JIMMA UNIVERSITY

COLLEGE OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIOLOGY

The Influence of Social Norms in FGM Practice on Guliso Primary School girls, West Wellega.

By:

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Declaration

MA Thesis Submitted to Department of Sociology

Assessment Social Norms and the Practice of Female Genital Mutilation on primary School Girls children:

By: Tsion Shiferaw

Approval of the Board of

1 Chairman

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2. Advisors Principal

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Acronyms

EDHS=Ethiopia Demographic and Health Survey

EGLDAM=Ethiopia Gojii Limadew Dirgitoch Aswagajii Mahiber

FGM=Female Genital Mutilation

HTP=Harmful Traditional Practices

MoWCYA=Ministry of Women, Children and Youth Affairs

UNICEF=United Nations International Children's Emergency Fund

UN=United Nation

WHO=World Health Organization

Abstract

***Introduction**: Female genital mutilation (FGM) is widely practiced across the world. Female genital mutilation is a long held tradition in the society of Ethiopia. The practice involves either partial or total removal of the female external genitalia for various reasons. FGM is documented to be rooted in religious, personal and societal factors.*

***Objective**: Objective of the study is to assess Influence of Social Norms in FGM Practice in Gulisso Primary School, west Wellega, West Wollega Zone, Oromia National Regional State.*

***Methods:** Cross-sectional study design was used because relevant data were collected at one point in time. To this effect, both descriptive and explanatory research design were utilized for the study. Both qualitative and quantitative data were cross-checked for factual verification and incorporated in the final research report. By using simple random sampling 190-sample student were selected from 357 total household heads. The data for the study were collected through questionnaire, interview and focus group discussion. Quantitative data were analyzed by using table, frequency and percentage. While, qualitative data were analyzed in description form by using words. The analyzed data information was presented based on the specific objectives used in the study in the form of tables, description and cases to make the findings simple and more readable.*

***Results:** The study revealed that More than half of the study participants, 101(53.2%) believed that social norm influences the rate of female genital mutilation. Majority of the study participants, 164 (86.3%) believed that social norms have contribution of towards the continual practice of female genital mutilation on primary school girls. 94(49.5%) of the study participants assume that marriage influence the rate of female genital mutilation.*

***Conclusion and recommendation:** The main reasons for the continued practices of FGM in the community include FGM are very much intertwined with social norms within the community, age, marriage. Based on the findings the following recommendations were suggested Community, Abba Geda, Hadha Siiqe and religious leader should collaborate with local authorities and other institutions to learn, teach, and take violators to legal bodies, women should organize and work together in their development team at all levels in order to keeps their right and government should increase community's awareness on the existing laws against the practices of FGM plus on harmfulness of FGM.*

***Key words:** social norms, Female genital mutilation and primary school girl*

Chapter One

1.1 Background of the Study

Female Genital mutilation is a generic term for traditional practices involving the cutting of female genitalia leading to the partial or the total removal of then female genitalia or injury to the female genital organ for cultural or any other non-therapeutic reason (El-Shawarby et all.2008). While reasons for the practice vary across cultural groups, social reasons may include FGM as an initiation act for girls into womanhood, as an act of social integration and for the maintenance of social cohesion, socio-economic reasons include beliefs that FGM is a prerequisite for marriage or an economic necessity in cases where women are largely dependent on men, Religious reasons rest on the belief that it is a religious requirement, Hygienic and aesthetic reasons for FGM include beliefs that the female genitalia are dirty and unsightly, and health reasons include beliefs that FGM enhances fertility and child survival. FGM may also be an important source of income for circumcisers (UNCF, 2005).

FGM has been practiced for over 2000 years (Slack, 1988). Although it has obscure origins, there has been anthropological and historical research on how FGM came about. It is found in traditional group or community cultures that have patriarchal structures. Although FGM is practiced in some communities in the belief that it is a religious requirement, research shows that FGM pre-dates Islam and Christianity. Some anthropologists trace the practice to 5th century BC Egypt, with infibulations being referred to as 'Pharaonic circumcision' (Slack, 1988). Other anthropologists believe that it existed among Equatorial African herders as a protection against rape for young female herders; as a custom amongst stone-age people in Equatorial Africa; or as 'an outgrowth of human sacrificial practices, or some early attempt at population control' (Lightfoot-Klein, 1983).

FGM is especially common in the countries in the Horn of Africa (Somalia, Ethiopia, Eritrea and Djibouti), followed by neighboring Egypt and Sudan, East and West Africa, for example in Nigeria its prevalence is 60 percent (Child Rights International Network, 2016). The prevalence of FGM in African countries shows a prevalence of more than 70% in Burkina Faso, Djibouti,

Egypt, Eritrea, Ethiopia, Guinea, Mali, Mauritania, Northern Sudan, and Somalia (Wondimu et al., 2012).

According to the UNICEF classification, Ethiopia is classified as a Group 2 country, with a moderately high FGM prevalence. Group 2 countries have a prevalence of between 51% and 80%. UNICEF calculates that 23.8 million women and girls in Ethiopia have undergone FG(UNCEF, 2013) . In terms of numbers, this is one of the highest numbers of girls and women, who have undergone FGM in Africa, second only to Egypt (UNCEF, 2013). A number of factors contribute to the practice of FGM/C in Ethiopia, among which patriarchal attitudes and the values attached to the girl child and women, the desire to control women's sexuality and decision making power and the socio economic subordination of women are some of the key factors (UNICEF, 2015)

According to the Ethiopian Demographic Health Survey (EDHS), the estimated prevalence of FGM among women (15–49 years) was 65%. However, there is a great inconsistency among different regions in Ethiopia ranges from 24.2% in Tigray to 98% and 99% in Afar and Somali regions respectively (Ethiopia Demographic and Health Survey 2016). The pooled prevalence of FGM among women and children aged less than 15 years in Ethiopia was 84.6% and 49.79% respectively (Muche et, al 2020).

1.2 Statement of the Problem

FGM is deep-rooted traditional practice; this practice is rooted in religious, personal and societal beliefs within a frame of psychosexual and social reasons such as control of women's sexuality and family honor, which is enforced by community mechanisms (UNFPA, 2009). A number of factors contribute to the practice of FGM/C in Ethiopia, among which patriarchal attitudes and the values attached to the girl child and women, the desire to control women's sexuality and decision making power and the socio economic subordination of women are some of the key factors (UNICEF, 2015). According to Boyden et al., "traditionally in Ethiopia uncircumcised girl will not get a husband. This is commonly expressed as koma qerech i.e. she remains standing, " which is translated as becoming an'' old maid" in a local proverb, kaltegerezech koma tikeralech,," which literally means ''if she is not circumcised, she will remain standing" or she will not get a husband" (Boyden et al., 2013).

According to Shiferaw et al,conducted study on prevalence and associated factors of female genital mutilation among high school students in Dale Wabera Woreda, the associated factors of female genital mutilation is age, education level, religion, parents education and occupation and perceived monthly income (Shiferaw et al, 2017). A study conducted by Bogale, et al, on the prevalence of female genital mutilation and its effect on women's health in Bale zone, revealed that to get married, to get social acceptance, to safeguard virginity, to suppress sexual desire and religious recommendations were the main reasons of FGM (Bogale et al, 2014). However, in another study conducted by Bekele and Habtamu, female genital mutilation has been carried out among various communities in Ethiopia with similar reasons such as issues related to virginity as honor of the family and the husband and mutilation as criteria for marriage (Bekele and Habtamu, 2015). In some societies people practice FGM because of social pressure, and others believe that removing unclean parts of the girl's body is essential to maintain virgin (Berg RC, Denison E., 2013).

Therefore, female genital mutilation is very important issues that should be dealt with as a vital component of factors that determine the health statuses and lives of young girl mainly that of girls whose lives are characterized by deep-rooted FGM in all aspects of life especially in countries like Ethiopia. As aforementioned, even though there are different studies conducted concerning the types of female genital mutilation practiced but not dealt with influence of social norms on FGM practice, as far as the researchers knowledge is concerned, there is a shortage of findings regarding influence of social norms on practice of female genital mutilation, specially, on primary school girl children, in Ethiopia, particularly in the case of Guliso. Guliso is one of which, the practices of FGM has been widely taking place traditionally by old women. The practice still remains and several girls are at risk and many of them are living with its complications. FGM is a traditional practice in the area. Therefore, efforts to end it require assess the influence of social norms in practice of female genital mutilation. Accordingly, key to FGM assessing the practice female genital mutilation (FGM) on primary school girls (found in Guliso town) and explore the views of the community towards the practice of FGM on girls is the main objectives of this study.

1.3. Objectives of the Study

1.3.1 General Objective

The general objective of this study is to assess influence of social norms in female genital mutilation (FGM) practice on primary school girls' with particular emphasis on Guliso primary school, West Wollega Zone, Oromia National Regional State

1.3.2 Specific Objectives

- To assess the prevalence of FGM practice on primary school girls in Guliso primary school
- To identify influence of social norms in FGM practice on school girls in Guliso primary school
- To examine the attitudes of Guliso primary school girls towards FGM
- To explore the views of the community towards the practice of FGM on primary in Guliso primary school.

1.4 Scope of the Study

The scope of the study is limited to Guliso town primary school. The study only assesses contribution of social norms to the persistent of FGM practice school girls in Guliso town and examine the attitudes of primary school girls towards on FGM and views of the community towards the practice of FGM on primary in Guliso town. The study was employing mixed research approach. The scope of the study is Guliso primary school children girl those are randomly selected from available list of students. The study was conducted in Gulliso primary school. This was to make the size of the target group manageable within the given time and by other resources available.

1.5 Significance of the Study

Women constitute half of the world's human resources and central to the economic as well as the social wellbeing of societies. As a social behavior, the practice of FGM derives its roots from a complex set of belief systems. For some communities, FGM is related to rites of passage. In others, it is considered aesthetically pleasing. Some practice it for reasons related to morality and sexuality. Accordingly, research into why and how FGM is practiced among a given group or region is essential for the design of culturally appropriate, effective programmatic intervention. This paper, therefore, tried to investigate the issue influence of social norms in FGM practices

and perception of the community towards FGM. Moreover, the study may serve as a resource for those who want to tackle (combat) the problem of FGM in the study area by providing information regarding the prevalence of the practice and the attitude that the society holds regarding the issue. It is further assumed that better understanding of why people practice FGM can lead to the development of effective intervention strategies. The study could also serve as reference material for researcher, who wants to conduct further study on similar or related topics. It also helps government, administrators, policy makers, and non-government organizations to mitigate the impacts of FGM on women in the study area. The study could also serve as reference material for researcher, who wants to conduct further study on similar or related topics.

1.6. Limitation of the Study

Different factors had put restriction on this study. While carrying out this study, there were many obstacles and challenges facing the researcher. Some of the major constraints the researcher has faced in undertaking this study were the shortage of time and money, lack of internet access and transportation, unfavorable weather condition, lack of the available data and unwillingness of respondents to give reliable data were problems that faced the researcher. Additionally, since the study focused on cultural reasons certain respondents had a difficulty of openly speaking about it and bureaucracy of different sectors was another problems. Since it is cross sectional study it lacks temporal relationship.

Chapter Two

2. Literature Review

Introduction

This chapter comprises of previously conducted studies on female genital mutilation in order to conceptualize the study problem with other previous work. The essence of undertaking a literature review is for the researcher to acquaint with what kind of data and material is available and identifies methodologies that have been used to undertake similar studies. The researcher also introduces the conceptual framework that will guide in the study along with the theoretical framework that contextualizes FGM practice in society.

2.1. Operational Definition of Terms

Social Norms: are beliefs, held by groups of people, about the way they must act to be an accepted member of society. Social norms are the "unwritten rules" that show the values that a society holds dear and that govern how people should behave in a given context or situation. Not to keep within the social norms would mean being isolated or excluded by society (GAN, 2012)

Female Genital Mutilation (FGM): refer to all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (WHO, 2010).

2.2 The Genesis of Female Genital Mutilation (FGM)

The World Health Organization (WHO) defines female genital mutilation (FGM) as all procedures involving partial or total removal of the external female genitalia, or other injury to female genitalia for non-medical reasons (WHO, 2010). FGM is widely recognized as a violation of human rights, including the rights to health, security, and physical integrity, and the right to be free from torture, cruel, inhumane, or degrading treatment (Ras-Work, 2006).

FGM is an internationally recognized term for operations that involve cutting away part or all of the female genitalia. The practice is erroneously termed as "female circumcision", which implies equivalence to male circumcision. Historical origins of female circumcision are unknown. Some reference estimated 2,000 years and stated during what Muslims call "algahiliyyah" the error of

ignorance. The term to define the practice of female genital mutilation has undergone a number of changes. Boyle writes that WHO adopted to use the term female circumcision because this practice was referred to as a social and cultural issue as opposed to a medical issue (Boyle, 2005).

It is also believed the practice of FGM was known to have existed in ancient Egypt, among ancient Arabs in the middle belt of Africa before written records were kept. It is therefore difficult to document the first operation or determine the country in which it took place. However, document lists suggest that FGM dates back to 25 B.C. (El Sadaawi, 1980; Lightfoot and Klein, 1989). The most radical form, infibulations that the Somali community practices, is called pharaonic type. Although this might imply that the practice started in ancient Egypt, there is no certainty that it started in Egypt or some other African country then spread to Egypt. The pharaonic cut is more popular among the Muslim population in Africa. Both Muslims and non-Muslims practice FGM/C. This practice is not known in many Muslim countries such as Iran, Saudi Arabia and Iraq to name but a few. In Kenya there are many non-Muslim communities practicing it while many other Muslim communities who do not practice FGM/C. Hence this means this practice has no known Islamic origin (Abdi, 2007)

According to Tanui, female circumcision has existed for over 4,000-5,000 years originating in a period predating Gods covenant with Abraham to circumcise his people. It began in Egypt and was frequently performed by the ancient cultures of the Phoenicians, Hittites, and the ancient Egyptians. Those people had the idea that was based on the belief that, the foreskin was the feminine part of the male and the clitoris the masculine part of a woman (Tanui, 2006). According to the WHO, report100—140 million women in the world circumcised, and two million girls estimated to circumcise each year. FGM often performed without sterile instruments, there by risking the transmission of HIV/AIDS, hepatitis, and other infection. Female genital mutilation (FGM) occurs worldwide to subjugate women in the name of culture and religion. It has been registered in 28 African countries, parts of the Middle East and Asia(WHO, 2010). In Europe, USA, Canada, and Australia this practice can mainly be found among immigrants from these regions (Ahmady, 2015). According to UNICEF, FGM practiced across the world. However, there is a regional difference in the prevalence within countries where, the practice takes place. About half of 29 countries where FGM is done to girls who are

under age 5. About half of the girls are mostly between 5 and 14 years of age. Girls are often considered „ready for marriage" after undergoing FGM (UNICEF, 2013).

2.3 Types of Female Genital Mutilation (FGM)

The following classifications are presented in an order ranked from the one with the least amount of direct physical damage, type I, to the type which causes most intense direct physical damage, type III. Here, direct damage is referring to damage caused during the actual procedure.

Type I

Referred to as clitoridectomy, this type include either partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitalia), and in some rare cases only the prepuce (the fold of skin surrounding the clitoris) (WHO, 2016).

Type II

Referred to as excision, includes partial or total removal of the clitoris, as well as the labia minora (the inner folds of the vulva). This type could also include excision of the labia majora (the outer folds of the vulva) (WHO, 2016).

Type III

Referred to as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is created by cutting and repositioning the labia minora, or labia majora. This is performed with or without the removal of the clitoris (clitoridectomy) (WHO, 2016).

Type IV

A fourth classification refers to all other harmful procedures performed to the female genitalia for non-medical purposes, exclusively or in addition to any of the first three types.

2.4. Prevalence of Female Genital Mutilation (FGM)

According to the Ethiopian Demographic Health Survey (EDHS), the estimated prevalence of FGM among women (15—49 years) was 65%. However, there is a great inconsistency among different regions in Ethiopia ranges from 24.2% in Tigray to 98% and 99% in Afar and Somali regions respectively (EDHS, 2016). Female genital mutilation mostly practiced on girls less than

15 years (WHO, 2016). Even though the EDHS report showed more than 52.5% of girls who undergo FGM during the infancy period, it was practices differently on the ethnic group, and across regions. On the other hand, it was performed in the first week of birth in Northern Ethiopia regions (Tigray and Amhara), and much later or before marriage in the Southern Ethiopia regions (Oromia and SNNPR) (Bogale D, et al 2017 and Missailidis K et al, 2000).According to Muche, A. the prevalence of FGM is high among women and children in Ethiopia. There is a wide variation of the FGM among women and children from region to region in Ethiopia. The highest prevalence of FGM among women was observed in Somali region followed by Afar region. FGM in Amhara region and Oromia region is nearly similar. On the other hand, the lowest prevalence was reported in Harari region. And, the pooled prevalence of FGM among women and children aged less than 15 years in Ethiopia was 84.6% (95% CI: 80.51%, 88.7 %%) and 49.79% (95% CI: 41.91%, 57.68%) respectively. The highest prevalence of FGM among women was observed in Somali region (91.09 % (95 % CI: 85.75, 96.44)), and the lowest reported in Harari region (79.50% (95 % CI: 76.77, 82.23)). The highest prevalence of FGM among children less than 15 years was observed in South Nation Nationalities and Peoples Region (SNNPR) (82.20% (95 % CI: 79.52, 84.88)) and the lowest reported in Harari region (19% (95 % CI: 16.35, 21.65)) (Muche, A. 2020).

2.5 Social Norm and Female Genital Mutilation (FGM)

Theoretical and empirical literature on social norms has been developed within sociology, anthropology, social and moral psychology, economics, law, political science, and health sciences. Definitions across these disciplines vary and it is not uncommon that they contradict one another (Cislaghi and Heise 2018:2). Some of the most commonly recognized theoretical frameworks for social norms will be considered and summed up. A social norm is what people within a group believe to be the normal, or most appropriate, way of acting in that group. The social norm is held in place by mutual expectation of the people within the group (Mackie et al. 2015:7-8). While social norms are almost always unwritten, they tend to be deeply institutionalized in the group, and fully internalized by the members of the group (Stok and de Ridder 2019:95). There are many different reasons as to why people conform to social norms. Some of the more common ones are because people are uncertain about what is the best behaviour to achieve something in a given situation, or because they anticipate a reward or

sanctions for acting in a certain way (Cislaghi et al. 2019:6). These rewards and sanctions normally affect a person's social status within the group they belong to by, for instance, either including them in or excluding them from social belonging (Mackie and Lejeune 2009:12). While the concept of social norms received a great amount of critique for being too vague and over generalized, Cialdini, Reno and Kallgren introduced a theoretical refinement of the concept, which resulted in the Focus Theory of Normative Conduct. The introduction of this theory led to a clear distinction between two different types of social norms: descriptive and injunctive (Stok and de Ridder 2019:2). Descriptive norms refer to what most people do, what the typical behaviour is, in a certain situation. In turn, an injunctive norm refers to what people believe ought to be done, what is socially approved or disapproves of (Lapinski 2005:129-130). These kinds of norms may influence how people behave since the expectations of others provide information about the appropriate or desired way to behave in a certain situation. To a large extent, this is because people are generally motivated to affiliate with others (Stok and de Ridder 2019:4).

2.6. Community Perception and Female Genital Mutilation (FGM)

Between 2000 and 2005, support for FGM has halved. In 2000 there was a recorded 60% support rate for FGM but by 2005 this had dropped dramatically to 31%, according to the DHS data. Similar results are seen from the EGLDAM data. The EGLDAM data also shows a marked increase in the level of awareness of the harmful effects of FGM, from 33.6% in 1997 to 82.7% in 2007.EGLDAM notes that women seem to lag behind male counterparts in their attitude towards the eradication of FGM. This reflects the different gender roles within Ethiopian society as men have better access to information, and mothers are responsible for making sure their daughters undergo the practice in order to conform to a highly respected tradition and thus ensure their daughters future marriage (EGLDAM, 2007). Today, negative attitudes towards FGM amongst women are becoming more common. The discourse around opposition to the practice amongst women is often based on women's and girls' own personal experiences. For example, those who have suffered during childbirth or know others who have died during the procedure are keen to prevent their children from going through the same experience (Boyden, Pankhurst and Tefera, 2013). In urban areas of Ethiopia, whilst there may not always be a lower prevalence of FGM, attitudes towards FGM are generally more negative than in rural areas.

EGLDAM suggest this is due to a lack of information and low awareness of harmful consequences in rural areas. Boyden et al support this, arguing that ideas about modernity and interventions to counter harmful traditional practices emanating from the state as well as from international and national non-government organizations have had a much greater impact in urban areas (Boyden, et al. 2013).

2 .7 Theoretical Framework

2.1.1 Structural - Functionalist Perspective

The structural-functional approach is a framework for building theory that sees society as a complex system whose parts work together to promote solidarity and stability. As its name suggests; the approach points to the importance of social structure - any relatively stable pattern of social behavior. Social structure gives our lives shape in families the workplace, or the college classroom. Secondly the approach looks for any structures social functions, the consequences of any social pattern for the operation of society as a whole. The structural-functional approach owes much to Auguste Comte, who pointed out the need for social integration during a time of rapid change. Emile Durkheim, who helped establish sociology in French universities, also based his work on this view. A third structural-functional pioneer was the English sociologist (Herbert Spencer, 1820—1903). (Spencer,1896) compared society to the human body; just as the structural parts of the human body - the skeleton, muscles, and various internal organs - function together to help the entire organism survive, social structures work together to preserve society. The structural-functional approach, then, leads sociologists to identify various structures of society and investigate their functions. (Merton, 1957) expands our understanding of social function by pointing out that any social structure probably has many functions, some more obvious than others. He distinguishes between manifest functions, the recognized and intended consequences of any social pattern, and latent functions, the unrecognized and unintended consequences of any social pattern.

Functionalists view social institutions as working in a systematic and coherent manner to sustain and reproduce them. Cultures presents a way of holding society together through sharing of socially accepted customs, values, norms, beliefs and views of the world which in turn influence

human behavior. Social structures such as customs and practices have significant contribution to community solidarity but may also contribute negatively to society. The practice of FGM should therefore be understood from the context of social norms including how these norms shape and normalize behavior. Norms are learnt and reinforced through everyday social interaction, at the same time shape and influence behavior (Berger & Luckmann, 1967) in this way the control of the sexuality of women and their bodies is normalized. FGM among the Kisii is considered an important rite of passage from girl to a respected woman; a circumcised woman is considered mature, obedient and aware of her role in the family and in the society, characteristics that are highly valued in the community. However, FGM causes bodily harm and consequent health complication during child birth which are its negative consequences; which (Merton, 1957) refers to as dysfunctions.

FGM is generally practiced as a matter of social convention, and is interlinked with social acceptance, peer pressure; the fear of not having access to resources and opportunities as a young woman and to secure prospects of marriage (UNICEF 2007; 2010). This social convention is connected to different concrete socio-cultural perceptions, most of which are linked to local perceptions of gender, sexuality and religion. Functionalists' view of social problems also contributes positively to the identified social problems. For instance FGM practice calls for more affirmative action towards efforts towards the abandonment of the practice. FGM concerns have led to a critical focus on the reproductive health of women and girls around the world and in Ethiopia with FGM taking a lead role as an indicator of health development and improvements, Ethiopian government to eliminate the practice of FGM by 2025.

As such efforts towards the abandonment of FGM practices require that socio-cultural context of the practicing community be incorporated into these approaches. (Dilley, 1999) provides a strong basis for the interpretation of the persuasive and the persistence patterns visible in the practicing societies and that social and cultural phenomenon must be interpreted within a given context in order to achieve significant results. Governments, development partners and non-governmental organizations should therefore be sensitive to the significance of FGM to practicing communities and involve community stakeholders in educating and raising awareness on the implications of FGM on the overall development of women in society. This social interaction would lead to a more effective acceptance of abandonment approaches among practicing communities.

2.72 Social Theory

Female genital mutilation is a deeply rooted historical, cultural and religious tradition that has been the subject of considerable debate.(Baron and Denmark, 2006), argue that from a human rights point of view it is an unsafe and unjustifiable practice that violates bodily integrity; and feminists argue that it is an inhumane form of gender-based discrimination that capitalizes on the subjugation of women, yet nations that endorse the practice define it as an integral feature of the culture. In social theory, the intention to perform a particular act is seen as a consequence of the relative weight of attitudes and normative considerations. Packer argues that attitudes are determined by beliefs about the consequences of a particular behavior. Normative considerations consist of social pressure to perform or not to perform a particular behavior (Packer, 2005). The norms on which these considerations are based are communicated by important others through socialization and social interaction and the individuals' motivation or desire to comply with these (ibid).

Socialization therefore plays an important role in the development of values and this affects the way people behave later in life. Change and mutability are endemic in all social identities but they are more likely for some identities than others. In cases where locally perceived embodiment is a criterion of any social identity, fluidity maybe the exception rather than the rule (Jenkins, 1996). For the case of female genital mutilation, change is bound to be slow because of the fact that its justification is embedded in the culture of the people practicing it.

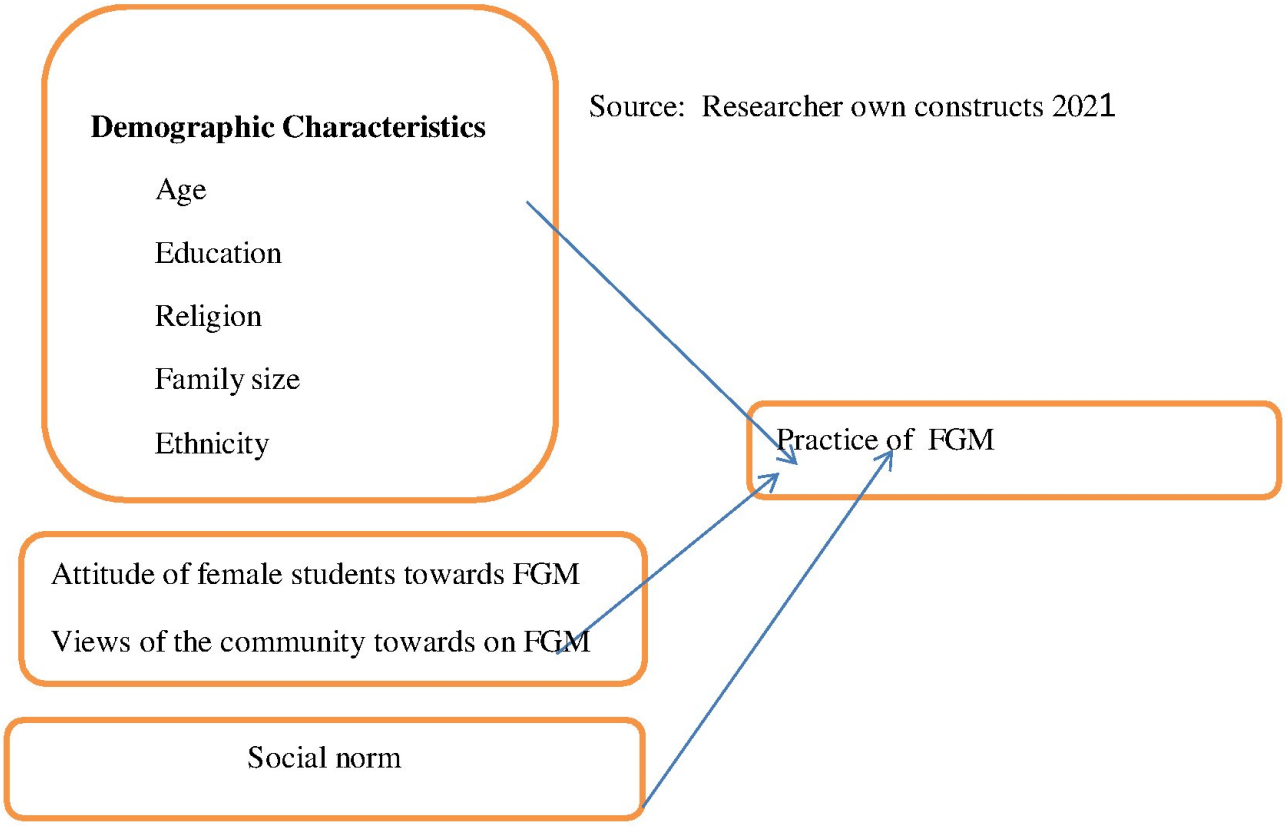
2.7.3 Feminist Theory

FGM has been described by some as contributing to the patriarchal oppression of women. Dorkenoo suggests that FGM has played a part in the repression of women across the world and throughout history (Dorkenoo, 1995). (Penn and Nardos, 2003) suggest that it is the belief that powerful female sexuality is a threat to social control that has led to extreme measures, such as FGM, being used to bring about control and preserve the honor of women and their families. These assumptions in relation to women and the need to control them have resulted in the social functions of FGM (e.g. maintenance of chastity and attenuation of female sexual desire) being prioritized over the health complications that are often consequential of the practice (McNamara,

2002). The social, economic and political powerlessness of women within many FGM practicing communities is said to be associated with the belief of "woman as incapable" (Penn & Nardos, 2003). Toubia, suggests that the global campaign to eradicate FGM will be unsuccessful unless it addresses the social and economic injustices that compel women to submit to such practices as a means of social acceptance and access to fundamental necessities such as family, employment and community (Toubia 2004). However warns about making generalizations about the position of women within the societies that practice FGM because of the diversity of history and cultures in which it occurs. She points out that the position of women in both Black and Arab Africa (where FGM is most commonly practiced) is influenced by many factors including; their class position and affiliation, educational level, individual consciousness about their rights, economic independence, and religious and cultural influences (Dorkenoo, 1995).

2.6.4 Analytical Framework

The aim of this study is concerned with Assessing the Social Norms and practice Female genital mutilation (FGM) practice among Guliso Young High School Girl. Therefore, the study is guided this conceptual framework. Independent variable and dependent variable



Source: Researcher own constructs 2021

Chapter Three

3. Research Methods

In this part of the paper, the study area, research design, the target group of the study and participants involved in the study, the sample size and sampling procedures used to select the participants, instruments used to collect the necessary information, procedures of data collection and methods of data analysis are presented.

3.1 Study Area

The study was conducted in Gulliso primary school, which is located in Oromia National Regional state, in west Wollega Zone, Gulliso town which is located in the western part of Ethiopia at a distance of 485 Km from Addis Ababa. The town has population of 22,091 and from this, 10,267 are males and 11,824 are females (Gulliso Town Administration Office, 2020). Topographically, the town is found between scope longitudes 35.48 East Latitude 9.17 North Attitude 1607.00m/5272.31. Agriculture is the most important economic activity in the woreda. Especially mixed crop and livestock farming system is the mode of agriculture practice in the district. The main crops cultivated in the district are teff, barley, wheat, sorghum, bean, pea and lentil. The major animals reared in the district are cattle, horse, donkey, goats and sheep. (Guliso woreda Agricultural office). In additions to agriculture trade is also an important economic activities in the woreda. Most of women are engaged in non-farming in small trading activities.

The study was conducted in Gulliso primary school, which is located, west Wollega Zone Oromia National Regional State, Ethiopia. The establishment of Guliso Primary is 1961. the School is located in the Guliso town. The school has population of 1236 and from from this,590 are males and 646 are females students. The school has 61 teachers and from this,35 are male 26 are female (Guliso primary school Office, 2020).

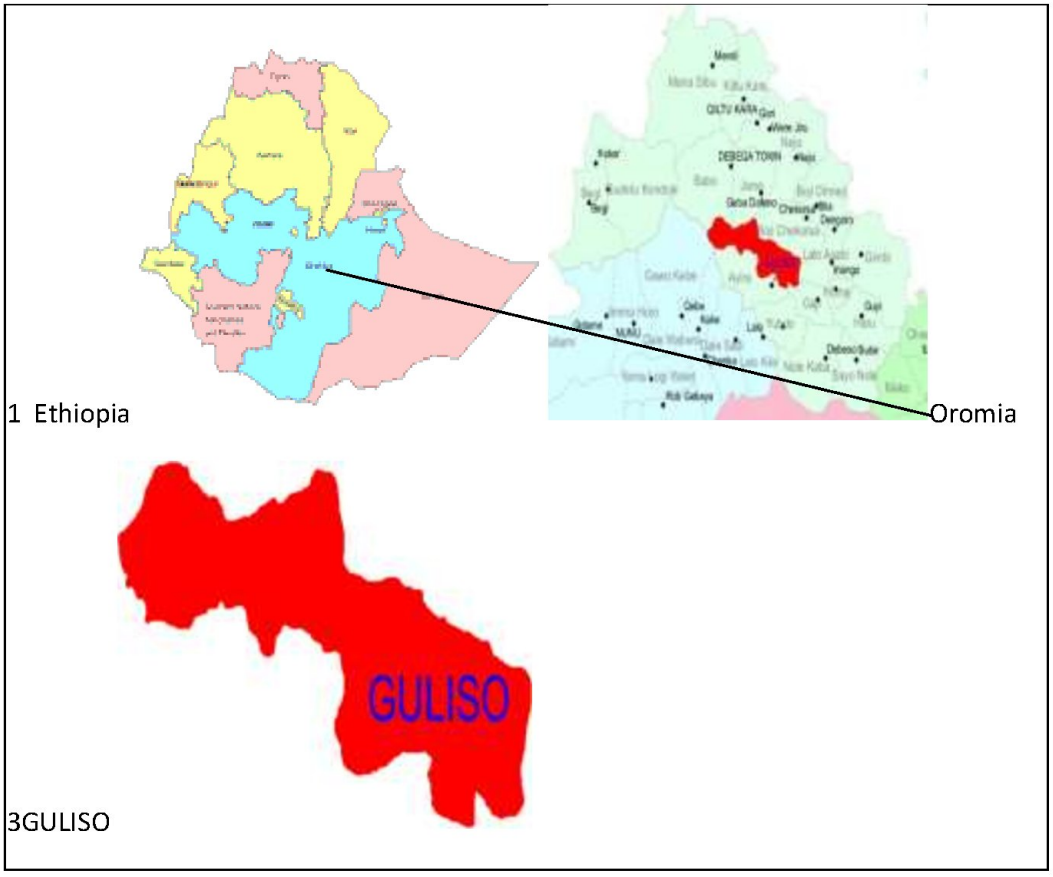


Fig: 1. Map of Study area.

3.2 Research Design

Across-sectional study design was used because relevant data were collected at one point in time. To this effect, both descriptive and explanatory research design were utilized for the study in terms of research purpose. Explanatory research design allows the researcher to used tools are more qualitative in nature used to increasing understanding, the flexibility of source and better conclusion. The rationale behind to use this research design was that the study intended to investigate the relationship between explanatory variables and the outcome variable. It used to look at the prevailing characteristics in a given population. It help researcher to collect data on a few different variable to see how differences. In such way, this design best fit the study, by helps two or more related variables and effect of each explanatory on an outcome variables (Creswell and creswell, 2017)

3.3 Research Approach

To conduct the study, the researcher used a "mixed research approach" (both quantitative and qualitative). The approach enables the researcher to get a better understanding of research problems, complex phenomena and reliable research outcome for the study(Creswell and plano clark, 2007). This is to the fact, this approach involves employing diverse methods of data collection and analysis (Creswell, 2003). The researcher used triangulation method. It helped researcher to obtain different but complementary data on the same issue to best understand the studies. Both quantitative and qualitative data were collected and analyzed simultaneously in correspondence to the research questions. Both data were cross-checked for factual verification and then integrated during interpretation. This design is used to directly compare and contrast quantitative statistical results with qualitative findings or to validate or expand quantitative results with qualitative data (Creswell, 2003). Consequently, the utilization of mixed research approach helped the researcher to triangulate more data sources and techniques to analyze the research and validating the finding.

3.4 Study population

The source population was all female students who were enrolled in the Guliso primary schools in Guliso town in the academic year of 2013 and parent of selected students. The study population was female students selected sections of the schools during the academic year of the study period and their parents.

3. 5 Sampling Techniques and Sample Size

There is two primary school in Guliso town, Guliso primary school and Ifa Guliso primary school. Guliso primary school is purposely selected because the school contains a large number of students from different socio-economic backgrounds who can reflect the true picture of the students in Guliso regarding the issue under investigation. Since a list of the names of students is available there (357 female students), student respondents were selected by using simple random sampling technique from Guliso primary school female students. And one of the parents of each of the selected students was selected.

3.5.1 Sample Size Determination

The sample for the study included (a) 52 female from grade 5, 53 female from grade 6, 35 of them from grade 7 and 50 from grade 8 primary School. Each parent of the students was selected. The reason to the use simple random sampling technique is that all students in the school were homogeneous by culture, life-style and practices of FGM. To calculate the sample size out of the total population of the primary school female from grade 5-8. The sample size for this specific study was determined by using a single population proportion formula proposed by yamane (1967).

$$n = \frac{N}{1 + N(e)^2}$$

Where n = sample size

N = Target population

e = acceptable margin of error at 5% (SD value of 0.05)

Accordingly, sample size will be: $n = N / 1 + N(e)^2$

$$n = \frac{357}{(1 + 357\ (0.05)2)}$$

$$n = \frac{357}{(1+0.8075)} = 188.6394 \sim 189$$

Therefore, 189 students were selected by using the above sample size determination formula. For the qualitative part, two FGD and six in-depth interviews were conducted among the selected individuals from the parents. Each focus group was having a total number of six individuals.

3.5.2 Sources of Data Collection

Both primary and secondary sources of data were used in this study.

I. Primary Data Sources

The primary data were collected from study participants through interview, focus group discussion, and survey from primary school girls and their parents in the study area.

II. Secondary Data Sources

The secondary data were generated from different written documents, magazines, articles, published census and researches conducted previously on the same issue.

3.6 Methods of Data Collection and Tools

1. Survey Method

Survey is one of the data collection methods used to collect data to obtain facts about current issue and intended to make inquire concerning information. In this study, survey method was employed to collect quantitative data to address the study objectives. Questionnaire was used as an instrument of data collection for survey. The questionnaire include both close and open ended question for quantitative and qualitative data respectively. The open-ended questionnaire was added to enable respondents to explain their ideas freely. Data was collected by ten trained female local data collectors who completed grade 10 and had previous experience in data collection using face to face interview administered questionnaire which was developed from reviewing others studies and modified according to variables then translated into local language (Oromo). Two days of training was given for data collectors and supervisor on collection technique and objective of the study, Questionnaire, sampling methods and securing informed verbal consent form the study participants at Guliso by investigator. The questionnaire used in this survey was addressed socio-demographic characteristics of respondent, Prevalence of FGM and Social norms related to FGM.

2. In-depth Interview

It is a semi Structured Interview-this type of interview involves the implementation of a number of predetermined questions and/or special topics. These questions are typically asked of each interviewee in a systematic and consistent order, but the interviewers are allowed freedom to digress; that is, the interviewers are permitted (in fact expected) to probe far beyond the answers to their prepared and standardized questions (Berg, 2001). With this, out of the total of 6

participants who were conducted semi structured interviews. Following confirmation of the participants to share their life experiences on the impacts of FGM, interviews were held in place respondents felt comfortable and safe. The interview sessions with the survivors parents ranged from forty five minutes to one hour, and each interviewee was recorded on a voice recorder. In-depth interview were useful for learning about perspectives of individuals about their personal feelings, opinions and experience related to the issue under study. This would give an opportunity to gain insight into how people interpret and understand the causal explanations about the impact of FGM. This is one-to-one interview method carried out by using guiding question.

3. Focus Group Discussions

Focus groups can be seen as a type of group interview, but one that tends to concentrate in depth on a particular theme or topic with an element of interaction. The group is often made up of people who have particular experience or knowledge about the subject of the research, or those that have a particular interest in it (Woods, 2006). The participants in the focus group discussion were selected from the segment of students who have undergone FGM procedure and experienced the impact of FGM and there parents. Participants for focus group discussion were selected purposely based on the criteria of the Study. The researcher conducted two focus group discussions. One focus group was conducted with primary school girl students and one with the parents of young girl students. The study targeted girls aged between 10 to15 years old. The primary school girls who have participated in the focus group discussion were from Guliso primary school. Included in the female group were 8 individuals where as in the parent group, 8 individuals took part in the FGD. Focus group discussion guideline was prepared and used to conduct the FGDs. The date and time for the discussions have been made by the consensus it with the discussants. The researcher moderated the FGDs and encouraged the participants to freely express their feelings, share their experiences and concerns about FGM. The participants were also told that there are no wrong ideas or answers rather different opinions. During the discussions, necessary notes were taken. The discussions took 40 minutes in the case of female discussants and45 minutes in the case of parents. The main focuses of the discussion were: the attitudes of primary school girls towards FGM and views of the community towards the practice of FGM on primary in Guliso town.

3.7 Method of Data Analysis

The data obtained through questionnaires were processed using the Statistical Package for Social Science (SPSS) version 24. The data were analyzed and presented in terms of frequencies, and percentages. Inferential statistics allows drawing conclusion from data through analysis the relationship between two or more variables. The data were edited in order to make better the quality of data for coding and well summarized by using descriptive and inferential statistical techniques. Bivariate analysis was used to see the relationship and effect of the identified factors on FGM prevention with their crude OR association. Multivariate analysis were performed to see the effect of independents variables on dependent variables while controlling effect of others.95% C.I with Adjusted odds ratios were used to interpret the result. The questionnaires were entered into a computer and analyzed quantitatively using the statistical package for social sciences (SPSS). The qualitative data, the different idea in the text were merged in their thematic areas based on the objective of the study, and thematic analysis was employed manually. Then the result was presented in narration by triangulating the quantitative finding.

3.8. Data Quality Assurance

Data collectors were oriented on data collection process. In order to keep its consistency questionnaire have been checked by data collectors daily. (Hair et al., 2007) stated that reliability indicates the extents to which a variables or set of variables is consistent in what it is intended to measure. Reliability analysis used to measure the consistency of a questionnaire. In order to provide trustworthiness of this research, this study used (Lincoln and Gubas, 1985) framework to ensure trustworthiness. The trustworthiness of this study was based on the four criteria that the researchers have to address in order to create trustworthiness to the study; transferability, credibility, dependability and conformability.

In this case of its transferability, the study conducted as the results of this study can be applied to other situations. The researcher and other academicians can apply the result of this study for different purposes. In terms of its conformability, the researcher analyzed, interpreted and processed the data which was obtained from the participants of the study without adding owns feeling and emotion. This study is from free any bias for the sake of its conformability. To make the credibility of this study high, the data was analyzed based on the empirical evidences which were collected from the participants and other sources. The dependability of this study was

conducted by collecting different data from different respondents. The trustworthiness of the information is assured through data triangulation.

3.9 Ethical Considerations

It was made sure that all participants were participated voluntarily. They were a choice of either participating or not participating. The researcher communicated with all respondents about the purpose and benefit of the study during the data collection process to avoid possible confusion and mistrust from the research participants and ask consent their parents. Furthermore, confidentiality of the information obtained was assured by explaining, that their names and other identities of their statuses were not documented in the questionnaire and the information was kept confidential that no one has opportunity to see the responses except the researcher and the information they provided was not to be used for anything, other than research purpose. Generally, the researcher respected the norms, values, language and traditions of the research area's community and also followed the rule of research ethics.

Chapter Four

4. Research findings and discussion

This part of the study deals with analysis, interpretation and discussion of the data gathered through questionnaire, interviews, and FGDs. The data collected using these instruments were analyzed and interpreted in view of the basic questions raised in chapter one. As indicated in chapter three, although the questionnaires were prepared for female students. Consequently, responses of the questionnaires are organized in tables followed by relevant analysis and discussion in combination or separately depending on their nature.

The qualitative data collected through interviews and FGDs are analyzed parallel with the analysis and discussion of quantitative data, where necessary. This is made depending on the similarity of the issues to make the data complement one another. The demographic characteristics of the participants, issues related to prevalence of FGM in the study area, feelings and thoughts of the participants about FGM, and participants' attitude towards FGM are presented in this chapter.

4.1 Socio-demographic Characteristics of the Respondents

In this section, the Socio-demographic characteristics of the study respondents such as age, their religious affiliation, ethnic background, and educational status of the study respondents are described. One hundred ninety school girls were included in the study, which gave a response rate of 100%. Majority of the study participants' age was in between 9 and 14 years, 173(91.1%). Two third of the respondents' religion was protestant 126 (66.3%) followed by Orthodox 31(16.3%), Islam 29(15.3%) and Waaqeffannaa 4(2.1%) respectively. More than three fourth of the study participants ethnicity 172(90.5%) were Oromo followed by 12(6.3%) were Amhara and 6(3.2%) were Gurage. Regarding grade level of the students; 53(27.9%) were grade 6 students, 52(27.4%) were grade 5 students, 50(26.3%) were grade 8 students and 35 (18.4%) were grade 7 students. Regarding to educational status of girl's father; 87(45.8%) had secondary school education, 59(31.1%) had primary school education, 26(13.7%) had degree level of education, 11(5.8%) had diploma level of education and 7(3.7%) had master level of education (Table 2).

More than half study participants mothers educational status 96(50.5%) had primary level education, sixty eight (35.8) had secondary level education, fifty (7.9%) had degree level of

education and eleven (5.8%) had diploma level education. Majority of occupational status of the family of study participants 134 (70.5%) had four up to six family members. More than one third of family occupational status 69(36.3%) were businessman followed by 44(23.2%) government employee, 34(17.9%) were farmers and 30(15.8%) were daily laborer

Table 1: Socio-demographic characteristics of the study respondents

Variable	Frequency	Percent (%)
Age of the student		
9-14	173	91.1
> 15	17	8.9
Religion of the student		
Islam	29	15.3
Orthodox	31	16.3
Protestant	126	66.3
Waqeffannaa	4	2.1
Ethnicity of the student		
Oromo	172	90.5
Amhara	12	6.3
Gurage	6	3.2
Grade of the student		
Grade5	52	27.4
Grade 6	53	27.9
Grade7	35	18.4
Grade 8	50	26.3
Occupation of the respondent's parents		
Businessman	69	36.3
Construction worker	6	3.2
Day Laborer	30	15.8

Farmer	34	17.9
Government employee	44	23.2
Pastor	2	1.1
private employee	5	2.6
Education status of the study respondent Father		
Primary school	59	31.1
Secondary school	87	45.8
Diploma	11	5.8
Degree	26	13.7
Masters	7	3.7
Education status of the study respondent's Mother		
Primary school	96	50.5
Secondary school	68	35.8
Diploma	11	5.8
Degree	15	7.9
Family size		
< 3	12	6.3
4-6	134	70.5
> 7	44	23.2

4.2 FGM Practice on Guliso Primary School Girls

As regard to the general prevalence of FGM in the study area, all of the respondents, without any exception indicated that it is a customary practice in their locality. To get further clarification about the issue, during interview respondents were asked whether FGM is publicly practiced or done in secret. Regarding this, one of the interviewees, for instance, indicated that

14 years female student she said ''Previously there was no hesitation in circumcising girls. But these days, because the government is *announcing the harmfulness of the practice through media and face to face by different agencies, it is not practiced publicly as* it *was used to be. However, people may perform the tradition in their homes;* in *secrete, for fear of not to be convicted. Otherwise how are we going to ban the custom that we inherited from our forefathers..''*

Regarding to practice of female genital mutilation on primary school girls in study area; 104(54.8%) of the participants responded that Presence of FGM in the area, 87 (45.5%) of the participants responded that undergone female genital mutilation and, 40(21.1) of the participants responded that Age at circumcision (years) 5-9 and 150 (78.9) of them 11-15 (Table 6).

This study was lower than study done by Ethiopian Demographic Health Survey (EDHS) showed that, the estimated prevalence of FGM among women (15—49 years) was 65%. However, there is a great inconsistency among different regions in Ethiopia ranges from 24.2% in Tigray to 98% and 99% in Afar and Somali regions respectively (EDHS, 2016).The highest prevalence of FGM among children less than 15 years was observed in South Nation Nationalities and Peoples Region (SNNPR) (82.20% (95 % CI: 79.52, 84.88)) and the lowest reported in Harari region (19% (95 % CI: 16.35, 21.65)) (Muche, A. 2020).

Table 2: Practice of FGM on primary school girls in Guliso Town, West Wollega Zone, Oromia, 2021, n=190

Variable	Number	Percent (%)
Presence of FGM in the area		
Yes	104	54.8
No	86	45.2
Circumcision status (n=190)		
Yes	87	45.4
No	103	54.6

Age at circumcision(years) (n=190)		
5-10	40	21.1
11-15	150	78.9

4.3. Factors associated with FGM

4.3.1. Social Norms of Community on FGM

As indicated in table 3 nearly half of the study participants 91(47.8%) were agreed on social norms believing that after the rite of passage, women is considered mature, obedient and aware of her role in the family and society. More than half of the study participants 101(53.2%) believed that the existing social norms in Guliso in town encourages female genital mutilation. The majority of the study participants, 164 (86.3%) believed that, social norms had contribution towards on continual practice of female genital mutilation on primary schoolgirls. 98 (51.6%) of the study participants believed that social norm is a reason to the persistent of female genital mutilation practices in their area.

A social norm is what people within a group believe to be the normal, or most appropriate, way of acting in that group. The social norm is held in place by mutual expectation of the people within the group (Mackie et al. 2015:7-8). While social norms are almost always unwritten, they tend to be deeply institutionalized in the group, and fully internalized by the members of the group (Stok and de Ridder 2019:95).

There are many different reasons as to why people conform to social norms. Some of the more common ones are because people are uncertain about what is the best behavior to achieve something in a given situation, or because they anticipate a reward or sanctions for acting in a certain way (Cislaghi et al. 2019:6).

Table 2: social norms of Community to practice FGM on primary school girls in Guliso Town, West Wollega Zone, Oromia, 2021, n=190

Variable	Number	Percent (%)
Social norms influence people to believe that women after the rite of passage is considered as mature, obedient and aware of her role in the family and society		
Strongly agree	38	20.0
Agree	53	27.9
Don't decide	49	25.8
Disagree	23	12.1
Strongly disagree	27	14.2
Social norm influences the rate of FGM		
Strongly agree	62	32.6
Agree	39	20.5
Don't decide	22	11.6
Disagree	24	12.6
Social norms do have a contribution towards the continual practice of FGM on primary school girls		
Strongly agree	96	50.5
Agree	68	35.8
Don't decide	11	5.8
Disagree	15	7.9
Social norm reason to the persistent of FGM practices in your Area		
Yes	98	51.6
No	92	48.4

This was also reflected in the information gathered through interview and FGD. The following FGDs and interview could be indicative of this:

Similarly, data obtained from FGD and interview participants disclosed that the norms for the practices of FGM in the community have a great contribution on FGM practice because we got the culture from our ancestors.

" ... whether to undergo FGM or not is not optional. Once a girl reaches the age of circumcision, parents make no compromise to circumcise their daughters. As it is Ullcommon and shame for a girl not to be circumcised ... "

42 years woman said that "Social norm have a great contribution on FGM practice because we counted this practice as one of our norms. Social norm have its own contribution on this practice that our community think if a girl is not circumcised, she didn't respect our norms. In my opinion, social norms have a contribution on FGM because this practice is counted as one of our norms as we got this practice from our ancestors.''

36 years old women said that "They shame on her if she is not circumcised. Our family takes this practice as norms. They counted as a culture doing this bad practice. Our parents said we got the culture from our ancestor we do this. I have four children. As I think, I was around 6 years old when I was circumcised. I have not assumed as they circumcised me. One day at the morning a fat old woman came to our home. My God mother also came bringing along a few candy. I was so happy to get the candy. Similarly, my uncle and his wife have also come. Suddenly my younger brother caught my hands and took me towards the old woman and the peoples. Immediately, some of them seized my legs apart and others held my two hands and be seated me on the pestle. I was so shouted! I started to call my mammy (mother),but no one heard me. Then, the old woman cut my body by using razor blade. Much blood was ruined from my wound. She put fresh butter on my head and also added traditional medicine on my wound. It burned me too much."

4.3.2. Views of the Community towards the Practice of FGM

Regarding to the views of community to practice female genital mutilation; 94(49.5%) of the study participants think that marriage influence practice female genital mutilation, 68(35.8%) the respondents responded that women are given the respect they deserve after undergoing female genital mutilation, 28(14.7%) of the study participants argue that religion play a role on practice

of female genital mutilation and 99(52.2%) of the study participants think that traditional beliefs influence the practice of female genital mutilation on primary school girl children(Table 4).

In urban areas of Ethiopia, whilst there may not always be a lower prevalence of FGM, attitudes towards FGM are generally more negative than in rural areas. EGLDAM suggest this is due to a lack of information and low awareness of harmful consequences in rural areas. Boyden et al., (2013) further support this, arguing that ideas about modernity and interventions to counter harmful traditional practices emanating from the state as well as from international and national non-government organizations have had a much greater impact in urban areas.

Table 3 : Views of community to practice FGM on primary school girls in Guliso Town, West Wollega Zone, Oromia, 2021, n=190

Variable	**Number**	**Percent (%)**
Marriage influence on practice of female genital mutilation		
Strongly agree	57	30.0
Agree	42	22.1
Don't decide	47	24.7
Disagree	18	9.5
Strongly disagree	26	13.7
Women are given the respect they deserve after undergoing FGM		
Strongly agree	30	15.8
Agree	38	20.0
Don't decide	64	33.7
Disagree	27	14.2
Strongly disagree	31	16.3
Religion play a role on FGM practice in Guliso town		
Yes	28	14.7

No	162	85.3
Traditional beliefs influence the practice of FGM on primary school girl children		
Yes	99	52.2
No	91	47.8

Similarly, FGD and interview participants disclosed that the cause for the practices of FGM in the community include uncircumcised girl did not respect norm of the society and they break material.

"[Dubarri yoo dhagna qabachuu baatte qodaa cabsiti qalbi hin-qabnee taati, ija hin-fuunee taati, wanti isheen qabatte hin barakatu ...] Unless a girl undergoes FGM, she breaks utensils, becomes forgetful, barefaced or shameless, wasteful ... "

This show that the issue of female circumcision in this society is directly related to marriage. It also a means of creating qualification for marriage and used as a sign of respect for the girl and her family. One can understand from this how cultural and social factors enforce the community to practice FGM. It needs strong social and cultural transformation through awareness creation movements on harmfulness and illegality of FGM.

41 years old man said that "View of society toward female circumcision is from our culture that we got this trend from our forefathers that it is not recent phenomena. If she is not circumcised, she will be shameless, and she may brake materials. Society does not have a good view to uncircumcised girl because she broke the material. but now days they have no problem whether she circumcised or not."

32 years man said that "According to our society our society think as if one girls not circumcised she will not able to get the child or she will be infertile and also she didn't respect our norms. In our society if she is not circumcised she face stigma its shame is she is not circumcised. Previously the society has no respect for uncircumcised girls because they think it as break the material. When I was circumcised around 8 years old my mother told me that „circumcision is good for acceptance in society and makes girl to get rich and good husband, but nobody would marry a girl who is not circumcised." So, I believed Mammy (mother) very

well. After that day, I was started to request mammy to circumcise me repeatedly. But mammy has not money for the preparation of circumcision ceremony. My father had died, when I was 2 years old. After a time she borrowed money from people and she prepared ceremony for my circumcision. One day at the morning the old women that I always hate came to our home. My uncles as well as our neighbors were come. They were held my two legs and hands then, she was cut my genital body. It was too bleed. After cutting was completed she added burnable traditional medicine on my wound. I resisted all this miserable conditions by expecting what mammy told me before, which is by expecting circumcision will make me a good and acceptable girl in a society as well as favor a condition to get rich and good husband."

4.3.3. Attitude of female genital mutilation in the community

The attitude of female student's towards FGM practice was assessed nevertheless, more than half of the112 (58.9%) participants had unfavorable attitudes and only 78(41.1%) participants had an favorable attitude.

Table 6: Attitude of FGM on primary school girls in Guliso Town, West Wollega Zone, Oromia, 2021, n=190

Variable	Number	Percent (%)
Do you support FGM		
Strongly Agree	31	16.3
Agree	45	23.7
Don't decide	58	30.5
Disagree	28	14.7
Strongly Disagree	28	14.7
Do you think FGM is good practice?		
Strongly Agree	52	27.4
Agree	56	29.5
Don't Decide	25	13.2
Disagree	35	18.4
Strongly Disagree	22	11.6
Do you think uncircumcised female calls as		

a maid in societies		
Strongly Agree	33	17.4
Agree	45	23.7
Don't Decide	50	26.3
Disagree	32	16.8
Strongly Disagree	30	15.8
Do you think uncircumcised female has problem During child birth		
Strongly Agree	52	27.4
Agree	56	29.5
Don't Decide	25	13.2
Disagree	35	18.4
Strongly Disagree	22	11.6
Does FGM can protect virginity of female		
Strongly agree	30	15.8
Agree	38	20.0
Don't decide	64	33.7
Disagree	27	14.2
Strongly disagree	31	16.3
Practice of FGM		
No	112	58.9
Yes	78	41.1

4.5. Reason of female genital mutilation practice in the community

As indicated in table 5 with respect to reason of female genital mutilation practice in the community; 54(28.4%) of the respondent respond that social acceptance, 29(15%) of study participants respond that cleanness/hygiene, 32 (16.8%) of the respondents respond that better marriage prospect, 28 (14.7%) %) of study participants respond that preserve virginity/avoid

pre-marital sex, 28 (14.7%) %) of study participants respond that keep calm/sexually inactive and 14 (10%) %) of study participants respond that more sexual pleasure for men.

Table 4: Reasons of community to practice FGM on primary school girls in Guliso Town, West Wollega Zone, Oromia, 2021, n=190

Variable	Number	Percent (%)
Benefits do girls get if they are circumcised		
Cleanness/hygiene	29	15.3
social acceptance	54	28.4
Better marriage prospect	32	16.8
Preserve virginity/avoid pre-marital sex	28	14.7
Keep calm/sexually inactive	28	14.7
More sexual pleasure for men	19	10.0

Similarly, FGD and interview participants disclosed that reasons for FGM practice were; counted as culture and norms, break the material, lost her virginity early or before marriage, lack of education , have high desire for sex and did not get respect from the society.

39 years old woman said that "FGM is counted as culture and norms. if she is not circumcised she lost her virginity early or before marriage. If she is not circumcised she will be hyperactive and she have no respect for the others people. The main reason for this practice is social view or social norms our society thinks as if she not circumcised she will break the material.

Lack of education the governments is not teaches well the disadvantage of FGM. The society have no good knowledge on the effect FGM during delivery this the reason why they circumcised their girls they have no good knowledge on the effect. Culture is the main reason. Because of culture they do this that they are unable to separate themselves from the previous practice."

32 years old woman said that "If she didn't circumcised she broke the material. If she didn't circumcise she will have high desire for sex because of this she lost her virginity before

marriage. She will not get respect from the society. When one male ask lady for relation he need to be her sexual desire must be below his desire."

4.4. Statistical Analysis of Relationship between Social Norms and FGM

Table 8 contains three statement concerning relationship between social norms and FGM. The first statement, respondents were asked to show the Social norms influence the practice of FGM and the respondents about 32.6% of respondents reported that they strongly agree, 20.5% of them agree,11.6of them have no opinion, 12.6% of them disagree and the rest is 22.6% of them strongly disagree. The mean is 2.8. Thus social norms 53.1% influence rate of FGM. From this one can make clear social norms influence the practice of FGM on primary school girls.

Respondents were asked to indicate whether social norm reason to the persistent of FGM practices and about 20% of the respondents reported that they strongly agree, 27.9% of them agree, 25.8% have no opinion, 12.1% disagree and 14.2% of them strongly disagree. The mean is 2.7. Thus, 47.9% of the respondents responded Social norm reason to the persistent of FGM practices. It sounds reasonable to say that social norm is reason to the persistent of FGM practices.

The third statement, they were asked to indicate if uncircumcised women are out of social norms about 21.6% of respondent strongly agree, 28.0 of them agree 23.5 of the respondent have no opinion, 16.8% of them disagree and 10.1% respondents reported that they strongly disagree. The mean 2.7. Hence, 49.6% uncircumcised women are out of social norms. It sounds reasonable to say that uncircumcised women are out of social norms (see below table).

Tradition and custom have been most frequently cited as reason for the practice of FGM in the literature. Girls in the study stated how non-compliance with this tradition would result in stigmatization and embarrassment. Dorkenoo (1995) claimed that" women receive social approval when they undergo FGM and gain certain benefits: being marriageable and thus having access to resources in the community.

Table 8: 1 Relationship between Social Norms and FGM

Variable	Frequency	Percent
Social norms influence rate of FGM		
Strongly agree	62	32.6
Agree	39	20.5
Don't decide	22	11.6
Disagree	24	12.6
Strongly disagree	43	22.6
Social norm reason to the persistent of FGM practices		
Strongly agree	38	20.0
Agree	53	27.9
Don't decide	49	25.8
Disagree	23	12.1
Strongly disagree	27	14.2
Uncircumcised women are out of social norms		
Strongly Agree	43	21.6
Agree	55	28.0
Don't Decide	39	23.5
Disagree	32	16.8
Strongly Agree	21	10.1

4.5. Relationship between practice of FGM and socio-demographic

In binary logistic regression showed that age group of the student, grade of the student, educational status of the mothers were significantly associated with FGM practice at p-value less than 0.25. In addition, those variables significantly associated with FGM practice at p-value less than 0.25 were candidates for multi variable logistic regression analysis (Table 8).Multi variable logistic regression model showed that age group of the student and educational statuses of the mothers were significantly associated with practice of FGM with p-value less than 0.05 and 95% confidence interval (Table 8).

Age of the respondent was significantly associated with female genital mutilation practice Students whose age groups from 9 up to 14 years were 15% (AOR =1.15(95%CI: 1.05, 3.07))

increase to practice female genital mutilation as compared to students whose age greater than 15 years. Educational status of the mothers was significantly associated with practice female genital mutilation. Mothers who had degree educational status were 43% (AOR =0.57(95%CI: 0.17, 0.91)) decrease to practice female genital mutilation as compared to mothers who had primary school educational status.

Table 7: Multivariable logistic regression analysis of factors associated with on primary school girls in Guliso Town, West Wollega Zone, Oromia, 2021, n=190

Variable	Practice of FGM		COR(95%CI)	AOR(95%CI)	P – value
	Yes	No			
Age of the student					
9-14	81	92	1.25(0.89-4.74)	1.15(1.05- 3.07)	0.012*
> 15	7	10	1	1	
Grade of the student					
Grade5	29	23	1	1	
Grade 6	24	29	2.85(0.29, 7.9)	0.77(0.24,4.8)	0.88
Grade7	16	19	2.1(1.2, 6.3)	1.6(1.14,5.2)	0.18
Grade 8	19	31	1.3(0.12, 4.87)	0.5(0.45,10.2)	0.74
Education status of the mother					
Primary school	49	47	1	1	
Secondary school	27	41	0.85(0.46-1.6)	10.77(0.36-1.65)	0.508
Diploma	6	5	1.72(0.69-3.1)	0.66(0.21-2.10)	0.48
Degree	6	9	1.80(1-3.23)	0.57(0.17-0.91)	0.03*

* Indicates that variable significantly associated with FGM practice at p-value<0.05

4.2 Discussion

The practice of female genital mutilation is a very deeply rooted harmful tradition that in back centuries mostly in African and some Arabian countries. It is interference to a normal human body parts on the other it is mostly performed in an unhygienic environment by a person who is illiterate to the anatomy of the female genitalia mutilation. In addition, unintended damage is

often caused because of the crude tools, poor light, and poor eyesight of the practitioner compounded by the struggles of the girls with women during the procedure.

As it is indicated from this study in the community; 76(40%) of the participants responded that undergo female genital mutilation which is higher than that of primary school girls in Addis Ababa which is 25.8% (Zewde T,et. al 2009). This can be due to the differences of the community awareness of Addis Ababa residents is more educated parents and has highly access to information. In 2005 DHS country prevalence (74.3%)(Demographic health survey, 2005) is lower than the Oromia regional prevalence (87.2%), this lower prevalence in this study may be due to their age in DHS 2005 those in age group of 15-49 were included and in this current study the maximum age was 16. The finding of this study is also lower than the finding of the base line survey which was 89.4% in Kelem Wollega, but higher than that of follow up survey which was 61.3% (EGLDAM., 2011) in the same zone. It is also lower than the finding of the study conducted in Ambo zone which was 96.4%, this may be due to inclusion of higher age group (24-33) years in the former study (11-16). It is higher than the finding of the study conducted among high school students in Egypt which was 50.3% (Afifi M, and Bothmer Mv., 2007).

More than half of the study participants 101(53.2%) believe that the existing social norms in Guliso town encourages female genital mutilation. The majority of the study them164 (86.3%) believed that, social norms had a contribution towards on continual practice of female genital mutilation on primary school girls. 98 (51.6%) of the study them believed that social norm is a reason to the persistent of female genital mutilation practices in their areas. This is similar to the result of the study conducted in Nigeria which showed that socio-cultural factors are the major driven causes of FGM (43). (Penn and Nardos, 2003) suggest that it is the belief that powerful female sexuality is a threat to social control that has led to extreme measures, such as FGM, being used to bring about control and preserve the honor of women and their families. The other reason mentioned during FGD for the continuation of the practice was that lack of ice breaker in the community i.e. the one who first avoid cutting of his/her daughter irrespective of all the challenges. The highest prevalence of FGM among children less than 15 years was observed in South Nation Nationalities and Peoples Region (SNNPR) (82.20% (95 % CI: 79.52, 84.88)) and the lowest reported in Harari region (19% (95 % CI: 16.35, 21.65)) (Muche, A. 2020).

Even the governmental and nongovernmental organization done against FGM than any time, the prevalence is still not became effect full. As the participants of FGD and in-depth interview said, previously there was no hesitation in circumcising girls. But these days, because the governments announcing the harmfulness of the practice through media and face to face by different agencies, it is not practiced publicly as it was used to be. However, people also perform the tradition at their homes in secrete, for fear off not to be convicted. So how are we going to ban the custom that we inherited from our fathers.

The finding of this studs participants 91(47.8%) are agreed on social norms believing that after the rite of passage, women is considered mature, obedient and awareness of her role in the family and society. Among all the reasons given by the respondents favoring the continuation of FGM, respect ion of culture leading that 97.3% of them mentioned it as underline cause for the persistence of the practice. More than half of the study participants 101(53.2%) believed that the existing social norms in Guliso town encourages female genital mutilation. A social norm is what people within a group believe to be the normal, or most appropriate, way of acting in that group. It is held in place by mutual expectation of the people within the group (Mackie et al. 2015:7-8). While its social norms are almost always unwritten, they tend to be deeply institutionalized in the group, and fully internalized by the members of the group (Stok and de Ridder 2019:95). This findings supported by MoWCYA (2013) stated that the influence of culture is so strong that even officials may fail to see the harmful traditional practices as a wrongfulness and criminal act. This can showed that how traditional and social factors forced community to practice FGM in the study area. Because, family fear negative sanction that arise from community, if they against traditional beliefs and social norms of their community. There are many different reasons that why people conform to social norms. Most of more common ones are because of people are uncertain about what is the best behavior to achieve something in a given situation, this is because they anticipate a reward and sanctions for acting in a certain way (Cislaghi et al. 2019:6). The following data obtained from FGD and interview participants."Social norm have a great contribution on FGM practice because we respect this practice as one of our norms. Community thinks if a girl is not circumcised, she doesn't respect our norms. In my opinion, social norms have a contribution on FGM because this practice is valid as one of our norms as we got this practice from our ancestors".

As indicated of the respect ion to reason of female genital mutilation practice in the community; 54(28.4%) of the respondent respond that social acceptance, 29(15%) of study participants respond that cleanness/hygiene, 32 (16.8%) of the them respond that better marriage prospect, 28 (14.7%) of study participants respond that preserve virginity/avoid pre-marital sex, 28 (14.7%) of them respond that keep calm/sexually inactive and 14 (10%)of the study participants respond that more sexual pleasure for men. This is similar with the ideas of NCTPE (1999) "in Ethiopia to many reasons have been given, for which female circumcision is done by the society. Some of these include respect for tradition, preservation of morality, secure stability, avoidance of shame, stigma, and to get husband." Similarly, Boyden et al., (2013) stated that traditionally in Ethiopia uncircumcised girl cannot get a husband and the community condemns and blames them and not only uncircumcised girl, also her parents.

Regarding to the views of community to practice female genital mutilation; 94(49.5%) of the study participants think that marriage influence practices of female genital mutilation, 68(35.8%) the respondents responded that women are given the respect they deserve after undergoing female genital mutilation, 28(14.7%) the participants argue that religion play a role on practice of female genital mutilation and 99(52.2%) the participants think that traditional beliefs influence the practice of female genital mutilation on primary school girl. This can be show that the issue of female circumcision in society is directly related to marriage. It also a means of creating qualification for marriage and used as a sign of respect for the girl and her family. One can understood from this how cultural and social factors forced community to practice

FGM. The attitudes of female student's towards on FGM practice was assessed nevertheless, more than half of the112 (58.9%) participants had unfavorable attitudes and only 78(41.1%) participants had an favorable attitude. This was particularly prominent among women whose attitude is positive for the practice. Among all the reasons given by the respondents favoring the continuation of FGM, respect for culture‖ was the leading one that 97.3% of them mentioned it as underline cause for the persistence of the practice. Following cultural respect, stigmatization and the issue of shame were the other prominent reasons of supporting FGM. These reasons were also mentioned on the top of the other reasons during the FGD and in-depth interviews with the community. The members of FGD responded that it is part of the social norms and any attempt to avoid this culture contradicts with societal norms and leads to isolation from the community.

This is similar to the result of the study conducted in Nigeria which showed that socio-cultural factors are the major driven causes of FGM (Stewart H, et. al2002).

Respondents were asked to indicate whether social norm reason to the persistent of FGM practices and about 20% of the respondents reported that they strongly agree, 27.9% of them agree, 25.8% have no opinion, 12.1% disagree and 14.2% of them strongly disagree. The mean is 2.7. Thus, 47.9% of the respondents responded Social norm reason to the persistent of FGM practices. It sounds reasonable to say that social norm is reason to the persistent of FGM practices. Tradition and custom have been most frequently cited as reason for the practice of FGM in the literature. Girls in the study stated how non-compliance with this tradition would result in stigmatization and embarrassment. Dorkenoo (1995) claimed that" women receive social approval when they undergo FGM and gain certain benefits: being marriageable and thus having access to resources in the community.

Age of the respondent was significantly associated with female genital mutilation practice. Students whose age groups from 9 up to 14 years were 15% (AOR =1.15(95%CI: 1.05, 3.07)) increase to practice female genital mutilation as compared to students whose age greater than 15 years. This may be due to the age at which FGM is performed. The age of the study participants was the other variable independently associated with FGM that those seventeen years and above were with a higher odds of the practice but like that of the grades of the study participants, the association with the age needs cautious interpretation. This also agrees with the findings of other studies that the prevalence of FGM increased with the age of the participants (Tesema, G, 2016). So, from this trend we can say that at the primary school almost all of them might be victim of FGM since the prevalence increases at primary school. This is similar to the study conducted in Addis Ababa which showed that the prevalence increases at primary school (Zewde T,et. al 2009).Educational status of the mothers was significantly associated with practice female genital mutilation. Mothers who had degree educational status were 43% (AOR =0.57(95%CI: 0.17, 0.91)) decrease to practice female genital mutilation as compared to mothers who had primary school educational status. Female students whose mothers were under primary school were at higher odds of practicing FGM compared to those students whose mothers were secondary school even though it had no significant association in previous researches with increased prevalence of FGM (Tamire M, Molla M.,2011). This may be because of those mothers who

were educated had better access to information about harmful effects of the practice when compared to those under primary school Mothers. Although this study showed no association between magnitude of FGM and education of the parents, other studies showed the presence of significant association with parental educational status (Zewde T,et. al 2009).

The current finding shows that, socio demographic variables of this study shown significant association with FGM practice. On the other hand our study findings indicate, among the socio-demographic variables, only age group of the student, grade of the student, educational status of the mothers were significantly associated with FGM practice at p-value less than 0.25. were significantly associated with intention for continuation of FGM. Age group of the student has significant association with intention for continuation of FGM. This also agrees with the findings of other studies that the prevalence of FGM increased with the age of the participants (Tesema, G, 2016). So, from this trend we can say that at the primary school almost all of them might be victim of FGM since the prevalence increases at primary school. The educational status of Mather has significant association with intention for continuation of FGM. Similarly other studies were also shown that the level of education of women has a decisive role on the practice of FGM (Satti A, 2006). This indicates that targeting the education of Mather is important in this population to end FGM.

Chapter Five

5. Conclusion and Recommendation

5.1. Conclusion

This study assesses social norms and the practice of Female Genital Mutilation on primary School Girls: The Case of Guliso Town, West Wollega Zone, and Oromia National Regional State, Ethiopia. The finding of this study showed that prevalence of female genital mutilation in the study was 88(46.3%). The findings of the study clearly showed that the practices of FGM still prevalent in the study area.

Nearly half of the study participants were agreed on social norms that believe that after the ritof passage, women is considered mature, obedient and aware of her role in the family and society. More than half the study participants believed that social norm is influences the rate of female genital mutilation. Majority of the study participants believed that social norms the contribution of towards on continual practice of female genital mutilation on primary school girls. Nearly three fourth of study participants think that social norms had contribution of towards on continual practice of female genital mutilation on primary school girls.

Cause of community to practice female genital mutilation were; marriage influence the rate of female genital mutilation, women are given the respect they deserve after undergoing female genital mutilation, religion play role on practice female genital mutilation and traditional beliefs influence the practice of female genital mutilation on primary school girl children.

Reason for female genital mutilation practice in the community were ; for social acceptance, for cleanness/hygiene, better marriage prospect, to preserve virginity/avoid pre-marital sex, it helps to keep calm/sexually inactive and it also helps more sexual pleasure for men. Age group of the student and educational statuses of the mothers were significantly associated with practice of FGM.

5.2. Recommendation

1. School should establish anti-FGM club at school to provide good opportunity to address the impacts of FGM and encourage the young people to oppose the practice.

2. Community, Abba Geda, Hadha Siiqe and religious leader should collaborate with local authorities and other institutions to learn, teach, and take violators to legal bodies.

3. Women should organize and work together in their development team at all levels in order to keeps their right.

4. Government should increase community's awareness on the existing laws against the practices of FGM plus on harmfulness of FGM.

5. It needs more investigation or research towards FGM on this study area.

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Appendix

COLLEGE OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIOLOGY

MA IN SOCIOLOGY (FAMILY AND GENDER STREAM)

APPENDIX 1: Survey Questionnaire

Consent Forms

Consent to the participant in the study

Title of the study: Social Norms and the practice of female genital mutilation on primary school girls ': the case of Guliso town, west Wollega zone, Oromia regional state, Ethiopia

Tsion Shifarow Phone: 0978009498 email address: tsiyonsh@gmail.com

My name is Tsion Shifarew. I am Master Degree student in Jimma University. I am conducting a research on the influence of social norms in practice of female genital mutilation on primary school girls' in the case of Guliso town, west Wollega zone. The purpose of the study is to assess social norms and female genital mutilation (FGM) practice among young primary school girls with particular emphasis on Guliso Town, West Wollega Zone, and Oromia National Regional State. Dear respondent! The information that you will give me is very useful for the successful accomplishment of the study objectives. I assure you that the information you provide me will be kept confidentially. There is no harm to you by giving this information except the time you will expend for the interview. The interview will take …minutes and you have the full right to participate or refuse or to withdraw in any time, but your participation is highly valuable for the success of my research objective. Are you willing to continue the interview? Yes_____

no_____signature of the interviewer certifying that informed consent has been given verbally by respondents.

THANKYOU!

Part I: Socio- demographic Information

Direction: Please write an appropriate number that best fits your current status inside the box and write correct answer in the space provided (for no.1 up to 4)

1. Age: ☐☐

2. Grade:

1) Grade5 ☐ 2) Grade6 ☐

3) Grade7 ☐ 4) Grade 8 ☐

3. Religion:

1) Muslim ☐ 2) Orthodox ☐

3) Protestant ☐ 4) Waaqeffataa ☐ 5) catholic ☐

4. Ethnicity:

1) Oromo, ☐ 2) Amhara ☐

3) Gurage ☐ 4) Tigre, ☐ 5) other, specify _____

5. Family size: _____

6. Occupation of Family: _____

7. Education level of Father:_____

8. Education level of Mother:_____

Part II: Prevalence of FGM practice on primary school children in Guliso town

Please respond to the below listed questions in the table by choosing one of them based on the level of your agreement

1) Strongly agree 2) Agree 3) Don't decide 4) Disagree 5) Strongly disagree

No	Prevalence of FGM practice on primary school children in Guliso town	1	2	3	4	5
1	You have information about FGM recently					
2	Undergo Female Genital Mutilation					
3	FGM is practiced on primary school girl in your community					
4	FGM is continuing in the community					

5. At what age a woman/girl circumcised in this locality? Complete age in year _____

6. Who did the circumcision?

1. Traditional circumciser ☐ 2.Health Professionals ☐
2. 3.Other specify_____

7. How many traditional circumcisers do you know in this kebele? ----------

Part III: Social norms to the persistence of FGM practice on primary school girls in Guliso town

1. Do social norms influence on the practice of FGM on primary school girls children in Guliso town? 1. Yes 2. No

2. To what extent do you agree with the following statements? (select all appropriate) Give your rating in the scale of 1-5 (Where1=strongly agree 2= Agree 3= Don't decide 4= disagree 5= strongly disagree

No	Variable	1	2	3	4	5
1	Women are given the respect they deserve after undergoing FGM					
2	There is social norms that believe that after the rite of passage, women is considered mature, obedient and aware of her role in the family and society					
3	Marriage is influence the rate of female genital mutilation (FGM)					
4	Marriage influences the rate of FGM					

3. Does social norms the contribution of towards on continual practice of FGM on primary school girls? 1. Yes 2. No

4. If your answer for question No. 3 is Yes, Please explain how it contributes? ----------

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5. Does the religion play role on FGM practice in your area? 1. Yes 2. No

6. If your answer is yes for question No. 5, please explain it?

---

7. Is social norm reason to the persistent of FGM practices in your area?

1. Yes 2. No

8. If your answer for question No. 7 is yes, please explain it!

---

9. What is the reason why FGM is practiced in your community? ----------

---

---

10. Do traditional beliefs influence the practice of FGM on primary school girl children?

1. Yes 2. No

11. If your answer for question No. 10 is yes, please explain how it influences? ----------

---

---

12. What benefits do girls get if they are circumcised? Multiple answers are possible!

1. Cleanness/hygiene ☐ 2.social acceptance ☐

3. Better marriage prospect ☐ 4.Preserve virginity/avoid pre-marital sex ☐

5. Keep calm/sexually inactive ☐ 6.More sexual pleasure for men ☐

7. Religious approval ☐ 8. Other specify_____

9. No benefit ☐

13. Whom do you think most influential in making decision on female circumcision in your society?

1. Religious leader's ☐ 2.Peer/social network ☐

3. Father ☐ 4.Mother ☐ 5.Other specify _____

Part IV: Attitude of Guliso town primary school girls towards FGM

1. How you define female genital mutilation?

---

2. How do you view female genital mutilation? ----------

3.Do you support the continued practice of FGM?

1. Yes 2. No

4. If your answer for question No. 3 is yes, how please explain----------

---

---

5. Does social norm is the reason behind of FGM? ----------

COLLEGE OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIOLOGY

MA IN SOCIOLOGY (FAMILY AND GENDER STREAM)

APPENDIX 2:

Structured interview guide prepared for Parents of students

Tsion Shifarow Phone: 0978009498 email address: tsiyonsh@gmail.com

My name is Tsion Shifarew. I am Master Degree student in Jimma University. I am conducting a research on the influence of social norms in practice of female genital mutilation on primary school girls' in the case of Guliso town, west Wollega zone. The purpose of the study is to assess social norms and female genital mutilation (FGM) practice among young primary school girls with particular emphasis on Guliso Town, West Wollega Zone, Oromia National Regional State. Dear respondent! The information that you will give me is very useful for the successful accomplishment of the study objectives. I assure you that the information you provide me will be kept confidentially. There is no harm to you by giving this information except the time you will expend for the interview. The interview will take …minutes and you have the full right to participate or refuse or to withdraw in any time, but your participation is highly valuable for the success of my research objective. Are you willing to continue the interview? Yes_____ no___signature of the interviewer certifying that informed consent has been given verbally by respondents.

Thank you for taking your time to talk with me.

Part VI: The views of the community towards the practice of FGM on primary school girls in Guliso town.

1. What is the community's view toward uncircumcised girl?

2. Would you please tell me how do you perceive FGM?

3. Why FGM persist change in your community*?*

4. Do you think male marry uncircumcised girl in your community?

5. Why do girls in your area circumcise?

Thank for your cooperation!!

COLLEGE OF SOCIAL SCIENCES AND HUMANITIES

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MA IN SOCIOLOGY (FAMILY AND GENDER STREAM)

APPENDIX 3

FOCUS GROUP DISCUSSION GUIDE (GIRLS)

Tsion Shifarow Phone: 0978009498 email address: tsiyonsh@gmail.com

My name is Tsion Shifarew. I am Master Degree student in Jimma University. I am conducting a research on the social norms and the practice of female genital mutilation on primary school girls' in the case of Guliso town, west Wollega zone. The purpose of the study is to assess influence of social norms in female genital mutilation (FGM) practice among young primary school girls with particular emphasis on Guliso Town, West Wollega Zone, Oromia National Regional State. Dear respondent! The information that you will give me is very useful for the successful accomplishment of the study objectives. I assure you that the information you provide me will be kept confidentially. There is no harm to you by giving this information except the time you will expend for the interview. The FGD will take …minutes and you have the full right to participate or refuse or to withdraw in any time, but your participation is highly valuable for the success of my research objective. Are you willing to continue the interview? Yes_____ no___signature of the interviewer certifying that informed consent has been given verbally by respondents.

1. Has anyone here undergone FGM?
2. At what age girls in your community undergo FGM?
4. Do you support the continued practice of FGM?
3. What do you think are the reasons behind the practice of FGM in your community?

4. Do girls get circumcised willingly or are forced? If forced, by who or what forces them? If willingly, what are the expected benefits?

5. Where does the FGM practice take place in your community?

6. Do you think social norm is contributed to persistent of FGM? How?

7. Why do you think it has persisted?

APPENDEX-1 AFAN OROMO VERSION

Gaafilee filannoo

JIMMA UNIVERSITY

SCHOOL GRADUATE STUDIES COLLEGE OF SOCIAL SCIENCE& HUMANITY

DEPARTMENT OF SOCIOLOGY

Gaafilee filannoo Afaan Oromoon qopha"e

(*Questionnaire Oromigna Version*)

Kabajamoo hirmattota qo'annaa kanaa!

Tsion Shifarow Phone: 0978009498 email address: tsiyonsh@gmail.com

Maqaan koo Tsiyon shifarraan jedhama. Baraattuu Digrii lammaffaa university Jimmaati. Kabajamoo Hirmaattota Qo'annoo kana kanan gegeessuu, dhiibbaa safuun hawwaasaa gocha kittaana shamaranii barattoota shamarranii sadarkaa tokkoffaa baratan magalaa Gullisoo irratti qabu Kaayyoon qorannoo kana dhiibbaa safuun hawaasaa gocha kittaana shamarranii rawwachu irratti qabu keessumaa barattoota shamarranii magalaa Gullisoo sadarka tokkoffaa baratan irratti qabu addan baasuf. Innis mat-duree "Dhiibaa Safuun hawaasaa gochaa kittanaa shamarranii irratti qabu maal fakkata?" kan jedhudha. Kana jechuunis kittaana shamarranii ilalchisee ilalchi ykn hubannoon hawwaasaa maal akka fakkaatu qorachuu, akkasumas dhiibbaa safuun hawwaasaa kittanaan shamarranii akka raawwatamuf geessisu addan baasuudha. Dabalataanis hubannoo da'immanni shamarranii waa'ee kittaana shamarranii irratti qaban madaaluudha. Qaama qo'annaa kana gaggeessuuf, gargaarsi isin asirratti gootan ga'ee guddaa taphata.

Yaanni isinirraa argamu fiixaan ba'iinsa qo'annoo kanaaf bakka guddaa qaba. Kanaafuu hirmaannaa guddaa akka gootan kabajaan isin gaafadha.

Hirmaannaa keessaniif immoo galata guddaan isiniif galchaa.

I,Kallattii walii galaa

1. Gaafiiwwan kana keeessatti, deebiin "sirrii" ykn "dhugaa dha" jedhamee fudhatamu, yaada gara keessaniin argamu qofa.

2. Maqaa keessan katabuu hin barbaachisu.

3. Yaanni isin kennitan Qaama biraatiif dabarfamee hin kennamu. Icciitiin qabama.

4. Gaafiiwwan Filannoo qabaniif deebii sirrii ta'e qofa filachuudhaan deebisaa. Filannoo kan hinqabneef ammoo, gabaabinumaan katabuun deebisaa.

Galatooma!

I. Gaafiiwwan haala hawaasummaa fi dinagdee hirmaattotaa ibsu

1. Umrii:

2. Sadarkaa bauumsa:

1) Kutaa5 ☐ 2) Kutaa6 ☐

3) Kutaa7 ☐ 4) kutaa 8 ☐

3. Amantaa:

1) Islaama ☐ 2) Ortodoksii ☐

3) Piroteestantii ☐ 4) Waaqeffataa ☐ 5) kaatolikii ☐

4.Qomoo:

1) Oromoo, ☐ 2) Amaaraa ☐

3) Guraagee ☐ 4) Tigree, ☐ 5) kan biraa _____

5. Bayyina maatii: _____

6. Hojii maatii: _____

7. Sadarkaa baruumsa Abba:_____

8. Sadarkaa baruumsa Haadha:_____

II Odeefannoo wa'ee kittaana shamarranii ilaalhisee

1) Baayyeen waliigala 2) Waliingala 3) Murteessuun narakkisa 4) Waliingalu 5) Baayyee waliingalu

No	**Odeefannoo wa'ee kittaana shamarranii ilaalhisee**	1	2	3	4	5
1	Waa'ee kittaana shamarranii odeefanno ykn hubannoo qabda ?					
2	Kittaanan shamarranii adeemsifama jira hawwaasa keessatti?					
3	Kittaanan shamarrani kan adeemsifamu shamarran sadakaa 1ffa baratan irratti?					
4	Kittaanan shamarranii hawwaasa keessatti itti fufe jira?					

5. Nannoo keessanitti shamarran umrii meeqatti kan kittaanaman?umrii guuti_____

6. Gandaa keessan keessa nama meeqatu kittaaname ati kan beektu?

III Safuu hawwasaa fi gocha kittanna shamarranii ilaalchisee

3. Safuun hawwasaa ati keessa jiraattu kittana shamarrani sad. 1ffa baratan irratti geggeeffamu keessa ga'ee ni qabaa?

1 Eeyyee 2 Lakki

4. Himoota armaan gaditti barreeffamanii dhiyaatan hangam itti waligalta? filannon mirkaneessi

1) Baayyeen waliigala 2) Waliingala 3) Murteessuun narakkisa 4) Waliingalu 5) Baayyee waliingalu

No	Variable	1	2	3	4	5
1	Shamarran hawwaasa keessatti kan kabajaman erga kittaana shamrranii rawwatan qofa.					
2	Akka safuu hawaasaatti shamarran ga'essa kan ta'anif akkaataa itti maatii isaanii geggessan kan beekan erga kittaanaman boda.					
3	Gaa'eelli kittaana shamarranii geggesuukessatti dhiibbaa ol-aanaa qaba.					
4	Safuun hawwaasaa kittaana shamarranii rawwachuurratti dhiibbaa nii geggessa.					

5. Safuun hawwasaa itti fufiinsa kittaana shamarranii keessatti ga'e nii qabaataa?

1. Eeyyee 2.lakki

6. Deebiin gaaffii 5ffaa keessan eeyyee yoo ta'e itti fufsiisuu keessatti ga'en isaa maali?

_____
_____
_____
_____
_____

7. Naannoo isin jirattanitti amantaan kittaana shamarranii rawwachuu keessatti ga'e nii qabaa?

1. Eeyyee 2.Lakki

8. Deebiin gaaffii 7ffaa keessan eeyyee yoo ta'e dhiibbaa akkamii qaba?

_____
_____
_____
_____
_____

9. Safuun hawwasa naannoo kanaa itti fufiinsa kittaanan shamarraniif sababa ni ta'a ?

1. Eeyyee 2.lakki

10. Gaaffii lak.9ffaadhaf deebiin keessan eeyyee yoo ta'e akkamittin?

-

_____
_____
_____
_____
_____

11. Sababnii kittaanaan shamarranii naannoo keessanitti raawwatamuuf maal?_____

_____

_____

_____

12. Duudhaaf amantaa hawwasa ati keessa jiraattu gocha kittaana shamarrani sad.1ffaa baratan irratti geggeeffamurratti dhiibbaa ni qabaataa?

1.Eeyyee 2.Lakki

13. Deebiin keessan gaaffii 12 ffaa eeyyee yoo ta'e dhiibbaa akkamii qaba?

_____

_____

_____

_____

14. Bu'an kittaanan shamarranii shamarraniif qabu maal inni?

1. qulqulla'uf 2.fudhatama hawwasaa argachuuf

3. ga'ela gaarii argachuuf 4.durbummaa isaanii eeggachuuf

5. feedhii wal_qunnamtii saalaa hirrisuuf 6.dhiironni wal-qunnamtii saalaa gaarii akka qabaataniif

APPENDIX 2

JIMMA UNIVERSITY

SCHOOL GRADUATE STUDIES COLLEGE OF SOCIAL SCIENCE& HUMANITY

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Hirmaannaa keessaniif immoo galata guddaan isiniif galchaa.

Kutaa 4 Kittanna shamarranii ilaalchisee hubannoon hawwasaa maal fakkaata?

1. Ilaalchi hawwasni shamarran hin kittanamne irratti qabu maali?

2. Isiin kittanna shamarranii kana akkamitti ilaaltu?

3. Sababii kittaanaan shamarranii bara qaroomaa kana akka itti fufu taasise maal?

4. Hawwasaa keessan keessatti Dhirri shamarree hin kittanamne fuudha?

5.Naannoo keessanitti sababini kittaanan shamarranii adeemsifamuuf maalif?

6. Akka isiin yaaddaitti safuun hawwaasa kan itti fufinsa kittana shamarranif sababa ni ta'a?

7. Kittanni shamarranii itti fufa jettanii yaadduu?

APPENDIX 3

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Yaanni isinirraa argamu fiixaan ba'iinsa qo'annoo kanaaf bakka guddaa qaba. Kanaafuu hirmaannaa guddaa akka gootan kabajaan isin gaafadha.

Hirmaannaa keessaniif immoo galata guddaan isiniif galchaa.

Gaffilee marii barattoota shamarranii waliin taasifame

Qajeelfama gafilee marii:-

Kabajamoo hirmattota!!!

Hunda dursee nagaa Koo ho"aan kabaja waliin isiniif dhiyeessa. Itti dabalees waan nufaana maryachuuf bakka kanatti argamtaniif dabalee isin galateeffa dha

1. Hiikini kittaanan shamarranii qabu maali isiin biratti?
2. Akka ilaalcha keessanitti kittaana shamarranii kana akkamitti laaltu?
3. Naannoo keessani nama kittaana shamarranii rawwate ni jira?
4. Shamarran kitatana kana kan rawwatan umrii meeqatti?
5. Itti fufuu kittaana shamarranii ni deeggartaa?
6. Sababinni kittanni shamarranii hawwaasa keessan keessatti rawwaatamuuf maali?
7. Kittaanni shamarranii maalif itti fufe jettani yaaduu?
8. Safuun hawwaasa itti fufuiins kittanna shamarraniif sababa ni ta'aa jettani yaa