



January 2009

Female Genital Mutilation, its perpetrators at Kersa Demographic Surveillance and Health Research Center February 2008 Kersa District, Eastern Hararge, Eastern Ethiopia

This Policy brief describes the magnitude, the form and health effect of Female Genital Mutilation at Kersa District in 12 selected kebeles of Kersa demographic surveillance and health research center field site. The result is based on baseline health survey conducted in February 2008.

Introduction

Female Genital Mutilation is any non-therapeutic surgical modification of female genitalia. It is an ancient traditional malpractice of large parts of Africa. It is harmful traditional practice which is still causing much suffering to women and children in most parts of Africa. In Ethiopia FGM practices in commonly seen in if any parts of the regions, particularly in Eastern part of country.

age group (15-49) selected from 12 Kebeles of the field research center using proportion to size.

A total of 327 (38.5%) of women recognized that FGM is being practiced in their society. Them majority of women responded that local healers are the main performs of FGM in their locality.

The study was conducted on 858 females of reproductive

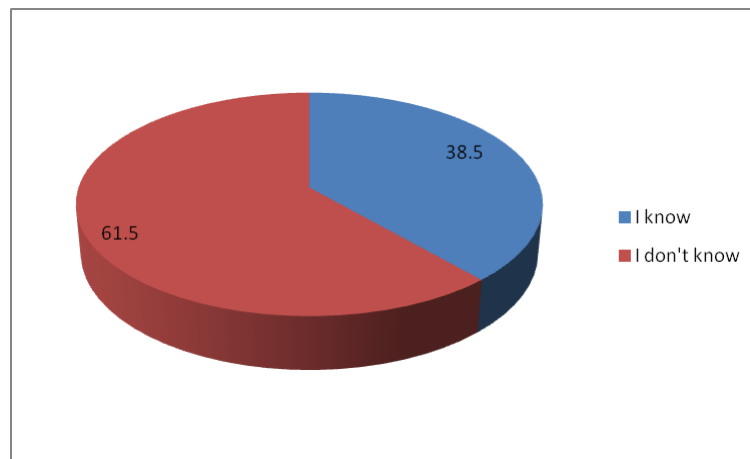
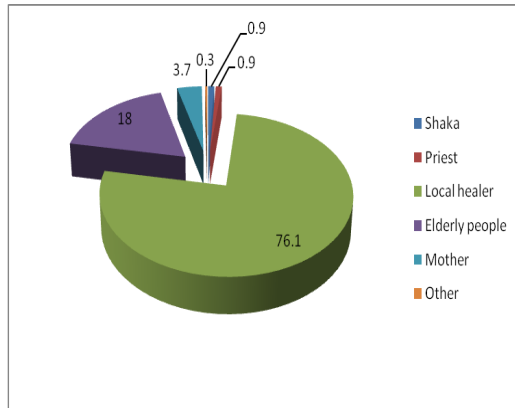


Fig 1: Know how of FGM by women in Kersa District, Eastern Hararge Eastern Ethiopia ,January 2008

Concerning the reason why FGM is being practiced in study area, 196 (60.3%) and 82 (25.2%) of the women responded that it is important to reduce female hyper activity in sexual activity and to prevent early initiation of sexual practice.

Women were also interviewed for the part of the organ that the healers remove during the practice Majority of the respondents, 258 (79.6%) of them said that clitoris is the major part to be removed during female genital mutilation

Distribution of Persons performing FGM in Kersa District, Eastern Hararge, Eastern Ethiopia January 2008



Reasons to practice FGM in Kersa District, Eastern Hararge, Eastern Ethiopia, January 2008

Variable	Frequency	Percentage	
Reasons for FGM practices	To reduce female hyperactivity in sexual practice	196	60.3
	To prevent females from early institution	82	25.2
	To prevent females from Unprotected sex	1	0.3
	I don't know	31	9.5
	Others	15	4.6
Total	325	100.0	

Conclusion

Female genital mutilation is a common practice in the study area. From this study finding it is only one third of the respondents who said to know of practice. And it is also noted that the local healers are the main actors of this practice. The principal reason of doing FGC/M is associated with mutilating female's reproductive health right (the right to have satisfying sexual relationship).

FGM is a common practice that would endangers the reproductive health of women. Hence, a comprehensive reproductive health activities should be initiated in the study area in order to alleviate the existing problems. Proper health education in averting this practice should be done. The target for this education should be local healers those families insisting the practice to be performed on their own child.

Recommendation

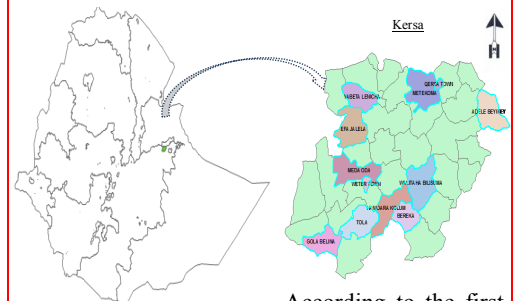
Kersa Demographic Surveillance and Health

Research Center (KDS-HRC),

Haramaya University:

The surveillance site was established in September 2007 in Kersa district, Eastern Hararge of Oromia region, East Ethiopia with aim of tracking demographic changes like death, birth, migration and marital status change. The surveillance activities further extended by adding surveys in Nutrition, Reproductive Health, Environmental Health, HIV/AIDS, Morbidity/health seeking behavior and health care utilization during the month of January-March 2008.

The surveillance activity is instituted in 12 kebeles (the smallest administrative unit in Ethiopia with approximate population Size of 4-5 thousand). Two of the kebeles are semi urban and the remaining 10 are rural kebeles.



According to the first census there were 10,256 households and 53,482 people in the study site with an average household size of 5.2 and sex ratio of 104.5. In the study area the crude birth and death rates were 26.8 and 9.2 per 1000 population. Infant and under five mortality rates were 44.9 and 108.2 per 1000 live births respectively.

The activities of the surveillance are lead by a coordinator and a group of six staff members from the College of Health and Medical Sciences.

