

Extended Abstract

Using data mainly from the 2002 EDHS survey, this study examines FGC in Eritrea. Data from the 2003 FGM survey have also been used for assessing differentials in FGC by ethnicity. The findings indicate that FGC is widely practiced in Eritrea, with 89% of Eritrean women are estimated to have undergone the operation. Among circumcised women, 39% had the most severe type of cutting (infibulation), 46% had the least severe type (clitoridectomy) and 4% who had the intermediate type of cutting (excision). FGC is practiced in both rural and urban areas and among all ethnic groups. Neither Islam nor Christianity appears to have specific impact on the practice. Clear differences were found in the type of cutting practiced among the different ethnic groups, with clitoridectomy being more prevalent among the largest ethnic group (Tigrigna - predominantly Christian highlands) and infibulation being more prevalent among the non-Tigrigna ethnic groups (Muslim lowlands).

Younger women were less likely to be circumcised and to support the continuation of FGC than older women, suggesting the practice is declining. The overall prevalence of FGC also shows a small decline between 1995 and 2002. However, the decline in the prevalence is not evident when we examine the data by type of cut. While a decline in the practice of clitoridectomy has occurred between 1995 and 2002, no such evidence was observed in the practice of infibulation. Instead, there has been an increase in the practice of infibulation in recent years. Such declining trend in performing clitoridectomy and an increasing trend toward performing infibulation is not clear whether such trend is a shift toward greater use of infibulation.

The findings indicate that even the least severe form of genital cutting leads to medical complications. Of more relevance is the finding that women who have had the most severe type of cutting were more likely to experience problems such as painful and difficulty penetration during the consummation of marriage, and from complications during sexual relations and childbirth than women who have had the less severe practices (clitoridectomy or excision). Although this findings do not prove conclusively that women who have undergone genital cutting are more likely to have medical complications (medical/diagnostic testing is required to determine this associations), it does suggest that a relationship exists between cutting and medical

complications. Several previous studies using reports from cross-sectional household surveys have also confirmed such link between FGC and medical complications (see for e.g., IRD/Macro International, Inc. 1991; Morison, et al., 2001).

Among the major reasons for favoring continuation of the practice, social acceptance is by far the most commonly mentioned reason in both rural and urban areas and among the different social groups. It is traditionally an honor or respect for the parents in their community for performing this rite. Among those who practice infibulation, for example, the ceremony held after the operation is part of the process of formal acceptance for the girl to the society (Zerai 2003). It is usually attended by family, friends, relatives and other people from nearby villages who by their presence acknowledge the purity of the child and ensure her eligibility for marriage and other related events. Another important factor that may contribute to the continuation of FGC is better marriage prospects. Because of its association with virginity, young women who have not been excised have little chance to find a marriage partner and to have social acceptance or respect. For some ethnic groups, FGC is performed to control female sexuality before marriage and reduce women's promiscuity. For yet others, particularly in areas where infibulation is practiced, parents want the operation done on their daughters because it protects them from would-be seducers and rapists.

The above justifications indicate that in traditional Eritrea, parents or circumcisers perform the operation for the benefits of women and girls and not to oppress them or do them any harm. For them the procedure is carried out for the noblest of reasons, in good faith. Parents consider FGC as a mechanism of protecting their daughters from being outcast, from immoral behavior and from falling into the category of unrespectable or unmarriageable women. They believe that the practice is a cultural or ethnic identity and hence they have the responsibility and right to make their daughters good wives and respectful among their ethnic groups and the community. In traditional rural areas of Eritrea, societies exist as networks of mutually interrelated and dependent groups, emphasizing community rather than self and the individual. This value is evident in the family system characterized by extended family, residential systems, ancestry, lineage and inheritance traced through the fathers or sons of the family (except for very few cultures). In this case, young girls and women who undergo the operation do not have individual legal status and rights apart from

those of their communities and can not challenge the collective wisdom of their communities. Thus, if FGC is a violation of human rights, it should not be perceived strictly in relation to individual women or girls but it should be considered as a violation within a group or societal perspective. This study argues that FGC is an issue that goes beyond gender or individual, being affected by many factors including community, culture, education and decision-making power.

With regard to the future prospects of the practice, the less support for the continuation of the practice among younger women and the small decline in the overall practice between 1995 and 2002 may suggest that the practice is likely to continue declining in the future. However, given the reasons for favoring the continuation of FGC and the slight increase in infibulation between 1995 and 2002, the change is likely to be much slower, particularly in the rural areas and in regions where the most severe form of the practice is prevalent. In addition, since the practice of FGC in rural areas has its roots deep in tradition, it does not seem to be promising a substantial change in the practice will occur soon.

One possible way to eliminate female genital cutting is through improvements of women's education and economic status. As indicated by the results of this study, increased female educational opportunities and economic status of the household, and urbanization may contribute to changes in attitudes and loosen the hold that culture plays in the continuation of the practice at a personal level for many who might want to discontinue it. This strategy for abolishing FGC is possible because the increasing level of women's education and the efforts being made by some governmental and non-governmental organizations to improve the status of women in the society are positive measures for those who would like the practice of FGC discontinue. In addition, mass-media and community-based education campaigns that publicize the risks of FGC and raise public awareness can play an important role in abolishing the practice. More importantly, culturally accepted programs that emphasize more on community participation in advocacy and dissemination of information concerning harmful practices may be needed..

Another approach would be enforced legislation that requires enactment of a law declaring all FGC illegal. The present author, however, does not believe that

eradication of long-standing traditional practice can happen by enforcing laws. I believe that change in FGC practices should not be seen as an isolated, spontaneous phenomenon. It has been and continues to be connected to education, household economic status, women's autonomy, culture, etc. Thus, more effective strategy to eradicate the practice is to use a holistic approach that involves these and other factors related to FGC. Other previous studies argue that while legislation may be enforceable in countries where only a small minority adheres to the practice that is unlikely to be the case when the majority follows the tradition. For instance, Toubia (1995) pointed out that policy declarations by governments are essential to send a strong message of disapproval, but if the majority of the society is still convinced that FGC serves the common goal, legal sanctions that incriminate practitioners and families may be counterproductive because criminalization can make communities to continue the practice underground. In such countries, Toubia (1995) recommends public information campaigns and counseling of families about the effects of the practice on women and girl children may be more useful than legal laws.