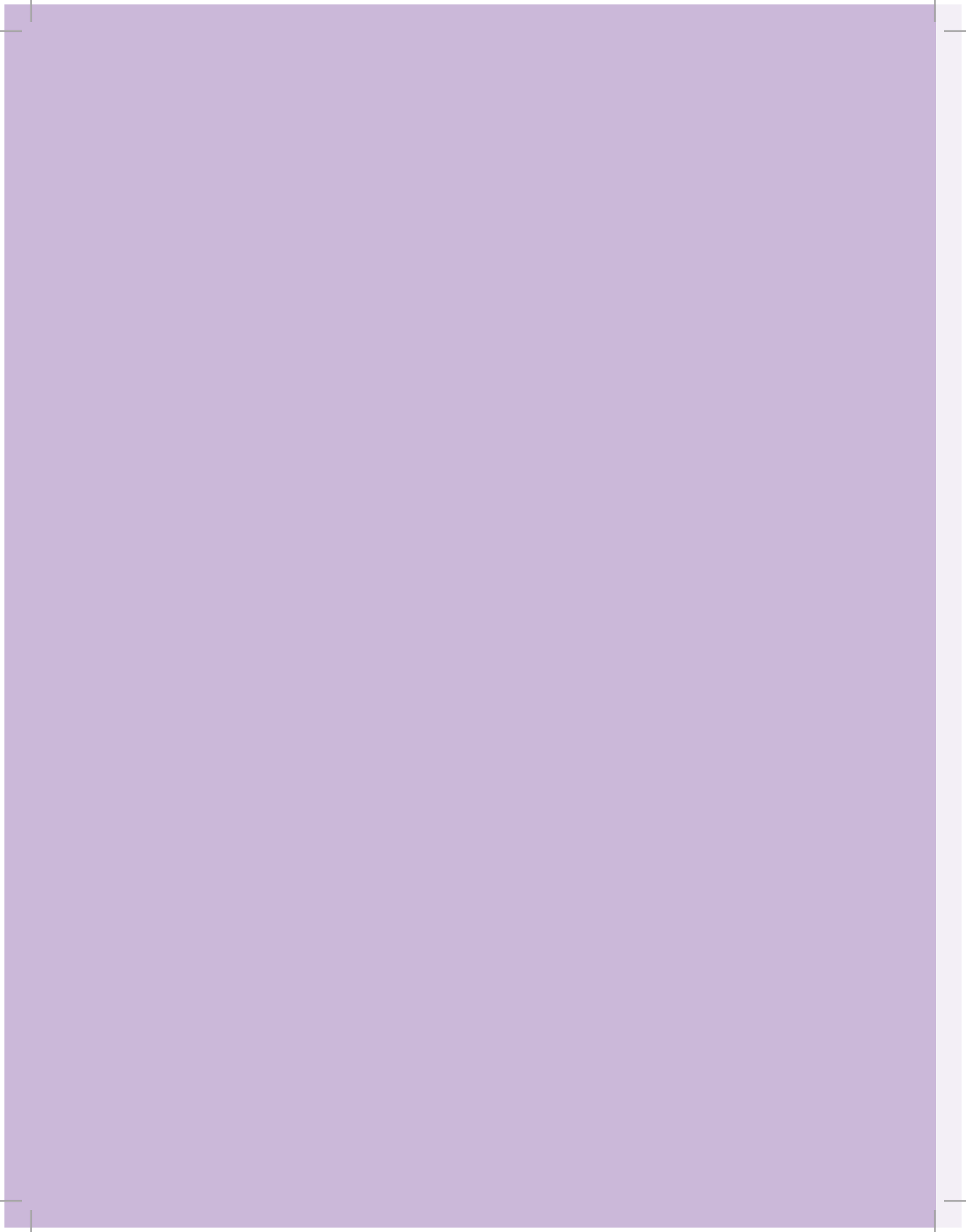


The Faith Effect



**A Facilitator Manual
to Train Ethiopian Orthodox Tewahedo
Church (EOTC) Faith Leaders**



THE FAITH EFFECT

Early Marriage and Female Genital Cutting
A Facilitator Manual To Train Muslim Faith Leaders



CENTER FOR
INTERFAITH ACTION
on global poverty

Table of Contents

Curriculum & Activities

Acknowledgements	i
Introduction for Trainers	iii
Goals of Training	iii
Preparation	iii
Location of Trainings	v
Materials	vi
Do's and Don'ts	vi
A Note About Using This Training Manual	vii
Day 1: Welcome and Introduction	
Day 1 Goals	1
1.1 Welcome	1
1.2 Getting to Know Each Other	3
1.3 Key Terms and Definitions	4
Daily Wrap-Up	7
Day 1 Evaluation Checklist	7
Day 2: Female Genital Cutting (FSG)	
Day 2 Goals	9
2.1 Ice Breaker	9
2.2 FGC Sociological/Cultural Unit	11
2.3 FGC Sociological/Cultural Modeling Tool	16
2.4 FGC Anatomy/Health Unit	21

2.5 FGC Policy Unit	27
2.6 FGC Programs Unit	31
2.7 FGC Theology Unit	32
Daily Wrap-Up	34
Day 2 Evaluation Checklist	34

Day 3: Early Marriage (EM)

Day 3 Goals	35
3.1 Ice Breaker	35
3.2 EM Sociological/Cultural Unit	37
3.3 EM Sociological/Cultural Modeling Tool	42
3.4 EM Anatomy/Health Unit	45
3.5 EM Policy Unit	51
3.6 EM Programs Unit	54
3.7 EM Theology Unit	56
EOTC Six-Point Resolution on FGC and Gender-Based Violence	59
Daily Wrap-Up	61

Day 4: FL Equipping, Wrap-Up & Closing Ceremony

Day 4 Goals	63
4.1 Ice Breaker Activity (Role Play)	63
4.2 FGC Tool Presentation and Practice Unit	66
4.3 Group Discussion of Lessons Learned	68
4.4 Declaration	72
4.5 Training Certificates	74
4.6 Billboard Revealing Ceremony (if applicable)	74
4.7 Closing Speeches (Participants, NGO's, Government Officials)	76

Acknowledgements

This Facilitator Training Manual is based on a previously prepared manual by Samson Estifanos Hailegiorgis (MD, MPH, PhD), in collaboration with the Center for Interfaith Action on Global Poverty (CIFA) and the Nike Foundation. This 2012 original guide is the product of a strenuous, two-year effort led by a group of medical professionals, social researchers and theologians who reviewed hundreds of research documents, and consulted with over one thousand informants. This manual has been tested and accepted among renowned Ethiopian Orthodox Tewahedo Church (EOTC) scholars selected by the Ethiopian Orthodox Church Development and Inter-Church Aid Commission (EOTC-DICAC). These esteemed scholars recognize this material as scientifically correct, theologically sound and culturally acceptable.

We would like to thank the Nike Foundation for its financial assistance and contributions to CIFA. We encourage free use of this training manual in religious, educational, or community settings throughout Ethiopia.

Introduction for Trainers

Goals of Training

This manual has been created to guide trainers in equipping faith leaders to address the harmful traditional practices (HTPs) of female genital cutting (FGC) and early marriage (EM) with their congregants. As such, the manual has been tailored to meet the unique and appropriate needs of Ethiopian Orthodox Tewahedo Church (EOTC) faith leaders. (A second guide, identical in content but theologically adjusted, has been created for Ethiopian Muslim faith leaders.) These sessions have been carefully designed to guide faith leaders through sensitive material and discussions, so that they can effectively support their congregants in healthy decision-making regarding FGC and EM. The sessions of this Facilitator Training Manual focus on achieving the following goals among participating faith leaders by the end of the trainings:

- Faith leaders will have a substantial understanding of the sociocultural, policy, health and theological underpinnings of EM and FGC.
- Faith leaders will adopt the necessary knowledge to improve the health of women by spreading awareness of the dangerous effects of EM and FGC.
- Empowered faith leaders and their congregations will be equipped to start dialogues and activities that result in a stronger network of Ethiopians who care for the health of their young girls and women.

Preparation

This Facilitator Training Manual is specifically designed to educate faith leaders and mobilize them to be advocates for girls/women by addressing the negative effects of early marriage and female genital cutting with their congregation and community.

Training Days/Sessions/Hours

These trainings should be conducted over the course of four full days, with each unit presented exactly as outlined in the manual. Each day is divided into sessions of subtopics, with goals, required materials, speaking guides, discussion sections, activities and an evaluation checklist. The evaluation checklist helps the trainer ensure that all participants clearly understand the session goals and can effectively act on them with their congregants. If, at the end of a session, the trainer does not feel confident that participants have achieved those session goals, it will be necessary to review that material via more discussion before moving on to the next session.

Who Should Lead These Trainings?

These trainings should be led by an educated, passionate, sensitive individual with a respected connection to the faith community being addressed. The trainer does not need to be an adherent of the faith itself (i.e., a Christian can lead a training for a Muslim audience), provided the leader is open, tolerant, knowledgeable about and sensitive to the beliefs of the audience). However, it is vital that any trainers leading these training sessions must:

- 1) Be willing to dedicate the time to familiarize themselves with the contents of this manual, and seek relevant information from trusted sources to answer any questions that may remain;
- 2) Have some knowledge of, and familiarity with, the faith tradition being addressed;
- 3) Have some knowledge of, and familiarity with, the local community in which the trainings are being conducted, and the community's attitudes towards the practices of FGC and EM;
- 4) Be able to read, write, and communicate fluently in the local language of these faith leaders;
- 5) Be able to operate audio-visual equipment, and set up a training hall as necessary;
- 6) Be able to energetically lead and engage a group of people;
- 7) Be fully aware of the devastating effects of FGC and EM on the lives of women and girls, and be passionately dedicated to ending these practices.

Ideally, before the trainings commence, the trainer should establish contact with high-ranking leaders within the faith (Church officials, Imams, other religious officials etc.), and secure some level of openness and trust. Additionally, it is advisable for the trainer to have some connections or experience working with non-government organization NGO representatives and government officials. Religious officials, NGO representatives, and government officials will be vital allies and resources, and should be invited to speak to the faith leaders in these trainings.

Who Should Participate?

Faith leaders whose congregations are in communities where FGC is practiced, and girls are married before the age of 18, are the ideal targets for this training. Because the goals of this training are sensitization, education, and empowerment, the faith leader trainees do NOT need to be completely convinced that FGC and EM are negative. In fact, it is good for discussion to involve faith leaders from all sides of the spectrum; multiple opinions lead to healthy disagreement and dialogue.

However, the invited faith leaders must be willing to participate in the discussions about the topics, and be open to new ideas. They should be willing and able to stay for all four days of the training.

How Should Participants Be Invited?

How to go about inviting potential faith leader participants to these trainings is entirely up to you! It helps to have an established connection with a religious or community leader who can facilitate introductions, and possibly provide names of influential faith leaders in the area. Approaching the head office/religious authority in the area with a respectful request for advice, resources, introductions, and connections is strongly advised.

Once you have selected your list of faith leaders to invite, allow ample time for them to respond and make travel arrangements, which can vary depending on the location of the trainings, and the accessibility of roads, transportation, etc. However, do not invite faith leaders so far ahead of time as they could forget and/or allow other commitments to supersede.

Above all, be sensitive to the needs of your faith leaders and their communities when scheduling these trainings and inviting faith leader participants. Be aware of events that may restrict travel or disruption in routine, such as religious and cultural holidays, and even harvest/rainy seasons (for example, many faith leaders in Ethiopia are also farmers, and cannot travel during the harvest season).

Number of participants

It is strongly encouraged that each training be conducted in a group of no more than 20 participants. Reasons for this include:

- 1) The sessions are meant to be interactive, giving everyone a chance to participate instead of just listening to the trainer or visitors;
- 1) In big groups, it is easy for a handful of the more verbal participants to take over. This would be counter-productive to the goals of the training;
- 1) People are more likely to agree or disagree with each other if the group is smaller. This promotes healthy discussions;
- 1) In smaller groups, individual attention and participation is possible;
- 1) Given the sensitive nature of the topic, it is even more important that the group dynamics and intimacy be at the right level in order to engage everyone and establish a level of comfort. This cannot be effectively done in the time given with a large group.

Location of Trainings

Because of the sensitive nature of the topics, we highly recommend that training sessions occur in a neutral, safe setting.

Materials

For the duration of the training sessions, the following materials will be needed:

- Pens or pencils
- Markers
- Notebooks or paper
- Flipcharts

On Day 2, during the FGC Anatomy Health Unit (Section 2.4), it is recommended that printouts (preferably laminated to prolong use), showing the female genitalia and examples of FGC, be given to participants.

Do's and Don'ts

- **Do become familiar with the purpose and content of the discussion** in advance.
- Do help the group establish ground rules. Ground rules for a group discussion are the guidelines that will help to keep the discussion on track and prevent participants from name calling or arguing. A few you might suggest are:
 - i. Everyone should treat everyone else with respect: no negative name-calling, no emotional outbursts, and no accusations.
 - ii. No arguments directed at people – only at ideas and opinions. Disagreement should be respectful.
 - iii. Don't interrupt. Listen to others before responding.
 - iv. Respect the group's time. Try to keep your comments reasonably short so that others have a chance to respond.
 - v. Consider all comments seriously. Other ideas and comments may change your mind, or vice versa. It is important to be open to that.
 - vi. Don't be defensive if someone disagrees with you. Evaluate both positions.
 - vii. Everyone is responsible for following and upholding the ground rules.
 - viii. Lastly, enjoy the sessions! We are all here to learn from each other!
- Do encourage the group to ask questions.
- Don't take sides.
- Do remember to take frequent breaks so that participants are not overwhelmed with information. Breaks can consist of taking walks around the premises, playing a quick game, or singing a traditional song to boost energy.
- Do have fun facilitating the training!

A Note about Using this Training Manual

At any point, it may be necessary to temporarily pause the training to address participants holding highly charged or differing viewpoints. These additional conversations are allowed and encouraged to address individual concerns, as long as participants leave each session clearly having met session goals. We remind all trainers to be attentive to their participants' needs by:

Showing respect to all faith leaders, regardless of viewpoint;

- Acknowledging viewpoints that go against the goals of the training manual by reminding participants of the historical cultural and societal importance of FGC or EM, but also of the ability to still honor this past through new, healthy actions that do not physically harm girls;
- Supporting all faith leaders as they grapple with new information that could invoke distressful feelings.

Day 1: Welcome & Introduction

Day 1 Goals

- To ensure that all participants feel welcome and comfortable;
- To ensure that all participants feel introduced to the group;
- To ensure that all participants clearly understand the overall training goals;
- To ensure that all participants are effectively sensitized to the key terms and definitions that will be used to discuss FGC and EM during the 4-day training.

Subtopics

- 1) 1.1 Welcome
- 2) 1.2 Getting to Know Each Other
- 3) 1.3 Key Terms and Definitions

Required materials for the day

- Pens or pencils
- Markers
- Notebooks or paper
- Flipcharts

1.1 Welcome

Objective:

At the end of this session, we will have:

- Received a welcome from the trainer
- Learned background information and the goals of this training

Materials:

- None

Time:

- 10 minutes

Speaking Guide

A big warm welcome and thank you to everyone for coming to this training on female genital cutting (FGC) and early marriage (EM), designed specifically for EOTC priests and their congregants.

In the Book of Ezra (7:10), it states, “For Ezra had devoted himself to the study and observance of the Law of the Lord, and to teaching its decrees and laws in Israel.” Ezra saw that there were practices in his community that were not pleasing to the Lord. In order to make changes in his community, Ezra prepared himself a roadmap by 1) studying and observing the law for himself and 2) teaching the law to the Israelites. Since his roadmap satisfied the Lord, the Lord laid his hand upon him. Thus, he became a successful teacher who managed to bring about change in the practice of the Israelites. Like with the Israelites, there are many practices in our community that are not pleasing to the Lord, including FGC and EM. Like Ezra, Amhara faith leaders should adopt a similar roadmap by 1) taking the time to study the effects of FGC and EM, and 2) teaching their congregations/community what they have learned in whatever setting possible.

Ethiopia is known for its diverse cultural and traditional practices that have deep historical roots. Respect for tradition is often seen as one of the most remarkable traits of Ethiopians.¹ However, while most traditions can be beneficial and unite us as a community, some are negative, and especially harmful to women. The status of women in Ethiopia is highly undermined by multiple factors, including higher rates of poverty, traditionally low decision-making power, heavy workloads, gender inequalities in education, unregulated family planning, and harmful traditional practices (HTPs), such as FGC and EM.

Abstinence from sex before marriage, and faithfulness after marriage, are the main values that our faiths and our communities aspire to preserve. However, we are learning that our communities often observe these values through harmful practices such as FGC, EM, and termination of girls’ schooling. Many communities believe that harmful traditional practices like FGC and EM are religious requirements – however, most high-level EOTC faith leaders affirm that this is not the case, and that FGC and EM have been proven harmful by modern medicine, and are not part of EOTC teaching.

Faith leaders (FLs) are a highly influential group in Ethiopia, and this power can be used either positively or negatively. Because FLs can reach large numbers of people, both in rural and urban areas on a regular basis, they are the ideal people to engage in educating and empowering communities. Unfortunately, many misinformed FLs impose their scientifically and theologically incorrect views while preaching to their communities, thereby encouraging unsafe harmful traditional practices (HTPs).

As guardians of tradition, faith leaders must identify the difference between harmful and beneficial traditional practices. We need to promote the beneficial practices, and challenge the harmful ones. Our four-day training hopes to equip EOTC faith leaders to take a position in condemning FGC and EM nationally.

¹ EGLDAM (2007). “Follow-up National Survey on the Harmful Traditional Practices in Ethiopia.” (p.3.) <http://www.egldam-fgm.net/index.php>. [Accessed 23 May, 2012]

The goals of this 4-day training for EOTC faith leaders include:

- To disclose the reality of the practices of FGC and EM in Amhara and Ethiopia
- To communicate well-established scientific knowledge on the effects of FGC and EM
- To highlight theological reflections on FGC and EM
- To encourage EOTC faith leaders/ministers to share their newfound knowledge and training to their congregants

The goal of the “**Faith Effect: Equipping Faith Leaders to Empower Girls**” project is to educate FLs, and mobilize them towards becoming advocates for girls/women. We hope you will all enjoy the training and make the most out of it.

Before moving on, let’s get to know each other better!

1.2: Getting to Know Each Other (Activity)

Objective:

At the end of this session, we will have:

- Introduced each other

Materials:

- Paper for participants
- Pen/pencil for participants

Time:

- 45 minutes

Speaking Guide

We will start with a small exercise to introduce ourselves and get to know each other.

Step 1

Please write down these three pieces of information about yourselves:

- 1) Your name
- 2) Where you are from
- 3) Your favorite thing about your congregation or community

Step 2

Now, please form pairs and share your information with a partner. You will have 10 minutes to complete the task. I will let you know when 5 minutes have passed so that each person gets equal time.

(Allow 10 minutes for participants to complete activity.)

Step 3

Now, come back together and sit in a circle so that everyone can see each other. I want each of you to introduce your partner to the rest of the group using the three pieces of information you have just learned.

(Allow time for each participant to introduce their partner to the group. It should take about 30 minutes.)

Step 4

Thank you for introducing your partners to the group. Did anyone learn something new or surprising that they would like to share?

(Allow 5 minutes for discussion if needed.)

Thank you for willingness to share. We will discuss some important topics over the next few days, so it is important that we all feel comfortable with each other. Let's take a break now. Please continue talking amongst yourselves and continue getting to know each other! You may also approach me with any questions during the break.

Facilitator Notes:

- Although some participants may know each other, it will make the session more interesting if they get introduced once again. Participants may even learn something new about an old friend.
- Make sure everyone gets their turn to introduce each other.
- Depending on the size of the group, this exercise should take about 30 minutes.

1.3 Key Terms and Definitions

Objective:

At the end of this session, we will have:

- Clarified key terms that will be used over the course of the training

Materials:

- Paper for participants
- Pen/pencil for participants

Time:

- 20 minutes to 1 hour, depending on interest of group

Speaking Guide

Step 1

I will now be taking you through a list of key terms and their definitions. These terms and definitions will be used over the course of the training, so it is important that everyone has the same understanding of what is being discussed.

Step 2

(Read aloud the list below.)

1) Tradition

A set of customs passed down over the generations, and a set of beliefs and values endorsing those customs.

2) Traditional practice

Customary beliefs/thinking/behavior/habits/acts transmitted from the past generations and likely to be passed to the next.

3) Traditional leader

Any person who, in terms of customary law of the community, holds a traditional leadership position that is recognized both by the community and government.

4) Faith leader (FL)

Any person (male or female of any age) recognized by the local community/ congregation as a spiritual/faith leader – either deriving their status from formal religious/ denominational structures or long-term community recognition of spiritual influence.

5) Chincha

A fictitious abnormal physical growth that covers the entrance to the female genitalia; many believe that unless it is removed, it will inhibit both sexual penetration and childbirth/delivery. The *Chincha* myth is a major reason for continuing the practice of FGC cited by those in favor of it.

6) Mary's Circumcision

Refers to a girl who is said to be naturally circumcised (without Chincha) or divinely circumcised like Mary, the mother of Jesus.

7) Galemota

A girl considered too old for marriage.

8) Early marriage

Marriage below the full legal age of eighteen years.

9) Female Genital Cutting (FGC)

The practice of cutting/damaging the female external genitalia (including the clitoris, prepuce, labia minora, and labia majora). There are 4 types of this practice, according to the World Health Organization, with varying degrees of damage done to the external genitalia and vagina, urethra, and rectum.

10) Arranged marriage

Marital arrangement made for two individuals by the two sets of parents, mostly without the consent of the would-be spouses.

11) Cot Asir

The practice wherein a man joins a family as a manual laborer for about five years, then demands their young daughter as payment for his work. It closely resembles Jacob's strategy to win Laban's daughters in marriage (Genesis 29: 18).

12) Madego

A practice used to seal a marriage to a young girl, wherein a man will take a girl at an early age to live at his parents' house, so that she can adapt to the new environment. By doing so, he will establish that the girl lives outside of her parents' house, so no one will bid for her as a bride in the future. When she is 11-13 years of age, he will be allowed to marry her.

13) Attitudes

Refers to how faith leaders/communities perceive the issue of early marriage and FGC, and their willingness to engage in action for/against delaying the ages of marriage and avoiding FGC.

14) Tools

Describes the set of messages and materials that can be used in shifting the behaviors and practices of faith leaders and congregants (e.g., sermon guides, pamphlets, daily mediations). This project aims to equip faith leaders and faith communities with effective tools to change these harmful traditions.

15) Models

Refers to the different approaches and tactics with which to approach faith leaders and faith communities (e.g., from the pulpit, house-to-house, community-based sensitization, etc). Employing faith leaders and the community to effectively work to delay the age of marriage and avoid FGC.

Step 3 (Discussion)

(Tape up the list in the room so that participants can refer to it.)

If participants are mostly literate in Amharic: I would like for you to take a few minutes to read over this list. (Allow all participants the opportunity to read over the list.)

If participants are mostly illiterate in Amharic: Are there any terms and definitions you would like me to read over again? If not, let's move on to some discussion.

I would like for us to discuss these terms and definitions as a group:

- 1) Are there any key terms or definitions that you do not understand? It's okay if you need some more clarification.
- 2) Are there any key terms or definitions that you would like to know more about?
- 3) Are any of these terms or definitions used in your own congregations? If so, what is the meaning of the term in *your* community?
- 4) Is there any controversy regarding some of these terms in your congregation or community?
- 5) If some of these terms are not used in your congregation or community, are you aware of them being used in your region or elsewhere in Ethiopia?

Daily Wrap-Up

Speaking Guide

(Pass out papers)

In thinking over what we have discussed together today, I would like to ask all of you to reflect for a few moments and write down any questions, concerns or issues that you have about today's training. This is so that I can address any of your questions or concerns, submitted anonymously, first thing tomorrow morning. Do not be shy; it is very likely that others in the room have the same questions or concerns as you and would benefit from an explanation.

(Collect papers.)

Thank you very much for your honesty, and I look forward to further learning with you tomorrow! We will be handing out quite a few materials to you over the next few days – please try to remember to bring them back each day of our training. Have a great evening!

Day 1 Evaluation Checklist

Notes to Facilitator

It is important that you independently evaluate whether or not you think that your participants have achieved today's objectives. If not, it will be necessary to review some concepts at the start of the next day to make sure that participants can easily traverse the remaining sessions.

Do you feel confident that all participants:

- Felt welcome and comfortable?
- Felt introduced and included in the group?
- Clearly understood the overall training goals?
- Are sufficiently sensitized to the key terms and definitions that will be used to discuss FGC and EM during the remaining training sessions?

Day 2: Female Genital Cutting (FSG)

Day 2 Goals

- Participants will review any questions or concerns from the previous day.
- Participants will understand the sociological and cultural underpinnings of FGC.
- Participants will understand the physical, sexual, and emotional hazards of FGC.
- Participants will have an accurate understanding of the anatomy of the female genitalia.
- Participants will understand the current laws and policies surrounding FGC.
- Participants will have an awareness of local programs that are successfully mitigating FGC in their communities.
- Participants will have an accurate understanding of the theological aspects of FGC.

Subtopics

- 1) 2.1 Ice Breaker: One Body Part You Could Never Live Without
- 2) 2.2 FGC Sociological/Cultural Unit
- 3) 2.3 FGC Sociological/Cultural Modeling Tool
- 4) 2.4 FGC Anatomy/Health Unit
- 5) 2.5 FGC Policy Unit
- 6) 2.6 FGC Programs Unit
- 7) 2.7 FGC Theology Unit

Required materials for the day

- Pens or pencils
- Markers
- Notebooks or paper
- Flipcharts

2.1 Ice Breaker: “One body part I could never live without... “

Objective:

By the end of this session, we will have:

- Created a climate of trust and comfort to move forward with today’s subject matter

Materials:

- None

Time:

- 20 minutes

Speaking Guide

Welcome to the start of the 2nd day of training and thank you for returning. I hope that all of you had a restful evening, and I am looking forward to working with you today! This will be a busy day, but before we get started on Day 2, let's do another getting-to-know-you exercise.

Step 1

Let's all gather in a circle.

(Wait for group to form a circle.)

I hope that all of you remember the names of your neighbors from yesterday. We are going to go around in a circle starting with you (points to one person). I want you to state your name and say the name of one body part that you think you could never live without (wait for laughter). It can be funny or serious. The only trick is that each person may only say the name of a body part that has not yet been said. I will give you an example:

"My name is _____ and the body part that I know I could NEVER live without is my ear."

Then, we go on to the next person. But that person has to say the names and body parts of everyone that came before him, and then add his on at the end.

It looks like the last person in the circle is going to be you (pointing to the person right next to the first person picked), so you better pay close attention!

Step 2

(Allow the participants to complete the circle exercise, letting participants help each other remember names and body parts as they move along.)

Step 3

(Allow laughter to die down.)

Now that we all REALLY know each other's names and which body parts we could never live without, I am struck by the importance of all our body parts. As you may have noticed, it was hard to choose just one body part you would always need because all of them are so important. How does a person decide if his stomach or if his hand is more important? Without either of them, life would be difficult. You would not be able to eat or to do work as easily. Indeed, it seems that God made each of us with all of our body parts for a reason.

For the rest of the day, we are going to discuss important issues surrounding a certain female body part. It may be a little uncomfortable to discuss at first, but it is important for all of us to fully

understand the issues surrounding it in order to ensure the health and safety of the women and girls in our communities.

And speaking of uncomfortable subjects, before moving on, let's address any of your concerns or questions that you raised at the end of the day yesterday.

(Read all questions/concerns asked at the end of the previous day and discuss answers. This should take 5-10 minutes.)

2.2 FGC Sociological/Cultural Unit

Objective:

By the end of this session, we will have:

- Discussed and reviewed the Sensitization content from Day 1
- Learned about the history and cultural factors behind the harmful traditional practice of Female Genital Cutting (FGC)
- Examined the reasons for the persistence of the practice
- Discovered ways to engage our congregations so as to discourage FGC and to enlighten those who are ignorant of the harmful nature of the practice.

Materials:

- Flipchart and markers

Time:

- 1.5 hours

Speaking Guide

Step 1:

Review of Day 1 of Welcome and Introductions (Discussion: 10 minutes)

Now that we have returned to our seats, I would like to turn your attention to some serious questions for discussion.

- 1) What did you find most surprising about what you learned yesterday about FGC and EM?
- 2) What kinds of thoughts or questions did it bring up for you?
- 3) Can you anticipate how, as a faith leader, you may be able to make a difference with these two issues?
- 4) Are there certain issues you are struggling with in relation to FGC or Early Marriage?

Over the next few days, everyone will have an opportunity to ask questions like these and help provide answers for the group. Every question is a good one.

Step 2:

Instruction on Historical/Cultural/Sociological Aspects of FGC (20 minutes)

Definition

FGC means the damaging/removal of all or part of the female external genitalia. Generally, it is an operation that deprives the victims of sexual pleasure, brings pain during intercourse, and agony during childbirth and afterwards. The procedure is akin to amputating all or part of the male genitalia.²

Until the 1980s, the procedure was largely known as Female Circumcision (FC). Afterwards, a more stigmatizing and offensive, yet accurate name, Female Genital Cutting/Mutilation (FGC/M) became more common. Indeed, the intent is “circumcision,” but the effect is cutting and mutilating. From a biological and health point of view, the correct counterpart/analogy to FGC is a penectomy (partial or total amputation of the penis). The physical, sexual, and mental trauma for a woman who undergoes FGC is the same as that of a man who undergoes a penectomy.³

Historical Development

FGC is a cross-cultural, cross-religious and cross-regional ancient practice with no clearly defined origin. Different studies highlight that it is more common among the Muslim community; however, it predates Islam, Christianity, and even Judaism. The Encyclopedia of Religion and Ethics (p. 669) states, “Ethiopia is a leading nation in the world in circumcising male and female infants on the eighth day.”

FGC is said to have been practiced in Egypt as early as the first century (2000 years ago). There are also historical records that indicate FGC was practiced among Phoenicians, Hittites and Ethiopians as early as the fifth century BC (2500 years ago). In those days, various beliefs were used to support the practice, which include:

- Unless removed, the female genitalia was thought to cause inappropriate thinking and behaviour.
- It was a tool to ensure virginity and fidelity.
- Infibulated slaves (subjected to FGC Type III - the removal of the labia minora, or inner lips, and labia majora, or outer lips) would not be interrupted by childbearing and rearing.
- Infibulated women would not be easily attacked by invaders/rapists and abductors.
- FGC was seen as a remedy for “hysteria” and lesbianism.⁴

Generally, Ethiopia is a patriarchal society where gender inequality is prevalent, widely tolerated, and institutionalized. Gender-based inequality, or differential treatment of men and women in society, is one of the root causes of women-related HTPs and reproductive health problems.

² Pathfinder International Ethiopia (2010). *Reference Manual on Harmful Traditional Practices*. (p3.) Addis Ababa.

³ Pathfinder International Ethiopia (2010). *Reference Manual on Harmful Traditional Practices*. (p.87) Addis Ababa.

⁴ Pathfinder International Ethiopia (2010). *Reference Manual on Harmful Traditional Practices*. (p83.) Addis Ababa.

Eradicating gender inequalities and embracing gender integration are prerequisites to ensuring good reproductive health and mitigating the devastating effects of women-related HTPs.

Prevalence of FGC

- The global magnitude of the problem is unknown, for it is done in secrecy in many countries.
- According to the World Health Organization (WHO), FGC has been practiced in 28 nations in Africa (and in 35 nations globally) with varying frequency and in different ways. In early 2000, WHO estimated that 130 million girls/women were living with mutilated genitalia (92 million in Africa); each year, nearly three million (8,000 a day) girls are estimated to undergo FGC.

FGC in Ethiopia

EGLDAM (Ethiopia Goji Limdawi Dirgitoch Aswegage Mahiber, or the Ethiopia Harmful Traditional Practices Eradication Association) is a pioneering local non-governmental organization (NGO) who is conducting research, publishing materials on the topic, and advocating for the eradication of HTPs such as FGC in Ethiopia. EGLDAM 2007 statistics on FGC in Ethiopia are as follows:

- 56% of all girls and women in Ethiopia have undergone FGC.
- There are regional differences, however. In Addis/Oromia, 25% of girls/women have undergone FGC. In Southern Nations, Nationalities, and People's Region (SNNPR), the rate is 33%. In Tigray, it is 50%. In Amhara, finally, 66% of girls/women have undergone FGC. Among the heavily Ethiopian Orthodox Christian areas in Ethiopia, the Amhara region has the highest prevalence of FGC, with 62.9% of EOTC community girls in Amhara having undergone FGC.
- FGC is a prevalent practice in all major religious communities in Ethiopia. 80% of Muslim communities in Ethiopia practice FGC, followed by 70% of EOTC communities, 40% of Catholic communities, and 36% of Evangelical Christian communities.
- 1/3 of rural youth (and 2/3 in some regions, especially Amhara) believe FGC to be a religious/cultural obligation.

Causes of FGC

1) From an FGC advocate's perspective

It is prudent to understand the reasons given by the community members for the practice of FGC, particularly those of traditional/ethnic leaders who safeguard the tradition. Those who advocate the practice usually call it "**Female Purity**" instead of FGC. Some of their reasons for promoting the practice include:

- Eliminating the clitoris is said to diminish a woman's sexual desire, which in turn ensures virginity before marriage, fidelity to her spouse, and increased sexual pleasure for the man (but not the woman). The husband's sexual pleasure is supposedly increased by the ease with which FGC allows him to penetrate the woman and because of the woman's calm, un-aroused state during sexual relations. In other words, FGC is used to control women's emotions and desire for sex.

- Identification with cultural heritage, and avoiding stigma and discrimination: FGC is seen in many communities as a sign of womanhood and a criterion for being pure, self-controlled and marriageable.
- The clitoris/labia, in some communities, are considered disfiguring tissues that cause a foul smell in the genitalia. Some even believe that they will produce worms unless removed.
- The clitoris is said to hamper the progression of the child during the birthing process.
- Several communities believe that FGC enhances fertility and ensures child survival. Some even believe the child will die if its head touches the clitoris during childbirth.
- *Chincha*: Some communities believe that a girl will be impenetrable, and that her labia minora/clitoris will continue to grow, almost to the ground, unless cut early on. This is the myth of the *Chincha*.
- Many communities are shocked by the increasing prevalence of pre-marital affairs and unwanted pregnancies in their area. Therefore, practices like FGC have experienced a resurgence in a number of areas; in some circles, the rallying cry seems to be, “circumcise, don’t compromise!”

Do any of these beliefs sound familiar to you?

(Allow 20 minutes for participants to share their reactions.)

2) From an FGC opponent’s perspective

Thank you for sharing your thoughts. I’d like to move on to discussing some of the reasons attributed to the continuation of FGC.

- Over-adherence to local custom/tradition: Despite the many challenges and health complications they face as a result of FGC, many women are unwilling to challenge their community’s tradition.
- Gender-bias with regards to sexuality: Those who practice FGC are essentially saying that female sexuality must be controlled for the benefit of others. In other words, a woman in societies where FGC is practiced is seen as a sex/reproduction machine or slave made for the benefit of the owner, at her own expense.
- Gender-bias with regards to fidelity: In societies where women undergo FGC, the woman is expected to be a virgin before marriage and faithful afterwards, but often not the man; the woman’s sexual desire needs to be controlled, but not the man’s.
- The value attached to virginity: FGC is used in some communities to ensure virginity before marriage. Virginity, however, is very hard to determine, especially since the historically accepted indicator, the hymen, is different in every woman. The hymen, or the easily breakable, thin tissue partially covering the vaginal entrance, can often be broken during heavy work in childhood, playing sports or games, or even simply through everyday living. Additionally, sometimes the hymen is so elastic, that it can remain intact even after a girl has lost her virginity. Therefore, a girl who is a virgin may not appear to be in tests, because her hymen was broken during childhood, and a non-virgin girl with a particularly elastic

hymen may appear to be a virgin when tested. Sexology professor Dr. Prakash Kothari has accurately expressed the demand for proof and assurance of virginity as “a big issue over a small tissue.” However, despite the fact that every woman is different, and there is no one way to determine female virginity (and, in an unjust double standard, men are rarely forced to prove virginity at marriage), many cultures still place high importance on virginity.

Do any of these perspectives sound familiar to you?

(Allow participants 20 minutes to react and discuss.)

In summary, the major sociological/cultural/historical factors that keep FGC alive and in practice are:

- People believe that girls who undergo it will have better marriage prospects because of increased “Female Purity.”
- Custom/tradition demands the practice. Without FGC, a girl might face stigma or discrimination.
- Religious communities demand it. Many mothers and a few faith leaders consider FGC a religious requirement.
- Many people believe that FGC prevents immorality and ensures virginity and fidelity.
- Adultery is seen as the worst sin in many religious communities, and many believe that FGC is a time-tested remedy against adultery.
- Some believe that FGC ensures cleanliness and removes the “dirty/ugly” part of genitalia.
- Some believe that FGC reduces or adjusts a woman’s sexual drive, and pushes her behavior “back to normal.”
- Some believe that FGC enhances a husband’s sexual pleasure.
- Some even believe that a removal of *chinja* enhances fertility.

Discussion

What do you think about these major sociological, cultural and historical practices that keep FGC alive in our communities? Do you believe some of these myths yourself? Do you know of others in your community who believe these myths? As a faith leader, do you think that you have the power to address these issues in your congregation or community? Let’s discuss this as a group. Everyone’s opinion is welcome.

(Allow 30 minutes for participants to discuss.)

Let’s take a break before moving on.

2.3 FGC Social/Cultural Modeling Tool

Objective:

- By the end of this session, we will have heard various case studies and testimonies, and discussed how our role of faith leaders can be used to discourage persistent myths about FGC within the community, and encourage eradication of the practice.

Visitors:

- If possible, invite a faith leader to give testimony about his/her experience with FGC—if not, read one or two of the examples included and discuss.

Materials:

- Flipchart and markers

Time:

- 1 hour

Choose one or two case studies from each set (women's stories and faith leaders' stories) to read to the group, then pursue a discussion using the questions after your chosen case studies as a guide.

Speaking Guide

We are now going to hear factual accounts of real women's experiences with FGC.

Woman 1:

"A beautiful young girl was identified, in routine community visits, by the Gender and Development Officers of the South Central Synod of Mekane Yesus in Hadiya Zone, 300km south of the capital. When they first met her, she was incontinent of urine, smelled bad, and was surrounded by flies. When the Gender and Development Officers looked into her personal history, they found out that she had undergone FGC as a prerequisite for an arranged marriage. As her wedding approached, however, she was reexamined by the community mothers and told that her previous circumcision was not done properly, and that she needed further cutting. After the second procedure, she developed fistula and became incontinent of urine. She attended her wedding ceremony in this condition.

"The Gender and Development Officers took her to a fistula hospital in the capital, but it was to no avail, for her urinary sphincter was torn. Desperate for a repair, she returned to the former fistula hospital three more times on her own, changing her identity each time so that they would not turn her away. When the hospital staff recognized her on her third visit, and told her that her problem was beyond their level of expertise, she burst into tears. When she got back to her village after the third failed try I at the fistula hospital, she received heart-breaking news: her husband had gotten married to another woman. Filled with deep sorrow and hopelessness, she moved back to her parents' house. However, thanks to the psychological and economic support provided by the Mekane Yesus Gender and Development Officers, she is now remarried to a poor farmer, has given birth to a baby girl, and leads a better life, despite her chronic, severe fistula."

Discussion

- 1) What is the main cause of this woman's problem?
- 2) What would you do if you were the victim?
- 3) What would you do if you were legal personnel, or a Gender and Development officer?
- 4) How would you react if the victim were your daughter, mother, sister or friend?
- 5) Should something be done to stop this practice? What?
- 6) What could you do to help those who are victims of this practice?
- 7) What could you expect others to do to help stop this practice?

Woman 2:

"I was married three times: at ages 7, 13 and 15. The first time my father married me off at 7, my husband couldn't penetrate me. I suffered severe pain with every attempt at sexual relations, and used to hide in the woods to avoid him at night. I was soon divorced. Again, my father married me off at 13. Again, this husband could not penetrate me, and the pain was too much. Then my father told me, as a family secret, that I was not circumcised at infancy and that I was Chinchu (non-penetrable). The faith and traditional leaders concluded that I was demon-possessed, and that I needed a special demon-casting ceremony (exorcism). The ritual was performed: a chicken was slaughtered and the blood spilled over me. At the ceremony, an older faith leader requested to marry me, but my father refused. When I was 15, I was forcefully abducted by a man whose mother was a circumciser. She examined me, revealed the problem to be Chinchu, and circumcised me on the same day. A few days later, I was penetrated and became pregnant. Therefore, I am the best example that FGC helps."

Discussion

- 1) What is the root of the problem in this case?
- 2) How does the concurrence of early marriage with FGC affect the girl?
- 3) What should be the mother's role in this scenario? And the father's role?
- 4) Why was the father not able to spare his daughter from circumcision?
- 5) What could the Faith Leader's role have been here?
- 6) Do you believe that *Chinchu* was the cause of this girl's problem?

Woman 3:

An illiterate Amhara mother from Ephesus testified that her daughters are not circumcised.

"FGC is our tradition, but it is not as widely practiced as before. In the past, no one dared to oppose the practice of FGC. Now, community health extension workers are teaching about its harmful effects, and people have started questioning the importance of the tradition. I know that girls in the Gondar area are not circumcised. Thus, they are said to be preferred for marriage, since they experience relatively few problems with sexual relations and childbirth. I have witnessed many men in our community traveling long distances to meet and bring back wives from the Gondar area."

“From my own experience, I know the challenges of painful sexual relations and childbirth problems associated with FGC. However, it is a risky business to avoid FGC in our community, where it seems universal and widely hailed. One cannot be sure, in my community, if her daughter will become a victim of social stigma and seen as unmarriageable if she is not circumcised. Finally, I decided that it would be best to leave my daughters uncircumcised and avoid FGC, for there seems a shift in the tradition. I have heard that many men would like to have uncircumcised girls as wives, because they will more likely be active and happy during sexual relations, like the Gondar girls. Therefore, none of my daughters is circumcised. To my frustration, however, none of them has been requested for marriage.”

Discussion

- 1) What would you do if you were in this woman’s position?
- 2) What would you do if you were this woman’s daughter?
- 3) What would you do if you were this woman’s husband, father, neighbor, or friend?
- 4) What could be the reason that in Gondar, girls are not forced to undergo FGC?
- 5) What could this woman’s faith leader or God-father do for this mother, and for his congregation, to reinforce her resolve not to cut her daughters?
- 6) What would you do if you were this woman’s faith leader or God-father?

Thank you for listening, and thank you for your thoughts and discussion. We are now going to hear factual accounts of faith leaders’ experiences with FGC.

Faith Leader 1 - Testimony

A reverend in Amhara claims to be a supporter of FGC. He supports the practice for five main reasons:

- 1) *“Even if not written in the Bible (and we must remember that not everything is written in the Bible), nature tells the importance of removing the parts cut in FGC;*
- 2) *FGC ensures easy and joyful sexual relations, and smooth childbirth/delivery;*
- 3) *It is a long-standing, helpful tradition in our community;*
- 4) *FGC is helpful for the marital relationship;*
- 5) *FGC is neither prohibited by the government, nor denounced by the church.*

FGC removes the barrier at the entrance of the genitalia. Consequently, this will make a woman more able to have easy and joyful sex, and deliver children without any barrier at the outlet. I heard about an uncircumcised girl that got pregnant, and encountered difficulties in labor and childbirth. Finally, the birth attendant circumcised her while she was in labor, and delivered the fetus alive. Another story: in our congregation, a man got engaged to an uncircumcised girl. When he found out that she was uncircumcised, he changed his mind and left her right before the day of their wedding. Most of the ministers in our church support FGC. If I start teaching against FGC, I might even be seen as a heretic. Therefore, I encourage the community to continue FGC in a sterile manner, conducted only by skilled professionals.”

Discussion

- 1) Do you agree or disagree with this faith leader on his position?
- 2) What challenges (from others or himself) is this faith leader up against?
- 3) Where has he received support for his position?
- 4) What would you do if you were in his place?
- 5) What would you do if you were the head of the Church, and knew that this man supported FGC?

Faith Leader 2 - Testimony

A faith leader testified that he married a circumcised girl. He admitted that she often suffered from pain and discomfort during sexual relations. The worst suffering occurred was while she was in labor with their first and only child. She stayed in labor for over two days because of outlet obstruction – her FGC made it impossible for the baby to come out. He took her to the healthcare unit and, and the staff there affirmed to him that the delay was due to her FGC scar. Their child was delivered through a surgical procedure. This FL, however, decided not to have another child in the future so that his wife would not have to suffer through a similar obstructed labor.

Discussion

- 1) Do you agree or disagree with this faith leader's decision?
- 2) What challenges (from others or himself) was this faith leader up against?
- 3) What would you do if you were in his place?
- 4) What would you do if you were a member of his community?

Faith Leader 3 - Testimony

An Orthodox priest in Debreberhan gave his fairly informed position on FGC.

"I consider myself a strong opponent of FGC. It causes widely observed sexual and childbirth problems, yet still the tradition persists. The EOTC officially condemns FGC at a national level, and the government has labeled FGC a Harmful Traditional Practice (HTP), which criminalizes it. Nevertheless, most of the Amhara area circumcises at infancy, because awareness on the topic is only a very recent development. Therefore, I believe most adult and young members of my congregation/community are already circumcised. Many girls in our congregation suffer from difficult labor and deliveries that are attributed to FGC.

"I received training from the EOTC head office, and learned that FGC is not Biblical, and is a harmful practice. Despite this, when I started teaching at the ministers' level, I faced much opposition from pro-FGC ministers. Later, when I taught at the congregational level, some of the congregants (mainly the elderly members) were offended by hearing what they believed was "a social issue" preached from a church platform. As a responsible minister with a holistic ministry, I resumed teaching our congregation about the harm FGC causes, and the practice's irrelevance to spirituality. I believe that a healthy society is the product of healthy religious teaching. However, because of a lack of in-depth training, and a shortage of materials on the topic, my impact, thus far, has been minimal."

Discussion

- 1) Do you agree or disagree with this faith leader's position?
- 2) What challenges (from others or himself) is this faith leader up against?
- 3) Where has he received support for his position?
- 4) What would you do if you were in his place?
- 5) What will you do if you were a member of the EOTC head office?

Faith Leader 4 - Testimony

An Orthodox priest from Amhara considers himself an outspoken critic of FGC. He has not received official training on the topic, but heard that the EOTC has officially denounced FGC. He noted that FGC is now less common in towns but still widely practiced in the rural areas of Amhara. The basis for his opposition to FGC are the widely observed problems with childbirth and delivery in his community, and what he has heard from his spiritual children.

"As a God-father, all of my spiritual children should feel that they can tell me about their secret challenges in life, so that I can give them advice and prayer. Accordingly, many married women have told me about their painful sexual relations and lack of satisfaction with their husbands, which was a challenging problem for me to respond to effectively. Finally, I decided to address the root cause of these sexual problems, that is, FGC in our community. I have taught about the harmful effects of FGC at the congregational level, and at different social/religious gatherings. Traditional leaders and elderly members of the community are fierce opponents of my teachings. They believe anti-FGC teachings are violations of the original teaching of the church. They also argue that FGC prevents pre-marital/ extra-marital affairs, and promotes holiness. The issue seems to be creating a rift among the ministers and members in the congregation. Some are even associating me, as an anti-FGC advocate, with the much-opposed government ruling party, which is a dangerous position for me to be in."

Discussion

- 1) Do you agree or disagree with this faith leader's position?
- 2) What challenges from others is this faith leader up against?
- 3) Where has he received support for his position?
- 4) What would you do if you were in his place?
- 5) What would you do if you were the head of the Church?

Thank you for sharing all of your input. Let's take a break before we move on!

2.4 FGC Anatomy / Health Unit

Objective:

By the end of this session, we will have:

- Learned about the female anatomy and the physical health effects of FGC

Materials:

- Flipchart and markers
- Anatomical posters, with diagrams depicting the female anatomy, and each type of FGC
- Printed out copies of the diagrams for each participant (preferably laminated to prolong use)
- Paper for participants
- Pencils/pens for participants

Time:

- 30 minutes

Step 1

Speaking Guide

Now, we will talk about the female anatomy and physical aspects of FGC. At any point, I welcome you to share what you already know about these topics. If you have questions, please ask and I will write them on the chart. I will make sure to address all of the questions during or at the end of the session.

(Pass around diagram)

Step 2

Speaking Guide

Each of these diagrams show a picture of the female genitalia, as viewed when a girl or woman is lying on her back, with her legs bent sideways. First, we are going to look at healthy, normal female genitalia that have not been subjected to FGC.

Poster A: Healthy Female Anatomy

“There are six main parts in the healthy, normal female genitalia: the clitoris, the prepuce, the labia minora, the labia majora, the urethral opening, and the vagina.”

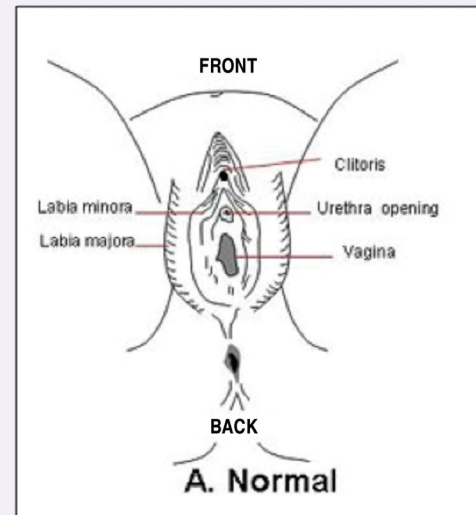
[POINT TO URETHRAL OPENING] This is the urethral opening. Many of you may confuse this with the vagina, since all fluids seem to come from the same opening in a woman’s body. However, the urethral opening is very different from the vagina, in that its sole purpose is for ridding the body of toxins through urine. **[POINT TO VAGINA]** The vagina is the opening through which a woman delivers a baby, and experiences sexual intercourse. This opening is very complex and sensitive,

and requires many layers of protection from germs and outside damage, as well as help stretching during childbirth. **[POINT TO LABIA MAJORA AND LABIA MINORA]** These are the labia majora, or outer lips, and labia minora, or inner lips. Their main purpose is to protect the vagina from damage, as well as aiding sexual excitation – they are very sensitive, with many nerves, and they also produce a liquid that lubricates sexual intercourse, making it easier. **[POINT TO CLITORIS]** At the top, where the two sets of lips, the labia minora and labia majora, meet, there is a little pea-sized node called the clitoris. This little organ is one of the most misunderstood parts of the female body. Modern medical science proves that this is the only organ of its kind – small, densely packed with nerves, very complex, and built solely for the purpose of pleasure. The clitoris has over 8,000 sensory nerves whose sole purposes are to stimulate sexual pleasure. While this is a female organ, and it is largely meant for female sexual pleasure, it is vital for male enjoyment as well – the clitoris excites all of the other parts of the female genitalia, making it easier for the man to penetrate and enjoy sexual relations. **[POINT TO PREPUCE]** This is the prepuce, or the covering for the clitoris. It is formed by the meeting of the two labia minora over the clitoris. Its purpose is to protect the clitoris from damage.

When any of these parts are cut or damaged, it severely impairs a woman’s God-given right for the enjoyment of marital sexual relations, which are necessary for a joyful family life. Damage to these parts often results in massive bleeding, infection (including HIV from unsterilized tools), lifelong pain, incontinence, and even death from all of these complications. Additionally, damage to these parts puts a mother at a serious risk of dying in childbirth, and makes her child far more likely to die as well.

Step 3

There are many negative effects of FGC. FGC has a major negative impact on female sexual pleasure and happiness. Even then, FGC still does not have the historically desired effect of diminishing a



⁵ Pathfinder International Ethiopia (2010). *Reference Manual on Harmful Traditional Practices*. (p3.) Addis Ababa.

woman's sexual drive. This is because a woman's desire for sex is controlled by the brain/hormones (especially testosterone), so while her ability to enjoy and engage in sex can be lost, she may still desire sex. If a woman's vaginal opening is not surrounded by scar tissue caused by FGC, she may enjoy vaginal intercourse and experience orgasm. However, if the vaginal opening is small and scarred, as is often the case with many types of FGC, intercourse can be torturous.

FGC causes both short-term and long-term complications. Here are the common consequences/ complications resulting from FGC as identified by the World Health Organization (WHO).

1. Short-term complications: These complications are observed shortly after the procedure and are related to the procedure itself.

- **Bleeding:** The cut areas have thousands of veins, and the procedure is often done by non-professionals and without sterilized medical instruments. These parts are already prone to significant bleeding. If the circumcision is done without proper instruments, a girl will likely contract an infection; however, even if the procedure is done with proper, sterilized instruments, a girl may very well bleed to death during the process.
- **Pain:** These tissues are very sensitive, with an enormous concentration of nerves, and the procedure is usually done without anaesthesia.
- **Infection:** The procedure is usually done with non-sterile instruments, and without using proper disinfectant and antibiotics. An infection contracted from non-sterile instruments might spread to the urinary tract, vagina/uterus, surrounding soft tissue or pelvis. Sharing blades might transmit HIV; non-sterile blades can also cause tetanus, which can also be deadly.
- **Acute urine retention:** Because of the swelling, inflammation and infection to the external genitalia caused by FGC, the victims suffer from acute urinary retention, which means the inability to pass urine. This can have very serious health consequences for a girl over time.

2. Long-term complications: These complications can develop over time after the procedure.

- **Urinary problems:** Damage and scars can occur in the urethral opening as a result of cutting into the vagina and surrounding tissues.
- **Recurrent urinary tract infections:** Because of swelling and infection immediately after the procedure, and acute urinary retention, the bladder may not be completely emptied, resulting in urinary tract infections, which can cause serious health problems for a girl over time.
- **Infertility:** A cut woman may not be able to have a baby, due to damage to her vaginal opening, and thereby her womb.
- **Higher risk of eschar/keloid formation:** Eschar/keloids are thick, very painful scars formed by significant trauma or injury. Victims of FGC face a high risk of developing this kind of scar tissue. The formation of this type of scar tissue, which tears easily, puts a girl at significant risk for infection, not to mention the pain she will experience during intercourse and childbirth.
- **Painful sexual life:** Most victims of FGC suffer from pain during sexual relations, due to psychological stress from the procedure, and/or a rigid/narrow genital opening.

- **Reduced sexual pleasure:** FGC often results in reduced sexual pleasure for the woman and her partner because her sexually sensitive parts, which are necessary for their mutual pleasure and orgasm, have been removed. This, in turn, could result in conflict and divorce.
- **Obstructed labor:** A victim of FGC will usually experience difficulty in childbirth and obstructed labor, since the vagina loses its elasticity as a birth canal, and fails to allow for a smooth delivery.
- **Perineal tear:** The perineum is the area of tissue surrounding the vagina and the anus. This tissue can tear during delivery as a result of a rigid, narrow vagina/birth canal. In turn, this can cause massive bleeding, infection, and even future incontinence.
- **Fistula:** Because of damage to the vagina, urethra, and surrounding tissues during childbirth, or even during the FGC procedure itself, the victim may become incontinent of urine and/or feces. Fistula means incontinence from an abnormal connection between the vagina and the urethra, or in some cases, the vagina and the rectum.
- **Psychological trauma:** The victim of FGC often experiences psychological trauma related to the procedure and/or subsequent complications, which may make her unable to connect completely with her loved ones, or even her own children.
- **Social trauma:** Even though many girls and women undergo FGC to become socially accepted, FGC often ends up ostracizing them socially in the end. Women who have undergone FGC often end up socially ostracized because of their resulting fistula (specifically, its accompanying bad smell and incontinence), and divorce due to sexual mismatch and the consequences of fistula for marital life.⁵

Step 4

Speaking Guide

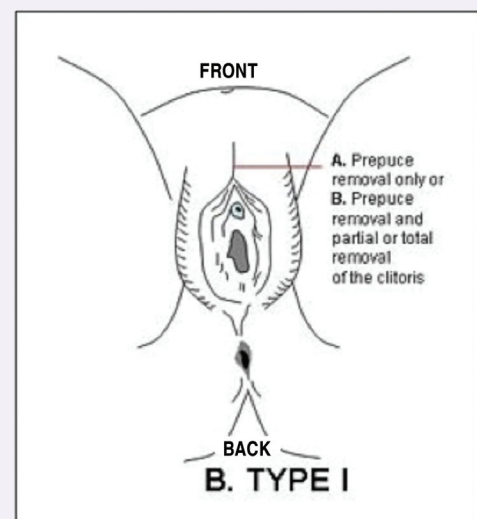
Now, we are going to see diagrams that show the different types of FGC in comparison to a set of normal, healthy female genitalia.

(Pass around diagrams)

The Ethiopian HTP Eradication Association (EGLDAM) classifies FGC into three distinct types, with an additional category for other practices not usually classified:

Poster B: FGC Type I

“This is a picture of the female genitalia when FGC Type I has been performed. FGC Type I is performed by cutting/damaging the prepuce, and then possibly damaging or removing the clitoris. As you can see in this picture, both the prepuce and the clitoris have been removed, and the labia majora may be sewn together to close off the top, forming scar tissue. In many cases, circumcisers

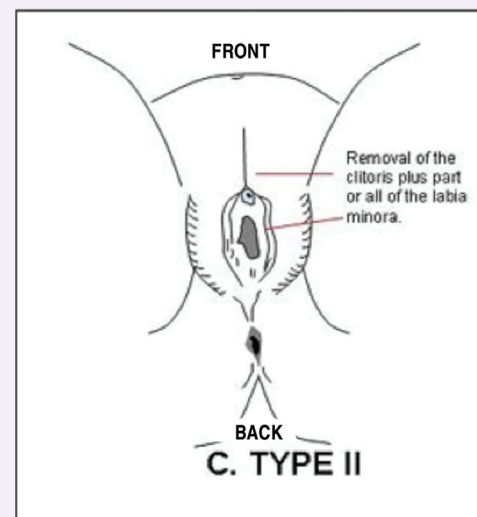


⁵ http://en.wikipedia.org/wiki/Female_genital_mutilation (accessed on 17 July 2012).

attempt to remove only the prepuce, comparing the procedure to a male circumcision. Although the prepuce has a similar nature to that of the foreskin of the penis, its small size and attachment to the clitoris makes it difficult to remove without damaging the clitoris, unlike in male circumcision, where the foreskin can be removed without damaging the penis. Thus, it is nearly impossible, even for the most skilled circumcisers, to cut the prepuce without damaging the clitoris. A victim of FGC Type I will usually suffer from immense pain, massive bleeding, infection (including HIV), pain during sex, lack of sexual satisfaction, infertility, fistula (which means incontinence either of urine or feces), and problems in childbirth. One out of seven girls subjected to FGC Type I die as a result of the procedure, whether from infection or from excessive bleeding, during the process or during childbirth.”

Poster C: FGC Type II

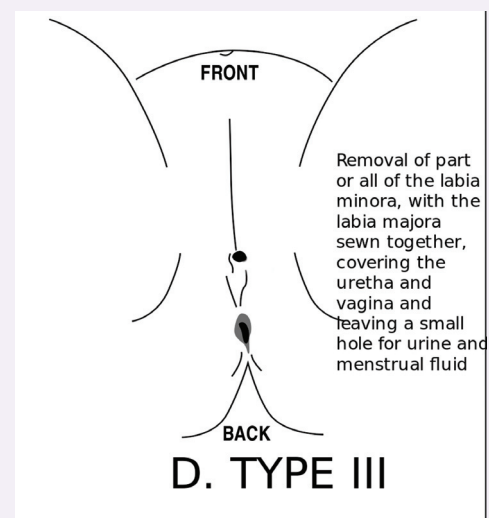
“In this picture, we see the genitalia of a girl or woman who has been subjected to FGC Type II. FGC Type II is performed by removing the clitoris with all or part of the labia minora. As we know from looking at the diagram of the healthy female genitalia, the labia minora (inner lips) have several important functions, including protecting the vagina from damage and germs and facilitating sexual intercourse (they are very sensitive and excitable, and produce a secretion that lubricates sexual intercourse, making it easier for penetration and more pleasurable for both parties). The victim of FGC Type II suffers from all the same effects as the victim of FGC Type I – except more severely. One out of three girls subjected to FGC Type II dies from complications of the procedure, whether from bleeding, infection, or in childbirth.”



7

Poster D: FGC Type III

“This picture shows the genitalia of a victim of FGC Type III, also known as ‘infibulation’. This is the worst type of FGC, and it is widely performed in the Afar, Somali, and Harari regions of Ethiopia. In this type of FGC, all external sexual organs are removed, including the clitoris, labia minora (inner lips), and labia majora (outer lips). In addition, the remainder of the labia majora will be sewn together, leaving only a small hole for urine and menstruation. The girl or woman subjected to FGC Type III is left this way until her wedding day, when her scar is ripped open for sexual intercourse – she is then repaired, making her opening only large enough for the husband to



8

⁶ http://en.wikipedia.org/wiki/Female_genital_mutilation (accessed on 17 July 2012).

⁷ http://en.wikipedia.org/wiki/Female_genital_mutilation (accessed on 17 July 2012).

penetrate her. She is re-opened during childbirth, and this is often a very painful, bloody, and fatal procedure. The victims of FGC Type III suffer from all the same effects as victims of the previous types of FGC, except to an even more severe degree, and with more of a risk for bleeding, shock, infection, and death in childbirth – their babies are far more likely to die as well. Research has shown that more than half of all girls who undergo FGC Type III die from complications directly related to the procedure, whether from bleeding, infection, or in childbirth.”

(Give participants a few minutes to look over the diagram and discuss.)

Okay, let's take a break!

⁸ http://en.wikipedia.org/wiki/Female_genital_mutilation (accessed on 17 July 2012).

2.5 FGC Policy Unit

Objective:

By the end of this session, we will:

- Gain an understanding of how the people of Amhara view the laws regarding FGC
- Understand national, local and biblical laws and policies related to FGC

Visitors:

- FGC national and local government policy speakers:
 - Amhara region, North Shoa zone justice office head
 - Moret and Jiru woreda Ministry of Women, Children, and Youth Office head
- FGC national EOTC policy speakers:
- EOTC scholar from the head office council of scholars
 - Zonal EOTC administration head—a renowned priest from Debreberhan

Materials:

- Paper or cards
- Pens or pencils

Time:

- 90 minutes

Speaking Guide

Step 1

We are now going to discuss international and Ethiopian laws and policies and how they relate to FGC, including what the laws say, when they were enacted, and what the legal consequences are for engaging in the practice of FGC. These are some findings from our own empirical research:

- In our focus group discussions and interviews, only 7% of Amhara FLs said that they have attended law amendment consultation meetings. This means that many faith leaders may not fully know the national laws, and the evidential basis for such laws.
- Only half (50%) of FLs surveyed stated that FGC is illegal in Ethiopia. Those who know the law disclosed that it is not seriously followed – many said that the law “is like a toothless lion!”
- Many FLs agreed that the law makes the practice more clandestine, because the law came into effect through imposing rather than persuading the people in rural areas.
- 13% of pro-FGC advocates surveyed acknowledged that lenient enforcement of the law is one of the main reasons they continue to support the practice.
- **Despite being illegal in Ethiopia, FGC is still widely practiced, and few circumcisers are ever prosecuted for undertaking the procedure.** Interestingly, only 15% of anti-FGC advocates cite the law as the basis for their opposition of FGC.

There is an anti-FGC law in Ethiopia that is up to international standards in its wording and sanctions; however, authorities have not widely and adequately communicated with communities about the harmful effects of FGC. The law was not properly introduced in consultations with faith leaders. Therefore, FGC continues to be practiced in many communities.

- In our research, 50% of FLs said that they still believe FGC is legal in the country; many mothers argue that FGC is a private matter and it is up to parents (and not the government) to decide whether or not to circumcise their daughters.
- Although the law is in place, it is often difficult for lawmakers to enforce the law; this could be due to failure to actively engage communities in conversations about FGC, and, in particular, persuade FLs that these laws are necessary and relevant.

Discussion (15 minutes)

- 1) Do any of these trends or findings surprise you? Why or why not?
- 2) How do these findings compare with your own knowledge, experiences or observations?
- 3) Do you have any relevant thoughts or challenges to the thoughts presented in the findings?
- 4) How do these findings or beliefs compare with what you see in your community or region?

Thank you for sharing your preliminary thoughts.

Step 2

For a long time, national laws and legislation have been used to promote patriarchy, female subordination, gender inequality, and discrimination against women. The current Ethiopian policy on women, however, has sought to eliminate HTPs like FGC in order to address the gender-gap and gender-based violence, thereby ensuring sustainable development in the country. Currently, Ethiopia has ratified almost all internationally agreed-upon human rights legislation. Most notably, the 1995 constitution is highly human rights-oriented, with a particular focus on the rights of women and children.

- For example, the 1993 *National Policy on Ethiopian Women* highlighted:
 - The major obstacle to gender equality and equity is the existence of HTPs that place women in a subordinate position and expose them to gender-based violence and hardship at various levels.⁹ HTPs such as FGC and Early Marriage (EM) affect girls and women's reproductive health and the human rights and status of women in society (The National RH strategy of Ethiopia-2006).
 - Therefore, HTPs such as FGC and EM are classified as serious crimes (FDRE, 2005: Articles 561- 570).
 - The policy outlines a step-by-step plan for the elimination of prejudices, customs, and other practices based on male supremacy, and specifies that women should hold public office and participate in decision-making processes at all levels.

⁹ Pathfinder International Ethiopia (2007). *Gender Mainstreaming in Reproductive Health, Family Planning and HIV/AIDS Programmes*. (p24.) Addis Ababa.

- The Ethiopian government has identified the elimination of HTPs (especially FGM and EM) as 1 of 6 program components of ensuring good reproductive health nationwide. The 2000 Revised Family Code/Law (a document in line with modern scholarship and international values and declarations), is a major step forward, one that expresses the government's high level of commitment to address women and family -related HTPs, while protecting the values of family life in our country. **Any laws, constitutions, regulations, directives, decisions or practices inconsistent with this Code shall not be allowed in the country.**¹⁰
- However, as we have seen in our research, this law is not communicated clearly to community members and contrasts significantly with the widely practiced harmful traditions in the country.
- The revised family law clearly states that any former or existing government, religious, or traditional law or constitution that contradicts this revised family law is prohibited in Ethiopia. Amhara state is one of the signatories of this law. So, as an example, in Amhara, teaching, promoting, or practicing HTPs such as FGC is considered committing a crime—which is a crime punishable by law.
- FGC is a violation of the rights of girls and women (Fact Sheet 23, OHCHR, UNICEF, 2000). Therefore, there is a need for paralleled interventions by both state and non-state actors to modify the beliefs and attitudes of local traditional and faith leaders, as well as to address the cultural environments where HTPs emerge. This should be done within the general framework of international human rights declarations and conventions.
- FGC reflects a deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors, who cannot give their informed consent to the practice, and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruelty, inhuman or degrading treatment, and the right to life, when the procedure results in death. Since 1979, there have been concerted efforts by international bodies to end the practice, including sponsorship by the United Nations of an *International Day of Zero Tolerance to Female Genital Mutilation*, held each February 6 since 2003.¹¹

Step 3

We are now going to hear from some guest speakers who will discuss national and local government policies regarding FGC. I am going to distribute some paper for you to jot down any questions that you have for the speakers. After the speakers finish, I will collect cards and allow time for speakers to respond to your questions.

(Introduce each speaker to the group and offer him/her 10 minutes to speak.)

¹⁰ Federal Democratic Republic of Ethiopia (2000). *The Revised Family Code: Federal Negarit Gazetta Extra Ordinary Issue No. 1/2000 The Revised Family Code Proclamation No. 213* (p3.)

¹¹ World Health Organization Media Centre. http://www.who.int/mediacentre/events/annual/female_genital_mutilation/en/index.html [accessed 15 November, 2012]

- **Speaker 1:** Our first speaker is from the Amhara region and is the North Shoa zone justice office head. He was involved in the focus group discussion held at the zonal level (Debreberhan). Moret and Jiru is one of the woredas under North Shoa zone. He is a well-respected lawyer and follower of the EOTC.

Thank you very much for your insight, and for speaking to our group. Now, I will introduce you to our second speaker.

- **Speaker 2:** Our second speaker is the head of the Moret and Jiru woreda Ministry of Women, Children, and Youth Office. This office is mandated to oversee and coordinate the women related HTPs (such as FGC and EM) in the region. She signed the MOU with us on behalf of the woreda Ministry of Women, Children, and Youth.

(After the speakers finish, collect the papers and give the speakers time to address all questions.)

Step 4

Thank you very much to our guest speakers, and to all of the participants for asking such honest questions. We are now going to learn about Biblical laws surrounding FGC from a few more prominent speakers. I am again going to distribute some paper for you to jot down any questions that you have for the speakers. After the speakers finish, I will collect cards and allow time for speakers to respond to your questions.

- **Speaker 1:** Our first speaker is an EOTC scholar from the head office Council of Scholars. He was one of the religious scholars who participated during our workshop testing phase, and will be discussing the official position of the church in regards to its six-point declaration against FGC. He will also introduce and distribute the book produced by the EOTC, entitled *Theological Reflection in the Teaching of EOTC on Female Genital Mutilation*.

Thank you very much for your insight, and for speaking to our group. Now, I will introduce you to our second EOTC speaker.

- **Speaker 2:** Our second speaker is the Zonal EOTC Administration Head, and a renowned priest from Debreberhan. He participated in our interview and focus group discussions, held in Debreberhan, and is a knowledgeable and well respected priest in the North Shoa zone. He will discuss the local challenges of eliminating FGC—with a special focus on the knowledge, attitudes and behaviors of faith leaders.

(After the speakers finish, collect the papers and give the speakers time to address all questions.)

I want to once again thank our two recent speakers, as well as all of the speakers who have joined us today. We are indeed so lucky to hear from such notable community and faith leaders, and I hope that their input has been interesting and helpful for you. Let's take a quick break before moving on to the last section for today.

2.6 FGC Programs Unit

Objective:

By the end of this session, we will have:

- Learned about present and past non-government (NGO) and government programs that educate the community on negative effects of FGC

Visitors:

- 2 speakers

Materials:

- Flipchart and markers
- Paper for participants
- Pencils/pens for participants

Time:

- 45 minutes (5 minutes for introductions, 15 minutes per speaker, and 10 minutes for discussion)

Facilitator Notes:

- This should be an interactive panel session.
- Please moderate the speakers and participants to make sure everyone has a chance to ask questions.
- Briefly introduce each speaker and then let the discussion begin.
- Allow speakers to discuss the topic and have an interactive session with the participants.

Speaking Guide

Step 1

Welcome back from the break. I am now going to present a panel of speakers from local government and NGO programs who will describe their past and present FGC mitigation efforts. First, I will introduce all of the speakers and then I will moderate a panel session where they will discuss their experiences in dealing with eliminating FGC in local communities. Afterwards, we want you to ask questions, as this panel is intended to be interactive.

I would now like to invite each of our panel speakers to discuss their experiences in dealing with mitigating FGC in local communities.

Step 2

(Introduce each speaker to the group, allotting each speaker 15 minutes to talk).

- **Speaker 1:** Our first speaker is the head of the Zonal Ministry of Culture and Tourism. The Ministry of Culture and Tourism promotes and encourages healthy traditional practices in Ethiopia, while fighting against the harmful ones. Our speaker participated in the interviews and focus group discussions during the data collection process for our research, and can provide valuable insight into traditional practices all over Ethiopia.

Thank you very much for your insight, and for speaking to our group. Now, I will introduce you to our second speaker.

- **Speaker 2:** Our second speaker is the Amhara zone coordinator for a local NGO called EGLDAM (Anti-HTP Eradication Association) EGLADAM is a pioneer in reducing HTPs nationally. It has different regional coordinating bureaus and task forces. Although it is a local NGO, it is well recognized for leading national, regional, and sub-regional activities. Our speaker will describe EGLDAM's FGC mitigation efforts and provide guidance from their perspective.

Step 3

Now, I would like to invite all of our participants to ask questions for our speakers.

(Allow 10 minutes for questions.)

Many thanks to our speakers for joining us today. This session has been most informative and interesting for our participants.

2.7 FGC Theology Unit

Objective:

By the end of this session, we will have:

- Learned about the theological aspects of FGC

Materials:

- Flipchart and markers
- Paper for participants
- Pencils/pens for participants

Time:

- 30 minutes

Speaking Guide

Step 1

As you are all faith leaders, I know that you are very interested in the theological aspects of the practice of FGC.

- The relationship between FGC and religion is an interesting one. FGC is widely thought to be a religious obligation in many countries, including Ethiopia. However, the Bible states that the human body is created perfectly, so there is no reason to remove any parts. Unfortunately, many misinformed faith leaders impose their scientifically and theologically misconceptions while preaching the Bible, and thus it is falsely seen as a religious practice in their communities.
- Those supporting FGC do so for many reasons. Some practice FGC in order to keep with their culture's tradition, and thereby provide better marriage prospects for their daughters. Others

believe myths such as *chinchá*, and practice FGC because of those beliefs. Still others practice FGC to keep women “tame,” and to make sure that they do not desire pre-marital or extra-marital sex.

- Most educated EOTC faith leaders are aware that FGC does not have religious basis. They know that FGC is not mentioned in the Bible, and is therefore a non-religious act. Because of this, however, faith leaders tend to remain silent on the issue, in order not to cause conflict with pro-FGC faith leaders, and divide the church over what they consider a non-religious act.
- The community needs to be aware that FGC is not part of our religious doctrine, and therefore should not be performed under that guise.

Step 2

Now we are going to examine what the Bible has to say about FGC.

- We are perfect creations of the perfect creator. “I praise you because I am fearfully and wonderfully made; your works are wonderful” (Psalm 139:14).
- FGC, or the removal of a beautiful, healthy, functioning body part, is calling something ugly/offensive what God has made clean. “Do not call anything impure that God has made clean” (Acts 10:15).
- After creating both man and woman, “God saw all that he had made, and (said) it was **very good**” (Genesis 1:31).
- The Old Testament signs of covenant included MALE-ONLY circumcision. Genesis 12: 2-3: “Every male among you shall be circumcised.” In these days, it was a sign of closeness with God, something that set them apart from the nonbelievers.
 - However, 1st Corinthians 7:19, St. Paul said, “Circumcision is nothing and un-circumcision is nothing.” As the Word of God (the Bible) does not contradict itself, the above verses mean that male circumcision was a sign of covenant during the Old Testament times, but in the New Testament circumcision does not have any religious significance. It is only a health measure, which does not affect the male penis in the same way it affects the female clitoris/other parts.
- According to Matthew 5:27-28, sexual sin, or adultery, includes lustful looks and thoughts - which are not removed by cutting the genitalia: “You have heard it said, you shall not commit adultery. But I say to you that everyone who looks at another with lustful intent has already committed adultery in their hearts.” Therefore, cutting the genitalia to prevent sexual immorality does useless, irreversible harm and does no good.
- Willfully robbing girls of their dignity reflects poorly on the community as a whole. 1st Corinthians 12:26: “If one part suffers, every part suffers with it...” Working together as a community to prevent FGC shows respect for God’s perfect creation, respects the dignity of all humans, and strengthens our communities, improving everyone’s life.
- God commands us not to punish the innocent before they have even committed a crime, but instead to protect them. “Help the weak.” (Thessalonians 5:23) Young girls cannot defend themselves properly when others want to harm a part of their body – but we can be a voice for the voiceless by ending the practice in our communities.

Step 3

Discussion questions

- After hearing these points, do you have any thoughts or questions?
- Do you have any ideas on how you can apply what you have learned today to prevent FGC in your congregation or community?

(Allow 20 minutes for discussion.)

Thank you for sharing your thoughts. This certainly gives us much to think about overnight before we return for the next session tomorrow. I know today was full of a lot of information, but I hope that you found it interesting and helpful in thinking about how to spread the message about preventing FGC in your communities and congregations.

Daily Wrap-Up

Speaking Guide

In thinking over what we have discussed together about FGC today, I would like to ask all of you to think for a few moments and write down any questions, concerns or issues that you have about today's training. Just as I did this morning, I will address your comments and questions first thing tomorrow morning.

(Pass out and collect papers.)

Thank you very much for your honesty. As always, please remember to bring any materials that we handed to you today back in tomorrow. I look forward to continuing our conversation tomorrow. Have a great evening!

Day 2 Evaluation Checklist

Notes to Facilitator

It is important that you independently evaluate whether or not you think that your participants achieved today's objectives. If not, it will be necessary to review some concepts at the start of the next day to make sure that participants can easily traverse the remaining sessions.

Do you feel confident that all participants:

- Understand the sociological and cultural underpinnings of FGC?
- Understand the physical, sexual, and emotional hazards of FGC?
- Have an accurate understanding of the anatomy of the female reproductive organ?
- Understand the current laws and policies surrounding FGC?
- Have an awareness of local programs that are successfully mitigating FGC in their communities?
- Have an accurate understanding of the theological aspects of FGC?

Day 3: Early Marriage (EM)

Day 3 Goals

- Participants will understand the sociological and cultural underpinnings of Early Marriage (EM).
- Participants will understand the physical, sexual, and emotional hazards of EM.
- Participants will have an accurate understanding of the anatomy of the female reproductive organs, and the necessity for full physical maturity in order to engage in marital relations and safely bear children.
- Participants will understand the current laws and policies regarding EM.
- Participants will have an awareness of local programs that are successfully mitigating EM in their communities.
- Participants will have an accurate understanding of the theological aspects of EM.

Subtopics:

- 1) 3.1 Ice Breaker: Personal Messages
- 2) 3.2 EM Sociological/Cultural Unit
- 3) 3.3 EM Sociological/Cultural Modeling Tool
- 4) 3.4 EM Anatomy/Health Unit
- 5) 3.5 EM Policy Unit
- 6) 3.6 EM Programs Unit
- 7) 3.7 EM Theology Unit

Required materials for the day

- Pens or pencils
- Markers
- Notebooks or paper
- Flipcharts

3.1 Ice Breaker: Personal Messages

Objective:

By the end of this session, we will have:

- Shared positive thoughts and messages with others in the group

Materials:

- Paper for participants
- Pens or pencils for participants
- Basket or other container

Time:

- 20 minutes

Speaking Guide**Step 1**

Welcome back for today's sessions. I hope that all of you had a restful evening and had some time to reflect on what we discussed yesterday. Before moving forward with today's focus, which will be early marriage (EM), I would like to ask all of you to participate in a short activity. With pen and paper, please take about 10 minutes to write a few short, personal messages to others in the group who said or did something yesterday that positively challenged your previous knowledge or perceptions of FGC. Did someone say something that you were thinking but were too afraid to say? Did someone have a different opinion than you but shared it respectfully? Did someone say something very touching or profound that caused you to rethink everything you had always thought about FGC? We are all learning together and it is important to acknowledge each other's contributions. I'd like for all of you to take some time and write a personal note to a few other people in the group who made you think differently yesterday.

(Allow participants 10 minutes to write their personal messages.)

Step 2

Now that you have written your messages, please fold them, write the name of the person on the top, and put it into this basket.

(Collect all messages in basket.)

Step 3

I am now going to hand these messages to the appropriate people.

(Hand out all messages to the appropriate people.)

Step 4

If you have received a note, please read it.

(Allow a few minutes for everyone to read their notes.)

Step 5

Would anyone like to share a personal note that they received?

(Allow 5-10 minutes for anyone who wishes to share their note.)

Thank you very much for your honesty and sincerity. Let these positive messages carry us through today so that we can learn even more about how to protect the girls and women in our communities from harmful traditional practices (HTPs)! Before beginning today's training, let's address your concerns or questions that you raised yesterday.

(Allow 5-10 minutes to read questions and provide explanations.)

3.2 EM Sociological/Cultural Unit

Objective:

By the end of this session, we will have:

- Learned about the history and cultural factors behind the harmful traditional practice of early marriage (EM)
- Examined the reasons for the persistence of the practice
- Discovered ways to engage our congregations in ways to discourage FGC and to enlighten those who are ignorant of the harmful nature of the practice

Materials:

- Flipchart and markers
- Note paper
- Pens or pencils
- Handouts with table of figures for EM (optional)

Time:

- 1 hour 15 minutes

Speaking Guide

The inequitable power relations between women and men in Ethiopia have, over the years, created a kind of “cage” around women, which restricts their mobility, their control over their own fertility, and their participation in and benefit from development.

Women-targeted HTPs such as EM are usually underpinned by gender-bias against women, and as a result, limited sexual and reproductive health (SRH) rights for women, or the ability for women to make their own decisions regarding sexual life, and the number of children they have.

Gender-based inequality, or differential treatment of men and women in a society, is one of the main causes of women-related HTPs and the resulting SRH problems. In other words, eradicating gender inequalities and embracing gender integration are prerequisites to ensuring better SRH and mitigating women-related HTPs.

EM is practiced in many areas of Ethiopia. Depending on the local custom, parents of the prospective groom may send senior and/or respected members of the community to the potential in-law's family to request their daughter for marriage. There are records that girls are requested

for marriage in infancy, at 4-5 years, and even *in utero*.¹² After some negotiation and repeated visits (often with bridal gifts), the in-laws' family may accept the request without consulting the would-be spouses. The marriage ceremony may be celebrated before or after the bride-to-be reaches physical maturity.

Depending on the local custom and the age of the girl, she might grow up in her in-law's house, or she might stay with her parents until the day of her wedding. In the North, she usually is sent to her in-law's house at an early age (as young as five), so that she gets used to her new environment and is looked after by her in-laws. During this period, the in-laws are duty-bound to protect her from sexual attacks by her would-be husband or others. If she remains with her parents, frequent visits will be arranged to familiarize the future bride and groom with each other. The right age of marriage is decided by agreement between the two families, but the couple is often married as early as possible.

The previous Ethiopian civil code and the current family law recognize civil, customary and religious marriages. Urban marriages are usually conducted in government institutions (civil marriage); depending on their religious commitment, others seal their marriage in a religious institution. However, most marriages in Ethiopia are performed in a customary/traditional ceremony, with a faith leader available to bless the ceremony in many cases. Because many in EOTC communities are intimidated by the criteria for marriage within the church (mainly virginity before, and absolute fidelity after), most marriages in Amhara are conducted outside of the church, in a customary/traditional ceremony. Therefore, many EOTC FLs may feel powerless to stop the practice of EM in their communities, even if they are on hand to bless the ceremonies themselves.

Despite international condemnation, early marriage is a widely observed social norm in many parts of Asia and Africa (UNICEF 2005). The Ethiopian situation, however, is one of the worst in the world. The regional prevalence of early marriage varies from region to region: incidence is highest in Amhara (44.8% of all girls in Amhara are married underage) and Southern Nations, Nationalities, and People's Region (SNNPR) is one of the least prevalent regions (9.9% of all girls in SNNPR are married underage).

Until 1994, the Ethiopian government accepted the minimum age of marriage to be 15. Since then, however, the government has ratified the Convention on the Rights of the Child, and has amended the minimum age of marriage to be 18. Over the past five years, there has been coordinated early marriage mitigation effort in the Amhara region, which consist of efforts by local government leaders, community/traditional leaders, women's associations, faith leaders, legal bodies (court and police) and youth/school clubs. Coordinated response sounds like the wise way forward, but it needs to be complemented with a comprehensive approach, which entails seeing the situation

¹² One Amhara man who participated in our research related that, upon discovering that his wife was pregnant, one wealthy man in their community proposed that, "if by any misfortune the child turns out to be a girl, she may marry [his] son." This is an acceptable practice in their community.

from a faith leader's perspective, and thereby the community's perspective, in order to provide healthy alternatives to ensure the desired outcomes of EM, namely sexual chastity and fidelity.

However, before any such healthy alternatives can be explored, we need to discuss one of the main reasons behind the practice of EM, and why young girls bear the brunt of this tradition. In order to do this, we will talk about the relationship between sex and gender roles, and the perceptions that lead to the practice of EM.

Sex is a natural attribute of being born male or female, which is strictly biological. The rights, roles and obligations assigned to men and women vary from place to place, change over time, and are highly influenced by religion, economy, education, and technology.¹³ Gender refers to a socially constructed (socially determined/perceived) set of roles, responsibilities and relationships between men and women. Gender relations are socially (**not biologically/naturally**) constructed relationships that determine division of labor, exercise of power (decision-making), and participation in cultural/religious functions. Although gender roles/relations shape the norms/values of a society, they are subject to change through evidence-based learning and persuasion, rather than imposition.

A central concern in addressing women-related HTPs is a change-based approach that ensures sustainable development. Understanding gender-bias is central to understanding the evolution of HTPs and contemplating measures to be taken against them, for most HTPs are consequences of the value placed on women in society.

Marriage is an almost universal social norm in Ethiopia, and is a positive tradition.¹⁴ However, it is often seen as the only option for a girl's future, at the expense of her education and career opportunities. The exact age of entrance into marriage depends on locally established norms/values, and thus varies from place to place.¹⁵ This poses a necessary question: what are the criteria to set marital age? Some of the widely accepted prominent factors in determining marital age include biological factors (whether or not the person has reached physical maturity), the mental maturity to shoulder family responsibility, and the influence marriage might have on a person's education/career.

The Amhara region is a stronghold of early marriage. Amhara has the highest proportion of victims of early marriage in Ethiopia, as 44.8% of all married women and girls were married underage. In the Amhara region, 75% of ever-married girls stated they were married to older men; half of them

¹³ Pathfinder International Ethiopia (2007). *Gender mainstreaming in Reproductive Health, Family Planning and HIV/AIDS Programmes*, (p.2.) Addis Ababa.

¹⁴ Unless there are compelling reasons (such as low economic status, medical problems, religious commitments, educational commitments, or other special personal commitments), almost all women are married by the time they reach the age of 20 and all men by the time they are 25.

¹⁵ Pathfinder International Ethiopia (2006). *Causes and Consequences of Early Marriage in the Amhara Region of Ethiopia*. (p.33.) Addis Ababa.

disclosed an age difference of ten or more years. Early marriage usually follows arranged marriage, which is practiced among 80% of Orthodox Christian communities. In the Orthodox-dominant areas of the Amhara region, the rate of marriages performed through parental arrangement is 90%.

EM curtails a girl's opportunity for education, restricts her personal development, and leaves a lasting negative impact on her life. This in turn, affects the lives of her children and the development of the nation as a whole. In essence, EM is a violation of girls' human and natural rights. We as faith leaders have a responsibility to educate and inform the practitioners of this harmful traditional practice (however well-intended they may be), so that they may be persuaded that EM is wrong, and become agents of change.

What we need to work towards is convincing both parents and young girls that early marriage is not "the norm," but rather decided for those who are not educated or enlightened by their fellow congregants and faith leader. The idea is to make the idea of early marriage as unpopular as possible – we are seeing a decline in the practice, but it is not happening fast enough.

Even though EM is in slow decline around Ethiopia, many underage girls are pushed into EM in rural communities, because both they and their parents still fear the potential social stigma associated with a "too old," unmarried girl. However, according to many of our focus group respondents, this social stigma is not nearly as strong as these parents believe it is – many communities are becoming more and more open to the idea of waiting until a girl is 18 and finished with school before allowing her to marry. Because it is often social pressure that incites people to practice EM, it is therefore necessary to "fight fire with fire," and use social pressure to discourage communities from practicing EM. Congregants/community members should be targeted by messages delivered by their closest community members and respected faith leaders, which will, over time, slowly work to change accepted social norms, and bring about positive behavior change.

Some believe Faith-Based Organizations, such as the EOTC, are reluctant to get involved in early mitigation efforts because EM is usually conducted in a traditional marriage ceremony, at which there may be a God-father/FL on hand to bless the couple – it is seen as a matter outside the church, and any FL who intervenes may be ostracized by the community.¹⁶ Customary marriage is practiced more among Orthodox adherents.

¹⁶ EGLDAM (2005). *Old Beyond Imaginings*. (p.146.) Addis Ababa.

Below is a table detailing the types of marriage among different faiths in the Amhara region of Ethiopia.

Table 1: Commonly practiced marriage types by their religious affiliation in Ethiopia (2009)¹⁷

Marriage Type	Arranged		Chosen		Abducted	
	Male	Female	Male	Female	Male	Female
Orthodox Christian	77.1	81.1	22.9%	17.8	-	1.1
Catholic Christian	32.8	29.4	67.2	70.6	-	0
Evangelical Christian	10.9	25.6	89.1	65.5	-	8.9
Islam	42.4	61.8	57.6	34.5	-	3.7
Traditional/others	56.7	95.3	43.3	4.7	-	-

The type of marriage conducted depends not only on religious affiliation, but also on level of education, local custom, nature of the place (urban/rural) and status of local faith and traditional leaders in society.

Discussion

Do any of these beliefs sound familiar to you?

(Allow 20 minutes for participants to share their reactions.)

In summary, let's review the major sociological/cultural/historical factors that keep EM alive and in practice:

- Marriage is a beneficial traditional practice in Ethiopia. Ethiopia's rate of EM, however, is one of the worst in the world.
- Early marriage is more widely practiced in the Amhara region (44.8%) than any other region in the country.
- More than 75% of Amhara marriages are facilitated/arranged by parents—mostly without the consent of the marrying partners. A similar proportion of marriages are challenged by significant age difference; in 50% of all cases the age gap is ten years and more. This makes the relationship of male to female more like father to daughter than peer to peer.
- Gender inequality, social stigma (tradition), and misguided enforcement of the desire for virginity are the leading causes of EM.
- Many FLs feel powerless in the face of tradition, as many of these marriages are conducted in customary/traditional ceremonies.

¹⁷ Population Council (2010). *Ethiopia Young Adult Survey: A Study in Seven Regions*, (p.49.) Addis Ababa.

Discussion

- What do you think about these major sociological, cultural and historical practices that keep EM alive in our communities?
- Do any of these practices sound familiar to you?
- Do you agree with these practices?
- Do you know of any others in your community who agree with these practices, and keep them alive?
- As a faith leader, do you think that you have the power to address these issues in your congregation or community?

(Allow 15 minutes for participants to discuss.)

Thank you for your thoughts. Let's take a break before moving on.

3.3 EM Social/Cultural Modeling Tool

Objective:

By the end of this session, we will:

- Understand the profound social and cultural ramifications of EM through stories of real women affected by EM
- See how faith leaders' experiences with EM has played a role in its continuation or elimination

Visitors

- If possible, invite a willing participant to read the stories as if it was his/her testimony

Materials:

- Flipchart and markers
- Note paper
- Pens or pencils

Time:

- 1 hour 10 minutes

Speaking Guide

We are now going to hear factual accounts of experiences of early marriage by women and men.

Story 1 - Woman's Testimony: The horror of early marriage in Artume Farsi, Amhara

"I was married off at 13. I had never even heard about sex before then, and had only ever attended the public festival of a wedding – I had no idea what marriage involved. On my wedding night, I did not know why we slept together, or why he kept pulling me closer to his armpit. As he touched my body with his genitalia, I screamed and continued to suffer through the painful sex for about an hour. Because of my FGC scar and my young age, I couldn't stand the painful sex with my adult

husband in the subsequent days. A week later, I ran away to my parents and told them my horrors, but they rejected my complaint and returned me back to him. They would have had to re-pay the dowry they had received from him otherwise.

“To avoid the intolerably painful sex, I spent several nights in a tree in a nearby forest. Finally, community leaders intervened and facilitated a divorce. Although he took my virginity and enjoyed taking a piece of my early childhood for a while, the community leaders decided that the dowry should be repaid. My parents had to sell their ox to repay the dowry, which they already had spent on the wedding feast. During the divorce proceedings, the man used his influence with the community elders, and had them force me to sign a statement not to re-marry within a fifteen-kilometer radius of our community. My situation is better than some, though, for my parents managed to sell their ox and pay the ransom. My friend, who suffered through a similar situation, had no one to pay back the dowry, and committed suicide by hanging herself.”

Group Discussion:

- 1) What is the main cause of this girl’s problem?
- 2) What would you do if you were the victim?
- 3) What would you do if you were the victim’s husband? Her parents?
- 4) What would you do if you were a legal official, or the head of the EOTC?
- 5) How would you react if the victim was your daughter, mother, sister or friend?
- 6) What should be done to stop early marriage?
- 7) What could be your role to help those girls who are affected by this practice?
- 8) What could you expect others in your community to do to help stop this practice?

Story 2: A young priest’s lamentation for the suffering of his own wife

“I am a priest at the low land of Moret and Jiru, Amhara. As a compulsory requirement for the priesthood, I was told to marry a virgin girl. Following the tradition of other priests—to guarantee her virginity—I was married to a ten-year-old girl through Teklil (holy marriage at the church). Although not officially, priests are de facto exempted from the mandatory pre-marital age assessment imposed by the regional government.

“On the wedding night, according to the local tradition, the community wise-women gave my bride an orientation on marital sexual relations, and demonstrated good genital hygiene. Then they brought her to a room, where I was waiting with two of my best men, and left. While attendees of the wedding were eating and dancing outside, the first best man gripped her two arms tightly and laid her on the bed. The second best man put a bed sheet into her mouth (so that she wouldn’t scream) and shined a light straight onto her genitalia (so that I won’t miss the target). Finally, I put my two arms between her legs, stretched them apart, and tried to penetrate her. Seeing her agony, though, I could not maintain an erection.

“Knowing the expectation of the people outside and the associated shame with perceived failure to take her virginity, I used a widely employed alternate method of penetration that tortures me even

now. I rolled her scarf on my thumb and forcefully penetrated her, which made her bleed heavily. Afterward, we left her to the 'wise-women' and showed the blood soaked handkerchief to the feasting people, who shouted with joy and then continued dancing. A few days later, she ran away to her parents but they beat her and returned her back to me, telling her that I was a respected priest from a stable family. Since then, she has seen me as a monster, and I suffered from a guilty conscience. I quit sex with her for one year, but resumed relations with her later."

Group Discussion:

- 1) What is the main cause of this FL's guilty conscience?
- 2) What would you do if you were the girl?
- 3) What would you do if you were the FL?
- 4) What would you do if you were the girl's parents?
- 5) How would you react if the girl were your daughter, mother, sister, or friend?
- 6) What should be done to stop instances like this?

Story 3: Amhara Reverend talks about EM's slow but promising decline

A courageous EOTC reverend serving in Amhara admitted that early marriage is in decline, but still an active traditional practice.

"The EOTC has a clear stance against early marriage, since childhood is supposed to be the time of education, physical growth, and self-development, rather than marriage. Furthermore, such childhood marriages usually result in loveless relationships, character/sexual mismatch, and pregnancy/delivery problems. The problem at the family level is then reflected at the church and national level.

"The EOTC strongly believes in holistic ministry, which entails social engagements such as traditional practices. Hence, I openly teach the congregation about the harmful effects of early marriage. Unfortunately, only priests and a few devoted ministers/followers are marrying via the church. Most EOTC followers expect or assume that they will not meet the requirements of church marriage (virginity, lifelong fidelity, and no divorce). If they divorce, such weddings (through Teklil) are believed to bring curse upon marrying partners. As the divorce rate is high in the region, many tend to avoid such risky church weddings and instead choose a traditional/customary wedding that allows divorce and remarriages. Regardless, church fathers and priests still attend traditional weddings and bless the marriage.

"We do not allow underage marriage in our church, except for priests as a special case. However, almost all of our members get married in a traditional manner where we do not have influence or control. Our only influence is to teach the parents and young girls about the harmful effects of early marriage. While doing so, we usually face opposition from elderly community members, traditional leaders, and mothers. My motivation stems from the magnitude of the problem in the area, the position of my church, and the government laws against early marriage. Due to our limited knowledge and resources, however, my impacts are minimal."

Group Discussion:

- 1) Why is the impact of this priest minimal?
- 2) What opposition does this FL face when preaching against EM?
- 3) What would you do if you were in his place?
- 4) What will you do if you were a government/legal official in the area?
- 5) What would you do if you were a member of his community?
- 6) What would you do if you were the head of the church?

Thank you for that lively discussion. Let's take a quick break before moving on.

3.4 EM Anatomy/Health Unit

Objectives:

By the end of this session, we will have:

- Gained an understanding of Amhara health knowledge as related to EM
- Understood the key health impacts of EM
- Understood the key health benefits of avoiding EM

Materials:

- Flipchart and markers
- Note paper
- Pens or pencils
- Handout with table of figures for EM (optional)

Time:

- 1 hour 10 minutes

Speaking Guide

Step 1

I now want to discuss the results of our empirical findings about the overall knowledge of EM's health effects on young girls in Amhara.

FLs in our focus group discussions who chose not to marry their daughters before age 18 gave five significant reasons for their decision. These top 5 reasons are:

- 1) EM causes labor and delivery problems.
- 2) EM causes sexual problems/pain.
- 3) A young girl forced into EM lacks the maturity for marriage – she will not be able to manage family/rear children effectively.
- 4) EM limits a girl's economic development, and her ability to support herself financially.
- 5) EM leads to relational mismatch or a loveless marriage, which in turn results in a dysfunctional family life.

Interestingly, faith leaders who *had* previously favored early marriage gave two reasons for why they had continued to support the practice:

- 1) Some of these FLs believe that the marriage of girls before age 18 is acceptable, but it is preferable and more honorable to wait until a girl has reached age 18. Waiting until a girl is age 18 to marry is preferable, though they do not believe waiting until 18 is required by religious law.
- 2) Many FLs understood parents' fears of waiting "too long" to marry their daughters off. This included the possibility of "promiscuity," loss of virginity before marriage, unwanted pregnancy, and a fear that their daughter(s) might be seen as unmarriageable if they are older than 18.

25% of Amhara FLs argue that early marriage has benefits. However, when answering questions about the risks of early marriage, nearly two-thirds focused on pregnancy and childbirth. Less than 25% considered the disruption of schooling and sexual/character mismatch as serious problems related to early marriage. Many FLs questioned the importance of schooling for girls, as girls completing high school, attending college or getting a professional job in the community is a rare occurrence. Therefore, many FLs in our focus group discussions saw school as a waiting place for a girl until she is requested for marriage.

Only a minority (18.7%) of FLs named sexual mismatch/sexual problems as the main negative effect of EM. There are two main explanations for these low numbers:

- 1) FLs in Amhara are usually men, and sexual problems are largely blamed on women, not on men.
- 2) Because the tradition of EM is so widely accepted in their communities, girls usually do not openly complain about painful sex and/or lack of satisfaction. Many of our EM victim interviewees disclosed that they were suffering sexual pain and discomfort—many to the extent of spending many nights in the nearby forest in a tree or in caves). One runaway girl was arrested in the capital after two years and given back to her husband. Another girl told us of her friend who committed suicide because her parents forced her to return to her husband so that they not have to return the dowry.

Below is a table showing the percentages of perceived advantages and disadvantages of EM among Amhara FLs.

Table 4: Perceived advantages and disadvantages of early marriage among FLs in Amhara

Variable	Amhara FLs
Perceived benefit of marriage before 18 years	
No benefit	76.3
Better girl's/women's marriage prospects	21.2
Improve girl's/women's/family's social status	7.7
Improve girl's/women's/family's economic status and dignity	4.4
Prevents girl's/women's immorality	3.5
Religion privilege	1.6
Do girls face problems as a result of marriage at a young age	
Yes	77.8
Kind of problems girls may face as a result of marriage at a young age	
Health problems related to pregnancy & childbirth	68.2
Disruption of education	17.4
Sexual relationship/problem during intercourse	18.7
Serious disagreement/Divorce	12.9
Lack of love & respect to spouse	6.8
Degraded girl's rights/dignity	3.7

33% of faith leaders reported that grandmothers and mothers were strong supporters of EM, while 23% of faith leaders reported that fathers were strong supporters of EM. Most interestingly, while a relatively small proportion of faith leaders acknowledged EM as a “bad tradition,” over 75% of them agreed that girls face problems as a result of this practice. Nevertheless, a large number of FLs still insist on EM, even knowing about the disadvantages. In other words, they are not denying that girls who marry young suffer, but claim to see something good in early marriage.

In Summary:

- Many respondents agreed that early marriage affects reproductive health, but they still protect the tradition. This shows that there are other determinants of EM. These include: the value given to tradition, fear of being unmarriageable (due to the age factor or potential loss of virginity), and economic benefits (for the daughter and her parents).
- Many FLs seemed to lack adequate evidence/information in order to take a clear stance on EM; thus, many still argue about the pros and cons of it. As almost all the mothers still living got married at an early age and suffered similar challenges during family life, as well as during labor and delivery, the widely observed challenges are considered normal.
- The psychological and physical trauma that led many girls to flee to their parents or other areas (to forests and caves) after being married so young is considered a normal trend of adapting to a new life.

Discussion

- 1) Do you have any related thoughts or challenges to these findings?
- 2) How do the findings compare with your own knowledge, experience or observations?

Thank you for your thoughts, and for contributing to our discussion. Now, we are going to discuss the health effects of EM on young girls.

Step 2

In many societies, puberty is taken as a minimum physical requirement and adolescence as a minimum mental maturity requirement for marriage. The controversy, however, lies in the understanding of puberty and adolescence.

Adolescence is a period of mental transition from childhood to adulthood. Adolescence usually overlaps with puberty. The term puberty is derived from the Latin *puberatum*, meaning “the age of physical change into sexual maturation.” Puberty is not a clear-cut age, but rather a period/process of physical change by which a child’s body matures into an adult body capable of sexual reproduction. It starts with menarche (first menstruation) for girls and ejaculation for boys. It is initiated by hormonal signals from the brain to the respective reproductive organs so that the organs in turn produce hormones (estrogen and testosterone) that facilitate physical, mental, and emotional developments.

On average, puberty starts around 13 years of age, but the age ranges from 8-16 years (subject to genetic, environmental, nutritional, social, and health factors) and continues until the boy/girl develops into an adult body. For girls, in the first two years after menarche, menstruation is usually irregular and not accompanied by ovulation (no egg, meaning no pregnancy).¹⁸ As menarche is the initiation (and not completion) of puberty, the birth canal (pelvic girdle) is only 85% developed. Therefore, childbirth/delivery before the birth canal is fully developed might result in obstructed labor, which endangers both the mother and the child’s life.

Here are explanations of some of the factors that may influence puberty in girls.

- **Social factors:** A juvenile female who has significant interaction with adult males will enter puberty earlier than juvenile females who are not socially overexposed to adult males.
- **Genetic factors:** Age of puberty is sometimes affected by race. Studies on the age of menarche in different population groups (other factors being constant) highlight a range from 12 to 18 years old.
- **Nutritional factors:** Nutritional factors are the strongest and most obvious environmental factors affecting timing of puberty. Surplus calories (beyond growth and activity requirements) are reflected in the amount of body fat, which signals to the brain the availability of resources for initiation of puberty and fertility. Malnourishment extends the age of menarche; well/over-fed girls and those exposed to chemicals in the food chain will have early menstruation. Scientific researchers have linked early obesity with an earlier

¹⁸ In post-menarchal girls, about 80% of the cycles were anovulatory in the first year after menarche, 50% in the third year and 10% in the sixth year.

onset of puberty in girls. Lower protein intakes and higher dietary fiber intakes, typical in most of Ethiopia, and especially Amhara, are associated with later onset and slower progression of female puberty.

- **Environmental factors:** Girls living in high altitudes will have delayed menstruation. Two-thirds of the Amhara region lies at an altitude of 1500 to 4600 meters above sea level. Many associate the altitude with delayed menses among the high lands girls.
- **Health factors:** Chronic parasitic infestation or other chronic diseases usually interfere with nutritional status, and can delay puberty. This is also quite common in Ethiopia.
- **Physical activity or hard manual labor:** Ethiopian/Amhara girls are exposed to physical activity and hard manual labor from childhood. This reduces energy calories available for reproduction and slows puberty.
- **Psychological factors:** Stress is known to delay the onset and development of puberty.

Taking all of these factors into consideration, we now know that Amhara girls are more likely to experience puberty, or physical maturity, much later than girls in other areas of Ethiopia, or even the world. Therefore, it is unsafe for a girl to become a wife and mother before she is physically mature enough to do so – and this cannot be guaranteed until she is at least 18. Until then, marriage and subsequent motherhood can only have negative effects on a girl.

Harmful effects of EM include:

- Pregnancy/labor/delivery problems (obstructed labour and miscarriage).
- Sexual problems/pain.
- Fistula, from premature sexual activity (this is most common in girls who are married before puberty, or too soon after).
- Unpreparedness to manage family responsibilities, resulting in anxiety/stress.
- Limits on ways the girl can support herself financially (usually because she has dropped out of school, and is overwhelmed with family responsibilities for which she is not prepared)
- Loveless marriage (due to arranged marriage, significant age difference and communication gap)
- Dysfunctional family, as a result of a loveless marriage
- Maternal and neonatal morbidity and mortality (mainly a result of obstructed labour and fistula, also a result of premature sexual activity).

In sum, avoiding marriage before 18 years of age contributes to a girl's well-being; communicating the harm of early marriage is invaluable to bring this desired change. Now, we will review the main medical facts that prove how harmful EM is for young girls.

- Normally, the pelvic girdle of a girl at menarche has 12-18% of growing still to do. Therefore, pregnancy under 15 years of age, or even under 18 years of age in Amhara, usually results in cephalo-pelvic disproportion (the head of the fetus becoming stuck at the immature pelvic girdle) resulting in fetal suffocation, prolonged labour, fetal death,

maternal fistula, and maternal death. Mothers between ages 15-19 are twice as likely to die in childbirth than those between ages 20-24. Mothers under 15 are five times more likely to die.¹⁹ The maternal mortality rate in Ethiopia, as of 2011, is 676 per 100,000 live births (In Europe, where early marriage is totally banned, maternal mortality rate is 4 per 100,000).

- There are many health complications that are caused by EM, and the ensuing premature childbirth and delivery, such as tissue infection from obstructed labor and obstetric fistula.
 - **Ethiopia has one of the highest incidences of obstetric fistula in the world.** A 2007 survey highlighted that nearly 1500 girls and women in Ethiopia develop fistula every year as a result of premature childbirth. Vesico-vaginal fistula, an abnormal connection or opening between the urinary tract and vagina, is the most common type of fistula (78% of all cases), and results in incontinence of urine. The other type is recto-vaginal fistula, which is an abnormal connection between the rectum and vagina, resulting in incontinence of stool (7% of all cases). The remaining 15% of all cases are a combination of the above two fistulas.. Fistula victims usually suffer medical, economic and psycho-social impacts. Fistula, because it results in incontinence, often leaves the victim surrounded by flies, and crippled by a leaking of urine or feces, which also affects her marriage and social interactions in her community. If her fistula is beyond repair, or she has no one to take her to a fistula hospital, the victim of fistula may end up divorced, socially ostracized, and begging on the streets of urban towns.²⁰
 - **Due to the immaturity of the reproductive organs leading to high incidences of obstructed labour, still-birth and fistula are widely observed within EMs.** This fact is substantiated by a study that revealed women married at 12-14 years encountered more reproductive health problems than those married at 15-17 years, 8% and 6% respectively.
- Victims of early marriage usually do not have negotiating power to decide on issues related to reproductive health, such as family planning/spacing). Consequently, a child bride will end up bearing more children than she can handle, and this over-burdening can often lead to a depleted nutritional state and uterine damage.
- Early marriage is the consequence of communities' limited knowledge on the negative impact of EM on their daughters, their society and their nation. In our country, practices like EM and FGC are usually encouraged as a method to avoid pre-marital sexual affairs and ensure virginity before marriage. However, if communities are convinced that FGC is like cutting off their noses in order to avoid a bad smell in their environment, they might join the fight against FGC. Through proper instruction, counselling, prayer, self-control, and avoidance of high risk or tempting situations, a girl can make good choices for herself that will achieve the same desired ends as EM, and assure herself a brighter future.

¹⁹ EGLDAM (2005). *Old Beyond Imaginings*. (p.165.) Addis Ababa.

²⁰ EGLDAM (2005). *Old Beyond Imaginings*. (p.167) Addis Ababa.

Small Group Discussion (10 minutes in group and 15 minutes to report out to larger group.)

Now, I want all of you to divide into small groups. I want you to discuss the following questions, with one person acting as a note-taker and one person to report to the larger group. In 10 minutes, we are going to gather again as a full group and have each small group report on their discussion.

- 1) Does this information compare with what you currently know or believe about female anatomy, relative to early marriage?
- 2) How have you been influenced at all by this information?
- 3) What do you think is the proper role of FLs relative to the health considerations for girls entering into EM?

3.5 EM Policy Unit

Objective:

By the end of this session, we will have:

- Understood international, regional, and local laws and policies related to EM
- Learned about present & past NGO and government programs that educate the community on negative effects of FGC

Visitors:

- EM national and local government policy speakers:
- Amhara region, North Shoa Zone Justice Office head
- Moret & Jiru Woreda Ministry of Women, Children, and Youth Office head

Materials:

- Flipchart and markers
- Paper for participants
- Pencils/pens for participants

Time:

- 1 hour (15 minutes for policy material, 5 minutes for speaker introductions, 15 minutes for each speaker, and 10 minutes for each discussion).

Facilitator Notes:

- This should be an interactive panel session.
- Please moderate the speakers and participants to make sure everyone has a chance to ask questions.
- Briefly introduce each speaker and then let the discussion begin.
- Allow speakers to discuss the topic and have an interactive session with the participants.

Speaking Guide

Step 1

We are now going to discuss the following laws that pertain to EM:

- The Ethiopian Civil Code and Family Law recognizes civil, customary and religious marriages. According to the Federal Democratic Republic of Ethiopia *Revised Family Code*, early marriage is defined as marriage below the full age of eighteen.
- “Neither a man nor a woman who has not attained the full age of eighteen years shall conclude marriage.” (Ethiopian revised family law-proclamation 2000-article 7)²¹
- Early marriage is a violation of the rights of girls/women (Fact Sheet 23, OHCHR, UNICEF, 2000). Therefore, there is a need for everyone to modify the belief and attitudes of local traditions and faith leaders to address the cultural environment from which these traditional practices have emerged.
- According to the law, EM and FGC is a crime, and so is influencing people to engage in it.
- Harmful Traditional Practices (HTPs) such as early marriage (among individuals less than 18 years old), Female Genital Cutting/Mutilation (FGC/M), forceful abduction and domestic violence are classified as serious crimes. (FDRE, 2005: Articles 561- 570)
- HTPs (such as FGM, early marriage, marriage by abduction, early delivery) affect girls’/ women’s reproductive health (RH) and rights and the status of women in society. (The National RH strategy of Ethiopia-2006)
- Africans, as a whole, are often fast in adopting international legislations; however, they are slow in implementing them because of traditional systems.²²

For a long time, national laws/legislations have been used to promote patriarchy, female subordination and gender inequality/discrimination. The current policy on women, however, set elimination of women-related HTPs as a major priority in addressing the gender-gap, gender-based violence and ensuring sustainable development in the country. Currently, Ethiopia has ratified most of the human rights-related international legislations. Emphatically, the 1995 constitution is highly rights-oriented and gender-sensitive, with particular focus on the rights of women and children.

- The National Policy on Ethiopian Women (1993) highlighted:
 - *Step-by-step elimination of prejudices, customs, and other practices based on male supremacy, and promoting women to hold public office and to participate in decision-making processes at all levels.*
 - *The major obstacle to gender equality and equity is the existence of HTPs that place women in a subordinate position and expose them to gender-based violence and hardship at various levels.*²³

²¹ Federal Democratic Republic of Ethiopia (2005). *The Revised Family Code*, Article 7 (p. 19). Addis Ababa.

²² EGLDAM (2007). *Follow-up National Survey On the Harmful Traditional Practices in Ethiopia.*, (p.18) Addis Ababa.

- *HTPs such as FGC and EM are classified as serious crimes. (FDRE, 2005: Articles 561-570)*
- *HTPs such as FGC and EM affect girls'/women's RH and rights and the status of women in society. (The National RH strategy of Ethiopia-2006)*
- The Ethiopian government identified HTPs (especially FGM and EM) as one of the six program components of RH. The Revised Family Code/Law (2000)—in line with modern scholarship and international values/declarations—is a major step forward that expresses the high level of commitment by government to address women/family life-related HTPs, while protecting the highly valued family life in the country. Indeed, any laws/constitutions, regulations, directives, decisions or practices inconsistent with this Code shall not be applicable in the country.²⁴ Nevertheless, the law is not well communicated and is highly contradictory to the widely practiced tradition in the country.

The revised family law clearly states that any former or existing government, religious, or traditional law/constitution that is contradictory to the revised family law is prohibited in the country. Amhara regional state is one of the signatories of this law. Therefore, not only practicing these HTPs, but also teaching/promoting them is considered eliciting crime—which is crime by itself.

Step 2:

Introduce panel of speakers

We will now have a panel of local NGO and government policy speakers who will give an overview of laws surrounding EM. After they finish speaking, we encourage participants to ask questions of the speakers.

(Introduce each speaker to the group and offer him/her 10 minutes to speak.)

- **Speaker 1:** Our first speaker is the Amhara region's North Shoa Zone Justice Office head. He participated in our focus group discussions held in Debreberhan. Moret & Jiru is one of the woredas under his office's governance in the North Shoa Zone. Our speaker is a well-respected lawyer and member of the EOTC.
- **Speaker 2:** Our second speaker is the Moret & Jiru Woreda Ministry of Women, Children, and Youth Office head. This office has been mandated to oversee and coordinate action against women-related HTPs, such as FGC and EM, in the region.

²³ Pathfinder International Ethiopia (2007). *Gender Mainstreaming in Reproductive Health, Family Planning and HIV/AIDS Programmes* (p. 24) Addis Ababa.

²⁴ Federal Democratic Republic of Ethiopia (2000). *The Revised Family Code: Federal Negarit Gazetta Extra Ordinary Issue No. 1/2000 The Revised Family Code Proclamation No. 213*. (p3.) Addis Ababa.

Step 3

I would now like to invite each of our panel speakers to discuss their experiences in dealing with mitigating EM in local communities.

(Allow 15 minutes per speaker.)

Step 4

Now, I would like to invite all of our participants to ask questions for our speakers.

(Allow 10 minutes for questions.)

Thank you very much to our guest speakers for enlightening us with greater context on this issue and to all of the participants for asking such honest questions.

3.6 EM Programs Unit

Objective:

By the end of this session, we will:

- Relate EM learnings to real-world situations
- Understand more about the real-world impact of EM decisions

Materials:

- Flipchart and markers
- Note paper
- Pens or pencils
- DVD projector to screen documentaries, if available

Time:

- 40 minutes

Note to Facilitators:

Set up the DVD projector in advance and test prior to beginning the unit to make sure the audio and video is acceptable for all participants.

Speaking Guide

Step 1

We are going to watch 2 short docudramas based on true stories about EM that we will discuss afterwards. After each docudrama is screened, I will ask you to form small groups and discuss some questions about each story amongst yourselves, and then reporting to the larger group after both docudramas have been screened.

(Show Story 1.)

Step 2

(Play Story 1. It is not necessary to read the following transcription aloud unless audio visual equipment is not available.)

A courageous illiterate Amhara mother resists marrying off her daughter against social pressure.

“Although no one ever taught me about the pros and cons of early marriage, I learned a lot from the experience of my mother, myself and my neighbors. My mother was 12 years older than my elder brother; she gave birth to him when she was 12 years old. She had many children, and I grew up seeing her overburdened with child-rearing, household activities, looking after cattle and farm activities, because she was so young.

“I also got married at a similar age and faced similar challenges. Our tradition encourages us not to dismiss the first request, for it is considered as a girl’s divine fate. If the request comes from a man of a stable family background, the girl’s family rushes not to miss the opportunity. There is competition to establish a marital relationship with a stable/well-to-do family. If one is found, the girl’s family forces her to terminate her education and get married. Education is seen as a waiting place until marriage, and not a guarantee for her future success.

“I concluded that childhood marriage is very harmful; a child bride will not be able to manage the family effectively, and will suffer from prolonged labor and fistula. I did not want to see my daughter suffer from the same challenges of early marriage as I did. Thus, I discussed with my daughter and decided to continue her education, and let her get married later at her choice. My relatives objected to my position, but I ignored them, and we rejected repeated requests for her when she was underage. Now she has completed her high school and is above 18, but to my frustration, no one is showing interest in her. She is now assisting me in housework and looks after our cattle.”

Small Group Discussion:

- 1) What do you think is the main reason this woman’s daughter is not requested for marriage?
- 2) Do you agree with this mother’s choice? Why or why not?
- 3) What would you do if you were in this mother’s position?
- 4) How could she have been supported in her choice by her FL or her community?

Step 3

(Play Story 2.)

Parents’ Calculated Risk

“In our tradition the first request, even if a girl is underage, is taken seriously for the following reasons: 1) it is considered her divine fate; 2) saying no is viewed as an insult to the requesting elders, and they might boycott the family for future requests; 3) many are afraid the girl will end up in a pre-marital affair and labeled unmarriageable if her parents wait too long to marry her off; 4) even if she completes high school, her chance of attending college or getting a professional job is very unlikely. On the other hand, we know that early marriage makes her miserable both psychologically and physically.

“Our culture and religion encourage girls to get married before menarche (the start of menses). When a girl begins menses depends on her nutritional state. This is directly related to the socio-economic condition of the community, which has steadily improved since the time of our parents. My mother first saw menses at 20, I first saw menses at 18, and my daughter first saw menses at 14. I remarried four times and saw menses after two marriages. When I was a girl, the tradition ordered girls not to eat a nutritious diet and spicy food (particularly red chilli) so that we would not grow fast and become sexually active. But now girls eat whatever they can get, grow fast, and reach sexual maturity more quickly.

“We are one of the well-to-do families in the community and three of my daughters were requested at an early age. I married them off at 14, 16, and 17 years of age. My first daughter gave birth shortly after marriage, and divorced because of sexual mismatch. Divorce is not seen as a harm or shame; it is seen as a way of getting experience for a better marriage in the future. In our community, men prefer to marry divorcees over non-virgin and non-married girls. The former is viewed as experienced in living with a husband, handling family, and making love. Therefore, my daughter could easily get re-married in the near future.”

Small Group Discussion:

- 1) Has this mother done the right thing?
- 2) What would you do with your daughter if you were this mother?
- 3) What would you do if you were the daughter?
 - How would you advise the mother if you were her God-father?

Report out to larger group regarding both scenarios.

3.7 EM Theology Unit

Objective:

By the end of this session, we will have:

- Gained an understanding of how Amhara views the theological implications of EM
- Gained an understanding of the theological perspectives on EM

Visitors

- EOTC theology speakers
 - EOTC scholar from the head office Council of Scholars
 - Zonal EOTC administration head – a renowned priest from Debreberhan

Materials:

- Flipchart and markers
- Paper or cards
- Pens or pencils

Time:

- 1 hour 40 minutes

Speaking Guide

Thank you for your attention. Now, for our final portion, we are going to discuss the theological aspects of EM. Here are the results of our focus group findings, with regards to FLs' engagement on EM.

- Only 47.7% of Amhara FLs in our focus group discussions report ever hearing information or messages related to early marriage. This shows that FLs seem to be targeted less often by NGO's and other educational outreach efforts.
- Nearly 43% of faith leaders in the Amhara region are positively engaged in mitigating EM activities – the remaining 57%, however, promote EM in their communities or stay silent on the issue.
- Personal/family experience and traditional beliefs were primary motivating factors for FLs in our focus group discussion to support early marriage.
- Only 1/3 of all leaders had attended or participated in any kind of activity regarding EM in the year prior to our survey. Of those who participated, a little less than 1/3 (32.7 %) attended orientation workshops organized by government that lasted for less than three days. 23.3% participated in three or more days of formal training organized by government while 20 % attended sessions organized by non-governmental organizations (NGO,) faith-based organizations (FBO) and community-based organizations (CBOs).
- The Ethiopian Orthodox Church (EOTC) used to teach the minimum age of marriage for girls to be 15, which they believed was the age of Eve when she met Adam. But recently, the church amended its teaching (in accordance with the government policy), saying that even if Eve was created at the age of 15, she got married and began sexual relations with Adam 7 years later, after being evicted from the Garden of Eden.²⁵ The study highlighted that this change/ amendment was not reflected in any revision of the Book of Teklil (Holy Marriage) and was not well communicated to faith leaders in rural areas. Most of our interviewees still insisted that their Holy Book (Book of Teklil) teaches 15 and above, which guides their actions more than government law.
- Our study highlighted that 32% of FLs suggested 18 years as the minimum age for first marriage, while the remaining 2/3 argued that 18 is too high and too risky (citing fears of pre-marital affairs).
- A small portion of faith leaders (among EOTC faith leaders in Amhara) acknowledge early marriage as a “bad/high-risk tradition.”
- Nearly 50% of faith leaders in the region have never attended training or received sound information on early marriage.
- Not only parents and faith leaders, but a majority of rural girls themselves seek early marriage—mainly out of ignorance about the harm, a lack of role models or social pressure, a lack of security (fear of rape, abduction, or voluntary loss of virginity), and hopelessness about education and job opportunities.

²⁵ Quote from an EOTC priest, one of our interviewees in North Gondar.

- Our research highlighted that the influence of peers/friends/relatives/girls themselves drives parents' decisions about EM.
- Faith-based messages regarding God's will towards EM—theological analyses of EM—are a widely acknowledged/stated tool. Modelling and examples of positive practices are found to be valuable/persuasive tools, and are essential tools to a faith-based message.
- The final decision on when girls should marry was made by fathers, followed by girls themselves, and then by mothers, at a rate of 65.4%, 49%, and 20%, respectively.

In summary:

- The EOTC, at the headquarter level, has a clear stance against early marriage, but that is not well communicated to rural faith leaders and followers
- Priests are considered messengers of the Lord and models to the society. Since priests often get married to underage girls (especially in rural areas), others are encouraged to follow their lead in a practice they view as also in keeping with their community's tradition.
- Faith leaders don't seem fully convinced of the negative consequences of EM, mostly due to a lack of qualified training by a well-versed trainer.
- The firm tie between traditional leaders and faith leaders renders the latter under the influence of the former. Many agree that traditional leaders are more powerful than faith leaders for three main reasons: 1) Faith leaders' sphere of authority is their church congregation; the traditional leaders' sphere of authority is the community, which is beyond the member of one congregation; 2) Traditional leaders could mobilize the community against a faith leader, if they believe the faith leader teaches/acts against the local tradition; 3) Most traditional leaders are also influential within the local congregation. Therefore, even if a FL opposes EM, he feels powerless in his community to stop it, and is often on hand to bless a customary marriage ceremony involving an underage girl.

Discussion Questions

- 1) What do you believe your scriptures teach about these practices?
- 2) How do you personally put your beliefs about scriptural teachings on EM into practice?

And now, some EOTC faith leaders will speak on the theology and scripture surrounding EM.

- **Speaker 1:** Our first speaker is an EOTC scholar from the head office Council of Scholars; he was one of the participants in the message testing among EOTC scholars; he will brief everyone on the official position of the church, and explain the six-point declaration against FGC. He will also introduce and distribute the book produced by the EOTC entitled *Theological Reflection in the Teaching of EOTC on Female Genital Mutilation*.
- **Speaker 2:** Our second speaker is the Zonal EOTC administration head—a renowned priest from Debreberhan. He participated in the interviews and focus group discussion (FGD) held at Debreberhan, and is a knowledgeable and well-respected priest in the North Shoa zone. He will focus on the local challenges, with a special focus on the knowledge, attitudes and practices of faith leaders

Ethiopian Orthodox Tewahedo Church

Six-Point Resolution on FGC and Gender Based Violence

- 1) The Ethiopian Orthodox Tewahedo Church condemns FGC as it contradicts with the religious principles of the church.
- 2) The Ethiopian Orthodox Tewahedo Church will exert maximum efforts to eliminate FGC, as it is unjust to debilitate the female body created by God.
- 3) The Ethiopian Orthodox Tewahedo Church acknowledges the active participation of religious fathers as crucial to strengthen its campaign against FGM and Gender-Based Violence.
- 4) The Ethiopian Orthodox Tewahedo Church believes men as partners are important allies in stopping Gender Based Violence and protecting girls and women from Harmful Traditional Practices.
- 5) The Ethiopian Orthodox Tewahedo Church will educate to eliminate FGC and other Gender-Based Violence as they deprive women and girls of human and constitutional rights.
- 6) The Ethiopian Orthodox Tewahedo Church expresses its readiness to collaborate with other stakeholders to eliminate FGC and other Gender-Based Violence.

The Ethiopian Orthodox Tewahedo Church will strengthen its efforts to eliminate FGC and any forms of Gender Based Violence on women and girls.

We hereby declare zero-tolerance to FGC and other forms of Gender-Based Violence 13 October, 2011

We must encourage the EOTC to amend its Book of Marriage (Book of Teklil) if it is serious about the change in their minimum age from 15 to 18.

Now that we understand how Amhara FL's view EM, and the EOTC's position on harmful traditional practices like EM, it is time to examine what the Bible says about this tradition.

- “There is time for everything...a time to love...He has made everything beautiful in its time.” Ecclesiastes 3:1
 - This verse tells us that everything has its proper time, including marriage. Things become beautiful, and one enjoys them the most, when they are done at the right time. Nature clearly tells us that girls are not mature/ready, both physically and mentally, for marriage before 18 years of age.
- “Marriage should be honored by all.” Hebrews 13:4
 - God has honored marriage and commanded all people to honor it in the same way.
 - Engaging in early marriage and subjecting young girls to all the negative effects of EM, thereby crippling their futures, is dishonoring marriage, and dishonoring our God who instituted marriage
- “Who can find a virtuous woman? For her price is far above rubies. The heart of her husband doth safely trust on her...” Proverbs 31: 10-33

- The description of the virtuous woman stated in this chapter tells us that she is mature enough to handle household duties, make her husband happy, and fulfill related responsibilities before God and humanity. In other words, she enjoys family life and is a blessing to the household, meaning she is physically and mentally ready for a family life. Even if her age is not stated, her engagements and achievements can tell that she is mature, and at least 18 years of age. Men need to know what a virtuous woman is. For Amhara men, it seems they see wives only as means for children and sexual pleasure, which is far from God's ideal of the Biblical virtuous woman. The contextual meaning (for the 21st century Ethiopian woman) of Proverbs 31:10-33 is that of a mature girl, well-educated, fit enough to undertake family responsibilities comfortably, and knows how to give love and get satisfaction from her husband.
- 1 Corinthians 7:3 says, "Let the husband render unto the wife due benevolence; and likewise also the wife unto the husband." At her early age, a child bride cannot ensure a stress/pain free and joyful sexual life with her adult husband.
- "Husbands, love your wives, just as Christ loved the church." Ephesians 5:25
 - Christ loved the church, mainly for the benefit of the church. He cared for the church to the extent of sacrificing himself for her well-being. Similarly, husbands are expected to be caring and show sacrificial love and dedication to the well-being of their wives. Engaging in early marriage is selfish, and subjects girls to suffer for the sake of indulging male sexual pleasure.
- The government has criminalized early marriage and violating the government law (so far as it squares with the law of God), according to 1 Peter 2:13, is violating God's law: "Submit yourselves to every human authority..."
- "The woman he marries must be a virgin." Leviticus 21:13
 - This is one of the orders for the Old Testament High Priest. It is not echoed in the New Testament. Based on Leviticus 21:13, the ETOC teaches that a priest must marry a virgin, otherwise his priesthood will be revoked. Since it is difficult to ensure virginity above 15 years of age, many adult priests tend to marry underage girls. However, Leviticus 21:13 is an Old Testament verse that applies only to priests at that time, before Christ. According to 1 Peter 2:9 and Revelation 1:6, all followers of Christ must follow Christ's mandate to above all, love others and subject no one to suffering: any priest that marries a young girl is doing the exact opposite.
- The Genesis 24 story of Rebekah and Isaac is a model for voluntary marriage. Her parents respected her decision. In fact, they wanted to keep her for at least ten days before she married Isaac. But she refused to stay, decided to go, and they respected her right/free will—for she was mature enough to make the right choice.
- Laban was Jacob's strategy at Laban's house (Genesis 29). Jacob served for two of Laban's daughters for 14 years. In this case, Laban viewed his daughters as items in the house, and used them for his own business interests. We must also remember that Laban was an idol-worshipper with idols in his house.

- “If anyone would come after me...follow me.” Matthew 16:24
 - God has given a free will to every human being, even the freedom to follow Christ or not. Likewise, the government also respects the free will or choice of individuals (within the framework of the constitution). This includes women’s free will to choose their marital partners, without parental or other third party influence, when she is mature enough to make that choice. Therefore, arranged marriage and forcing girls to marry based on parents’ or community elders’ choice is a violation of girls’ rights – which is both a crime and a sin.

Small Group Discussion of EOTC EM Theology Instruction

Divide participants into small groups and invite them to discuss the following questions:

- 1) How much of a role does religious belief/teaching play in the practice of EM?
- 2) Based on the Ecclesiastes 3:1 passage (“There is time for everything...a time to love...He has made everything beautiful in its time”), what do you believe is the right age for marriage?
- 3) Do you agree that the model of Rebekah and Issac should be applied to marriages within our faith community?
- 4) Do you agree that the EOTC should amend its Book of Marriage (Book of Teklil)?

Have small groups report out on their discussion and key or interesting points.

Daily Wrap-Up

Speaking Guide

In thinking over what we have discussed together about FGC today, I would like to ask all of you to think for a few moments and write down any questions, concerns or issues that you have about today’s training. Just like this morning, I will address your comments and questions first thing tomorrow morning.

(Pass out and collect papers.)

Thank you very much for your honesty, and I look forward to seeing you all back here tomorrow. Please bring any materials we gave you today back in tomorrow. Have a great evening!



Day 4: FL Equipping, Wrap-Up & Closing Ceremony

Subtopics:

- 1) 4.1 Icebreaker Activity (role play)
- 2) 4.2 FGC and EM Faith Leader Toolkit Presentation
- 3) 4.3 Group discussion of lessons learned
- 4) 4.4 Declaration
- 5) 4.5 Training Certificates
- 6) 4.6 Billboard Revealing Ceremony (if applicable)
- 7) 4.7 Closing Speeches (participants, NGOs, government officials)

4.1 Ice Breaker (Role Play)

Objective:

By the end of this session, we will have:

- Explored some of the different conversations that may ensue when addressing FGC or EM in a congregational community;
- Developed tactical strategies for addressing them.

Materials:

- Role-play instructions and scenarios, included below.

Time:

- 1 hour

Speaking Guide

Before we begin our last day of training, I would like to take a few minutes to address some of the questions you had yesterday.

(Take 5-10 minutes to address questions, discuss)

Does everyone feel like they have had their questions answered? If so, let's move on to the most exciting portion of this training – today is the day you will practice engaging your community in discussions about FGC and EM, and take the first steps towards eliminating these practices!

Step One

Instructions

Explain each scenario before the participants begin, then read the scenario's lines for "congregant." Allow time for the faith leader to respond as honestly as possible. If the faith leader responds easily, keep improvising responses until you are satisfied with the conversation, and then praise the faith leader for their work. If the faith leader is truly at a loss, and feels they cannot think of the right thing to say, open it up to the rest of participants, and ask for ideas of how they could best speak to their congregant in this particular situation.

Speaking Guide

In thinking of all that you have learned about FGC and EM, you may now begin to think of how you will take a stand on these issues along with your congregants. In being open to discussing these issues, you may find yourself having challenging conversations with young girls or boys, parents, or elders in your community. What are some good ways of responding when congregants or elders may disagree with your views?

This will be a role-play exercise, in which one of us will play a member of your congregation or community, and you will play yourself in your position as a faith leader. We will act out four different scenarios, each of which involves a member of your congregation or community approaching you with difficult questions. Try to respond as honestly as you can, using all of your new-found knowledge, but speaking to them as you would normally speak to your spiritual children.

I need four brave volunteers to participate in this role play, one for each scenario. Who is willing to practice speaking to their congregation about these issues in front of the group?

(IF NO ONE VOLUNTEERS)

We will all need to talk to our congregations about these issues – that is why we are here! The past four days have prepared you well, and it's much easier to get the conversations started once you've practiced a bit among yourselves. **(PICK FOUR PARTICIPANTS)**. Would you please be our volunteer for scenario number one? And would you please volunteer to act out scenario number two? Etc.

(IF THERE ARE VOLUNTEERS)

Excellent, thank you all for volunteering! This really shows me how ready you are to begin talking to your congregations about these important issues. Let's begin!

(Allow 40 minutes, or 10 minutes per scenario).

Scenario 1: A faith leader who has had his own daughter circumcised is confronted by a traditional leader/elder.

CONGREGANT: "I cannot believe you are talking to us about female circumcision. Aren't you supposed to be a holy man? If so, why are you talking to us about the female genitalia in church

settings? It's disgusting. Everyone knows that this is part of our tradition, and not something to be discussed here. Also, didn't you have your own daughter circumcised? You are a hypocrite!"

Scenario 2: A faith leader who has married an underage girl is confronted by a traditional leader/elder.

CONGREGANT: "With all due respect, I don't believe it is right for you to talk to us about when to allow our daughters to marry. I was present at your wedding years ago, and I remember that your wife was only ten years old at the time. Why are you questioning our tradition, and something that we know is part of Church teaching, when you have married a young girl yourself?"

Scenario 3: A faith leader talks with a woman who is unsure about whether or not to have her daughter circumcised.

CONGREGANT: "I have heard that you are now speaking out against FGC, and I'm not sure what to think. I have to admit that I am secretly debating whether or not to have my daughter circumcised when she is of age. You say it is wrong, but I don't think you know how hard it is for us. I know that the process is incredibly painful – I have been through it myself. But without it, I would be seen as ugly, cursed. I want my daughter to have a future, and right now, it looks like she must be circumcised for that to happen. I want the best for my daughter, and I don't want my daughter to be seen as ugly, cursed, or undesirable."

Scenario 4: A faith leader is approached by a woman who has chosen not to marry her daughters off early – now, however, nobody has requested them for marriage.

CONGREGANT: "I am very glad you are speaking out against early marriage, because I know how miserable being married at 12 made me, but explain this: years before you even began preaching against early marriage, I chose to keep my daughters in school, and rejected all requests for them before they turned 18. Now, though, nobody wants them. My daughters are 18 and 20 years old. They have finished school, but they live with me. It is as if they are invisible to men here, because everyone assumes they are too old, and cannot be virgins. I know I should have let them marry sooner, if I did not want to be in this situation. What do you say to that? You know how it is in our community. How can my daughters have a future?"

Step 2

Speaking Guide

Thank you all for your participation. This is only a small sampling of the questions and disagreements you may encounter when you go out to speak about FGC and EM to your congregations. Now, I would like to ask you a few questions, and then open up for questions from you.

(Allow 15-20 minutes for discussion.)

Discussion Questions

- 1) What did you think of this exercise? Was it useful?
- 2) If you participated, do you feel like your responses were sufficiently wise and informed? If not, how do you feel you could have responded differently?
- 3) What are some other questions your congregants may have?
- 4) Can you think of anyone in your community who may agree or disagree with your position?
- 5) How might you respond to questions or confrontations from these people?

Does anyone have any questions before we move on? If there is anything on your mind, you are more than welcome to share.

(Allow 5 minutes for questions.)

Thank you for all of your honest, insightful questions. Now, I am going to distribute educational toolkits, with materials for you to use when engaging your community in discussions of FGC and EM.

4.2 FGC Tool Presentation & Practice Unit

Objective:

By the end of this session, we will have:

- Received all toolkits and materials for engaging congregations in discussions about FGC and EM
- Reviewed all content inside the toolkits
- Answered any questions regarding use of these toolkits

Materials:

- Faith leader toolkits, one set given to each faith leader participant

Time:

- 30 minutes

Step 1

Instructions

Distribute all faith leader toolkits to participants, one toolkit per person. Outline each toolkit, and give a brief explanation of how each tool will be used. Encourage participants to read and study all instructions before using the tools and guides in these toolkits to engage their communities.

(Allow 20 minutes for toolkit distribution.)

Speaking Guide

Here are your faith leader toolkits, which you can use to address your congregation, and engage individual members of your community in conversations about the realities of FGC and EM. Every

piece of these toolkits will help you address different groups within your community. Here is what's inside:

- If you turn to the very first page of your toolkit, you will find a letter to you, as a faith leader, explaining the significance of the content within this toolkit, and its grounding in your holy texts.
- Next, you will find an introduction, instructions for how to use this toolkit, and the table of contents. Please be sure to read all of these, so you know where materials are in this toolkit, and how to use them!
- The first section of your toolkit is called "Getting Started." In this section, you will find "Conversation Starters" built around key messages and talking points, with supporting scriptural references, that can help start your conversations about FGC and EM with your spiritual children and individual members of your community. Every key message in these conversation starters is based on fact, and all of the scriptural references used were covered in our Theology units on Days 2 and 3. You may use these conversation starters to help you talk to members of your congregation one-on-one or, if you feel that it is appropriate, help you formulate sermons on these topics.
- The second section is entitled "Continuing the Conversation," and contains information sheets on FGC and EM. These information sheets have all the most important key facts about FGC and EM, and also include answers to some Frequently Asked Questions (FAQs) that you may hear when you begin to talk to your community about FGC and EM. You may refer to these information sheets when talking one-on-one to members of your community, or even copy and distribute them to members of your community who can read them. These information sheets are also a great way to quickly brush up on what you've learned in our four-day training here.
- The third section, called "Engage Women," is where you will find modules with lesson plans for women's groups associated with your faith institution. These modules will help you, or whichever trusted individual usually leads your women's group meetings, to engage women in your congregation in honest discussions about FGC and EM, through activities, stories, and discussion questions, all revolving around 1-3 scriptural verses. Many women in your women's groups may be mothers who have undergone FGC and/or been married early, and may even have done the same (or are considering doing the same) to their daughters. Take special care when teaching the women's module, and read all instructions beforehand, so you can use all additional required materials correctly, and conduct the lessons with the utmost sensitivity.
- The fourth section, "Engage Youth," is organized very similarly to the previous section, "Engage Women." In "Engage Youth," you will find modules with lesson plans for youth groups associated with your faith institutions. Take care to read all instructions, as they will tell you what activities are most appropriate for each age group you may be working with – there are activities for children under 14, which can be tailored to your audience as you see appropriate, and more sophisticated activities for youth 15-18. Again, it is important

for you, or whichever trusted individual who usually leads the youth groups, to read all instructions carefully, so that you can use all additional required materials correctly.

- Finally, in the back of your toolkits, you will see a section entitled “Educational Tools.” This is where you can find all the additional educational tools and required materials for the “Engage Women” and “Engage Youth” lesson plans. This section consists of 1) the early marriage activity flipchart, and 2) the female anatomy lesson. Again, the instructions make it very easy for you to use these educational tools where necessary – so be sure to read them.

Step 2

Instructions

Allow the faith leaders a minute to look through their toolkits, and familiarize themselves with the organization and layout. Then, open it up for questions.

Speaking Guide

Now that you have your toolkits, and have had a chance to briefly look through them, are there any initial questions? How do you feel you could use these toolkits to engage your community? Is there any part of these toolkits that does not make sense?

(Allow 5-10 minutes for questions.)

Good, I’m very glad you all have begun to look through these toolkits and ask questions about their use. These toolkits will be great resources for you, and I welcome any questions you may have about them throughout the rest of today. Now, let’s discuss the lessons we have learned in the past four days.

4.3 Group Discussion of Lessons Learned

Objective:

By the end of this session, we will have:

- Reviewed the key facts learned about FGC (its sociological/cultural roots, the medical effects, the legal facts, and the theological analyses of the practice);
- Reviewed the key facts learned about EM (its sociological/cultural roots, the medical effects, the legal facts, and the theological analyses of the practice);
- Discussed the material learned over the past 4 days, and how participants’ views may or may not have changed, and why;
- Answered any remaining questions participants may have.

Materials:

- Paper with key terms and definitions
- Anatomy posters
- Any and all hand-outs given during the previous day’s lessons
- Flipchart and markers and/or chalkboard

- Notebooks or paper
- Pens or pencils

Time:

- 1 hour – 1 hour 15 minutes

Instructions

Ask participants who have all of the previous days' handouts and materials with them to get them out, and share amongst each other if there is not enough to go around. Give participants a minute or two to review the materials, and then ask them to divide into small groups. Have the groups discuss the main ideas they took away from the training, and anything new they have learned. Have each small group select a speaker who will report back to the group as a whole. As each selected speaker tells the group what they have learned, write down the key points/lessons learned on the flipchart/board. Once all groups have reported, ask the group as a whole for any other points they may have missed. Then, have everyone return to their original seats, and briefly review the main points of each unit of the training.

Step 1

Speaking Guide

We've learned a lot from the lessons, and from each other, the past few days. Let's review the material covered during this training. Does anyone still have the handouts that were given to you? I hope a few of you do, because I would now like you to get them out, and share amongst each other, so all of you can look at them. Please take a minute to review some of the handout material, and think about what you've learned during the training days. Please feel free to talk amongst yourselves, and ask each other any questions you may have.

(Allow 2-3 minutes for handout review, informal discussion.)

Step 2

Speaking Guide

Now that you have had a few minutes to think briefly about what you've learned, and maybe even discussed your thoughts informally with your fellow participants, I would like you to divide yourselves into small groups and discuss what you have learned amongst yourselves. Please select someone to write down what you have learned, and report to the larger group. When discussing what you've learned within your groups, ask yourselves: what fact or message stood out the most? Did I learn anything that challenged my previous beliefs?

(Allow 15-20 minutes to divide into groups, discuss.)

I hope your discussions have been productive, and that you remember some of the important lessons from our trainings. I would now like to hear from your groups' representatives – tell us what your group learned, and I will write down what is said on the board/flipchart.

(Allow 10 minutes for large-group reporting.)

Step 3

Speaking Guide

Thank you all for sharing what you have learned these past few days about FGC and EM. Let's review what your groups reported, and see if there are any common themes! **[READ OVER WHAT WAS WRITTEN ON THE BOARD.]**

It sounds like you have all definitely taken something away from these trainings – but before we move on, let's do one final review of the sociological/cultural, medical, legal, and theological perspectives on the practices of FGC and EM.

Step 4

Instructions

Read the overview of the training outlined in the speaking guide below, and allow time for questions where needed.

(Allow 20-30 minutes for this portion.)

Speaking Guide

- On Day 1, we were introduced to each other, and to the group as a whole. We discussed the key terms and definitions that we would be using and referring to throughout the training. Does anyone have any remaining questions about these key terms?
- On Day 2, we discussed FGC, the effects of this practice on women and girls, and dispelled some common myths.
 - We know that FGC is a practice that dates back before Christianity, and is therefore only a cultural practice, not a religious one.
 - We know that there are many different reasons FGC is practiced, but all relate back to the false idea that women and girls need to be physically controlled – but if we want our daughters to exercise good judgment and remain chaste, we must talk to them, and teach them well.
 - We learned about the female anatomy, and how God has made each part of the female genitalia perfectly, with its own specific purpose. Learning more about how the female body works is the key to joyful sexual relations in marriage, and safer childbirths, not FGC. Cutting or damaging any of these parts will, in fact, make sexual relations incredibly painful, and can put a woman at risk of dying in childbirth, and significantly increase the chances of her baby dying as well.
 - We know all the devastating effects FGC can have on a woman's health. FGC can cause bleeding, shock, intense pain, infection, and acute urinary retention in the short term; long-term effects include fistula (incontinence of urine/feces), pain during sexual relations, scarring, increased risk of HIV infection (due to scars that are easily torn during intercourse and childbirth), obstructed labor leading to infant and maternal death, and of course death from any of these other complications.
 - We know that FGC is illegal in Ethiopia, that there are punishments in place for those

who perform or encourage it, and that it is seen internationally as a gross violation of human rights. We then heard from local NGOs and programs working to eliminate FGC, and hold accountable those who practice it.

- We learned, however, about the challenges facing lawmakers and NGOs who try to help enforce this law.
- We know that FGC is NOT a Christian practice, and that God does not approve of FGC. The EOTC has passed a resolution against FGC and all harmful traditional practices, and most EOTC church fathers are against it.
- We know that the Bible tells us to treat all people with kindness and respect, to do no harm, and to help those who do not have as much of a voice for themselves. It is above all our sacred calling to end practices that threaten the dignity of human life, and to stand up for those in our community who need our help – this means we must protect women and girls, and empower them to make our communities stronger by doing all we can to end the practice of FGC.
- On Day 3, we discussed the practice of EM, and its effect on the lives of women and girls in our community.
 - We know that marriage is a beneficial practice for all, and highly valued in Ethiopia. However, we also know that marrying too early leads to problems not only for the girl, but for entire communities as well. Early marriage leads to mismatched, loveless marriages, which in turn lead to dysfunctional families, which lead to unhealthy communities.
 - We know that girls who are married before the age of 18 are almost always taken out of school, which seriously limits the ways in which they can support themselves and their families. Children born to mothers who have finished school are healthier, more likely to finish school themselves, and earn more money;– children born to mothers pulled out of school to marry are more likely to be malnourished/sick, uneducated, and poorer as adults.
 - We know about the effects EM has on a young girl’s body. A girl married before 18 is not physically prepared for sexual relations with an adult man. Premature, forced sexual relations (often the case in EM) can cause bleeding and trauma, which leads to increased risk of HIV infection, as well as fistula (incontinence of urine or feces). A child bride will often be physically overwhelmed by the work required of a married woman, as well as malnourished, which will make her less able to care properly for children, since she is only a child herself.
 - We know that childbirth is often incredibly dangerous for young brides under 18, especially those under 15. A girl under 18 is twice as likely to die in childbirth as a woman in her twenties; a girl under 15 is five times more likely to die in childbirth as a woman in her twenties. This is largely due to the fact that the pelvis of a girl under 18 is not yet fully developed, and therefore not ready for childbirth – the baby’s head will become stacked against the pelvis, often leading to both infant and maternal death.

- We know that it is illegal in Ethiopia for anyone to marry under the age of 18, and that EM is viewed internationally as a gross violation of human rights. There are punishments in place for those who facilitate these ceremonies. We then heard from local NGOs and lawmakers about programs in place to eliminate the practice of EM.
- We learned, however, about the challenges facing NGOs and lawmakers who try to enforce this law.
- We know that EM is NOT a Christian practice, and that God does not approve of EM. EM is included in the EOTC's resolution against all harmful traditional practices, and most EOTC church fathers are against it.
- We know that God wants us to be physically, mentally, emotionally, spiritually, and financially prepared for marriage – and this cannot be accomplished unless both parties are mature, finished with school, and above 18 years of age.

We covered a lot of information during this training, and that was only a summary! I trust that in the future, you will review your faith leader toolkits if you have any questions, or ask a certified medical worker from the healthcare unit in your area for any specific health questions you may have. In the meantime, however, now is your chance to ask any further questions you may have about today's material. Was there anything in the training summaries I just read out that confused you? Is there anything you would like to add, or anything you do not remember covering?

(Allow 5-10 minutes for any final questions.)

Thank you for your attention, and your engagement in this training. Let's take a short break before continuing.

4.4 Declaration

Objective:

By the end of this session, we will have:

- Articulated what we now believe about the practices of FGC and EM, whatever that position may be; Drafted a declaration against harmful traditional practices such as FGC and EM, and pledging a commitment to end these practices for good.

Materials:

- Pens or pencils
- Notebooks or paper
- Chalkboard or flipchart and markers (optional)

Time:

- 1 hour

Step 1

Instructions

Bring all the participants together as a group for discussion, and allow them time to articulate their positions on FGC and EM, and draft a declaration.

Speaking Guide

Moving on, I am now going to invite you to draft a declaration speaking out against the practices of FGC and EM, and to pledge your commitment to end these practices for good. I would like everyone to gather together as a group, discuss and articulate your beliefs about FGC and EM after these trainings, incorporating anything new you have learned, or anything that may have changed your opinions. Then, if you feel that it is possible, I encourage you to draft a declaration against these practices, and pledging your commitment to engage your community in honest conversations about FGC and EM, which can help end these practices for good. I will be stepping away, and letting you take charge – I will, however, be available for any questions you may have. If you choose to draft a declaration, please elect a speaker who will present this declaration to everyone here in attendance.

(Allow 45 minutes for the group to come together and draft the declaration.)

Step 2

Instructions

Have the group elect a speaker, who will read the newly drafted declaration (if there is one) to everyone in attendance.

Speaking Guide

It sounds as if you have all learned to work well together as a group! If you have drafted a declaration, I would now like to invite your elected speaker to present it to everyone here.

(Allow 10-15 minutes for declaration).

Thank you, it is so inspiring to see how much you have all learned throughout this training. You have definitely earned the right to be recognized for all of your work and participation.

4.5 Training Certificates

Objective:

By the end of this session, we will have:

- Handed out/received certificates of training completion.

Materials:

- Certifications of training completion

Time:

- 30 minutes

Step 1

Instructions

Hand out Certificates of Training Completion with names written in to all participants, and allow time for photos to be taken, if the participants are comfortable doing so.

Speaking Guide

Here are your Certificates of Training Completion. These certificates prove to your congregation and community that you have gone through rigorous training on the sociological/cultural, medical, legal, and theological aspects of FGC and EM. I commend all of you for your participation, your engagement, your attention, and your questions throughout these past few days – I know it has not been easy! You all deserve congratulations.

(Allow 30 minutes to hand out certificates and take photos.)

Our organization has commissioned billboards to be displayed in the center of this town that speak out against EM and FGC **[WHERE APPLICABLE]**. I now invite you to come outside and assist me in unveiling these billboards to the community!

4.6 Billboard Revealing Ceremony (if applicable)

Objective:

By the end of this session, we will have:

- Unveiled the anti-FGC and EM billboards in the center of the town where the trainings were held.

Materials:

- Covered billboards, if applicable

Time:

- All time necessary to unveil any billboards present

Step 1

Instructions

Lead all participants outside, to covered billboards in town center/whatever highly visible location they may be in. If there are billboards to be unveiled, be sure to alert the community, so that those who wish to see these billboards unveiled can watch. Have all NGO representatives and government officials present as well, since this is where they will give their closing speeches (again, if there are billboards to unveil – if not, skip to 4.7 Closing Speeches, and conduct closing speeches in the training space.)

Speaking Guide

These billboards have been commissioned to publicize to this entire town how harmful FGC and EM are for our women and girls, and our communities. Because you have all completed our four-day trainings, I would like you to participate in this unveiling, if you would like.

Step 2

Instructions

Select an NGO representative, government official, or faith leader participant to assist with cutting off covering to billboard, and invite one or two others to assist with pulling the covering away.

Speaking Guide

Would one of you please volunteer to help me cut off the covering to this billboard, and would one of two of you please volunteer to help me pull away the covering, revealing this billboard to everyone present?

(Select volunteers.)

Step 3

Instructions

Once billboard has been revealed, let all participants look at it, and share their thoughts. Then, transition to closing speeches.

Speaking Guide

Thank you for your assistance! Let's conclude our final day of training with some closing speeches from our NGO representatives and government officials, and from any of you who would like to speak and share your thoughts.

4.7 Closing Speeches (participants, NGOs, government officials)

Objective:

By the end of this session, we will have:

- Heard closing speeches from NGO representatives, government officials, participants, and other guest speakers, if applicable.

Materials:

- Microphone, if necessary; otherwise, none.

Time:

- 30 minutes maximum.

Step 1

Instructions

Allow NGO representatives, government officials, and any willing participants a few minutes each (ideally, no more than 2-3 minutes) to make speeches declaring their opposition to FGC and EM, and their commitment to ending the practices.

Speaking Guide

I would now like to invite **[NAMES OF SELECTED NGO AND GOVERNMENT SPEAKERS]** to give their closing speeches. Additionally, I encourage any of you who would like to do so to make some brief remarks about your experience with these trainings, and voice your commitment to engage your congregations to empower women and girls by ending the harmful traditional practices of FGC and EM.

(Allow 30 minutes total for speeches, and no more than 2-3 minutes per speaker. Wrap up the speeches when you feel it is appropriate to do so, and you feel that all who wished to speak have done so.)

Step 2

Speaking Guide

A big final thank you to everyone who has participated in these trainings! I am honored to have had the opportunity to learn with and speak to all of you. I hope you have all learned valuable information that will help you engage your communities in the fight to end harmful traditional practices. When we end practices like FGC and EM, we empower our women and girls. When we empower our women and girls, we empower our communities to become healthier, stronger, and better as a whole. Thank you, and may God bless your journeys home!



CIFA c/o Washington National Cathedral
Massachusetts & Wisconsin Avenues, NW
Washington, DC 20016

info@cifa.org

www.cifa.org

© 2012 Center for Interfaith Action

