



Full Length Research Paper

**Huuba irraa Fuudhuu: Female Genital Cutting among the Oromoo, in
Dawo District, Ethiopia**

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Abstract

This article deals with female genital cutting (FGC) among the Oromoo in central Oromia, Ethiopia. The target community refers to circumcision of both sexes as "huubairraafuudhuu" or "dhaqnaqabuu," which means "removing the unwanted" or "touching the genitals." The article aims at assessing how FGC has survived all efforts to end it. We collected qualitative and quantitative data through fieldwork, using interviews, FGDs, case studies, and questionnaires. The findings of this study revealed that FGC is a common practice among the target population. The Ethiopian criminal code labels FGC as a criminal act and a violation of the human rights of women. There are also different initiatives working to end FGC. Despite these, the practice of FGC persists in favor of longstanding cultural values. More than 90% of the schoolgirls who responded to our questionnaire have undergone FGC. The parents keep the practice confidential to escape any threat of legal prosecution. Circumcising girls at an early age, confusing FGC with male circumcision, and avoiding any colorful circumcision ritual are some of the ways to conceal the cutting. Ensuring physical and ritual purity, securing sexual decency, premarital virginity, ensuring femininity, and enhancing marriageability are the major factors contributing to this practice. Women who themselves have undergone FGC are at the forefront of promoting it. They are those who have internalized the prevailing patriarchal values. Thus, we conclude that FGC is the result of the continuation of patriarchal values working in their latent form.

Keywords: *Female genital cutting, femininity, gender identity, Oromoo, premarital virginity*

Axareeraa

Qorannoon kun dhaqna qaba dubaraa saba Oromoo giddu-galeessa Oromiyaa irratti xiyyeeffata. Ummatni qorannoon kun irratti xiyyeeffate dhaqna qaba dhiiraas ta'ee kan dubaraa huuba irra fuudhuu jedhee waama. Jechi kun waan hinbarbaachifne waan toko irraa fuudhuunii gatuu jechuudha. Kaayyoon qorannoo kanaa utuu yaaliiwaan adda addaa godhamaa jiranuu akkaataa dhaqna qaban dubaraa ittiifufuu danda'e irratti xiinxaluu kennuudha. Ragaaleen qorannoo kanaa kallattiidhaan dirree irraa af-gaaffiidhaan, marii gareetiin, sakatta'a keeziitiin fi gaffiileedhaan funaanaman. Argannoon qorannoo kanaa dhaqna qaban dubaraa ammayyuu bal'inaan gageeffamaa akka jiru mul'isa. Akka seera yakkaa Itiyoophiyaatti dhaqna qaba dubartii yakkaa fi dhiibbaa mirga dubartoota ti. Kana malees waajiraleen gochaa kana hambisuuf dhaabatan hedduudha. Haata'u malee dhaqna qaban dubartii sababii aadaa turee irraa kaa'een amma iyyuu itti fufee jira. Dubara gaaffiilee deebisan keessaa 90% ol dhaqna qabataniiru. Maatiin dubaraa akka seeraan itti hingaafatamneef dhoksaadhaan kitaanu. Kanaaf, dhaqna qaba dubaraa dhoksaadhaan raawwatu, ijoollee Umurii xiqaa kittaanu, ijoollee dhiraatiin walfakeessanii kittaanu, sagantaa dhaqna qaba utuu hinqopheessin kittaanu, Akka sabaabaatti kan dhiyaatu immoo qulqullina qaamaa, fedhii walqunnamtii saalaa to'achuu, dubrummaa eeguu, hirumaaf akka barbaadamtuuf haala mijeessuu, fi safuu dubaraa akka qabaattu gochuudha. Dhaqna qaba dubaraa kana caalatti kan fedhu dubartoota ofii isaanii kittaananamniidha. Dubartootni kun warra aadaa olaantummaa dhiiraa eegu keessaati dhalatani, madaqanii jiraataniidha. Dhumairratti kana irraa ka'uun sababiin itti fufiinsa dhaqna qaba dubaraa aadaa olaantummaa dhiiraa leellisu kan harka lafa jalaatiin hojjatudha jenna.

Jechoota Ijoo: *Dhqina qabaa dubartii, dubartummaa, eenyummaa koornayaa, Oromoo, gaa'ela dura*

1. Introduction

This article focuses on the cultural practice of female genital cutting (FGC) among the Oromoo in Dawo district, Ethiopia. Dawo is one of the districts of Oromia National Regional State (ONRS^a), The post-1991 Ethiopian federal state structure has a federal state, the national regional state and district administrations. The district center is situated about 90 KM southwest of the Ethiopian capital, Addis Ababa. According to CSA (2007), 93.35% of the total population of this district is Oromoo. About 95.52% of the people of the district are rural dwellers. The majority of the inhabitants (more than 90%) are followers of Ethiopian Orthodox Christianity.

Like in other African communities, the practice of FGC is common in Ethiopia. For instance, Llamas (2017) shows that 24% of the Ethiopian girls between zero and 14 years of age have experienced FGC. Approximately 74% of women between the ages of 15 and 49 have already undergone FGC. WHO (2006) also shows that Ethiopia is one of the African

^a The post-1991 Ethiopian federal state structure has a federal state, the national regional state and district administrations.

countries where FGC is so pervasive. About 50% of the Ethiopian girls who had undergone FGC experienced the cutting when they were below five years of age.

In 1997–1998, the National Committee on Traditional Practices in Ethiopia carried out a national baseline survey to determine the prevalence of this practice. The interviews were about 44,000 people from 65 ethnic groups (urban and rural) and all regions of the country (UNICIEF, 2006, cited in Wondimu ShankoYerga and et.al, 2012). The result shows that 72.7% of the female population have undergone some form of genital cutting. Regional statistics from the survey reveals that the prevalence ranges from 27.1% in the Gambella region to 99.7% in the Somali region, and to more than 50% in the capital, Addis Ababa.

On the other hand, according to the Ethiopian criminal code (2004), FGC is a criminal act and a violation of the human rights of women and girls. In addition, since recently, the government has set relevant offices and departments to work against FGC. These include the offices of Women, Youth and Children Affairs (WYCA), Culture and Tourism, Education, and the Police. Even though the governments and other stakeholders made efforts, FGC is surviving. Thus, this article tries to respond to the question ‘why FGC is persisting regardless of the intensive government interventions to end it’. We selected Dawo district for this research, which is situated at the center of the country geographically, but one of the areas that are marginal for research work.

2. Literature Review

2.1. The What and Why of FGC

Authors on the issue of female genital cutting use terms including ‘female genital mutilation’, ‘female genital cutting’, ‘female circumcision’, and ‘female genital surgery.’ According to Ogoe (2015), these terms are used to refer to the variations in the procedures of the cutting that range between the partial removal of some tissue, like clitoridectomy, and total removal and/or even closing of the vulva. The community of our research site uses the term *dhaqnaqabaaor huubairraafuudhuu*, meaning ‘circumcision’ to refer to the procedure of genital cutting of both male and female.

The use of the term marks the attitude of the users towards the practice. According to UNICEF (2010), the use of the term circumcision for FGC disguises the differences between male and female practices of genital cutting. The term "female genital mutilation" emphasizes that this practice is a violation of the human rights of girls and women. The term female genital cutting (FGC) is less judgmental (UNICEF, 2010). Thus, in this article, we opt for the term FGC.

Relevant literature indicates four different types of FGC. Type 1 is the partial or total removal of the clitoris. The term for this type of cutting is clitoridectomy, and it is common in Ethiopia, Eritrea, and Kenya. Type 2 is excision and entails the removal of the clitoris and a portion of or all the labia minora. Type 3 is infibulation and the removal of a portion of or all the labia minora with the labia majora being sewn together, leaving a small opening for

urination and menstruation. Type 4 refers to all the remaining FGM procedures for non-medical purposes, including pricking, piercing, cutting, scraping, and cauterizing (WHO, 2006; IPPF, 2008; Diop et al., 2017; Odukogbe et al., 2016; Llamas, 2017). Here, our target community practices clitoridectomy.

FGC is a common practice regardless of the education level, social classes, ethnic and religious background of the actors. However, this practice varies across and even within cultures in terms of its type, time, age of the victims, actors involved, the reasons behind the practice and rituals performed. In terms of the age of the victims, the majority of the girls have undergone genital cutting between the ages of 4 and 12 years. There are also cases in which the baby girls of a few days or weeks undergo the surgery. In some other cases, grown girls experience the surgery as a rite of passage to mark the transition between childhood and womanhood. There are also cases in which women undergo FGC after giving birth to their first child (Muteshi& Sass, 2005).

The various explanations behind practicing FGC constitute sociocultural, hygienic and aesthetic, spiritual and religious, and psychosexual reasons. The surgery aims to ensure her feminine gender identity by removing part of her genital that appears to be a male sexual organ—the penis (Ahan, 2012; WHO, 2012; AIDOS, 2016). According to IPPF (2008), some of the reasons for FGC include: preserving premarital virginity, ensuring sexual loyalty, rite of passage to womanhood, family honor, ensuring marriageability, purity, and increasing male sexual pleasure. According to the United Nations Population Fund (2007), some cultures regard not only uncircumcised girls as impure, but also their clitoris as threats to their male sexual partners.

2.2. Theoretical Debates

Cultural relativism and feminist human rights theories are the two major theories relevant to FGC as a cultural practice. The points of the argument behind cultural relativism are the criticisms against Westerners or outsiders who campaign to end FGC. According to Ogoe (2015), cultural relativists criticize Westerners for making an unfair comparison between African and Western cultures, which ends up in an ethnocentric attitude.

The cultural relativists indicate how western societies promote the superiority of their cultures and approach others' cultures with too much cultural baggage. For instance, terms such as "barbaric", "patriarchal", and a "practice of the other" are biased ones. Cultural relativists argue against what they call generalizations and stereotyped standards of what we expect people to be. Instead, FGC and other cultural practices should be treated with the same respect as cosmetic surgery in the West (Ogoe, 2015).Ahan (2012) says, "Our understanding of right and wrong, good and bad, morals, in general, is rooted in our cultural context, upbringing, religious beliefs, social encounters, and many more factors. Thus, one cannot claim the universality of morals without discarding the idea of cultural relativity. " (p,13).

According to Ogoe (2015), there are common arguments that body modification and beautification differ across societies. For instance, Weil Davis (2002, cited in Ogoe, 2015) shows that for African women, FGC beautifies their genitalia, ensures the ideal female body, and helps them obey the expectations of their society. Similarly, western women undergo a surgical procedure to reshape their labia minora—Labiaplasty for esthetic reasons. Every culture has a different perception of health, beauty, and what is wrong and right in terms of the violation of human rights. Appealing to these views, cultural relativists argue that FGC is one of the cultural practices that demands due consideration in its terms rather than by others from quite different cultural standards.

Ogoe (2015) argues that the problem with cultural relativism is its emphasis on cultural practices as sacrosanct and missing the fact that culture by itself is dynamic and subject to change to meet current needs. Thus, it fails to see the health consequences of FGC and the human rights violations it entails. Specific to this article, this theory helps to understand the factors behind the persistence of FGC. Similarly, Ahan (2012) also concludes that FGC is a body modification because of a culture. However, being a habitus does not justify FGC from a medical point of view. Shell-Duncan, Njue, and Moore (2018) who studied FGC in 26 African countries found that only 21% of the women who had undergone genital cutting had the procedure performed by health care providers, whereas the remaining 79% had been cut by traditional circumcisers, which put them under various short-term and long-term health risks. For Ahan (2012), this approach suggests that FGC is a reflection of the patriarchal culture in which men dominate women and control their bodies.

On the other hand, feminist human rights theories refer to many theories that attempt to promote the central idea of the subordination of women, its nature and origin (Ogoe, 2015). Feminist theories help to understand the status of women and men in a society and pertinent cultural practices such as FGC. According to this theory, FGC is a deep-rooted inequality between men and women in which women face an extreme form of discrimination. This view suggests that patriarchy is the basic explanation behind the perpetuation of FGC. FGC aims at controlling women's sexuality, their reproductive systems, and their health. In short, FGC persists because patriarchy persists. The issue is not about culture or religion, but rather about power inequality between men and women (Ogoe, 2015; Diop, Stewart, & Herr, 2017).

Morrison (2008) shows that feminist theory focuses on the links between the 'clitoral economy' and FGC. This is pertinent to the symmetry between the female body—clitoris and the male body, the penis. Yet, the clitoris is not part of the reproductive process of the female body. Functionally, it is a site for sexual pleasure and its removal permanently obliterates one of the sites for pleasure that constitutes the female body. In line with the clitoral economy, the culture vests so much power in symbolic/semiotic constructions of the female body. The communities where FGC is common consider Clitoris as a challenge to the hegemony of the phallic economy, which is common in patriarchal society. According to Giddens (1993), cited in Ahan (2012), social learning shapes behavioral differences to have male or female identities. Someone develops his/her gender identity in the framework of the

existing culture because the social environment expects how men and women should behave concerning biological sex.

Maintaining premarital virginity and conforming to the social ideals of femininity is relevant to the economic outcomes of marriage partners and their families. For instance, a study in Somalia shows that the family of the bride has the right to inspect if the prospective bride has undergone FGC and infibulation to maintain her virginity. The family who has the right to check the premarital virginity of the girl is liable to pay a large amount of bride price (Ogoe, 2015).

Finally, the feminist human rights approach stresses two key points. First, women practice and advocate FGC. However, it is under the patriarchal attitude that provides special importance to FGC. Secondly, the girls undergo genital cutting when they are still young and unable to consent. Based on these ideas, feminist human rights theorists argue that the position of cultural relativists cannot be sustained (Koso-Thomas, 1987; Lewis, 1995, cited in Ogoe, 2015).

African feminists are against patriarchal values and any impositions on women, including FGC. However, they refute the focus on patriarchy and the perceived rigid binary of men versus women. They are also against the Western feminists' use of the terms such as barbaric, horror, brutality, torture, and so forth to depict FGC (Diop, Stewart & Herr 2017).

As a solution, African feminists argue that FGC is clear within the context of Africa, because African women's perceptions of their bodies, ways of beautification, and body modifications are deep-rooted in their cultural contexts, which Western feminist perspectives fail to grasp. According to Gruenbaum (2001 cited in Ahan, 2012), there are relations between FGC and patriarchy. However, patriarchy does not offer a sufficient causal explanation of why FGC is surviving in the face of an ever-increasing campaign against it. Another explanation behind FGC is the rite of passage, which marks the transition from child to adult. This practice marks social puberty, a young girl's future passage into sexuality.

However, Diop, Stewart, and Herr (2017) conclude that no theory is holistic. Each approach omits some critical components required to explain FGC. For a comprehensive understanding of the phenomenon of this practice, it is important to consider the different theoretical approaches. Similarly, Ogoe (2015) states that cultural relativism presents that the ideas around FGC are the result of cultural hegemony imposed by Westerners over the rest. On the other hand, the feminist human rights theory frames FGC as one of the violations of the human rights of women and girls. Ogoe suggests that the two theories together help to have a holistic approach to FGC. They help to understand the reasons why different communities in different parts of the globe are practicing and defending FGC. On the other hand, it aids in the advocacy for the protection of females' rights and well-being from this traditional practice. UNICEF (2005) shows parents who practice FGC perceive this procedure to be to the benefit of their daughters in the context of the guiding culture. However, this perception does not justify the violation of the rights of girls and women.

3. Methods and materials

We collected qualitative and quantitative data from the field in January and February 2020 through interviews, case studies, focus group discussions, and a questionnaire. We interviewed 24 key informants. These are three experts from the district Office of Women, Youth and Children Affairs (WYCA), a focal person from the District Police Office, an expert from Dawo District Culture and Tourism Office, an expert from the District Education Office, eight schoolteachers and ten informants from the community. The participants from different offices and schools are working to end FGC directly or indirectly. Informants from the community also provided cultural explanations behind FGC and the community's view of this practice. The participants were seven elderly women and three elderly men. We selected the participants purposefully with the help of the Office of WYCA, which has worked closely with the different stakeholders.

We triangulated our data from the interviews with two FGDs. The discussants of the first FGD were eight experts from the Office of WYCA, Culture and Tourism Office and Education Office. The discussants in the second FGD were nine married women from the community. We also collected cases to narrate the real story pertinent to FGC. We identified these cases with the help of the concerned offices, particularly the offices of WYCA and the Police. Some of the cases were from parents whose girls have already undergone FGC. Even though we had several cases, we used only a few of them for analysis. These cases helped us to present a detailed account of the phenomenon under the study and see the practical challenges and assumptions behind FGC. We used checklist and semi-structured interview questions as tools for gathering data.

We collected quantitative data through a questionnaire. The participants were 89 female and 41 male students from five purposely-selected schools. We included male students to know their view of FGC. Taking into account the maturity level of the students, we identified participants who responded to the questionnaire from grade six to twelve. The questionnaire is intended to show the view of the participants towards FGC, to see if the girls have already undergone FGC, and to find out whose interest FGC is. It is also so important to know to what extent FGC is prevalent and why. We categorized, described, and interpreted the qualitative data. Data from the questionnaire appeared in terms of percentages to support data from other sources.

To ensure the trustworthiness of the findings of this research, we generated and triangulated our data. Finally, we secured ethical clearance from the concerned bodies to conduct the research. We also secured informed consent from our research participants. Personal names are all confidential in this paper.

4. Result

4.1. The prevalence of FGC in Dawo district

Our data from all sources unequivocally confirmed that FGC is a common practice in Dawo district. For instance, one of the key informants, a schoolteacher, said that *'akkanaannookeenyatti, uummatniduudhaakaleessaaabbootiirraafudhatanutuu gad hinlakifnejira. Yeroo kana tilmamaanharkasagaltamaaolkantahudubarainumakittaanajechuunnidanda'ama'* 'FGC is a traditional practice inherited from our forefathers. I estimate that more than 90% of the people are still practicing FGC.' Data from concerned offices as well as elders from the community attested the same result.

The results from the questionnaire show that approximately 83.1% of respondents reported that FGC is a common practice in the area. About 90.9% of the female respondents have already undergone FGC. Only 9.1% of the respondents have not experienced it (see Table 1). Most of the participating girls, who account for 71.9%, did not know someone or have no friends who have not undergone FGC. The remaining 28.1% have known people who have not undergone FGC^b (see Table 2).

Table 1: Prevalence and stakeholders of FGC by female student

Item	Frequency	Percentage
Is FGC common in your area?		
Yes	74	83.1
No	15	16.9
Total	89	100
Whose primary interest is FGC?		
The parents/ community	75	84
Girls	14	16
Total	89	100
Have you undergone FGC?		
Yes	80	90.9
No	8	9.1
Total	88*	100
If you have already undergone FGC, what was your age by then?		
Below 1	23	28.75
1 to 5	32	40
Above 6	25	31.25
Total	80**	100

*One of the participants did not respond

** Respondents were those who have undergone FGC

^bIn an ironic twist, parents who conceal FGC to avoid legal ramifications want people to know their daughters have already had genital cutting to avoid potential blame and accusation for allowing them to remain uncircumcised.

Table 2: Girls feeling towards FGC

Item	Frequency	Percentage
If you have not undergone FGC, how do feel about it?		
I must be lucky	7	87.5
I feel ashamed	1	12.5
Total	8*	100
Do you have friends who have not undergone FGC?		
yes	25	28.1
No	64	71.9
Total	89	100
How do you feel about girls who have not undergone FGC?'		
Hyper sex, unclean and shameful	37	43.5
Lucky ones	48	56.5
Total	85**	100

* Participants were those who have not undergone FGC

**some participants did not respond

4.2. The stakeholders of FGC

Who is interested in female genital cutting? Data through interviews, FGD, and case studies show that FGC is in the interests of the community and parents, and the prevailing cultural values back it up. In a few cases, it is also the interest of girls. The community uses the term 'dhaqnaqabaato' to refer to the surgical removal of parts of both male and female genitals. This cultural term equates FGC with male circumcision, both equally important for personal hygiene and aesthetic value. The community believes that circumcision has additional value for females in terms of ensuring sexual modesty, virginity, marriageability and femininity.

In terms of gender variance, our data reveal that grandmothers and mothers are always at the forefront in advocating and organizing FGC. One of the informants from the Office of WYCA explicitly stated that '*fedhiindhaqnaqabaahaadholeebirajira*' 'FGC is the interests of mothers'. For some women, the attempt to stop FGC is just a fashion coming from urban people.' They often ridicule the so-called negative health effects of FGC, referring to their own lived experiences. They consider FGC an important and risk-free surgery. Some old women narrate that they underwent genital cutting and yet gave birth safely to many children, as many as *Waaqaa* (God) gave them.

In some cases, FGC happens by the sole decision of a mother. One of the male informants whose daughters have already undergone FGC states that: '*Rakkoondubartootabirajira, ani kanan dhaqna qabadhe maalaan ta'e jedhu. Ani qofti mucaa koo dhaqnaqabsiisuu dhiisee maalifan kan kolfaa ta'a; mucaa kootti kofalchiisa jedhu*'. Meaning, 'the problem is with mothers. They say I am fine even though I have already undergone FGC. Why is my daughter being blamed or laughed at by those who have already done so, and why am I going to be blamed for what is happening to my daughter?' A mother whose daughter has

not yet undergone FGC has a big deal ahead of her; she has to organize a session for the genital cutting of her daughter.

The question, 'why mothers are so interested in FGC' is still important. It is because mothers are responsible for bringing up and shaping the behavior of their daughters. Girls are supposed to acquire the required skills as future mothers and wives when they are still with their parents. The blame goes to mothers or grandmothers for any misconduct by girls. If the misconduct is sexual, the blame is the worst. Such misconduct is automatically associated with the socialization of the girls. The saying '*guddisabaddee*', 'bad parenting' is the common expression often used to refer to sexual misconduct. The behavior and skills of the mother have direct implications for the future life of her daughter. There is a common saying '*Hadhailaaliintalafuudhi*', 'see the mother before marrying her daughter.'^c An unskillful, poor housekeeper or slut woman's daughter is considered a slut and untidy at face value. Mothers who readily receive the blame for any unwanted behavior of their daughters are at the forefront of practicing FGC as a means of good parenting and shaping the behavior of their daughters.

3. Our data from interviews show that there are variations between people with and without formal education towards their view and practice of FGC. There is a general tendency that those with formal education have not practiced FGC. For instance, four schoolteachers and three workers in government offices informed us that they have not practiced genital cutting on their daughters. To the contrary, all our nine discussants in our second FGD confirmed that their daughters have gone through genital cutting. The participants proudly expressed that what they did to their daughters was right. Some of them appeal to the excuse that they did it when they had no clear information about the negative impacts of the FGC.

Data via the questionnaire also shows that 84% of the female respondents reported that FGC is in the interest of the community and/or the parents. The remaining 16% reported that FGC is in the interest of the girls themselves (see Table 1). To the contrary, 97.6% of male participants reported that they do not support their sisters' undergoing genital cutting. Only a single participant (2.4%) reported the opposite (see Table 6).

The data from the interviews and focus groups shows that girls have little or no opportunity to consent to or reject FGC. Firstly, a significant number of the girls undergo genital cutting when they are still too young either to consent or resist. The data from the questionnaire shows that 28.75% of the respondents underwent the surgery before they celebrated their first birthday; 40% have experienced genital cutting when they were between one and five years of age. The remaining 31.25% underwent the surgery when they were six and above

^cThis proverb has a similar connotation to the proverbs 'all daughters grow up to be their mothers', 'an apple does not fall far away from the tree', and 'like mother, like daughter'

(see Table 1). The age at which the majority of them have experienced the cutting makes the issue of consent and resistance irrelevant.

Secondly, the ceremony and feast which are prepared for the genital cutting event are attractive to young girls. The girls get new clothes, shoes, and sweets from their sponsor (*jaala*)^d and visitors. The occasion establishes fictive kinship relations between the sponsor and the girl as well as the family of the girl. The ceremony, the post-ceremony relations, and gifts are all attractive to daughters at an early age. They are eager to have a sponsor and undergo the surgery. Further, enduring illness with great fortitude during the surgery is also a sign of strength that girls want to test and achieve. They often talk about it with their peers.

Despite this, there are few cases in which genital cutting is in the interest of girls. The question ‘why do they want the surgery’ is important. Few grown girls who can consent or resist are ready for genital cutting under the prevailing cultural pressure. According to key informants, who were schoolteachers, girls complain about harassment at schools by their peers if they have not undergone the cutting. They are harassed, ashamed, laughed at, and teased by their classmates and friends who have already undergone the surgery. Daughters who have not undergone FGC are considered hypersexual and cannot control their sexual impulses once they reach puberty. They may be easy-going for sex, lose their virginity, and get pregnant before marriage.

Data from the questionnaire shows that 43.5% of the respondents have a negative attitude towards girls who have not undergone genital cutting. They reported that being uncut is shameful, hypersexuality, and impurity. To the contrary, about 56.5% of the respondents see those who have not yet undergone the surgery as the lucky ones. Seven of the eight girls (87.5) who have not yet undergone genital cutting, reported that they feel happy about their present status, whereas a girl (12.5%) is ashamed of being uncut (see Table 2). About 65.9% of the male participants also reported that girls opt to undergo genital cutting because they and their families are ashamed (see Table 3).

The following case is an example of one in which a girl insisted on having the surgery even though her father was reluctant to do so. The father himself narrated this case as follows:

Case one:

A father who has attended formal education and is relatively aware of the health effects of FGC did not want his daughter to undergo genital cutting. His daughter,

^dA sponsor is someone who sits behind the girl during genital cutting to encourage her and to cover her eye and holds the girl firmly to avoid any movement in response to the pain. A sponsor takes partial responsibility for bringing up the daughter. This means that the girl has an additional fictive mother who is responsible for playing a role in the life of the girl, be it in times of hardship or joy.

who was eleven years old, insisted that she wanted to undergo genital cutting. If not, she would not go to school anymore. She justified this by saying that she was ashamed of being with her peers who had experienced genital cutting. The father tried to convince her that she must be lucky, whereas it is unfortunate for her peers' have undergone genital cutting for no medical reasons. Yet, his daughter did not want to give up her request. Finally, he allowed his daughter to undergo the demanded genital cutting. He suspected that the mother of the girl who was interested in the surgery might have sponsored the demand.

Table 3: Male's view of FGC

Item	Frequency	Percentage
What is the main pushing factor for girls to have undergone FGC?		
Girls are ashamed, laughed, teased at them and their family	27	65.9
Maintaining pre-marital virginity, physical and ritual purity and ensuring marriageability	14	34.1
Total	41	100
What is your attitude towards girls who have not undergone FGC?		
Positive	18	51.43
Negative	6	17.14
Neutral	11	31.43
Total	35*	100

*some did not answer this question

Table 4: Girls's view towards the cultural values of FGC

Item	Frequency	Percentage
Do you think that FGC makes girls physically and ritually pure/clean?		
Yes	11	12.4
No	78	87.6
Total	89	100
Do you think that FGC ensures femininity?		
Yes	33	37.1
No	56	62.9
Total	89	100
Do you think that FGC enhances marriageability of girls?		
Yes	73	83.9
No	14	16.1
Total	87*	100
Do you think FGC serve to preserve a pre-marital virginity and sexual modesty?		
Yes	15	17.05
No	73	82.95
Total	88*	100

*Some participants did not respond to this question

As Table 4 above shows, the girls believe that FGC does not make girls physically or ritually pure. On the other hand, 83.9% of the respondents reported that FGC enhances the marriageability of girls. Finally, 82.95% of respondents reported that FGC does not help to maintain pre-marital virginity or sexual modesty.

4.3. The major values associated with FGC

Our data from all sources shows that the community provides multifaceted reasons for justifying FGC. The explanations entail cleanness, sexual modesty, premarital virginity, developing femininity and marriageability. Girls who have not undergone genital cutting are not hygienic physically, not clean ritually, not female sexually, and not feminine behaviorally/in gender.

4.3.1. Ensuring cleanness and femininity

The phrase "*huubairraafuudhuu*" 'removing the unwanted' refers to FGC. The term *huuba* means something like "garbage", "rubbish" or "unwanted". *Irraafuudhuu* is an act of removing something to clean or cleanse it. The community considers both male circumcision and female genital cutting as a surgical removal of the unnecessary parts of the genitals. The removal of the 'unwanted' is mandatory, because he or she who has not undergone the surgical is not clean because of the 'unwanted'.

Cleanness in this case entails both ritual and physical. According to the key informants, it is partly hygienic because removing the "unwanted" enables men and women to be physically clean. However, the ritual of cleanness is more important in both cases. An uncircumcised male person is insulted with a derogatory word *washala* meaning 'uncircumcised' or 'whose prepuce is still intact'. Beyond the physical body, male circumcision marks an important rite of passage. The derogatory terms and the values behind male circumcision do not simply imply the problem of physical neatness. Regardless of his age, a person who has not yet been circumcised has not yet reached a state of manhood to enjoy his rights and discharge his social responsibilities.

Similarly, a girl who has not undergone the surgery is physically and ritually unclean, because of the 'unwanted' – the clitoris, which is still intact. There are various derogatory sayings against such a girl referring to her physical state. These include *saafela*, 'she is dirty', *kanhinkittaaanamne*, 'the uncut!', *intaladhaqnahinqabatin*, 'the uncircumcised girl' '*eeboo (danqaraa) baatteedeemti*, 'she is carrying a bar or a spear', which means 'she is the one who has not got rid of her clitoris'.

These sayings suggest that if a woman has the clitoris uncut, she has a male like sexual organ that the community calls a 'spear', an erectile, and physically homologous to the penis. The surgical removal of this part transforms the male-like organ of a woman into a female one. The sayings imply the necessity of removing the erectile part and retaining its receiving part.

Thus, we can safely argue that the pressure from these offensive sayings does not only push girls to undergo genital cutting, but also causes them to be ashamed of themselves, feel eccentric, and/or nonconformist. Our data from the field showed that grown girls or women who have not undergone genital cutting, often blame their parents, particularly their mothers, for letting them remain "unclean." They bear the lifelong blaming and/or blessing of the consequence. The following case paid attention to a young woman who had not experienced genital cutting and blamed her mother for missing the surgery. One of the female key informants from the community narrated the case.

Case two:

There was a young woman whose mother was poor and unable to organize a genital cutting ceremony for her youngest daughter. The mother gave birth to this girl as a widow, after the death of her husband. The children of her late husband discriminated against their half-sister as *dikaalaa* (a child out of wedlock). As she had grown up and knew that she had not undergone genital cutting, she was extremely angry at her mother. She saw the act as a form of segregation because she had a different father. For this girl, the act was a continuation of the harassment she suffered from her half-sisters and brothers. Fortunately, she was married and gave birth to a child. Yet, she was not happy in her marriage life and lived short.

The informant who narrated this case did not know why the young woman was not happy in her marriage life and died young. However, she knew that the mother of the deceased young woman was remorseful about the life of her daughter. She felt guilty about what had happened to her daughter.

FGC is not simply a means of removing something as a physical entity, but a way of ensuring the gender identity of girls—femininity. The community often uses some common expressions to depict girls who have not undergone FGC. These are: *fardataati* 'she becomes like a horse (disorderly)', *meeshaacaccabsiiti* 'she breaks utensils', *manattihindeebitu*, 'she never stays at home', *ijare'eenyaatti* 'she becomes shameless', *safuudhabdi* 'she will be amoral', *olhindeebitu* 'she does not do house choir', *ololjettimalee gad hinjettu* 'she shows superiority and never submits', *dhaabbatteehafti* 'she is untidy' or 'may not marry'.

The FGC, which causes physical change, may also cause behavioral change; it transforms the masculine behavior of a woman into a feminine one. Society's norms attach masculine behavior to outdoor activities, whereas feminine behavior is confined to house chores. Girls who have not yet undergone FGC are not calm, do not show lady-like behavior, and consequently do not meet the cultural standard of being feminine in terms of personal behavior and gender role. The above expressions show that girls become truly female and feminine via genital cutting. In this regard, data via questionnaire reveals that 37.1% of the respondents believe that FGC causes femininity. The remaining 62.9 believe that it has nothing to do with femininity.

4.3.2. Sexual modesty, premarital virginity and marriageability

Since the terms for sexual matters are taboo ones, the community expresses the associated hypersexuality of girls who have not undergone genital cutting idiomatically. These expressions include: *Kashalabee/halaleetaatii*, *herumaan dura dhiirawaliindeemti*, *dhirsaaf/dhirsaanhinbultu*, 'she will be a vagabond (wanderer)', 'she goes with males before marriage', 'never respect her husband'. These expressions show that uncircumcised girls go for premarital sex.

Given these assumptions and values, the community uses FGC as a remedy to shape female sexuality. Some of the informants, particularly key female informants and FGD participants, strongly argued that FGC is necessary to control the sexual behavior of girls and women. They argue that sexual behavior must be under control to have a stable marriage and a peaceful family life. Hypersexuality causes loss in social honor and self-respect. When the community refers to a woman with excessive sexual impulses and many sexual partners, the question "has she undergone FGC?" is common. They believe that FGC is one of the ways of controlling the sexual desire of women.

This is relevant to the need to maintain premarital virginity, ensuring marriageability and post-marriage sexual decency. The data from different sources implies that the community values premarital virginity. Checking the bridal bedclothes for bleeding on her wedding

night is a common way of proving virginity. If the bride is a virgin, she receives appreciation, is honored and awarded by the family members from both sides. The family of the groom wants to prove that the girl was a virgin when she joined them. The same appreciation and honor go to the girl's mother for having taken good care of her daughter. This marks the turning point in developing self-esteem with her in-laws. To the contrary, a loss of virginity before marriage is a disgraceful act for a bride and her parents, particularly her mother. Either the groom sends her back to her parents automatically, or she may stay under blame and complaint from her husband for the rest of her life. If her loss of virginity before marriage is public, it is less likely for a girl to marry or she marries as a widow with a relegated status to a divorcee or old man.

However, the question of whether FGC contributes to sexual modesty and preserving premarital virginity or not is important. Our field data indicates that the community considers FGC as one of the ways of preserving premarital virginity. Some of our informants argued that if the girls do not undergo genital cutting, they might have a high sexual interest and start sexual intercourse so early before marriage.

The data from the questionnaire, on the other hand, indicates that neither maintaining virginity nor sexual modesty is the main factor in practicing FGC. This data shows that only 17.05% of the female respondents reported that FGC is a means to maintain premarital virginity and ensure sexual modesty. The remaining participants rejected the assertion (See Table 4). Data from the male respondents is more or less the same. Only 34.1% of the respondents reported that FGC services the purpose of maintaining girls' premarital virginity, ensuring sexual modesty, physical and ritual purity and enhancing eligibility for marriage. The remaining 65.9% reported that FGC is because girls and their families are ashamed, laughed at, and teased if their genitals are not being cut (See Table 3).

Despite this, some of the female informants argued that girls who have not undergone FGC do not have respect or attract male partners for marriage. If they get married, their marriage will not be stable and successful. The following two cases are instances of this view. One of the female key informants narrated the marriage life of a woman who had not undergone genital cutting. The story goes as follows:

Case three:

The key informant knew a woman who had married and divorced three times. She stayed with all three men for a very short time. This key informant had close ties to the second husband and attempted to mediate a settlement between the two in order to save the marriage. However, the husband insisted that divorce was the only solution. Even though the man did not explicitly disclose the problem, the mediating woman was able to understand that the two did not fit sexually. This informant believed that the marriage life of the woman had not been stable, mainly because she had not undergone genital cutting.

Regardless of the real problem that caused the repeated divorce of the stated woman, this key informant has strongly believed that women whose genitals are intact have sexual difficulty with their male partners. For her, the best and the only solution is FGC.

Another key informant who was in her late 30s and an expert in the office of WYCA narrated the following case from her experience of a failed marriage of a woman who had not undergone genital cutting.

Case Four

There was a woman brought up by her grandmother who was not able to arrange genital cutting for her granddaughter due to her financial problems. Despite that, the girl entered into a lovely marriage life. However, at a certain point, her husband abandoned her without any reason the wife knew. He knew that she had not undergone genital cutting. However, she did not hear any complaints related to sexual matters from her husband. She simply guessed that the problem might be with her uncut genitalia. The woman narrated her lived story to our key informant in search of a solution, including if the surgery was possible at that stage. Yet, our informant was not in a position to help that woman and did not know what happened next.

The key informant who narrated to us the story has two daughters who have not yet undergone genital cutting, and she has no plan to do so. She believes that FGC is harmful and has to end. However, because of this real story, she knew she was not confident about the fate of her daughters in their marriage lives.

Some informants, on the other hand, claimed that the alleged sexual inconvenience and hypersexuality of uncircumcised girls are simply mystification and misunderstanding. According to this version of the argument, the comparison of marriageability potential or male preference among women who have already experienced FGC and who have not is impossible, because of the absence of the latter. In practice, there are no differences between girls who have undergone FGC and who have not in terms of their sexual and moral behavior. In support of this view, one of the key informants gave us an instance from her family as follows:

Case five:

She lost her parents when she was a high school student. She is an elder child of the family who took the responsibility of bringing up her younger brothers and sisters. Her youngest sister had not undergone genital cutting. As care taker she had no complaints about the sexual behavior of her sister, who had been so modest and married a virgin. Now, she is a mother of two and is leading a successful marriage life. Her husband loves her too much. Even though she is the youngest in the family, she is the one everyone prefers for consultation on personal and family matters.

Data from male respondents to the questionnaire shows that 51.43% of the respondents have a positive attitude towards females who have not undergone FGC, while 31.43 are neutral; only the remaining 17.14 have a negative attitude towards uncircumcised girls (see Table 3).

Finally, the concerned government offices have claimed that they have been working hard to end FGC. The government uses two main approaches: awareness creation focusing mainly on the health harm of the practice and the legislative approach. The FGC is a criminal act of bodily harm, and those who breach the law are legally liable. However, FGC is still going on. There are two and opposing views of the community concerning the futurity of this practice. Some of our informants argued that FGC would end because of the expansion of education and a clear understanding of its undesirable health consequences. The second version of the argument shows that FGC is something embedded in the prevailing cultural values and will survive any external interventions such as the legislative approach.

Data via a questionnaire from female participants shows that 9% of the respondents thought that FGC would live a long time, whereas 85.4% believed that it would end soon. The remaining 5.6% were not sure what would happen to it (see Table 5). Similarly, two of the male participants (4.9%) thought that FGC would survive any external intervention sometimes. The remaining 95.1 believed that it would end soon (see Table 6).

Table 5: Females' views towards FGC and its futurity

Item	Frequency	Percentage
Given the current situation, do you think that FGC will endure?		
It will take long time to stop	8	9
It will end shortly	76	85.4
I am not sure	5	5.6
Total	89	100

Table 6: Male respondents

Item	Frequency	Percentage
Do you want your sister-undergone FGC?		
No	36	94.74
Yes	2	5.26
Total	38*	100
What do men benefit from FGC?		
Maintain pre-marital virginity	10	24.39
Nothing	31	75.61
Total	41	100
What is your attitude towards girls who have not undergone FGC?		
Positive	17	44.74
Negative	7	18.42
Indifferent	14	36.84
Total	38*	100

*some did not answer the questions

5. Discussion

The finding of this study shows that, in spite of the government's interventions to end FGC, it is widely practiced among the target population. They use the same terms, *huubairraafuudhuu* or *dhaqnaqabaa*, to refer to FGC and male circumcision. The use of the language avoids any intrusive meaning of FGC. It shows both FGC and male circumcision are equally normal. The culture demands both males and females undergo circumcision for physical hygiene and ritual cleanness. However, FGC is even more appealing because it entails other factors such as preserving premarital virginity, ensuring femininity, and enhancing sexual decency and marriageability. Within the scholarly debate, cultural relativism is pertinent to understand the implications behind the use of the term circumcision for FGC and the values attached to it among the target population. The use of these terminologies marks that FGC is a normal practice. The finding also demonstrates that there is a general tendency in which parental education level has a direct relationship with FGC. The more formal education parents receive, the less FGC they practice, and vice versa. This finding corroborates the idea of Muteshi and Sass (2005), who show the prevalence of FGC in association with the education of the recipients and mothers.

Our finding is fully consistent with research reports like the work of AIDOS (2016), WHO (2012), and Muteshi and Sass (2005). AIDOS (2016) shows that FGC is one of the ways to ensure gender identity. The community believes that uncircumcised women do not have feminine behavior and are not sexually decent. The community believes that FGC results in both physiological modification and behavioral change. This practice modifies women's bodies, shapes their sexual and moral behavior, and ensures them femininity. Maintaining premarital virginity and conforming to social ideals of femininity are relevant to the social honor of the girl and her family. This is also related to what Morrison (2008) calls the phallic economy. The patriarchal culture reserves a phallic sexual organ for males. Women are ashamed of having it. The community tags the clitoris as something "unwanted" because it is something phallic that belongs to male.

The target society is patriarchal. Yet, mothers who have internalized the prevailing cultural practices are at the forefront of valuing FGC. This is mainly because mothers are responsible for raising their daughters, particularly in shaping the sexual behavior of their daughters and making them ready for their future lives. They often cite their own lived experiences to argue that FGC is an important and risk-free surgery. This finding agrees partially with Ahan (2012), Ogoe's (2015) and Diop, Stewart, and Herr (2017) who show the paradox between the roles of women in FGC in a patriarchal society. These authors try to show that patriarchy is the reason why FGC persists. Patriarchal culture ends in the domination of men over women and controlling women's bodies, their sexuality, their reproductive system, and their health. In the meantime, these authors show that despite women's being victims of FGC, they are in favor of it. Our finding shows that there are two contradictory versions of the value of FGC among the women in the area. Some of our respondents strongly argued against female genital cutting as an unnecessary injury of women's genitalia. These are mainly those who have attended formal education and

relatively young ones. To the contrary, some women strongly argued in favor of it as a surgical procedure to ensure female sexual modesty, and femininity. This corroborates with Ogoe (2015), who discusses the controversies over FGC in many African societies.

From our findings, we have concluded that patriarchy is an explanation why FGC is still intact. In this regard, African feminists (Diop, Stewart, and Herr 2017) argue that a focus on patriarchy and a men-versus-women approach to explaining FGC is unnecessary. Instead, it is reasonable to consider the role of women and their perceptions of ideal women's bodies, beautification, and body modifications. However, we argue that the prevailing dominant culture shapes and guides the perceptions of women. Women who are pro-FGC are those who were born, grown up, and socialized with patriarchal values and have internalized these values. That is why women who are the victims of FGC are the promoters of this practice, whereas the role of men is not vivid. As a result, we conclude that the main factor behind FGC is a patriarchal system in its latent form.

Our empirical findings show that the two major theories, cultural relativism and feminism, are both important for understanding FGC from different perspectives. The two theoretical frameworks can explain two opposing forces. On the one hand, the women at the research site, particularly the elderly, highly value FGC as one of the important ways of shaping the sexual behavior and gender identity of women. They provide several psychological, social, and cultural interpretations of FGC. The real understanding of the values behind FGC is, thus, only possible within their specific cultural context. This corroborates the position of cultural pluralism/relativism.

Finally, the government is working to end FGC through its various offices. It mainly uses the health approach and the legislative approach. Within the general framework of the universal and inviolable human rights, FGC is a violation of women's rights. The legal implication of FGC is widely known among the public. Yet, it has faced serious challenges and caused unintended adverse effects. Parents arrange FGC secretly and do not consult health centers for problems during the cutting and post-cutting health complications, for fear of legal measures. The effectiveness of the legislative approach is questionable and even causes a risky environment for girls who have undergone the cutting. The legal prohibition of FGC provides an enabling environment to end it. However, it is not a sufficient condition by itself. We thus recommend a well-designed awareness-creation intervention by the government and non-government organizations alike. Furthermore, we recommend the use of local institutions for the transfer of this new idea because new ideas, if integrated into local knowledge, become more effective, cemented, and may be less challenging.

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Conflict of interest

There is no conflict of interest in this paper.

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