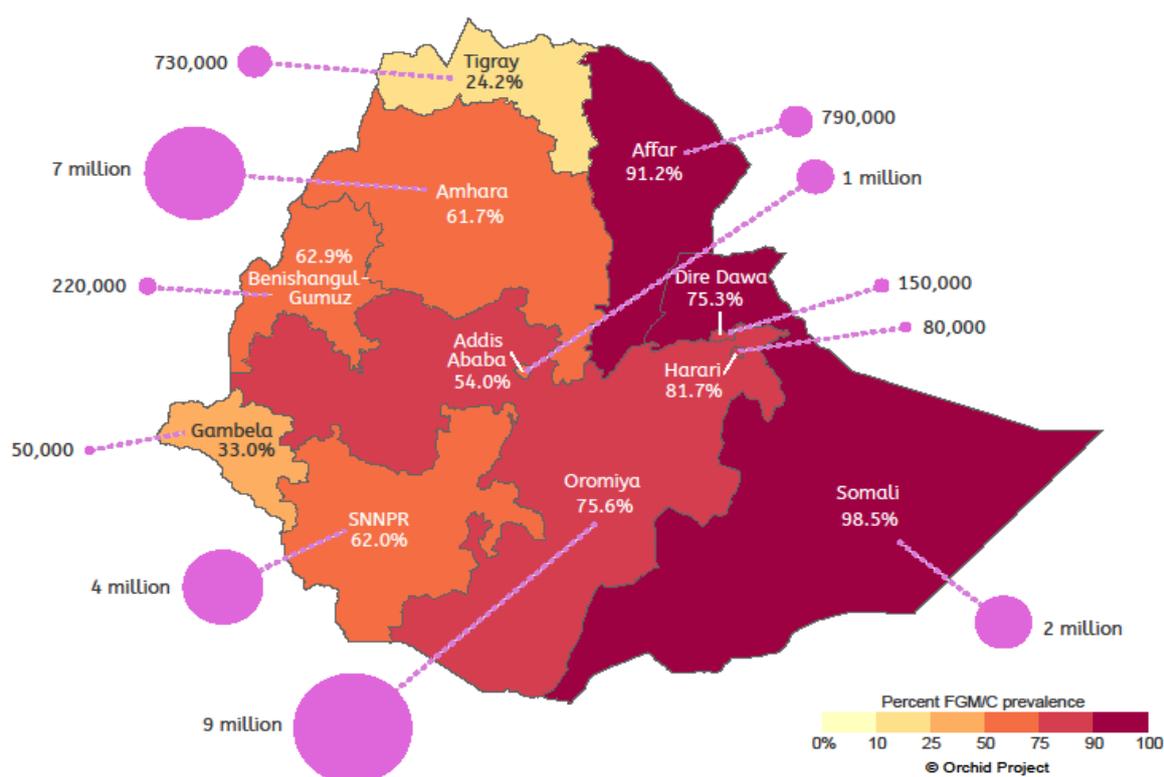
Orchid Project estimates that **33 million girls and women were at risk in Ethiopia as of 2016**. This is the largest absolute number of girls/women in eastern and southern Africa and the third-highest globally, after Indonesia and Egypt.

Where Is FGM/C Happening?

FGM/C prevalence is significantly higher in the eastern regions of Ethiopia (Somali and Affar) and lowest in the northern region of Tigray. However, taking population density into account, more than 60% of the women and girls affected by FGM/C live in the Oromiya (nine million) and Amhara (seven million) regions.²

The largest reductions in prevalence between 2000 and 2016 occurred in Dire Dawa (95.1% to 75.3%), Amhara (79.7% to 61.7%) and Addis Ababa (79.8% to 54%). The region that changed the least is Somali (99.7% to 98.5%).

Between 2000 and 2016, Tigray, SNNPR, Oromiya, Dire Dawa, Harari, Addis Ababa, Amhara and Benishangul-Gumuz have all had decreases of more than 10% in the prevalence of women aged 15–49 who have undergone FGM/C. Prevalence in Affar dropped by about 7%, remaining high at 91.2%.



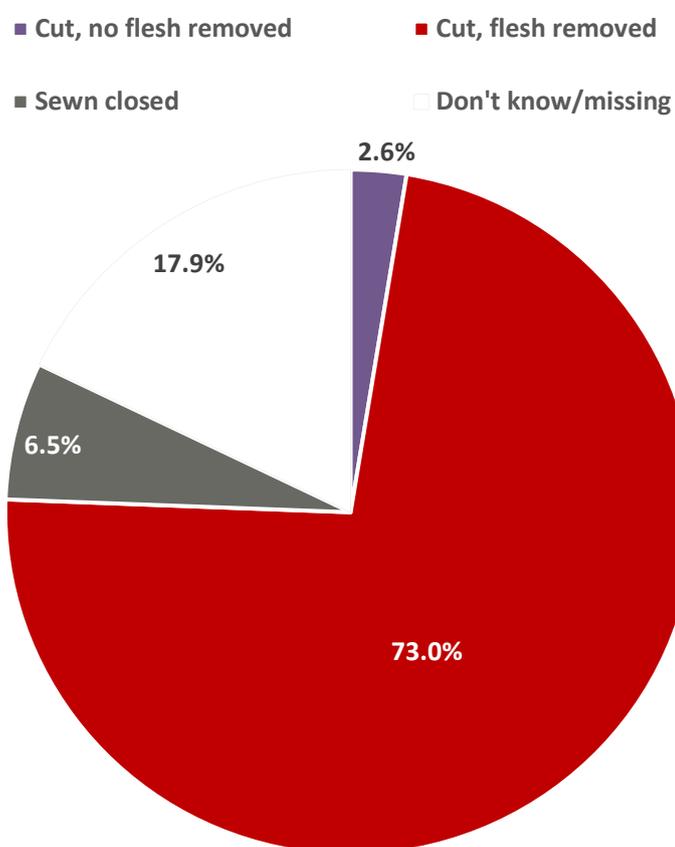
Prevalence of FGM/C in women and estimated number of girls and women affected by FGM/C in each region of Ethiopia⁴

How Is FGM/C Happening?

73% of Ethiopian women aged 15–49 who have undergone FGM/C report having had **flesh removed**. 2.6% report being cut, but having no flesh removed, and 6.5% report being ‘sewn closed’ (infibulation, or Type 3 of the World Health Organization’s classifications). 17.9% do not know what type of FGM/C they have undergone.⁵

Women and girls who are infibulated are predominantly from the Somali and Affar **ethnic groups** (75.6% and 71% of women aged 15–49, respectively).

Muslim women are more likely to be infibulated than women of other **faiths**.⁶



Types of cutting of Ethiopian women aged 15–49⁷

Age of Cutting

Most cutting is performed before the age of five in Ethiopia, but about a fifth occurs between the ages of five and nine, but this varies between religions, areas of residence and ethnic groups.

Studying the age of cutting (of women aged 15–49) according to each Ethiopian region reveals the age of risk for girls in each region.

- Girls in **Tigray, Affar** and **Amhara** are most at risk shortly after birth.
- In **Benishangul-Gumuz**, girls are most at risk up to the age of one year. This means that programming in these areas should be targeted at pregnant women and young people who have not yet been pregnant.
- Girls in **Oromiya** are at risk from birth until age 11, and in Dire Dawa girls are most at risk from birth to the age of ten.
- In **Gambela**, girls are most at risk before the age of five and in Addis Ababa, until the age of four.
- In **Somali**, girls are most at risk between the ages of eight and ten, and in Harari between the ages of seven and ten.⁸

Practitioners

In Ethiopia, **girls aged 0–14 are predominantly cut by traditional circumcisers** (95.3% of girls who have undergone FGM/C), but occasionally by traditional birth attendants (2.2%) or medical professionals (1.9%).⁹

Medicalised FGM/C was banned by the Government of Ethiopia in 2017, making medical practitioners who conduct FGM/C subject to legal action.¹⁰ However, in the SNNPR, 10% of girls and women who have undergone FGM/C were cut by health professionals, which is a vast difference from the country-wide rate.¹¹

Why Is FGM/C Happening?

Ethnic identity and conformity is a strong driver of FGM/C in Ethiopia. Ethnicity is strongly associated with **religious affiliation** and, therefore, the mistaken belief that FGM/C is required by the major religions.

17.5% of women and 11.1% of men who have heard of FGM/C (aged 15–49) **believe that the practice should continue.** 79.3% of women and 86.7% of men **believe that it should not.**¹²

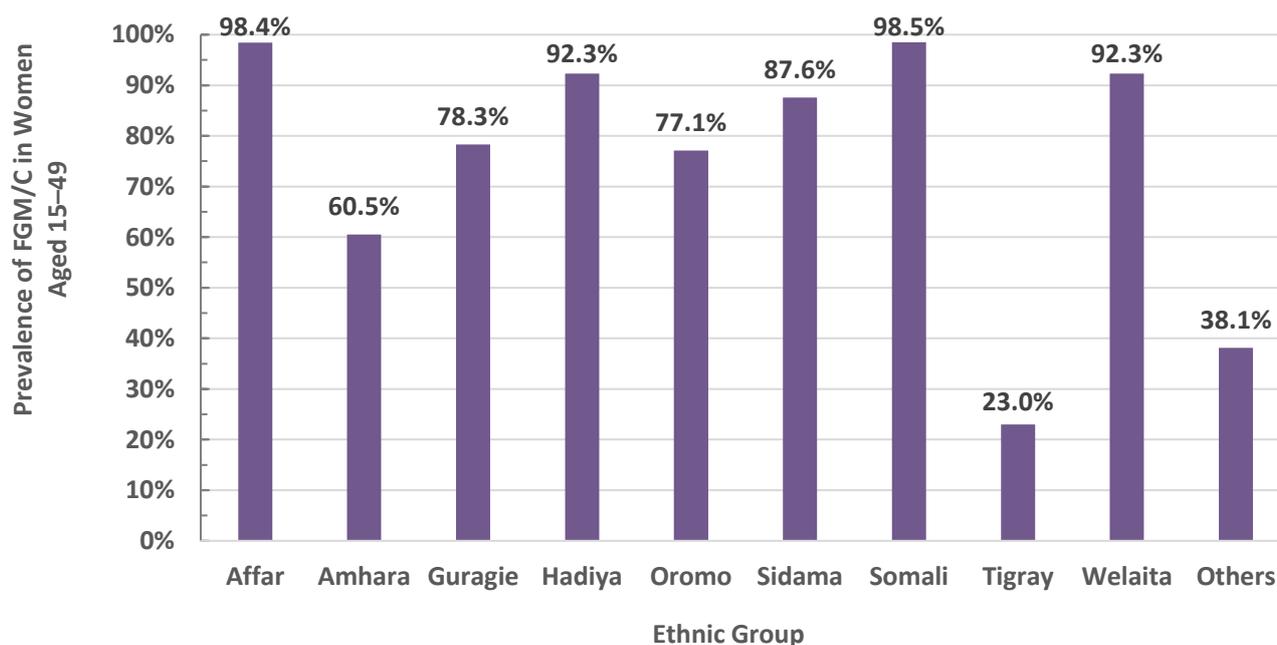
23.6% of women and 16.8% of men aged 15–49 **believe that FGM/C is a requirement of their religion.** This belief is most common among Muslim men and women.¹³

The strongest levels of support for FGM/C are among Affar, Somali and Sidama women and Affar, Somali and Amhara men.¹⁴

However, small-scale studies using indirect methods of questioning found that, while both men and women report low levels of support for FGM/C when asked directly, when they are asked indirectly, the amount of support is revealed to be significantly higher.¹⁵

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

Programming should be directed at FGM/C hotspots in the country, where, in most cases, religious beliefs are strong drivers of the practice. It is critical to engage religious leaders in these areas to educate and shift beliefs.



Prevalence of FGM/C in Ethiopian women aged 15–49, according to ethnic group¹⁶

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

The following are further factors that affect FGM/C prevalence in Ethiopia.

Socio-Economic Status: The gap between the lowest and highest prevalence according to wealth quintile is widening. In 2000, there was a gap of only 6.2 percentage points between the quintiles with the most and least FGM/C (76.7% of the middle quintile and 82.9% of the poorest quintile), but by 2016 the gap had widened to 14.7 percentage points (56.7% of the wealthiest quintile and 71.4% of the middle quintile). Prevalence in the middle quintiles has stayed quite static, while in the lowest and highest wealth quintiles the practice has become less common.¹⁸

Education: Education seems to be linked with FGM/C prevalence in Ethiopia. Women (aged 15–49) who have secondary or higher levels of education are less likely to be cut (19.9% of those with a secondary level of education and 50.6% of women with a tertiary level) than women who have no formal education (72.9%).¹⁹

Place of Residence: Between 2000 and 2016, the prevalence of FGM/C in urban areas decreased more rapidly than the prevalence in rural areas. In 2016, the prevalence in urban areas was 53.9%, while in rural areas it was 68.4%.²⁰

Civil and Political Unrest: Ethiopia has experienced much political and cultural turmoil throughout its history, most recently in the northern Tigray region from 2020 to 2022, during which the Ethiopia Human Rights Commission and the Office of the United Nations High Commissioner for Human Rights²¹ found evidence of violations of international humanitarian/refugee laws and war crimes.²² Additionally, in January 2023, violence erupted over a new synod, formed in a split from the Ethiopian Orthodox Church, the leaders of which synod pushed to exercise their faith in the Oromo language.²³ Crises and instability have negative impacts on the rights of women and girls, on their decision-making powers and on the overall development of a country, due to, for example, school closures, war crimes such as rape, disruptions to health services and aid, and general economic and social instability.

Key Challenges

A. Increasing Commitment

The Government of Ethiopia has committed to ambitious plans to eradicate FGM/C by 2025.²⁴

However, without increased financial commitment and acceleration of progress, even reaching the SDG 2030 targets will be impossible.

The Government of Ethiopia has worked to create an environment that enables the elimination of FGM/C, embedding FGM/C in its Criminal Code²⁵ and creating a National Costed Roadmap to End Child Marriage and FGM/C.²⁶

In that Roadmap, the Government committed to a 10% increase in budget allocation toward the elimination of these two practices.²⁷ However, even if the Government increases resources to fulfill its commitments, a significant acceleration of progress is needed to eliminate FGM/C ahead of the 2030 target (Sustainable Development Goal 5). Progress will have to be accelerated by more than seven times the current rate of decrease in prevalence.²⁸

B. Using Appropriate Population Data

As the population in Ethiopia is so large, regional-level data on FGM/C prevalence is insufficient to adequately target programming. As recommended in the National Costed Roadmap to End Child Marriage and FGM/C, sub-regional data at the level of zones and woredas is needed to identify hotspots within regions and make the most effective use of available resources, but that level of data is not yet available.²⁹

Although the prevalence of FGM/C is highest in the Somali and Affar regions, the population in those regions is smaller than in other regions that have a lower prevalence. It is estimated that seven million women and girls are affected in the Amhara region alone and nine million in the Oromiya region, compared to 790,000 in Affar and two million in Somali.³⁰

C. Underground FGM/C

In Ethiopia, the strong legal and policy frameworks and sustained efforts to raise awareness and create community-level sanctions against FGM/C may be driving the practice underground and increasing social desirability bias in research results. Innovative research methods must be validated at scale and used to explore respondents' 'true' beliefs and perspectives on FGM/C.

Responses to FGM/C in Ethiopia have focused on creating awareness: education in schools, girls' clubs where the harmful effects of the practice and the girls' human rights are discussed, and community campaigns. This has apparently led to a decrease in prevalence among women and girls with higher levels of education, in urban areas and in higher wealth quintiles.

However, research conducted in Oromiya³¹ and Afar,³² using indirect-questioning methods to explore attitudes and beliefs about FGM/C, found that, when asked indirectly, respondents expressed higher levels of support for the practice than when they were asked directly. These studies were conducted with limited geographic scope (a small number of communities, in only one region); however, they point to a potential negative impact that awareness-raising campaigns and strong legal frameworks may have – pushing the practice underground and creating caution in discussions about FGM/C, particularly questions about people's attitudes and beliefs. More research is needed to explore how these indirect methods work at scale.

D. Cultural Norms

The practice of FGM/C in Ethiopia is deeply cultural and tied to marriageability and ethnic identity. Programming must respond to these ties in innovative ways, and the engagement of men and boys in programming is critical.

The practice of FGM/C in Ethiopia varies widely according to ethnic and religious affiliations and geographical location. This has created 'hotspots', where the prevalence is much higher than the national average and poses a programming challenge, as drivers differ between groups.³³

What is clear from the data is that marriageability and ethnic belonging are the primary drivers of FGM/C in Ethiopia – so much so, some girls reportedly beg their parents to have them cut to ensure they can marry and have children alongside their peers.³⁴ For many Ethiopian girls, being uncut brings significant social dangers. For some Muslim girls, being uncut equates to being an infidel/unfaithful or non-Muslim. For others, it means being unable to marry, which poses significant risks to economic security and community belonging.³⁵

It is critical that programming aims to reduce the social risks to uncut girls in Ethiopia, to create more opportunity for agency and decision-making. Working with men and boys to increase acceptance of uncut girls in marriage is a key programmatic area that needs further attention.

E. Economic Insecurity

Economic insecurity creates substantial risks for girls who go against cultural norms. These girls risk social exclusion, further economic insecurity and, in some contexts, death. Programming must support the economic empowerment of girls/women and increase opportunities for them to alleviate these risks.

Social exclusion in the context of economic insecurity is a risk not only to an individual's psychological well-being and identity, but also to their capacity to survive. In rural areas in Ethiopia and in regions affected by drought, famine and protracted, complex crises, maintaining marriageability is a survival strategy for women and girls.

Humanitarian and development organisations working in these contexts must prioritise the economic empowerment of girls/women, while increasing their awareness of their rights and skill-building to improve agency. Without alternative mechanisms for security (apart from marriage), it will be impossible to shift the belief that FGM/C is necessary.

What Is Needed?

Next Steps

As outlined above, there are five major challenges that programmatic and policy responses in Ethiopia must address. While there are a number of organisations working to reduce the prevalence of the practice and, ultimately, see it eradicated, the following aspects must be addressed to effectively reach these goals:

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

Recommendations

Considering our findings, we recommend that:

- activists and non-governmental bodies put pressure on the Government of Ethiopia to increase resources per its commitment to accelerate progress toward eliminating FGM/C;
- researchers and implementing organisations contribute to improving the availability of sub-regional data, to inform the targeting of programming at the zone and woreda levels;
- strategies such as community conversations and community dialogues continue to be employed, engaging influential community members, religious leaders, and men and boys alongside women and girls;

- support be given to research that uses indirect questioning methods to more accurately explore the beliefs and attitudes people hold about FGM/C; and
- programming on economic strengthening and the economic empowerment of women and girls be integrated with approaches to eliminating FGM/C, to increase the likelihood of girls/women developing agency and decision-making power and reduce their risks of social exclusion.

Call To Action

Government of Ethiopia

We call on the Government of Ethiopia to:

- **increase** resource allocation in line with the National Costed Roadmap to End Child Marriage and FGM 2020–2024, to reach the 10% commitment and accelerate progress toward eradicating FGM/C in Ethiopia; and
- **provide** support for the collection of sub-regional data on FGM/C trends (for example, at the levels of zones and woredas).

Stakeholders

We call on stakeholders, including government bodies, non-governmental organisations and others in Ethiopia, to:

- **advocate** for the Government and external donors to allocate resources in line with the National Costed Roadmap to End Child Marriage and FGM 2020–2024;
- **advocate** for the allocation of resources to grassroots and other organisations that are engaged in the long-term work of changing attitudes and beliefs about FGM/C;
- **use** available data to target interventions at hotspots;
- **work** to fill the gap in sub-regional data through effective monitoring and evaluation of interventions;
- **prioritise** programming that, firstly, seeks to understand the unique drivers of FGM/C and the risks of social exclusion faced by uncut girls and, secondly, tailors programmes to respond accordingly; and
- **include** in programming economic strengthening and the economic empowerment of women and girls with the aim of increasing their agency and decision-making powers.

Donors

We call on donors to help finance the National Costed Roadmap to End Child Marriage and FGM 2020–2024, in partnership with the Government of Ethiopia, and actively support programmes and initiatives that:

- **aim** to validate indirect-questioning methods as an approach to uncovering people’s true attitudes and beliefs about FGM/C; and
- **engage** with the unique ethnic and cultural drivers of the practice, while working to reduce the risks of social exclusion to women/girls and to improve opportunities for them to exercise their agency.

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Recommended citation: Orchid Project and 28 Too Many (2023) *FGM/C in Ethiopia: Update Key Findings*. Available at <https://www.fgmc.org/country/ethiopia/>.

Please note that, throughout the citations and references in this report, the following abbreviations apply.

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Images

Cover: Tran Qui Think (undated) *Woman walking on the street in Harar* [cropped]. Shutterstock ID 1265835001.

Please note the use of this girl's image does not imply that she has, nor has not, undergone FGM/C.



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