

BERHAN project, Ethiopia: “I regret cutting those babies”

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The flesh is cut with a knife, a razor blade or something else that is sharp enough. The baby’s legs are being held apart while the family watches and celebrates. The baby cries when the cutting starts. Once the flesh and skin are removed, the bleeding starts. The wound is treated with hot butter or honey to stop the bleeding. The baby is a girl.



This is how girls in Ethiopia have their genitals mutilated. Every second girl in Ethiopia is being cut. In the 1970s, even nine in ten girls have gone through this process. *“We are changing as a community. As a group, we came together to discuss the social norm and tradition of cutting, and we reject it now. But in the community, there is sometimes still a positive attitude towards it. We try to fight this,”* says Terfa, a member of a Social Analysis and Action (SAA) group implemented in communities by CARE. A SAA is a facilitated group process through which individuals explore and challenge the social norms, beliefs, and practices that shape their health and lives.

Risks of female genital mutilation

“I started with the cutting of girls because I wanted to be loved by the community. As a practitioner, you are the main and important part of the ceremony. I gained a lot of social respect,” remembers Fana*, 38 and a mother of four children. She was a traditional practitioner who learned about the procedure of Female Genital Mutilation (FGM) by observing another practitioner. After she joined one of CARE’s SAA groups, she stopped her work immediately. *“I regret cutting those babies because they were suffering. There was always a risk of them getting an infection or even dying because of what I did to them,”* Fana confesses. In the group discussions, she learned about the risk of fistulas, swelling, fever, infections such as tetanus, later problems with urination and menstruation, scar tissue, problems during intercourse, and the increased risk of childbirth complications such as difficult deliveries, bleeding, and the need to resuscitate the newborn baby.



“We now understand the health consequences and the long-term damage [of FGM],” says Terfa. The SAA group members have a system in place, where every member has a network of about five families that they are responsible for in the community. They raise awareness about the consequences of FGM and report to the group if a family wants to go forward with the ceremony. *“I now work against this practice. If someone in my network has a baby girl, I will go to their home immediately. I try to raise awareness. Five days later I come back to check on the girl,”* describes Fana.

Checking on the girls

With this practice, the community of about 6,000 people has reached a 0% FGM rate. *“Before we were at around 85%. In the last year, six women in the community gave birth to a girl. None of them were cut,”* explains Terfa. Fana also notices a difference, *“No one asks for my services anymore. No one has knocked on my door. I do the knocking now to check on the girls.”* The practice is still common in Ethiopia, a country that is home to 25 million women and girls who have undergone FGM, the highest rate in Southern and Eastern Africa. FGM is primarily driven by gender norms and cultural practices that are held in place. *“Most parents believe that the girls won’t be able to have sex physically if they are not cut. Others believe that she [the baby girl] will not be*



*beautiful and wanted [later in life]. We made a lot of mistakes before,” concludes Terfa. *name changed for protection reasons*