28 TOO MANY
FGM... let's end it.

FGM IN ERITREA: KEY FINDINGS

November 2017

In Eritrea, FGM prevalence is 83% among women and girls aged 15-49.

More than 80% of the population is against its continuation.[1]

FGM Prevalence

Refer to Country Profile pages 51-54.

Eritrea has historically had one of the highest rates of FGM practice in the world. Based on the 2002 Demographic and Health Survey (*DHS*), which reported the **prevalence of FGM in Eritrea** (for women aged 15-49) as 88.7% (the fifth-highest in the world), UNICEF classified Eritrea as a '**very high prevalence** country'.[2] In the later Eritrean Population Health Survey 2010 (*EPHS 2010*), **83%** of women (aged 15-49) said they had undergone FGM, and 44.1% reported that at least one of their daughters had undergone the practice.[3]

Analysis of the **prevalence of FGM according to age** suggests a decline in the practice: in 2010, **prevalence among women aged 45-49 was 93.1%, compared to 68.8% among younger women aged 15-19**.[4]

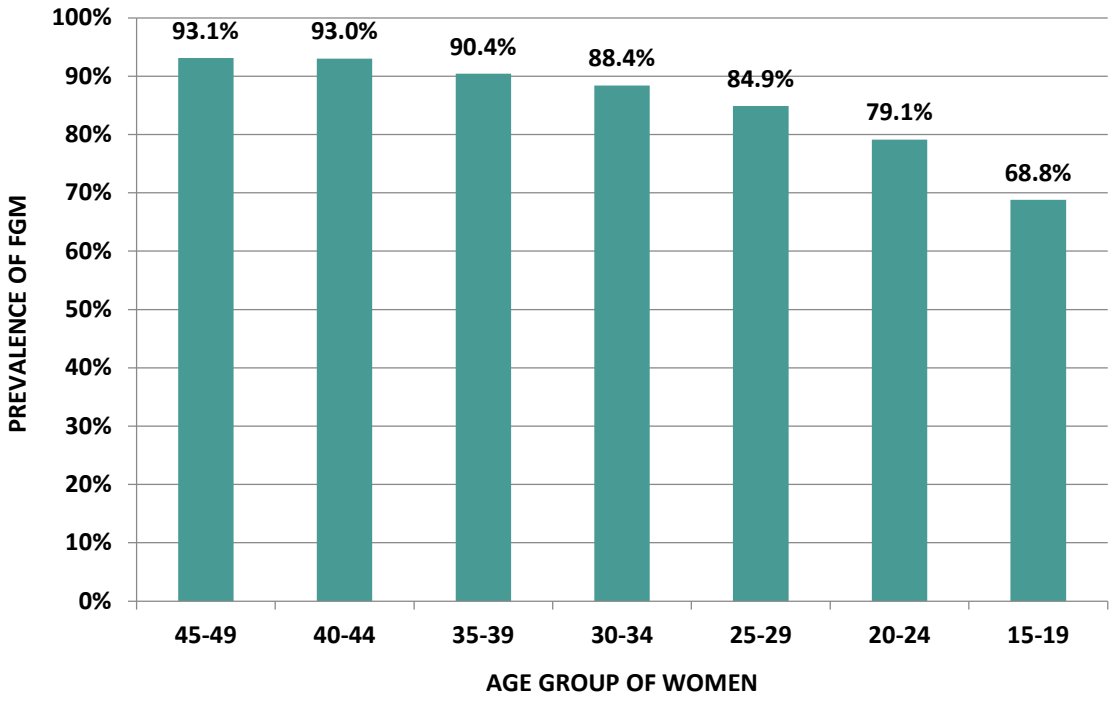


Figure 4: Prevalence of FGM in women aged 15-49, broken down by age-group[5]

Why

Refer to Country Profile pages 65-67.

Traditionally, Eritreans have felt that FGM keeps a girl from promiscuity, helps her gain social acceptance and keeps her 'pure and clean'.[6] The EPHS 2010 reports that **'social acceptance'** is perceived as the most important benefit of FGM, by **10.1% of women aged 15-49 who have heard of FGM** (although this has decreased from 42.2% in 2002). This perception varies by age group, from 6.1% in the 15-19 age-group to 15.6% in the 45-49 age-group. For men aged 15-49, **'preserves virginity/prevents pre-marital sex'** (7.7%) is most important. Other perceived benefits of FGM include better marriage prospects, cleanliness/hygiene and religious approval.[7]

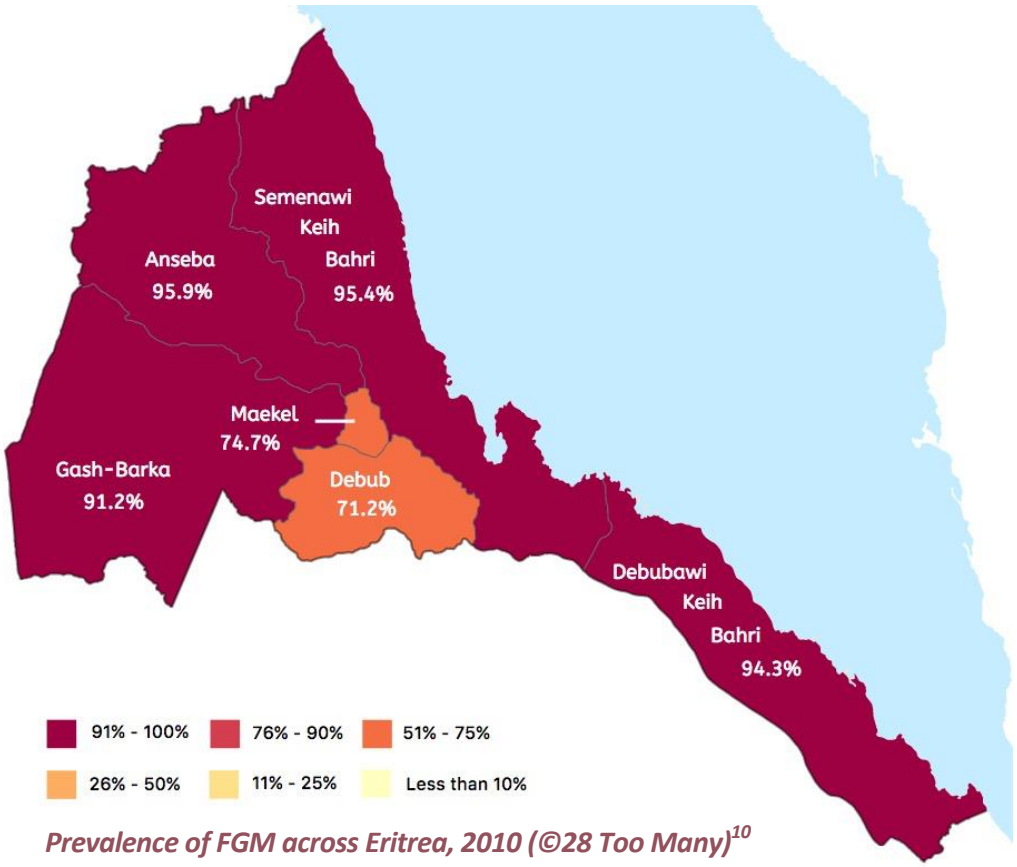
Where

Refer to Country Profile pages 52-53.

FGM prevalence averages over 90% across four out of the six administrative zobas in Eritrea. Prevalence in the capital city, Asmara (located in the south of Maekel), is 73.6%, while in other towns it is 85.4% and in rural areas it is 85%.[8]

Unlike in most countries, where FGM is more likely to occur in rural areas than in urban areas, in Eritrea, there appears to be more of a division between Asmara and the rest of the country.

In Asmara, prevalence fell by nearly 18% from 1995 to 2010, whereas in other areas prevalence fell by about 10% over the same period.[9]



Prevalence of FGM across Eritrea, 2010 (©28 Too Many)[10]

Law

Refer to Country Profile pages 27-33.

Eritrea has signed many of the international rights conventions and treaties related to FGM. In March 2007 **The Female Circumcision Abolition Proclamation No. 158/2007**[11] came into effect, outlawing FGM. Contravention of Proclamation No. 158/2007 is punishable by imprisonment of two to three years or up to ten years if FGM results in death, or a fine for failing to report a planned FGM event. The EPHS 2010 reported that 90.9% of women and 83.1% of men aged 15-49 have heard of the **law against FGM**. The most common reason given by mothers for their daughters *not* having undergone FGM is that it is against the law (66.9%).[12]

Understanding and Attitudes

Refer to Country Profile page 64, 67 and 68.

Knowledge of FGM among women aged 15-49 is almost universal (99.2%).[13]

The EPHS 2010 reports that **77.2% of women** (up from 29.1% in 2002) and **83.8% of men** aged 15-49 who have heard of FGM believe that it has **no benefits for a girl**. Despite this, very few women report having heard objections to their daughters undergoing it.[14]

Public support for FGM has declined significantly over the past two decades. In 1995, 56.8% of women aged 15-49 and 45.6% of men aged 15-59 supported its continuation; in 2002, 48.8% of women aged 15-49 supported it.[15] In 2010, support had fallen further:

	Women (15-49)	Men (15-49)
FGM should continue	12.2%	10.0%
FGM should *not* continue	82.2%	84.9%

Eritrean men and women's opinions on the continuation of FGM, 2010[16]

In Eritrea, the belief that FGM should not be continued is directly correlated with men and women's levels of wealth and education.[17]

60.1% of female respondents (aged 15-49) who have heard of FGM believe that it is required by their **religion**, and this belief is more common among older women, those living in rural areas, those with 'no education' and those with less wealth.[18] 'Religious approval', however, is not commonly cited as a benefit of FGM for a girl.[19]

Age & FGM Types

Refer to Country Profile pages 56 and 57.

Girls in Eritrea are most likely to undergo FGM **in their first five years**, although girls in Asmara are generally cut earlier than girls in other areas.[20]

In 2010, 58.6% of Eritrean women reported that they had experienced FGM before they were five and 14.6% reported they were older (26.9% of women either did not know or did not respond).[21]

All the **types of FGM** as classified by the World Health Organization are practised in Eritrea.[22] According to the DHS 2002, 38.6% of women aged 15-49 reported that they were 'sewn closed' (Type III – infibulation), 4.1% had had 'flesh removed' and 46% had been 'nicked, no flesh removed' (11.3% did not know).[23]

Practitioners of FGM

Refer to Country Profile pages 56 and 57.

FGM is most commonly reported to have been performed on women aged 15-49 by a **traditional 'circumciser'** (80.3%)[24], but it is also performed as a 'treatment' by about 20% of traditional medical practitioners.[25]

The frequency of FGM performed by all other types of practitioner (including doctors, trained nurses/midwives and traditional birth attendants) appears low, and the **medicalisation of FGM*** is not taking place on such a large scale as in other countries in the region, such as Egypt.

Work to end FGM

Refer to Country Profile pages 59-61.

In 2005 Eritrea passed a law requiring local, national and international **NGOs** to be registered.[26] In 2011 the last of the international NGOs working in Eritrea were forced to leave, and it appears that the only two registered NGOs active in relation to eliminating FGM are the National Union of Eritrean Women (***NUEW***) and the National Union of Eritrean Youth and Students (***NUEYS***).

It has been suggested that one of the reasons for the reduction in FGM prevalence in Eritrea is the holistic approach taken in the anti-FGM campaign, known as ***Habarawi*** ('collective'). The Habarawi methodology involves the mobilisation of whole communities and, since Eritrea's independence, it has been translated into a set of policies, programmes and strategies that support a community approach to ending FGM known as ***Hamadea***.[27] Government departments have partnered with the WHO, UNICEF and the UNFPA and brought in civil society representations through the NUEW and the NUEYS. Regional **anti-FGM committees** in each zoba were set up, which work at the community level to raise awareness by running activities such as dramas, designing promotional materials, setting up youth clubs and finding alternative income for FGM practitioners. Religious leaders have been reached through conferences and workshops. A 2012 study into this approach noted both successes and challenges in implementation.[28]

Eritrea has also been one of 15 African governments working in partnership with the UNFPA and UNICEF on the **Joint Programme on FGM/C: Accelerating Change (*UNJP*)**. The NUEW has been the main partner working with the UN agencies on the implementation of this programme.

For detailed information about the medicalisation of FGM, please see 28 Too Many's report, which is available at **http://28toomany.org/fgm-research/medicalisation-fgm/.*

Challenges Moving Forward

Refer to Country Profile pages 103-105.

What challenges remain for Eritrea in eliminating FGM?

- ***Overcoming traditions, beliefs and social norms that support the continuation of FGM and override the law.*** Social acceptance is the most commonly given reason for practising FGM, and pressures from family and community, particularly grandmothers, make it difficult for people who object to speak up.
- ***Policies and practices of the Government of the State of Eritrea (*GoSE*) will likely restrict the progress of anti-FGM work,*** including its expulsion of NGOs and INGOs and its restrictions on foreign funding, which curtails the amount of FGM research that can be done and prevents independent verification of existing data and the sharing of knowledge and best practice to tailor and scale up vital programmes.
- ***The lack of press freedom.*** The Ministry of Information's control over news and broadcasting limits debates and sharing of knowledge and strengthens taboos around practices such as FGM.
- ***Misunderstandings in relation to sex and FGM.*** There appears to be a need for more education on sexual health and FGM for both adolescents and adults.
- ***Access to family planning, home births and the use of traditional medical practitioners.*** The limited access to family planning, the high rate of home births and Eritrean's reliance on traditional medical practitioners, who may use harmful traditional practices such as FGM, all increase the risks for women and girls.
- ***Limited funding and resources*****.** The healthcare system, in particular, needs additional funding to give easier access to healthcare and clear the backlog of fistula patients.
- ***Disorder in the legal and justice systems.*** The constitution and the 2015 Codes have not been fully implemented, and without firm laws upon which to base the legal and criminal justice systems, the GoSE cannot consistently carry out and report prosecutions for FGM.
- ***Illiteracy*****.** The rate of illiteracy is especially high for women, meaning education through the distribution of printed material about FGM and related issues is ineffective for a large percentage of the population.
- ***Transport and infrastructure in remote locations*****.** Remote rural areas, where FGM prevalence is often highest, present difficulties in terms of access and a lack of infrastructure, making scaling up programmes and prosecuting perpetrators difficult.

1 National Statistics Office (NSO) [Eritrea] and Fafo AIS (2013*) Eritrea Population and Health Survey 2010*. Asmara, Eritrea: National Statistics Office and Fafo Institute for Applied International Studies, pp.347, 364 and 365. Available at https://www.unicef.org/eritrea/resources_17043.html. (Hereinafter referred to as the ***EPHS 2010***.)

2 UNICEF (2013) *FGM: A statistical overview and exploration of the dynamics of change*, opening pages and pp26-27. Available at http://data.unicef.org/wp-content/uploads/2015/12/FGMC_Lo_res_Final_26.pdf.

3 EPHS 2010, pp.347 and 353.

4 EPHS 2010, p.347.

5 EPHS 2010, p.347.

6 G. Akinboyo and R. Negash (2012) *The Habarawi Approach: Communities Taking Action to Eliminate Female Genital Mutilation/Cutting*, pp.12 & 21. Prepared for the Ministry of Health, the National Union of Eritrean Women, and UNICEF/Eritrea, Asmara. Available at https://www.unicef.org/eritrea/ECO_resources_socialchange.pdf.

7 - National Statistics and Evaluation Office (NSEO) [Eritrea] and ORC Macro (2003*) Eritrea Demographic and Health Survey 2002*, p210. Calverton, Maryland, USA: National Statistics and Evaluation Office and ORC Macro. Available at http://dhsprogram.com/pubs/pdf/FR137/FR137.pdf. (Hereinafter referred to as the ***DHS 2002***.)
- EPHS 2010, pp.360-361.

8 EPHS 2010, p.347.

9 - National Statistics Office [Eritrea] and Macro International Inc. (1995) *Eritrea Demographic and Health Survey, 1995*, p.166. Calverton, Maryland: National Statistics Office and Macro International Inc. Available at http://dhsprogram.com/pubs/pdf/FR80/FR80.pdf. (Hereinafter referred to as the ***DHS 1995***.)
- EPHS 2010 p.347.

10 *Ibid.*

11 *Eritrea: Proclamation No. 158/2007 of 2007, the Female Circumcision Abolition Proclamation* [Eritrea], 20 March 2007. Available at http://www.refworld.org/docid/48578c812.html.

12 EPHS 2010, p.358.

13 EPHS 2010, p.347.

14 EPHS 2010, pp.357, 360 and 361.

15 - DHS 1995, p.172.
- DHS 2002, p.207.

16 EPHS 2010, pp.364 and 365.

17 EPHS 2010, pp.364 and 365.

18 DHS 2002, p.214.

19 EPHS 2010, pp.360 and 361.

20 EPHS 2010, p.350.

21 EPHS 2010, p.350.

22 G. Akinboyo and R. Negash (2012) *The Habarawi Approach: Communities Taking Action to Eliminate Female Genital Mutilation/Cutting*, pp.11 and 12. Prepared for the Ministry of Health, the National Union of Eritrean Women, and UNICEF/Eritrea, Asmara. Available at https://www.unicef.org/eritrea/ECO_resources_socialchange.pdf.

23 DHS 2002, p.198.

24 EPHS 2010, p.352.

25 GebreMichael Kibreab Habtom (2015) 'Integrating traditional medical practice with primary healthcare system in Eritrea', p.79, *Journal of Complementary and Integrative Medicine* 12(1), pp.78-87. Available at https://www.degruyter.com/view/j/jcim.2015.12.issue-1/jcim-2014-0020/jcim-2014-0020.xml.

26 *Eritrea: Proclamation No. 145/2005 of 2005, Non-governmental Organization Administration Proclamation,* 11 May 2005. Available at http://www.refworld.org/docid/493507c92.html.

27 G. Akinboyo and R. Negash , *op. cit.*, p.17.

28 G. Akinboyo and R. Negash , *op. cit.*

Cover: Kurt Bauschardt (2010) *Eritrea Dancing.* Available at https://commons.wikimedia.org/wiki/File%3ATraditionalgarb-erb.jpg.

Please note that the use of this girl's photograph does not imply that she has, nor has not, undergone FGM.

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