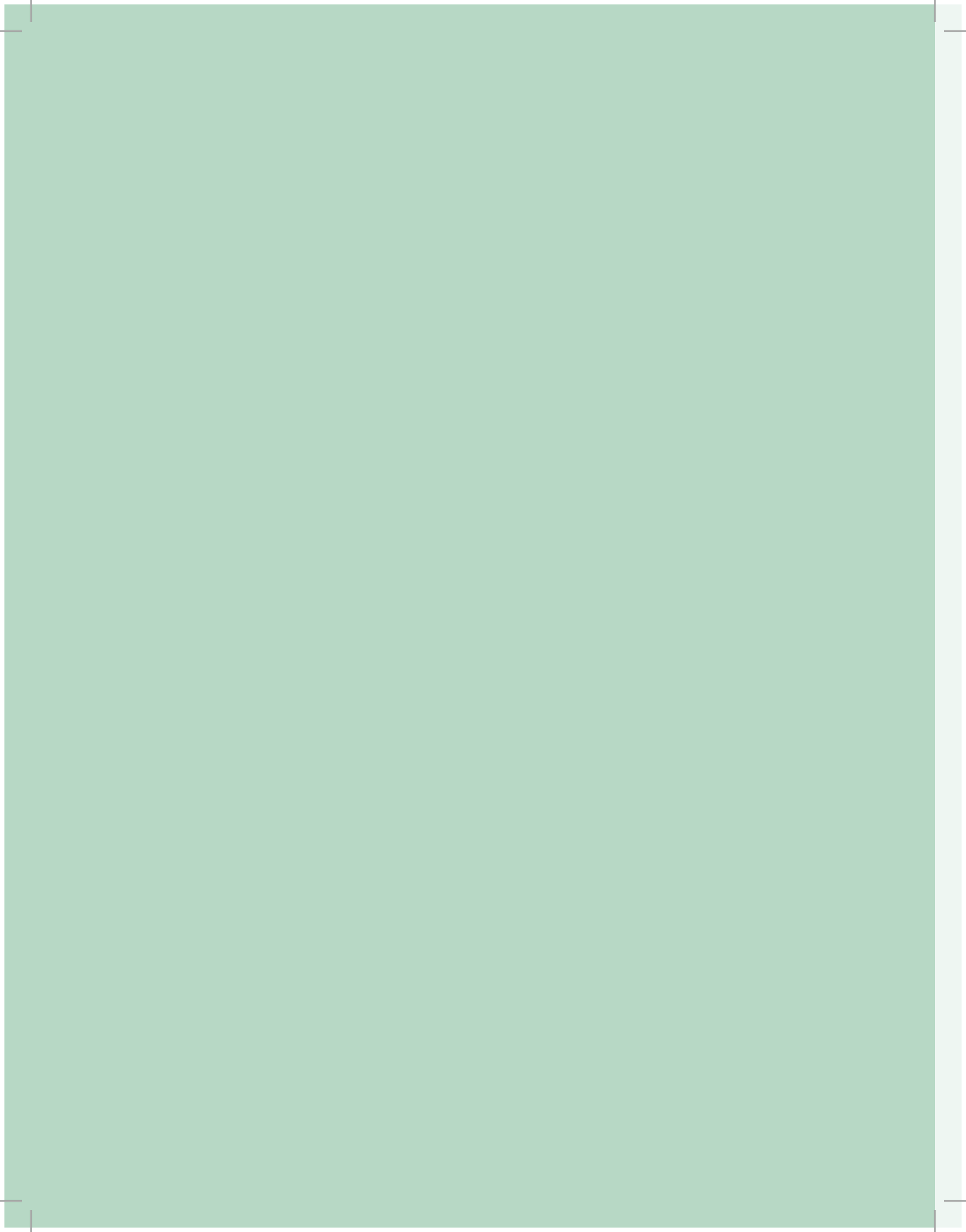


The Faith Effect



A Facilitator Manual
to train Muslim Faith Leaders



THE FAITH EFFECT

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



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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 | v |
| Do's and Don'ts | vi |
| A Note about Using this Training Manual | vi |
| 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 | 15 |

| | |
|-----------------------------|----|
| 2.4 FGC Anatomy/Health Unit | 20 |
| 2.5 FGC Policy Unit | 25 |
| 2.6 FGC Programs Unit | 29 |
| 2.7 FGC Theology Unit | 31 |
| Daily Wrap-Up | 43 |
| Day 2 Evaluation Checklist | 43 |

Day 3: Early Marriage (EM)

| | |
|--|----|
| 3.1 Ice Breaker | 45 |
| 3.2 EM Sociological/Cultural Unit | 47 |
| 3.3 EM Sociological/Cultural Modeling Tool | 51 |
| 3.4 EM Anatomy/Health Unit | 53 |
| 3.5 EM Policy Unit | 59 |
| 3.6 EM Programs Unit | 62 |
| 3.7 EM Theology Unit | 65 |
| Daily Wrap-Up | 71 |

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

| | |
|--|-----------|
| Day 4 Goals | 73 |
| 4.1 Ice Breaker Activity (Role Play) | 73 |
| 4.2 FGC Tool Presentation and Practice Unit | 76 |
| 4.3 Group Discussion of Lessons Learned | 78 |
| 4.4 Declaration | 82 |
| 4.5 Training Certificates | 83 |
| 4.6 Billboard Revealing Ceremony (if applicable) | 84 |
| 4.7 Closing Speeches (Participants, NGO's, Government Officials) | 85 |

Acknowledgements

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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 religious 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 Muslim religious leaders. (A second guide, identical in content but theologically adjusted, has been created for Ethiopian Orthodox Tewahedo religious leaders.) These sessions have been carefully designed to guide religious 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 social/cultural, 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 continuing 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 their audience). However, it is vital that any trainer 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 (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 discussion 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 too 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;
- 2) 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;
- 3) People are more likely to agree or disagree with each other if the group is smaller. This promotes healthy discussions;
- 4) In smaller groups, individual attention and participation is possible;
- 5) 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 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 religious 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 religious 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 Welcome
- 1.2 Getting to Know Each Other
- 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 Ethiopian Muslim ministers (such as *Imam*, *Ulamas*, and *Kadis*) and their congregants.

Muslim ministers have a responsibility to engage in social and traditional practices that stem from sound scientific and religious knowledge. Within Islam, ignorance, or even only partial knowledge on any given topic, is regarded as the main cause of society's destruction. To this end, Muslim ministers must know what is scientifically correct, theologically sound, legally acceptable, and culturally tolerable. In other words, Muslim ministers who want to fulfill their divine commission must 1) acquire enough knowledge (both scientific and religious) for themselves; and 2) teach the right knowledge to their congregations and communities with confidence.

Islam is the second largest religion in the world, with 1.5 billion followers. According to the 2007 national census, Islam is the second largest faith institution (after Orthodox Christianity) in Ethiopia. This makes nearly 34% of Ethiopia's population Muslim. There is also an amazing religious tolerance between the Christian and Muslim communities, so much so that there is often intermarrying between the two religions - a custom widely observed in the northern part of the nation.

Ethiopia is known for its diverse cultural and traditional practices that have deep historical roots. Respect for tradition has been considered one of the dominant 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 values that our communities and FLs aspire to preserve. However, we are learning that our community often observes 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 Muslim 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 Islamic 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 regular basis, they are the ideal people to engage in educating and empowering the community. Unfortunately, many misinformed FLs impose their scientifically and theologically unacceptable views while preaching to their communities, thereby encouraging unsafe HTPs.

As guardians of tradition, faith leaders need to identify the difference between harmful and beneficial traditional practices. We need to promote the beneficial practices and challenge the harmful ones.

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]

We hope that our four-day training will inspire Muslim ministers to take a position in condemning FGC and EM nationally.

The goals of this 4-day training for Muslim religious 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 Muslim faith leaders/ministers to share their new-found knowledge and training with 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 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.

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

Tools are a 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! Please remember to bring all materials that we give to you during this training back each day. 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

- 2.1 Ice Breaker: One Body Part You Could Never Live Without
- 2.2 FGC Sociological/Cultural Unit
- 2.3 FGC Sociological /Cultural Modeling Tool
- 2.4 FGC Anatomy/Health Unit
- 2.5 FGC Policy Unit
- 2.6 FGC Programs Unit
- 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, your life would be difficult. You would not be able to eat or to do work as easily. Indeed, it seems that Allah 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 minute.)

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 ourselves and our congregation so as to discourage the practice 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)

- 1) Now that we have returned to our seats, I would like to turn your attention to some serious questions for discussion.
- 2) What did you find most surprising about what you learned yesterday about FGC/EM, especially with regards to the key terms we reviewed?
- 3) What kinds of thoughts or questions did it bring up for you?
- 4) Can you anticipate how as a Faith Leader you may be able to make a difference with these two issues?
- 5) Are there certain issues you are struggling with in relation to FGC or Early Marriage?
- 6) 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.¹

Until the 1980s, the procedure was largely known as Female Circumcision (FC). Afterwards, a more stigmatizing/offensive, yet accurate name, Female Genital Cutting/Mutilation (FGC/M) became more common. Indeed, the intent is “circumcision,” but the effect is cutting and mutilation. From a biological and health point of view, the correct equivalent 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.²

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 behavior.
- 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.³

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

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

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

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

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, unaroused 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 critic’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 one 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 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” or “ugly” part of the female 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 religious 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 personal stories, or case studies, and discussed how our role of Faith Leaders can be used to discourage persistent myths about FGC within the community as well as 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 Developments 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 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 parent's 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?
- 4) What would you do if you were legal personnel, or a Gender and Development officer?

- 5) How would you react if the victim were your daughter, mother, sister or friend?
- 6) Should something be done to stop this practice? What?
- 7) What could you do to help those who are victims of this practice?
- 8) 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 circumcison?
- 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

A courageous, illiterate Amhara mother from Ephesus resisted social pressure to circumcise her daughters.

"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 is a widely hailed, almost universal practice. One cannot be sure, in my community, if her daughter will become a victim of social stigma and be 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 Muslim leader at Ephesus, Amhara testified that he is an opponent of FGC, and expresses this by teaching small groups about how FGC is a harmful traditional practice, and by not having his daughters circumcised. “There are two reasons s for my position.” he said: “1) I believe that FGC is an optional (sunnah) Islamic doctrine; 2) FGC is harmful for a woman’s health—both during the procedure (because of the bleeding and infection she experiences) and later during childbirth/delivery. There is a well-established Islamic teaching that bans every harmful practice like this.”

He continued, “In Islam, circumcision is a must for a man, since he is supposed to learn and pray at Mosque, during which he is supposed to be ritually clean through circumcision: otherwise, he is considered cursed, or nejasa. Regarding a girl’s circumcision, however, there is some controversy. Some believe that FGC is part of what the Prophet said and taught, but it is not mandatory. Others refer to Imam Shafhi (one of the writers of Hadiths) and believe that FGC is mandatory. I favor the former stance, that FGC is optional.

“I believe that FGC keeps girls from being promiscuous, and helps them avoid pre-marital affairs. But the disadvantages of FGC outweigh that one potential benefit. Thus, it is up to the individual to make an informed decision on the topic: whether to circumcise their daughter and prevent a potential pre-marital affair, or to leave her uncircumcised and bring about positive behaviors. I opted not to circumcise my daughter, and I instead pray with her and advise her not to engage in a pre-marital affair”

“Regarding FGC, our Mosque ministers and faith leaders are divided into two groups: conservatives that support FGC, and moderates that oppose FGC. Nearly 2/3 of our congregants support the practice of FGC. Because the FGC doctrine is considered non-essential (not based on Islamic doctrine to live and die for), many opponents of the practice opt to keep silent about it in order to avoid unnecessary conflict and division among the Muslim community. However, because many of us understand the medical hazards of FGC, some opponents of FGC (including myself) tend to teach against the practice.”

He went further to say, “I faced repeated opposition from conservative groups against my position. Many of them even attempted to mobilize the congregation against me and my ministry/position in the Mosque. Even though the government’s law supports me, I am not currently teaching on the topic at the congregational level, because I do not want to cause friction with the supporters of the practice and cause a major division in our Mosque.”

Discussion

- 1) Do you agree or disagree with this Faith Leader’s handling of the FGC issue?
- 2) What challenges (from others or himself) was 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 Mosque?

Faith Leader 2 - Testimony

A prominent Muslim leader in Amhara admitted that he is fully convinced that FGC is non-Islamic: “Because of the wide support within our Mosque for the practice of FGC, as the head of the Mosque, I decided to keep silent about it at the congregational level. I used to support the practice of FGC. Recently, however, I learned scientific facts about how harmful the practice is from a government initiative, and heard about theological initiatives against the practice, particularly the Al-Azhar major Fatwa, the international conference of scholars banning the mutilation of women’s bodies through female excision facilitated by His Eminence Professor Dr. Ali Goma, Grand Mufti of Egypt. This Kitab (declaration) clearly states that FGC is not Islamic, and not even optional (sunnah). They concluded that women should not be circumcised at all.

“While trying to communicate this message to my congregation, I faced serious opposition and was called a pro-government (pro-ruling party) advocate. I even sensed a movement to mobilize the congregation against me, and endanger my ministry/position, all because I spoke out against a non-essential, and harmful Islamic doctrine. Allah knows the situation that I am in; He may not expect me to openly teach at the congregational level and risk my leadership role. Indeed, FGC seems to be a nearly untouchable issue within our mosque. The practice is unfortunately still almost universal in our community.”

Discussion

- 1) Do you agree or disagree with this faith leader's handling of the FGC issue?
- 2) How do you perceive this faith leader's community, and the context in which he teaches?
- 3) What do you think of this faith leader's position and actions?
- 4) What would you do if you were in his place?
- 5) What would you do if you were the local government/justice officer?

Faith Leader 3 – 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 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 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.

- 1) Do you agree or disagree with this faith leader's handling of this situation?
- 2) What would you do if you were in his place?
- 3) What would you do if you were the head of his Mosque?

2.4 FGC Anatomy/Health Unit

Objective:

By the end of this session, we will have:

- Learned about the anatomy and physical health aspects of FGC

Materials:

- Flipchart and markers
- Anatomical posters, with diagrams depicting the female anatomy, and each type of FGC
- Printed 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.

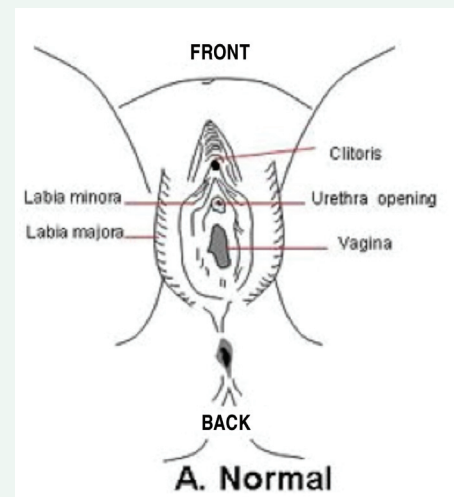
Poster A: Healthy Female Anatomy

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 a layer of tissue 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, which can often be transmitted through the use of unsterile 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

Speaking Guide

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 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 a normal size, and is not surrounded by scar tissue from 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:** As 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.⁴

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.

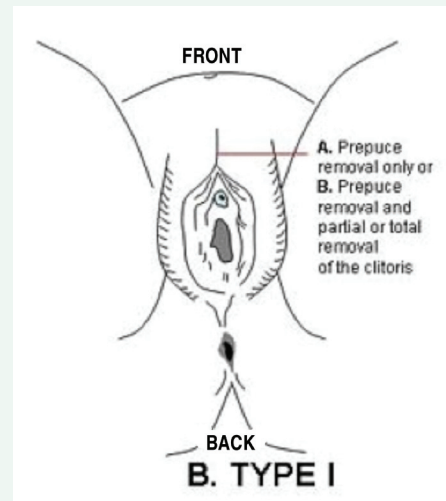
(Pass around diagrams)

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

4 Pathfinder International Ethiopia (2007). *Women's Empowerment in Ethiopia: New Solutions to Ancient Problems*. (p. 10) Addis Ababa.

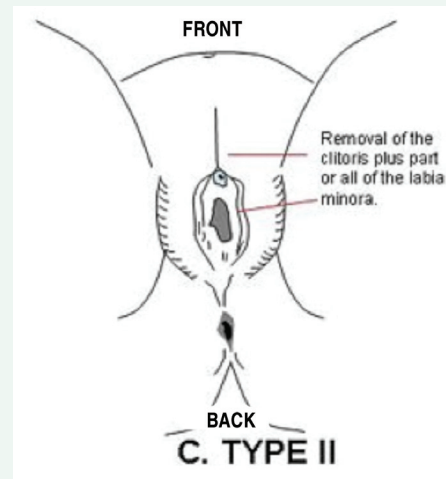
Poster B: FGC Type I

“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 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

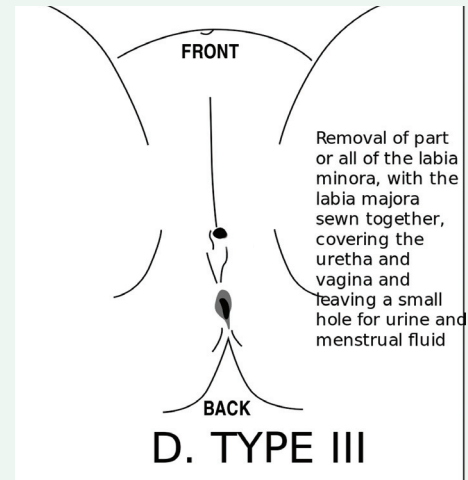
“In this picture, we see the genitalia of a girl or woman who has been subjected to FGC Type II. FGC Type II is performed by removing the clitoris with all or part of the labia minora. As we know from looking at the diagram of the healthy female genitalia, the labia minora (inner lips) have several important 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.”



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 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!

Poster Images: http://en.wikipedia.org/wiki/Female_genital_mutilation [accessed on 17 July 2012]

2.5 FGC Legal/Policy Unit Objectives:

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 Islamic laws and policies related to FGC

Visitors

- FGC national and local government policy speakers:
 - Amhara region, Artume Farsi zone justice office head
 - Artume Farsi - Ministry of Women, Children, and Youth office head
- FGC national Islamic policy speakers:
 - Muslim scholar from the Ethiopian Islamic Affairs council of scholars/Ulamas
 - Zonal Islamic Affairs Council head

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 religious 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 on 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 religious 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.⁵ HTPs such as FGC and 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.
- 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.**⁶
- 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 religious leaders as well as to ad-

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

6 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.)

dress 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 and endorsement by the World Health Organization of an International Day of Zero Tolerance to Female Genital Mutilation, held each February 6 since 2003.⁷

Step 3

Speaking Guide

We are now going to hear from some guest speakers who will discuss national and local government policies for 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.)

- **Speaker 1:** Our first speaker is the Amhara region, Artume Farsi zone justice office head; she was involved in the focus group discussion held at the zonal level. She is a well-respected lawyer and Muslim follower.

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 Artume Farsi Ministry of Women, Children, and Youth Office head. This office is mandated to oversee and coordinate action against women-related HTPs (such as FGC and EM) in the region. She was also involved in focus group discussions during the data collection.

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

Step 4

Speaking Guide

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. We are now going to learn about Islamic

⁷ World Health Organization Media Centre. http://www.who.int/mediacentre/events/annual/female_genital_mutilation/en/index.html [accessed 15 November, 2012]

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 a Muslim scholar from the Ethiopian Islamic Affairs Council of Scholars/Ulamas. He participated in the testing of our models and tools for Muslim scholars. He will brief us on the official position of the Ethiopian Islamic Affairs Council (**if there is one**) and its standing arguments on the practice of FGC.

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 Zonal Islamic Affairs Council head. He participated in the interview and focus group discussion held at Arume Farsi. He is a knowledgeable and well-respected Imam in the area. He will focus on the local challenges to eradicating FGC—with 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 religious leaders, and I hope that their input has been interesting and helpful for you. Let's take a quick break before moving on to our 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's Note:

- 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 Women, Children and Youth Office. She is a highly knowledgeable Muslim woman who participated in the focus group discussions, and previously spoke to us about law and policy regarding FGC. She will brief us on existing efforts to eliminate FGC, and local challenges.

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

Visitors:

- Two FLs who will address FGC and theology

Materials:

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

Time:

- 40 minutes

Step One

Discuss the following points with the participants:

- The relationship between FGC and religion is an interesting one. FGC is widely thought to be a religious obligation in many countries, including Ethiopia. The issue of FGC is controversial, and opinions vary widely within the Muslim community: scholars in Ethiopia and throughout the world consider it anywhere from “forbidden” to “obligatory.” However, as with any other practice that claims to have a religious basis, it is necessary to examine these through a theological lens.
- It is critical to examine whether any verses in the Quran can be used as evidence supporting FGC. Similarly the traditions (*sunnah*) of the Prophet, which are well documented, should indicate whether or not there are any authentic or relevant traditions that can be used to support the practice. It is also important to determine whether Muslim scholars have ever agreed on a view regarding the practice in keeping with the guidance from Quran and authentic tradition of the prophet. Finally, we will apply the principle of *qiyas*, or analogical deduction, to establish the basis for FGC.⁸

The four standard pillars of Islam include:

- 1) Quran
 - 2) Hadith
 - 3) Consensus of Scholars (*Ijma*)
 - 4) Analogical deduction/theological analysis (*Qiyas*).
- The Quran consists of the messages that the Prophet received from Allah, and was recorded word for word as it was revealed by the angel Jibril. The Quran was written and authenti-

⁸ Pathfinder International Ethiopia (2007). *Gender Mainstreaming in Reproductive Health, Family Planning and HIV/AIDS Programmes*. (p.9) Addis Ababa.

cated by the Prophet in His life time. Thus, there is no question of its authenticity among the Muslim community.

- Prominent Quranic teachings related to FGC include: “Verily we created man of the best stature.” (Quran: 96:4) The beauty of a human body is to be left as it was created by Allah, except for medical circumstances, and in the case of male circumcision, which is clearly stated to be an act of covenant with Allah. By this reasoning, therefore, FGC could be seen as an insult to Allah, an issue to repent/confess for saying (in action): “your creation is imperfect, let me correct it for you!”
- According to the Quran, any act that amounts to changing Allah’s creation is considered the work of Satan. *Iblis* (Satan) said, “Verily I will mislead them and surely arouse in them false desires and I will order them to slit the ears of cattle and indeed I will order them to change the nature created by Allah...” (Quran: 4:119) Many Muslims associate FGC with this Quranic verse, and believe those who support FGC are misled by Iblis (Satan) to defile what Allah has made clean.
- Although there is no reference to FGC at all in the Quran, there is a well-established teaching on male circumcision. “...and we revealed to you (Oh Muhammad) to follow the *milat* (religion) of Ibrahim.” (Quran: 16:123) This verse orders Prophet Muhammad (hence all Muslims) to follow the way of life of Prophet Ibrahim. The belief is that because Prophet Ibrahim was circumcised, it is mandatory for all Muslims to be circumcised. However, this refers to male circumcision only.
- Acting on divine command, Ibrahim circumcised all men under his authority and never mentioned circumcising women, even the ones in his household.
- The autobiography (*siira*) of the Prophet is accurately and authentically recorded. However, it gives no evidence that the females in his household, or those of his companions, were circumcised. On the other hand, there is evidence that his two grandsons, Al-Hassan and Al-Hussein, were circumcised at the age of seven days.
- There is no evidence that either of the two wives of the Prophet Ibrahim, Sarah and Hajar, were circumcised. Some pro-FGC followers believe that Hajar was circumcised by Sarah. Opponents of FGC, however, consider this story a myth.
- Muslim opponents of FGC argue that, “a careful and objective look at the Quran reveals that there is no single verse supporting FGC.” On the contrary, there are several verses that strongly condemn any acts that negatively affect the human body in any way and interfere with Allah’s creation without a justification. Verifying examples include:
 - “...and there is no changing Allah’s creation. And that is the proper religion but many people do not know” (Quran 30:30)
 - “...and make not your own hands contribute to your destruction” (Quran 2:195)
 - “...and we have ordained therein for them that a life for a life, an eye for an eye, a nose for a nose, an ear for an ear, a tooth for a tooth and a wound is punishable equal for equal” (Quran: 5:45)

- The Prophet Muhammad’s sermon during his last pilgrimage (*hijjatul widaa*), he was very explicit about the sanctity of the human body and emphasized that it should not be harmed without justification. This verse emphasizes that injuring a human organ without justification is punishable by a similar act to deter others.⁹ In other words, a man facilitating cliterectomy should face penectomy.
- Hadith is what the Prophet said, taught, commanded, tolerated, and practiced. In other words, he lived his life according to the Quran and thereby, Allah’s direct instruction.
- During the time of the Prophet, a woman, Ummu-Attiyah, used to perform FGC in Medina. Once the Prophet heard the screaming of a girl who was being circumcised. The Prophet immediately said to the circumciser: “*O Umm `Attiyyah, ‘ashimmi’* and do not exaggerate (do not cut severely) as that is better for a woman and more desirable for a husband.” (*Sunan Abu Dawûd*, Book 41, #5251)
- The word *ashimmi* has several meanings, including “to massage with something soft like oil,” “to leave something raised,” “to kiss,” “to smell” or “to place one thing upon another.”
- However, supporters of FGC have interpreted this word as “cutting a small part of the clitoris”.
- The second phrase of this verse—‘that is better for a woman and more desirable for a husband’—is a bit vague. Pro-FGC groups interpret this as “FGC is better for a woman and more desirable for a husband.” Anti-FGC groups interpret this as “the clitoris (the cut part) is better for a woman and more desirable for a husband.”
- Medical science disagrees with the former interpretation, and agrees with the latter.
- Furthermore, the interpretation of the original term the Prophet used in the above incident varies among diverse groups scholars. To mention a few:
 - “It is a religious requirement (*sunnah*): therefore, FGC is a noble practice, but do not cut too much.” The meaning of “not too much,” of course, is another controversial area. Many argue that this would mean the clitoral hood—the fold of skin formed by the outer edges of the inner lips (*labia minora*) that covers the glans clitoris. It is the female replica of the male foreskin. Others claim it means cutting part of the *glans clitoridis*.
 - “It is a religious requirement (*sunnah*), but do not incise or excise: just rub or scratch the top of the glans clitoris, and make sure that it does not affect the woman’s sexual health.” In 2006, the the Indonesian Ministry of Health made it illegal to cut a girl’s genitals, but declared it was legal to “scrape the skin covering the clitoris, without injuring the clitoris,” which they considered medically safe and theologically acceptable.
 - “The procedure is totally unacceptable.” As one Islamic scholar noted, the Hadith of Umm-Attiyah attempts to express the Prophet’s reaction to the screaming of the girl being circumcised. The Prophet hung his head, and shared her agony – “meaning he totally disagreed with this pre-Islamic barbaric traditional practice.”
- Though Sunan Abu Dawud is not regarded as *sahih* or “best authentic”—in the manner of the *Hadith* collections of Bukhari and Muslim—it is given wide acceptance/authenticity. Thus, the above *Hadith* is often quoted by Islamic scholars as a justification for FGC.

9 Asmani, Ibrahim Lethome and Maryam Sheikh Abdi (2008). *De-linking Female Genital Mutilation/Cutting from Islam*. (p.11.) USAID, Nairobi.

- However, Abu Dawood himself states the Hadith is poor in authenticity. Ibn Hajar al-Asqalani describes this Hadith as poor in authenticity, and quotes Imam Ahmad Bayhaqi's point of view that it is "poor, with a broken chain of transmission." Zein al-Din al-Iraqi points out in his commentary on Al-Ghazali's *Ihya ulum al-din* (I:148) that the mentioned hadith has a weak chain of transmission." While some scholars reject hadiths that refer to FGC on grounds of being inauthentic, other scholars argue that authenticity alone does not confer legitimacy.
- Despite the restriction against severity in the Hadith of Umm Attiyah, the Prophet did not technically prohibit circumcision completely. Nonetheless, this Hadith clearly forbids severity in circumcision, and bases this command on both the potential of FGC to harm the woman, and the potential to make her less desirable to her husband.¹⁰ The effect of FGC on reproductive health is almost always negative, and therefore goes against the fundamental Islamic belief that we should do no harm to others. Although the Prophet did not technically prohibit circumcision in this "weak" Hadith, we should consider also the potential harmful effects it has on almost all girls on which FGC is inflicted – in other words, the practice is simply not worth the harm it inflicts.
- "Indeed in the Messenger of Allah (Prophet Mohammed) you have a good example to follow..." (Quran: 33:21). Proponents of FGC argue that there is evidence that the Prophet approved/tolerated (either expressly or by implication) FGC during his lifetime. Thus, FGC becomes in some Muslim communities a sunnah, a tradition to be followed or allowed (*mubaah*), either as an obligation or an option. Conversely, opponents insist that there is no evidence in any of the authentic traditions of the Prophet approving of FGC.
- Taking these factors and other medical/social facts into consideration, much of the Muslim community does not believe FGC is supported by Hadith.
- **Other Hadiths.**
 - **The Hadith of Aisha:** In this *Hadith*, the Prophet is reported to have said, "if the two circumcisions (*alkhitaanani*) meet (*il-tiqaa*), then it is obligatory to take *ghusl* (ritual bath)." In another version of this Hadith (349), in *Sahih Muslim*, Aisha relates that the Prophet said, "When a man sits between the four parts (the arms and legs of his wife) and the two circumcised parts meet, then *ghusl* (ritual bath) is obligatory." Practitioners of FGC believe this Hadith to be one of the strongest justifications for FGC in Islam. They take the term *khitaan* to mean circumcision in general, and therefore *khitaanani* to mean two circumcisions, i.e., both male and female. Dr. Muhammad Salim al-Awwa, Secretary General of the World Union of the Muslim Ulama, states that while the Hadith is authentic, it is not evidence of legitimacy. He states that the Arabic for "the two circumcision organs" is a single word used only for the male circumcised organ. In addition, opponents provide contextual meaning, and explain that this Hadith is part of a discussion on purification before prayer, and not circumcision. They argue that the message in the Hadith is that it is obligatory to take a ritual bath after sexual intercourse.
 - **Hadith of Al-Hajjaj ibnu Arta:** In this Hadith it is reported that the Prophet said,

¹⁰ Ahmad, Imad-ad-Dean Ahmad (2000). "Female Genital Mutilation: An Islamic Perspective" <http://www.minaret.org/fgm-pamphlet.htm> [accessed on 18 May 2012]

“Alkhitaanu (translated as ‘circumcision’) is sunnah for men and an honour (*makrumah*) for women.” On the surface, this Hadith has two interpretations. The interpretation by supporters of FGC is that circumcision is sunnah (an optional act) for men and *makrumah* for women. Those who do not support the practice interpret the Hadith to mean that circumcision is sunnah for men, and when a woman is married to a circumcised (i.e. ritually clean) man, it is an honour for her. It does not mean that it is an honour to subject the woman herself to circumcision.

- **Hadith of Abdalla ibnu Umar:** This Hadith says that the women of Al-Ansar (the residents of Medina) were enjoined to practice FGC. However, this Hadith has been definitively declared as weak by most Muslim scholars, and therefore cannot be used as a justification for FGC.
- **Consensus by scholars (Ijma):** When authentic Islamic scholars examine the practice from several diverse angles and come together to establish a consensus, this consensus becomes a basis for supporting the issue, as long as the consensus does not conflict with the established knowledge from the Quran and authentic Hadith/sunnah.
- Examination of all the texts on Islamic jurisprudence (*fiqh*) shows that many Islamic scholars, while generally in agreement that FGC is not Islamic, have no real consensus on FGC. For example, four schools of thought express the following views:
 - 1) Shafi’i view circumcision as wajib (obligatory) for both men and women (therefore making FGC wajib).
 - 2) Hanafi view it as a sunnah (optional act) for both men and women.
 - 3) Maliki view it as wajib (obligatory) for men and sunnah (optional) for women.
 - 4) Hanbali have two opinions: It is wajib (obligatory) for both men and women, or it is wajib (obligatory) for men and *makrumah* (honorable) for women.¹¹
- The “spiritual leader” of the Muslim Brotherhood, Sheikh Yusuf al-Qaradawi, stated: “It is reported that the Prophet said to a midwife: ‘Reduce the size of the clitoris but do not exceed the limit, for that is better for her health and is preferred by husbands’. The Hadith indicates that circumcision is better for a woman’s health and enhances her conjugal relation with her husband. It’s noteworthy that the Prophet’s saying ‘do not exceed the limit’ means do not totally remove the clitoris... Anyhow, it is not obligatory, but whoever finds it serving the interest of his daughters should do it, and I personally support this under the current circumstances in the modern world.”

Finally, Qaradawi approved Type I FGC—removal of the clitoral hood.¹²

- Qaradawi interpreted the Hadith as if circumcision is better for women’s health, but current medical science affirms the opposite. He acknowledged, however, that FGC is not an obligatory religious practice. As there is neither strong support, nor strong opposition, in both Quran and Hadith, he made a conclusion based on the magnitude of pre/extra marital sexual

11 Asmani, Ibrahim Lethome and Maryam Sheikh Abdi (2008). *De-linking Female Genital Mutilation/Cutting from Islam*. (p13.) USAID, Nairobi.

12 Morgan, Andrian (2007). *Women Under Islam: Female Genital Mutilation* <http://www.islam-watch.org/AdrianMorgan/Women-Under-Islam4.htm> [accessed on 18 May 2012]

affairs in today's world and approved FGC Type I—removal of the clitoral hood.

- Qaradawi's tone, however, seems to imply that FGC is the only way to overcome the issue of pre/extra marital sexual affairs, which it definitely is not.
- After intensive and extensive research on FGC and Islam, Dr. Imad-ad-Dean concluded that for Muslims, cliterectomy and infibulation should be considered *harâm* (prohibited) practices, and opposition to it should be part of the ongoing Islamic mandate to fight against superstition and oppression. As to the mildest form of female circumcision, the risks to the girl's future ability to enjoy sexual relations with her husband must place it at best in the category of *makrûh* (disliked) practices. Since it has neither hygienic nor religious value, there is no justification for Muslims to engage in this painful and potentially harmful practice, and it would be best to avoid it completely.
- Dr. Muhammad Lutfi al-Sabbagh, Professor of Islamic studies at King Saud University in Riyadh states:
"Since all these risks are involved in female circumcision, it cannot be legitimate under Islamic law, particularly since nothing that recommends it is definitely established as said by the Prophet. It is, however, established that he has said: 'Do not harm yourself or others.' This Hadith is one of the basic principles of Islam."¹³
- Sheikh Mohammed Arafa noted, in 2008:
"Scholars are researching FGC and its effects. So far research has proven that the organs that are cut have very important roles. Cutting these organs has led to complications, and in some cases, the use of drugs to ameliorate the damage and pain caused by FGC. Supposing, for argument's sake, that the Hadith cited to support the practice are authentic. We would still have to deal with the problem of the extent of the "cut" as it is not clear."
- In March 2005, Dr Ahmed Talib, Dean of the Faculty of Sharia at Al-Azhar University, stated:
"All practices of FGC are crimes and have no relation to Islam. Whether it involves the removal of the skin or the cutting of the flesh of the female genital organs... it is not an obligation in Islam."

In December 2006, a conference at Al-Azhar University in Cairo brought prominent Muslim clergy together to denounce the practice as not being necessary under the umbrella of Islam. Although there was some reluctance amongst some of the clergy members, who preferred to hand the issue over to doctors (making FGC a purely medical decision rather than a religious one), the Grand Mufti of Egypt signed a resolution denouncing the practice.

Even though FGC has been denounced at a high level, the practice still continues for many reasons. Here are some of the reasons FGC is wrongly associated with Islam:

- In Islam, *toharah* (ritual cleanliness) is very important, and no act of worship is acceptable if a person is not in a state of cleanliness. There is a strong belief that women who are not circumcised cannot attain this state of cleanliness because the clitoris grows long and forms

13 The Islamic Cultural Centre and The London Central Mosque (2009). *Female Genital Mutilation: Religious, Cultural and Legal Myths*. <http://www.forwarduk.org.uk/key-issues/fgm/fgm-islam> [accessed on 18 May 2012].

folds of skin, which harbor dirt that cannot be removed, and produces a foul smell. This is a major reason FGC has been considered an Islamic practice.¹⁴

- Terms like *sunnah* and *tohara* (ritual cleanliness) used by many Muslims in relation to FGC seem to endorse a link between Islam and FGC. The Islamic Cultural Centre and The London Central Mosque point out that a number of Islamic scholars have issued various Islamic Fatwa on the issue of FGC, most of which have disassociated FGC from Islam quoting both Quran as well as Hadith. They concluded that FGC is neither a religious requirement (does not make ritually clean) nor necessary for healthy family life.
- Supporters of FGC argue that the scholars do not differ on whether or not the practice is Islamic, but rather on its status as to whether it is *wajib* (obligatory), *sunnah* (optional), *mustahab* (recommended), *makrumah* (honourable), or *mubaah* (permitted). They have further argued that since none of the scholars have said it is *haram* (prohibited), it is wrong to say that FGC is un-Islamic, and that it is at least a *mubaah* (permissible) act. *Haram* (forbidden) in Islam means that there is no small or bit of it allowed—for example, it is *haram* to drink beer, whether a sip or a glass. Supporters of FGC claim that it is at least not *haram*
- “Oh you messenger [Muhammad] proclaim that [the message] which has been sent down to you from your lord. And if you do not, then you have not conveyed His message.” (Quran 5:67) Based on this verse, opponents argue that if FGC were a religious requirement, the Prophet would have explicitly taught about the practice, and his wives/daughters would have been circumcised. The Prophet taught about correct Islamic behavior in all aspects of life, including toilet manners, table manners, relations between husband and wife, and so on. It is not logical, therefore, that he would be silent on a matter that affects an important human reproductive organ. Therefore, FGC is neither a requirement nor *sunnah* in Islam. All FGM-related Hadith that are allegedly attributed to The Prophet Muhammad have been proven inauthentic.
- Opponents of FGC often argue that FGC is not *mubaah* (permissible). Acts that are *mubaah* or allowed must fulfill the following conditions:
 - They should not conflict with provisions of the Quran and authentic *sunnah*.
 - They should not be harmful to the individual or the society.
 - *Mubaah* does not apply to anything done to the human body, since the general rule in Islam is that it is unlawful to interfere with the human body in any way without explicit evidence that supports doing so. Chastity is a very important attribute in Islam, and Muslims are required to be chaste and morally upright. Proponents of FGC believe that women have a burning desire, *ghilma*, and if their genitalia are not cut they will be sexually uncontrollable. They also sometimes believe that the clitoris will grow long and make the woman sexually overactive. Thus, they recommend partial or total removal of the clitoris to ensure that women remain fairly chaste throughout their lives.¹⁵ Medical

14 Asmani, Ibrahim Lethome and Maryam Sheikh Abdi (2008). *De-linking Female Genital Mutilation/ Cutting from Islam*. (p. 5.) USAID, Nairobi.

15 Asmani, Ibrahim Lethome and Maryam Sheikh Abdi (2008). *De-linking Female Genital Mutilation/ Cutting from Islam*. (p. 3.) USAID, Nairobi.

science totally rejects such claims. Rather, medical and scientific evidence demonstrates how the clitoris is amazingly crafted by the divine designer, Allah. Every part of the female genitalia, in fact, is absolutely necessary, and there is nothing harmful about it. This highlights the need to revise the Islamic teachings on chastity. A study in Saudi Arabia (2008) among circumcised women affirmed that FGM made them less likely to experience arousal, lubrication, orgasm and satisfaction during sex, which is an integral part of a happy marriage.

- Women have the right to a healthy body and enjoyment of matrimonial sexual relations. One of the reasons for practicing FGC is the belief that it controls sexual desires in women and girls. Islam is not against sex, but provides directions on how sexual desires should be satisfied, recognizing that both husband and wife have the right to mutual sexual enjoyment. Islam does not allow practices that will adversely affect the enjoyment of sex within marriage. It is written that the Prophet said, “When a man has sexual intercourse with his wife, he should be at the same pace with her. If he satisfies his desires before her, he should not withdraw until she has also satisfied herself...” (Hadith of Anas Ibnu Malik). Such mutual satisfaction is impossible to sustain with FGC.
- Islamic law protects a woman’s right to sexual enjoyment, as demonstrated by the fact that a woman has the right to divorce her husband on the grounds that her husband does not provide sexual satisfaction. It follows that Islamic law prohibits cliterectomy (partial or complete removal of the clitoris) or infibulation (excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening), or any genital mutilation that impairs the woman’s ability to enjoy sexual relations. Such prohibitions are consistent with the Hadithic warning against severity in female circumcision.¹⁶ Even cutting part of the clitoris, however, will severely limit the functionality of the whole clitoris, making FGC a form of “female sexual castration.”
- Islam condemns harmful cultural practices, and those who adhere to harmful traditions rather than following what Allah says: “And when it is said to them, ‘follow what Allah has revealed’ they say rather ‘we will follow that which we found our fathers did.’” (Quran 2:170)
- One of the reasons cited for sustaining the practice of FGC is that it is a cultural practice of the communities that observe it. For a cultural practice to be upheld by Islam, it has to fulfill the following two important conditions:
 - 1) It should not be in conflict with the teachings of Islam.
 - 2) It should not be harmful to either the individual or the society at large.
- Muslims are warned to be careful not to attribute any deed or saying to the Prophet without ascertaining its correctness and authenticity. He has strongly warned against making allegations about his actions and sayings unless one is certain of the authenticity. “Whoever deliberately makes false allegations about me (the Prophet) should prepare his seat in hellfire...” (Hadith of Al-Bukhari, 106, 109 and 110). In this regard, most past and present scholars have agreed that none of the traditions that may appear to support FGC are authentic, and should therefore not be attributed to the Prophet.

16 Ahmad, Imad-ad-Dean *Female Genital Mutilation: An Islamic Perspective* (2000). <http://www.minaret.org/fgm-pamphlet.htm> [accessed on 18 May 2012].

Now, we move on to look at FGC through the lens of *qiyas*, or analogical deduction.

- *Qiyas* (analogical deduction): This principle of Islamic jurisprudence involves comparing acts or situations with common features where one act is decreed upon and the other is not, and the verdict on the former is applied to the latter. An example would be a comparison between alcohol and heroin. Alcohol has been explicitly declared unlawful in the Quran, but there is no direct condemnation of heroin. But since both share a common feature, i.e. they are both addictive intoxicants, and because alcohol has been declared unlawful, heroin is also declared unlawful in Islam.
- Proponents have argued that FGC is Islamic because, through the principle of *qiyas*, the practice can be compared with male circumcision. Accordingly, male circumcision is a sign of agreement and involves the foreskin (outer cover of the very sensitive *glans penis*). FGC, however, usually involves removal of (partly or totally) the very sensitive *glans clitoris*. Therefore, it is an unfair and unreasonable comparison. Scientifically speaking, the male counterpart of the clitoris is the penis. Had there been an Islamic teaching on cutting part of the penis, FGC could be a sound analogical deduction.
- Do not punish the innocent: Many supporters of FGC believe that FGC controls sexual desire in girls and women by limiting their libido, which will therefore keep them chaste. However, the use of FGC as a means to promote chastity is unreasonable, as it amounts to punishing an innocent person in anticipation that she might commit the crime of fornication or adultery (*zinaa*). This is comparable to amputating the hands of innocent people for fear that they might steal in the future. This is unjust, because no one should be punished for an offence they have not yet committed. It is the human brain that is in control and responsible for actions, and not the sexual organs. Therefore, in order to promote chastity, we need to emphasize a “mental circumcision” of sorts, or purity of mind and self control taught through sound religious instruction and prayer.
- Islam recognizes that desires, whether sexual or otherwise, are controlled by the brain and not by the body (body organs are like slaves—passive implementers of the decisions of the brain). It therefore puts emphasis on good upbringing (*tarbiyya*) and moral teachings to prevent immoral acts.
- FGC violates human rights of women and girls. Human rights are divine rights to which all human beings are entitled, by virtue of being human. Islam upholds the rights, dignity and well-being of every human being. It has been established that FGC violates women’s and girl’s rights as recognized by Islam. Some of the rights affected by the practice are: the right to life (free of life complications induced by FGC), the right to have a healthy body, the right to lead a healthy life, the right to enjoy sexual relations, and the right to make a choice.
- If the Islamic law does not mandate FGC and tolerates only the mildest form of circumcision (and that only if it produces no adverse effects in the child), is there such a thing as a non-harmful type of circumcision? What value does FGC add to the girl’s well being and the well-being of her family? In the old days, male dominance, ignorance on the importance of

the female external genitalia, limited understanding on sexuality, and limited education led communities to employ FGC as a desirable method of ensuring chastity before the advent of Islam. The practice is one of *al-gahiliyah*, or “the era of ignorance” before Islam.

- It is now widely understood that the harmful effects of FGC far outweigh any perceived benefit. There are several ways to achieve what FGC seeks to achieve (promoting chastity), including sound religious and health education, talking with our children, and through prayer. Knowing this, what would the Prophet say if he lived in our times and saw a similar incident, like the one he saw in Medina? In all likelihood, he would totally reject FGC and cast judgment upon the circumciser.
- In communities where FGC is a traditional practice, it is practiced by community members who are Muslims, Christians, animist and even non-believers. Besides, FGC predates Islam and it is worth noting that globally, most Muslims do not practice FGC.¹⁷
- Opponents of FGC claim that since Islam does not have a strong/reliable evidential base of support of FGC from Quran and/or Hadith, the law of the land should be taken into consideration. They substantiate their claim quoting Almighty Allah who says: “O ye who believe! Obey Allah, and obey the Messenger and those in authority...” (Quran 4:59) So far as it does not contradict the law of Allah, one is supposed to respect the government’s law. Taking multiple factors (established knowledge and local context) into consideration, the Ethiopian government has made all forms of FGC a crime.

Discussion Questions:

- 1) Do you believe FGC is obligatory, optional, allowed, forbidden?
- 2) Why might there be disagreement about FGC in Islam?

Step 2

Speaking Guide

In order to understand the official position of Islam on EM, we will look at the Fatwa issued in Al-Azhar, under the Grand Mufti of Egypt, against FGC, and all harmful traditional practices that cripple the lives of women and girls.

(Read aloud the declaration, and then tape up on the wall for all to read over/examine, if they like).

17 The Islamic Cultural Centre and The London Central Mosque (2009). *Female Genital Mutilation: Religious, Cultural and Legal Myths* <http://www.forwarduk.org.uk/key-issues/fgm/fgm-islam> [accessed on 18 May 2012].

The Major Fatwa from Al-Azhar
The declaration of the International Conference of Scholars in Al-Azhar under the
patronage of His Eminence Professor Dr. Ali Goma, Grand Mufti of Egypt,
held on 22-23 Nov. 2006.

In this groundbreaking conference, a total of 11 Professor Doctors and seven renowned Imams, Ulemas, and Muslim figures presented paper on FGC from social, medical, and theological aspect.

After a high-level training, experience- sharing, and consultation session, they passed the following declaration and urged the International Muslim community to endorse and act accordingly:

- 1) God honored mankind. The Almighty said: ‘we have honored the children of Adam.’ (Quran, Sura 17:70) Thus, He forbade any attack on mankind—irrespective of social status and sex.
- 2) Female Genital Cutting is an ancient custom that emerged in several societies and was initiated by some Muslims in a number of countries, although without reference to any text in the Quran or an authentic Hadith to prove the argument.
- 3) FGC, as currently practiced, inflicts physical and psychological damage on women. It must therefore be stopped—in keeping with one of the highest principles of Islam, that is to say, not to inflict harm on anyone. Indeed, God’s Messenger said: ‘In Islam, no-one shall suffer harm or inflict harm.’ (Hadith 2331) Thus, this practice amounts to criminal assault.
- 4) The conference participants call on Muslims to put an end to this custom in following the teachings of Islam that forbid inflicting harm of any sort on anyone.
- 5) In addition, the conference participants invite regional and international organizations to make great efforts to explain the facts to people and to educate them about basic medical principles concerning women so that they give up this bad custom.
- 6) The conference participants remind the educational institutions and the media that they have a duty to explain the harm this custom causes.
- 7) Publicize on the negative effects it has on society if they want to contribute to eliminating the practice.
- 8) The conference participants invite lawmakers to pass a law banning the harmful custom of female genital cutting/mutilation and to condemn both those who perform it and those who initiate it.
- 9) Furthermore, international institutions and organizations are invited wherever this custom is practiced to embrace/accept any help that is offered in working towards its elimination.

Professor Dr. Ali Gom’a
Grand Mufti of Egypt
Cairo 24-11-2006

Step 3

Speaking Guide

Does anyone have any questions or thoughts about the Fatwa that we have just read and discussed?

(Allow about 5 minutes for discussion)

Thank you for listening, and for your questions and honest discussion. I understand that was a lot of information to digest. Now that we have seen what Islamic doctrine says about FGC, we will now hear two speakers tell us about Islamic law, and its position on FGC.

(Introduce each speaker, allow each speaker 10 minutes to talk).

- **Speaker 1:** Our first speaker is a Muslim scholar who was a participant in the focus group discussions. He will give the official position of the Ethiopian Islamic Affairs Council on the topic.

Thank you so much for your words and insight. Now I will introduce our second speaker.

- **Speaker 2:** Our second speaker is also a prominent Muslim scholar, and the zonal Muslim Affairs head. He was also involved in the focus group discussions held at Artume Farsi.

Step 4

Speaking Guide

Thank you again to both of our speakers. After hearing these points, do you have any thoughts or questions?

Now, let's discuss what we've learned today. Here are a few discussion questions to get us started.

Discussion questions

- 1) "FGC is harmful to girls, and is theologically unacceptable." Do you agree or disagree?
- 2) Do you have any ideas on how you can apply what you have learned today to prevent the practice FGC in your congregation or community?

(Allow for 20 minutes of discussion.)

Thank you for sharing your thoughts. This certainly gives us much to think about overnight before returning 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 reflect 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 further learning with you. Thank you and see you tomorrow.

Day 2 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:

- 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 surrounding 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:

- 3.1 Ice Breaker: Personal Messages
- 3.2 Sociological/Cultural Unit
- 3.3 Social /Cultural Modeling Tool
- 3.4 EM Anatomy/Health Unit
- 3.5 EM Policy Unit
- 3.6 EM Programs Unit
- 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-laws' 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*.¹ 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-laws' house, or she might stay with her parents until the day of her wedding. In the North, she usually is sent to her in-laws' 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.

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 fifteen. 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 eighteen. 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, religious 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 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.² 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

1 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.

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

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.³ 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.⁴ 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 said they were married to older men; half of them disclosed an age difference of ten or more years.

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

3 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.

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

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 behavioral change.

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

| Marriage Type Religion | 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 | - | - |

Table-1: Commonly practiced marriage types by their religious affiliation in Ethiopia (2009)⁵

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.

⁵ Population Council (2010). *Ethiopia Young Adult Survey: A Study in Seven Regions*, (p.49.) Addis Ababa.

- 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 or more years. 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.

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 religious 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 via personal stories
- See how religious 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 head of the Islamic Affairs Council?
- 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 Muslim 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) Even though this FL is from a different faith tradition, what would you do if you were this FL, under this kind of community pressure to marry a young girl?
- 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?

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

3.4 EM Anatomy/Health Unit

Objective:

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, religious leaders who *had* previously favored early marriage gave two reasons for why they had continued to support the practice. These were:

- 1) 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 it 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 (on 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 advantage and disadvantage of early marriage among FLs in Amhara

| VARIABLE | AMHARA FLS |
|--|------------|
| <i>Perceived benefit of marriage before 18 years</i> | |
| 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 |
| <i>Do girls face problems as a result of marriage at a young age</i> | |
| Yes | 77.8 |
| <i>Kind of problems girls may face as a result of marriage at a young age</i> | |
| 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 word *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).⁶ 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.

⁶ In postmenarchal girls, about 80% of the cycles were anovulatory (meaning the girls did not ovulate) in the first year after menarche, 50% in the third year and 10% in the sixth year.

- **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 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.⁷ 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 near 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.⁸
 - **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 overburdening can often lead to a depleted nutritional state and uterine damage.

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

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

- Early marriage is the consequence of communities' limited knowledge on the negative impact of EM upon their daughters, their society and their nation. In our country, practices like EM and FGC are usually encouraged as a means 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.

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 introduction, 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)⁹
- 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 religious 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, and the rights and 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.¹⁰

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.

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

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

- 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.¹¹
 - 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.¹² 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 contradicting with 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, North Shoa Zone Justice Office head. He participated in our focus group discussions held in Debreberhan. Moret & Jiru I one of the woredas under the North Shoa Zone. Our speaker is a well-respected lawyer and adherent of Islam.
- **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.

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

12 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.)

Thank you again to our speakers for joining us today. Do any of you have questions that you would like to ask, or any points you would like to discuss with our speakers?

(Allow 20 minutes for discussion).

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 all participants can see/hear audio and video.

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 resisted 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 neighbours. 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. School 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 house work 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 encourages 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 for marriage 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 harmful or shameful; 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?
- 4) 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
- Understood theological perspectives on EM

Visitors

- National Islamic theology speakers:
 - Muslim scholar among Muslim scholars/Ulamas
 - Zonal Muslim Affairs head

Materials:

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

Time:

- 1 hour 40 minutes

Step 1

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-government organizations (NGOs), faith-based organizations (FBOs), and community-based organizations. CBOs.
- Our study highlighted that 32% of FLs suggested 18 years as the minimum age for first marriage, while the remaining two thirds argued that 18 is too high and too risky (citing fears of pre-marital affairs).

- A small portion of faith leaders (among Muslim 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, social pressure, a lack of security (fear of rape, abduction, or voluntary loss of virginity), and a feeling of hopelessness about education and job opportunities.
- Our research highlighted that the influence of peers/friends/relatives/girls themselves drives parents’ decisions about EM.
- Faith-based messages regarding Allah’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.

Discussion Questions

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

Step 3

Introduce guest speakers. During the sessions, distribute paper or cards on which participants can jot down questions for the speakers. Collect cards and allow time for speakers to respond.

Speaking Guide

I will now introduce our final set of guest speakers for this training. These speakers will talk to us about Islamic theology and scripture surrounding EM.

(Allow about 10 minutes per speaker).

- **Speaker 1:** Our first speaker is a Muslim scholar among Muslim scholars/ulamas, who participated in the MMT testing focus group discussion. He will brief the official position of the Ethiopian Islamic Affairs Council on EM.

Thank you so much for your words and insight. I will now introduce our second speaker.

- **Speaker 2:** Our second speaker is the zonal Muslim Affairs head, who participated in the focus group discussion held at Artume Farsi.

Thank you again to both of our speakers for joining us today. Now, please feel free to ask our speakers any questions you may have thought of during their talks.

(Allow 10 minutes for discussion).

Thank you all for your honest questions, and your attention to our speakers. Now, we will explore what Islamic doctrine has to say about EM.

Speaking Guide

Concepts on Early Marriage

- It may appear that Islam supports EM outright. The prominent Muslim scholar Dr. Husam Al-Din Ibn Musa `Afana, professor of Fiqh and the Principles of Islamic Jurisprudence at the University of Jerusalem, Palestine, states, ‘as far as Islam is concerned, there is no specific minimum age for marriage’.
- Scientifically and medically speaking, the real meaning of early marriage for a girl (in Islam) is marriage that takes place before a girl starts to menstruate (puberty) and, before she is mentally/financially prepared. Once the girl has reached the age of menstruation, she is no longer off limits for marriage. According to a scientific study conducted by the Jordanian University, the age of the onset of menstruation world-wide is between 9 and 16 years of age; Arab girls usually see menses between 11 and 12 years. Considering the financial implication and the contribution of the individual to the national development, the Professor claims that they should wait until they are graduated from high school.¹³
- Islam encourages marriage as early as possible, for optimum spiritual well-being. However, that does not necessarily mean Islam promotes marriage under 18. As a religion that recognizes the contribution of healthy family life to healthy spiritual life, Islam urges all eligible members of society to marry as soon as possible. Islam takes physical/mental/financial fitness to establish family as eligibility criteria before allowing marriage. In other words, it takes a fair balance of self-development/education, physical preparedness, mental maturity, avoidance of pre/extra marital sexual affair, marital joy, and the assets of companionship. Otherwise, there is no one-fits-all minimum age of marriage in Islam.
- Setting a minimum age—specific to the given community—is encouraged, taking the average age of puberty for that community, mental/emotional fitness to shoulder family responsibility, educational advancement, adequacy of income to support a family (based on the local standard), and understanding of the pros and cons of marriage. Therefore, Islam—considering the above conditions—encourages marriage as early as possible. However, that does not mean “early” as in “under 18.”

Speaking Guide

Let’s examine together each side of the EM issue: pro-EM positions, and anti-EM positions.

Standing PRO-EM arguments

- Proponents of EM emphasize sexual temptation and consider puberty (physical maturity as

¹³ http://mindasuper.com/v2/index.php?option=com_content&task=view&id=212&Itemid=46 [accessed on 22 May 2012]

expressed by menarche (menstruation)) as a sole factor for marriage. They refer to puberty as the essential stage in the biological life (physical fitness for sexual activity and childbirth) and the stage at which Islamic legal liability is assumed.

- Proponents of EM argue that Islam regards sex as a natural need, in exactly the same way it does with food and drink. In Islam, satisfying the sexual appetites of men and women is one of the major underpinnings for marriage.
- Pro-EM groups claim that early marriage does not mean the end of education and efforts for girls' self-development. However, they don't seem to acknowledge that girls cannot both marry and pursue their studies and/or ways to earn money and support themselves.
- Pro-EM groups urge youth that are not able to bear the expenses of family life to repose faith in Allah, as He is the Giver of Sustenance (*Rizq*) and marry.
- Many Muslims believe psychological maturity (adolescence) coincides with puberty (physical maturity); puberty is the minimum requirement to give informed consent for marriage.¹⁴ After the death of Khadijah, the Prophet married Aisha, who was said to be nine years old during the consummation. Her parents and herself are said to affirm that at nine, she had reached puberty/adolescence—fit for marriage, and able to consent to marriage. Others argue that while this could be true among the ninth century Arab nations, it is not true for the 21st century rural African girls, many of whom do not reach physical maturity until much later. Many Amhara mothers in our study admitted that they did not begin menstruation until the age of 16 to 18.
- Proponents of EM believe that it is the responsibility of the parents (mainly the father) to ensure that his daughter is married as soon as possible. Otherwise, if she engages in pre-marital sex because of a delay in marriage, or lack of proper instruction, the blame is projected onto her parents.
- Pro-EM groups argue that it is considered a blessing for a man that his daughter does not menstruate in his home.
- Many EM proponents believe that women have a stronger sexual urge than men and this urge should be satisfied at an early age. Otherwise, they might “be wild” and end up in a pre-marital affair.
- Proponents of EM argue that marriage should not be put off or delayed, especially if one has the means to do so.

Standing ANTI-EM arguments

- Opponents of EM recognize physical preparedness for marriage at puberty as well. However, they argue that there is an additional element, mental/financial maturity, needed for the marriage to meet the anticipated goal. Thus, adolescence (mental maturity) in the context of Islam is when both parties are mentally mature enough to properly execute responsibilities and obligations. As stated in section 3.4, puberty is about physical development, while adolescence is about mental development (maturity). Both (with financial fitness) should be developed to ensure a healthy and lasting family life. Puberty/adolescence is not solely a

¹⁴ <http://www.muhammadith.org/earlymarriage/EarlyMarriage-part2.html> [accessed on 22 May 2012]

matter of clear-cut age or a single physical/mental sign, rather it is a stage in life that begins with menarche and continues thereafter through physical and mental development to a fully-fledged adult.

- Opponents of EM correctly state that marriage itself is a means to an end and not the ultimate goal of family life. Spiritual tranquility, mutual support in life and spiritual obligation, joyful and lasting family life, and avoiding internal/external sexual temptation are the prominent assets of marriage. In other words, anti-EM groups believe that taking the necessary (not extended) time is prudent to attain the benefits of marriage beyond simply sexual satisfaction.
- Anti-EM groups argue that physical maturity (full-fledged puberty), reasonable mental maturity (sound adolescence), and sufficient income (enough for the local standard) are essential-triangles of marriage in Islam. In other words, these are the three equally important requirements for marriage.
- “When a youngster marries early in his youth, *Shaitaan* (Satan) cries out of desperation and says, ‘Alas! This person has protected one third of his religion, now he will protect the remaining two thirds also.’” (Hadith of Mustadrakul Wasail) Some argue that this hadith promotes EM, and validates the practice of marrying at puberty or before. Most Islamic scholars, though, argue that through proper education and follow-up, one can develop self-control skills and remain a virgin until other conditions of marriage (beyond puberty) are fulfilled.
- Although puberty is the minimum requirement with regards to physical maturity, shouldering household responsibilities and financial implications should also be taken into the equation. “O young men, whoever among you is (financially and physically) able to marry, he should do so, as this helps him lower his gaze and maintain his chastity; and whoever is unable to (marry), he should observe fasting, as this protects him.” (Hadith of Al-Bukhaari)¹⁵ This sunnah clearly tells that Islam considers the reality in life—the need for mental maturity and financial implications—before entering into this highly regarded and honored institution.
- Many argue that Islam directs the kinetics of a human being by emphasizing the elements of “practical anxiety” in his inner self, meaning, there are elements of weakness residing in the personality of human beings (sexual attraction) that can only be overcome through marriage. Adolescence usually manifests in self-realization, desire for independence, and increased sexual drive. Still others claim that it can be controlled to a certain extent through spiritual, mental, and social instruction in different forms before puberty, so that one could prevent the conflict which adolescents face with any impulse that arise at this stage.¹⁶ Avoidance of tempting situations and fasting are also necessary adjuncts to remain holy/clean until conditions allow for marriage.
- The anti-EM groups argue Islam is about revelation (faith) and reason. Family life is what we enter both through faith and reason (fulfillment of necessary conditions). Apart from the laws related to puberty, there is a need for maturity (Rashid), and the financial ability to support

15 <http://www.islamweb.net/emainpage/index.php?page=showfatwa&Option=Fatwald&Id=13907> [accessed on 23 May 2012]

16 <http://english.bayynat.org.lb/WorldofYouth/themesII-1.htm> [accessed on 23 May 2012]

family.¹⁷ It is the responsibility of the guardian to conduct marriage ensuring all-round preparedness to make the most out of the institution of marriage.

- Opponents of EM claim that since Islam does not specify a certain minimal age for marriage, the law of the land should be taken into consideration. They substantiate their claim quoting Almighty Allah, who says: “O ye who believe! Obey Allah, and obey the Messenger and those in authority...” (Quran 4:59) So far as it does not contradict the law of Allah, one is supposed to respect the government’s law. Taking multiple factors into consideration, the Ethiopian government has mandated a minimum age of 18 for legal marriage.
- Opponents of EM argue that marriage is a means to an end and not an end by itself. Marriage is just one of the ways we can achieve this true absolute objective. Marriage is a part of the process of our life, not its true objective! In other words, having a marital partner is additional re-enforcement to withstand the challenges of life and fulfill religious obligation. Marriage is supposed to be a facilitator, not an impediment, to the desired end of spiritual tranquility. This, in turn, requires reasonable mental and financial preparedness beyond justpuberty.¹⁸
- Most agree that it is the responsibility of the parents (mainly the father) to ensure that his daughter is married as soon as possible. Otherwise, if she engages in pre-marital sex because of a delay in marriage, or lack of proper instruction, the blame is projected onto her parents. Here, parents are expected to make a critical decision whether: 1) to marry her off at an early age (for fear of a pre-marital affair) at the expense of her education, or 2) to provide her proper counseling, and allow her to complete her education and generate her own income. Proponents of EM encourage the former stance, while opponents of EM advocate for the latter.
- EM opponents argue that this stance contradicts the widely accepted Islamic teaching of puberty (as expressed by menstruation) as a very minimal physical maturity sign.
- Opponents of EM argue that medical science does not support any claims that young girls have a burning sexual desire, which must be controlled early on. Young girls forced into EM often do not have much understanding or desire for sex, if any at all.
- One particular Hadith on the topic of EM is controversial: “O people, Jibraeel has brought unto me a divine command stating that girls are like fruits from a tree. If they are not plucked in time then they get rotten by the rays of the sun and a slight blow of the wind will result in their falling down from the tree.” (Hadith of Imam Sadiq)¹⁹ Proponents of EM argue that this verse speaks about early marriage; opponents of EM argue that this verse is about “as soon as possible” (i.e., avoiding unnecessary delay and to not panic and to take the necessary time). As the Prophet’s teachings do not contradict one another, this sunnah should be interpreted in light of the Hadith which gives room for those who reach puberty but cannot fulfill the mental/financial aspects of marriage.

17 <http://www.icomaha.org/marital.html> [accessed on 23 May 2012]

18 http://mindasuper.com/v2/index.php?option=com_content&task=view&id=212&Itemid=46 [accessed on 22 May 2012]

19 <http://www.imamreza.net/eng/imamreza.php?id=6224> [accessed on 22 May 2012]

- Opponents of EM emphasize that marriage should be entered into with physical/mental/financial preparation, total commitment and full knowledge of what it involves.

In sum, although there is no one-size-fits-all criterion of marital age in Islam, Islam takes very seriously the requirements for a joyful, impactful, and lasting family life. As much as possible, Islam encourages paving the way (by parents, society, faith leaders, and youth groups) for marriage. Parents are supposed to pave the way for their daughters to marry at their right age; they are not supposed to impose a high dowry or demand top-of-the-social-ladder husbands. Such demands have been condemned in the Hadith:

- The Hadith of Imam as-Sadiq states: “The blessed of women are those who ask for small living expenses, and the evil of them are those who are demanding in terms of living expenses.”

While it encourages marriage, Islam does not want people to marry if the result is a dysfunctional family, due to lack of physical/mental maturity in one or both spouses and a shortage of resources. To this end, Islam encourages all take the necessary time before marriage to ensure spouses are mature and capable enough to make the most out of the blessings bestowed in marriage.

Small Group Discussion of Islamic EM Theology Instruction

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

- 1) Did the theological instruction confirm or challenge what you have previously believed?
- 2) Have you been putting what you believe about these issues into practice? How?
- 3) Following this teaching, what do you now believe the scriptures say? How will your actions be impacted?

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 EM 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!

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

Subtopics:

- 4.1 Icebreaker activity (role play)
- 4.2 FGC and EM Faith Leader toolkit presentation
- 4.3 Group discussion of lessons learned
- 4.4 Declaration
- 4.5 Training Certificates
- 4.6 Billboard Revealing Ceremony (if applicable)
- 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 newfound 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? 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 allowed his own daughter to be married early 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 daughter’s wedding years ago, and I remember that she was only 14 years old at the time. Why are you questioning our tradition, and something that we know is part of Islamic teaching, when you allowed your own daughter to marry young?”

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 anyone think of any in your community who may agree or disagree with your position?
- 5) How might you respond to questions or confrontations from these people?
- 6) 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 what is in 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 religious textual 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 handouts 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 points they took away from the training, and anything new they have learned. Have each small group elect a speaker who will report back to the group as a whole. As each elected 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 hand-out 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 these learnings amongst yourselves. Please elect 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 reportings.)

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 to *al-gahiliyyah*, the days before Islam, 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 Allah 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 (including HIV), 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, 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 NGO's and programs working to eliminate FGC, and hold accountable those who practice it.
 - We learned, however, about the challenges facing lawmakers and NGO's who try to help enforce this law.
 - We know that FGC is NOT an Islamic practice, and that Allah does not approve of FGC. Most Muslim leaders around the world do not endorse the practice, either.
 - We know that the Quran 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 will not be 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 through continued open wounds, and exposure to a more experienced (and possibly infected) adult male partner, as well as fistula (incontinence of urine or feces). A child bride will often be physically overwhelmed by the work required an adult 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 an Islamic practice, because we are commanded to do no harm, and EM disproportionately harms young girls.
- We know that Allah 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, incorporate 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 in prominent location in center of town, 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 the appropriate time 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 Allah bless your journeys home!



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