Chapter 4
Ending Female Genital Mutilation: Progress and Challenges in the Somali Region, Ethiopia

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4.1 Introduction

Female genital mutilation (FGM) is defined as a practice that embraces "all procedures involving partial or total removal of the external female genitalia or injury to the female genital organs for non-medical reasons" (WHO 2014). FGM involves practices such as cutting, piercing, removing, and sewing the external parts of female genitalia (Muteshi et al. 2016). It is classified into the following four broad types: Clitoridectomy (Type I), a partial or total removal of the clitoris; Excision (Type II), a partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora; Infibulation (Type III), narrowing of the vaginal opening through the creation of a covering seal; and other (Type IV) which refers to all other harmful procedures to the female genitalia for non-medical purposes (WHO 2014).

FGM is considered as a violation of the rights of girls and women and a violation of their bodily/physical integrity (WHO 2014). This is a central issue in FGM discourses (Abusharaf 1995; Ramos and Boyle 2000; Amado 2004). In some African cultures it is similarly seen as an abuse of the God-given integrity of girls' and women's bodies (Mehari 2016). FGM negatively affects the well-being of girls and women. Its health implications include severe bleeding, infections, infertility, risk of complications during childbirth, and risks of new-born deaths. The negative implications of infibulation are more severe as it involves stitching and re-opening (de-infibulation) during marriage and childbirth (WHO 2014).

Different types of FGM are practiced in Ethiopia. According to the demographic and health survey of Ethiopia, the overwhelming majority of women in the 15–49 age group, 73%, have undergone excision, while 7% have experienced infibulation and the remaining 3% have undergone clitoridectomy. Somali, Afar, and Harari are

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the three regions where infibulation is widely practiced. The age of girls having undergone FGM also varies across regions. FGM is performed shortly after birth in the Amhara, Tigray and Afar regions as well as in northern parts of Oromia. In southern Ethiopia, it is practiced when girls are approaching the age of marriage as it is practiced mostly as a rite of passage in preparation for marriage. In most cases, it is performed by traditional practitioners in Ethiopia (CSA and ICF 2016).

Female genital mutilation is practiced in 27 countries in Africa. The prevalence of FGM among women aged 15–49 years is very high in some African countries, for example, it is 98% in Somalia, 93% in Djibouti, 91% in Egypt, 89% in Eritrea, and 88% in Sudan. In Nigeria, Kenya, and Senegal, on the other hand, its prevalence is relatively low (27%, 27% and 26%, respectively). In Ethiopia its prevalence is lower than in countries such as Somalia but higher than in Kenya and Senegal. Around 74% of girls and women in the 15–49 years age category are circumcised in Ethiopia (UNICEF 2013). According to the sources, FGM has declined from 80% in 2005 to 65% in 2016 and has been declining even more among girls under 15 years (CSA and ORC Macro 2006; CSA and ICF 2016). The prevalence varies considerably from region to region within Ethiopia. It is very high in regions such as Somali region (99%), Afar (91%), Harai (82%), and Oromia (76%) and lower in Gambela (33%) and Tigray (24%). According to sources, the practice is declining in some regions unlike the Somali region where it has remained at 99% (CSA and ICF 2016) (see Fig. 4.1 which is based on the findings of the 2016 Ethiopian Demographic and Health Survey).

Several studies conducted among Somali communities not only in Ethiopia, but also in Kenya and Somalia, show that changes towards abandonment of the practice

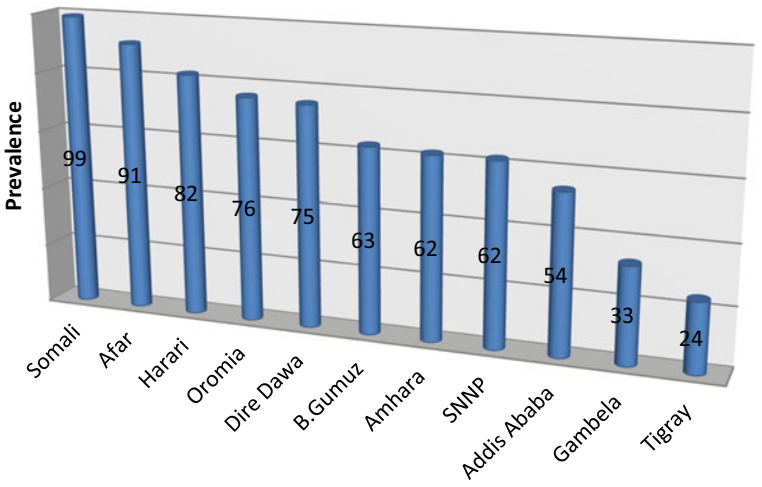

Fig. 4.1 Prevalence of FGM among women aged 15–49 years in Ethiopia by region (CSA and ICF 2016)

are minimal, with only slight shifts to the less severe form of FGM (Sunna circumcision) and more medicalization of the practice (e.g., Mehari et al. 2020; Kipchumba et al. 2019; Powell and Yussuf 2018; Smith et al. 2016; Vestbostad and Astrid 2014).

4.2 Objectives and Methods

4.2.1 Objectives

Despite continuous efforts, the major challenges hindering the abandonment of FGM after decades of interventions are not adequately explained. This chapter examines these challenges, relying on data collected from a rural community (community Q), and a town (Town B) in the Somali region. It aims to assess efforts and interventions aimed at eliminating FGM; examine achievements in fostering the abandonment of the practice, and explore specific challenges that hinder such efforts.

4.2.2 Methods and Sources of Data

Primary and secondary data were gathered from various different sources. Secondary data were gathered from sources such as country profiles, documents in government offices (including women's affairs offices), documents of NGOs working on women and children, journal articles, books, official survey reports and other online sources. A desk review (Mehari et al. 2018) accomplished as a prelude to an FGM research project was also used as a source. The latter compiled information on FGM norms, practices and interventions intended to eliminate FGM in the Ethiopian context.

Much of the qualitative data was gathered in 2019 for a research project entitled "Exploring and tracing changes in FGM: Shifting norms and practices in Ethiopia." The data was collected through multiple methods: in-depth interviews, key informant interviews, and focus group discussions.[1] The field work was conducted in April and early May of 2019 in two research sites located in Oromia regional state and Somali regional state. This chapter relies on qualitative data gathered from two sites in the Somali region: *kebele*/community Q (rural community) and town B.

Qualitative field data was collected from different categories of participants in order to capture diverse views and voices. Twenty four participants were involved in individual interviews (in-depth interviews and key informant interviews): village elders (2), leader of women's groups (1), religious leader (1), government official (1), healthcare workers (2), FGM program implementers (2), mothers of girls (5), fathers of girls (5), and girls aged 15–17 (5). Another twenty eight community members participated in four focus group discussions. The focus group discussions involved

[1] The research project was funded by Population Council and led by the author (Principal Investigator of the project) of this chapter.

four categories of participants: younger women (aged 18–35), older women (40+ years old), younger men (18–35) and older men (40+ years old).

4.2.3 Study Sites and People

Ethiopia is a land-locked country located in the Horn of Africa. It has the second largest population in the African continent. According to projection based on the United Nations data, its population has reached 120 million in 2022 (World Population Review 2022). Ethiopia shares boundaries with six countries: Sudan, and South Sudan in the west, Eritrea in the north, Djibouti and Somalia in the east, Kenya in the south. The political map of the country comprises 9 regional states[2] (Tigray, Afar, Amhara, Oromia, Somali, Benishangul-Gumuz, Gambela, Harari and Southern Nations, Nationalities and Peoples' Regional States/SNNPRS) and two city administrations (Addis Ababa and Dire Dawa). The current administrative structure of Ethiopia has five levels: the Federal State, Regional States, Zones, Districts (known as *woreda*), and *kebeles* (the lowest administrative units in the country).

The Somali region, from which data for this study was gathered, is the second largest regional state in Ethiopia. More than 95% of the region's population are ethnic Somali and adherents of Islam. The Somali of Ethiopia share the same ethnic and religious identities with the Somali of the neighbouring countries: Djibouti, Somalia, and Kenya. The total population of the Somali region was estimated to be 5,748,998 in 2017 (CSA 2013). The Somali share a common language, a belief in a common ancestry, and religion (Islam). Islam plays a central role in the modern Somali identity (Adugna 2004). The major source of livelihoods for most of the Somali population is nomadic pastoralism characterized by herding livestock (camels, goats, and flocks of sheep) and agro-pastoralism, which mixes livestock herding and crop farming.

4.3 Analysis of Findings

4.3.1 Interventions: Agents and Strategies

Various agents have been engaged in FGM interventions in the Somali region. Government institutions and offices such as women's affairs offices, health bureaus, healthcare institutions, and schools have been the major actors in the implementation of FGM programs. Other actors include local NGOs, United Nations organizations (e.g., UNICEF) and other international NGOs (e.g., Save the Children). Religious leaders and community leaders have also played a central role.

[2] Two regional states (Sidama Region and South Western Peoples Region) are added after the 2018 political changes in Ethiopia.

Health extension workers (HEWs) are involved, for example, in disseminating information related to FGM and educating women at the grassroots level. Healthcare workers serving at health care facilities (clinics, health centres, and hospitals) have been engaged in teaching about the health consequences of FGM and providing clinical services. School teachers also play an important role in establishing girls/FGM clubs and informing girls about the negative implications of FGM. The health education of schoolgirls has furthermore had a reverberating effect on other members of the community, mainly the parents of those girls who gained FGM-related knowledge from school clubs. Actors implementing FGM programs have employed diverse approaches to accelerate the abandonment of the practice. They have used the health approach to enhance awareness of the health implications of FGM. Religious and legal approaches have also been used to accelerate the abandonment of the practice.

4.3.2 Ending Female Genital Mutilation/Cutting: Progress and Challenges

With reference to the data collected from community Q and town B in the Somali region, this section explores both the progress and the challenges related to efforts aimed at ending FGM. It reports on public awareness in the community, cultural motives for continuing the practice and discusses how some of the obstacles revolve around the double meaning and ambiguities in how FGM is defined and what it constitutes. The double standards of some religious leaders who exploit this ambiguity are also discussed.

4.3.2.1 Changes in FGM-Related Awareness

Progress observed in the Somali study setting was mainly limited to an increased awareness related to the health risks and negative impacts of infibulation, locally known as Gudnika Faronika. Most of the community members participating in the study showed awareness of the health problems associated with Gudnika Faronika, such as bleeding, infections, severe pain during sex and complication during child delivery. Despite this public awareness, there was some confusion around what constitutes FGM. Many equated the abandonment of FGM with the abandonment of Gudnika Faronika. Shifting from infibulation to the less severe form of the practice (known as Sunna) was commonly regarded as abandonment of FGM. This misunderstanding was widely observed among different categories of participants including health extension workers. The following short excerpt quoted from one of them clearly demonstrates this reality:

> The culture of Gudnika Faronika has extremely affected women of our community. That is, women have many reproductive health problems and these problems are caused by Gudnika Faronika. Therefore, I advise women to abandon Gudnika Faronika and shift towards the Sunna type.

Advising community members to practise the Sunna circumcision is widely observed in the Somali study setting. Besides HEWs, other change agents (e.g., FGM program implementers, women's representatives at the grassroots level) advise community members to shift to the Sunna type as a means of abandoning infibulation. The following quotation from a representative of women's affairs section at the grassroots level is revealing. As women's affairs offices are the leading government actors implementing and coordinating anti-FGM interventions, the woman was expected to support efforts aimed at eliminating all forms of FGM. Instead, in addition to encouraging community members to practise the Sunna cutting, she revealed her intention to let her daughters undergo the Sunna circumcision.

> Now how can we stop female circumcision? We are not ready to abandon it. I have six daughters and I am not ready to leave them uncut. I prefer the Sunna type for my younger daughters. I have already circumcised two daughters … They have undergone Gudnika Faronika. Then I am planning to let the remaining four daughters undergo the Sunna cut … Now I don't want to let my girls undergo Gudnika Faronika. I prefer the Sunna type and I think it is easy and my four girls will not suffer. (*Kebele* women's affairs representative, late 50s)

These examples show how contested the meanings are around FGM and it is one of the major obstacles to eliminating all types of FGM. Most of the study participants considered FGM and Gudnika Faronika (infibulation) as synonymous. This conflation of FGM with infibulation leads to the suggestion that the Sunna type does not constitute FGM. Thus local discourses relating to the abandonment of FGM do not refer to the Sunna type, which is regarded as a mere mild and symbolic cutting of the clitoris intended to purify girls. This is one of the main obstacles to achieving the ambitious global target of "zero tolerance to FGM" and "ending FGM by 2030."

In addition to hindering the abandonment of the practice, the association between FGM and Gudnika Faronika has implications for the enforcement of the anti-FGM law. The Ethiopian Criminal Code (FDRE 2005) criminalizes all forms of FGM regardless of their severity and level of health related risks. Despite this, however, the local understanding of the law is confined to Gudnika Faronika/infibulation. Accordingly, practicing Gudnika Faronika is understood as violation of the law and subject to legal sanctions. Once again, the Sunna cut is removed from local discourses related to anti-FGM law. This misunderstanding leads to a widely held assumption that Gudnika Faronika is illegal but that Sunna cutting is not. This view resonates in what a Somali FGM program implementer boldly noted: "…the pharaonic version is officially banned and the Sunna version is not officially prohibited." This not only contradicts the articles of the criminal law but also has implications for the enforcement of the anti-FGM law.

4.3.2.2 Marriageability, Purity and Virginity

The study findings indicate that local views on perceived benefits of FGM play an important role in sustaining the practice. Marriageability and purity were the most frequently mentioned advantages of FGM in the Somali study sites. Study

participants reported that uncut girls cannot find a husband in the Somali cultural setting. A schoolgirl described the relationship between FGM and marriageability in the Somali context as follows: "uncircumcised girls are disregarded and no one will marry them." Uncircumcised girls are subjected to gossip and insulting words such as "*buryo qab*", which roughly means girl with long clitoris. The girl further reported that uncircumcised girls "are stigmatized and can't freely interact with community members. It will be very difficult for uncircumcised girls to live in our *kebele.*" (*Kebele* refers to the smallest administrative level in Ethiopia).

Some participants of the study described the benefits of FGM, especially focusing on Gudnika Faronika (infibulation). According to their views, infibulation plays an important role in enhancing the social value of girls and the prestige of their families and husbands. A health extension worker from the Somali study site magnified the relationship between FGM, purity, and virginity. She stated that Gudnika Faronika increases girls' marriageability by maintaining their virginity and purity. She claimed that a "woman undergone circumcision [meaning Gudnika Faronika] and remained sealed is highly valued and marrying to such a lady is seen as a prestige both for the man marrying her and the girl's family."

Most of the study participants, including women and girls, claimed that virginity and purity are essential to enhance marriageability of girls in the Somali context. The girl must be both *halal* (pure/clean) and a virgin to get married with respect and dignity. Study participants reported that the virginity of girls would be checked prior to marriage and those found unsealed would be subject to mistreatment including rejection by the bridegroom and his family:

> Girls who do not undergo Gudnika Faronika are viewed as morally weak and uncontrolled and thus a dishonor towards the family reputation …those who miss the mark of pre-marriage virginity check may face social isolation, become unqualified for marriage, and in some cases, ignored by their own family. In addition to marriage denial, girls who don't undergo circumcision would face insulting songs. (Woman, community leader, mid-50s)

The notion of purity is a highly emphasized issue among Somali study participants. Infibulation, especially, is considered as a means of both preserving girls' virginity and a process of purifying them. The notion of purity/cleanness echoed by study participants was expressed in religious terms such as *halal* as opposed to *haram* (spiritual impurity), as shown in the following quotation:

> Most mothers say Gudnika Faronika is good for making girls clean and keeping them virgin until marriage. Therefore, the practice is highly favored as culturally right as it upholds girl's virginity… If a girl undergoes Gudnika Faronika [infibulation] she is considered as *halalen* or clean. If a girl remains uncircumcised, she would be considered as *haram* or unclean and she will be isolated from the community. (Girl, 16)

This quote shows that views of FGM-related purity and impurity are closely associated with Islamic notions such as *halalen* and *haram*, and reveals why perceptions of Gudnika Faronika and the Sunna cutting differ. According to the study findings, Gudnika Faronika has two perceived benefits: it purifies girls and preserves girls' virginity by prohibiting vaginal sex (as it partially seals the female genitalia). On the other hand, although it serves the purpose of purifying girls, the Sunna cutting does

not preserve girls' virginity (as it does not prevent vaginal sex). Somali communities cherish the value of virginity above all and thus prefer Gudnika Faronika which fosters purity, in their eyes, *and* protects virginity of girls and it is these two qualities together which enhance the social status and marriageability of girls.

4.3.2.3 Total Abandonment or Shifting to Sunna Cutting?

The association of Sunna circumcision with religious obligation (purity of girls) is one of the chief obstacles to the total abandonment of FGM. The strong resistance to the total abandonment of FGM observed in the study sites has forced NGOs to shift from the "total abandonment" model to the abandonment only of infibulation. This is because actors implementing anti-FGM programs are left with these options: (1) insisting on the total abandonment of FGM that requires direct confrontation in the face of a very strong resistance from the local community; or (2) crafting pragmatic intervention models that involve toning down the targets of FGM intervention, i.e., tolerating the Sunna cut, and exclusively focusing on the abandonment of infibulation. For some program implementers this shifting from infibulation to Sunna cut is an acceptable compromise and represents an intermediate success because it minimizes the health risks associated with infibulation and could pave the way for the total abandonment of the practice in the future.

A key informant working for an international NGO running FGM programs in the study zone shared the above view. It is imperative to note that the key informant was an educated young woman with years of work experience in implementing interventions aimed at eliminating FGM. She said the following when asked her view on shifting to the less severe type of FGM:

> Yes, I can say it [the shift to the Sunna cutting] is good. When I compare the Sunna type with the pharaonic type [infibulation], the Sunna type has less effect, less harm than the pharaonic type and I think Sunna is the best [option]. That is, the Sunna type is just cutting little slices from the clitoris and it is much simpler than the pharaonic type. I think the Sunna type has no harm and it is much safer than the pharaonic type. Therefore, as I am religious person, I can't prohibit what is not prohibited in my religion [Islam]. (Young woman, FGM program implementer)

The above excerpt shows the level of awareness of FGM and the role of religion and religious leaders in sustaining FGM by encouraging the shift from infibulation to the Sunna cutting. The other challenge to the total abandonment of FGM observed in the Somali study setting was the tendency to exaggerate the advantages of the Sunna cutting as compared with infibulation.

4.3.2.4 Romanticizing Sunna Cut Girls

Romanticizing Sunna cut girls is another development that hinders the abandonment of FGM. "Sunna cut girls are sweet" is one of the widely observed expressions in the study area. Some men use the phrase "sweet girls" to refer to Sunna-cut girls.

The message behind "sweet girls" is that Sunna cut girls/women are good for sexual satisfaction of men/husbands as compared to infibulated girls/women. The following quotation provides more information on the dominant view that magnifies the benefits of the Sunna cut such as avoiding pain and health risks and enhancing sexual pleasure and quality of life. A Somali man in his late 40s said the following about the Sunna cut.

> Many women are suffering from a lot of complications related to Gudnika Faronika [infibulation]. The Sunna cut has benefits …Girls [who have undergone the Sunna type] do not face health complications and men will have good sex and women will give birth without health complications. The other benefit of the Sunna type is, during sexual intercourse, women will satisfy their husbands and they will also lead a happy life. (Father of girls, 48)

The phrase "lucky girls" is another powerful expression that signifies the benefits of the Sunna circumcision. It portrays that Sunna cut girls are lucky compared to infibulated girls, as the "lucky girls" do not experience the suffering and pain associated with infibulation. Study participants, including girls, reflected this view. The following short excerpt is quoted from a Somali girl interviewed for this study: "I was told that the Sunna cut is too simple since girls did not cry like those girls who were experiencing Gudnika Faronika [infibulation]. Girls who undergo the Sunna cut are very lucky."

The romanticizing of the Sunna type also involves appreciating it as a sign of modernity. Study participants portrayed the Sunna circumcision as not only less severe and healthier to girls. They also associate it with urban culture and civilization. Gudnika Faronika, on the other hand, is labelled as a sign of backwardness and the practice of rural communities. In terms of religion, Gudnika Faronika is portrayed as a pre-Islamic practice that contradicts Islamic teachings. This assertion implies that the Sunna cut does not contradict Islamic teachings. The following excerpt portrays this view in clear terms.

> Today we understand that Gudnika Faronika is in contradiction with Islamic teachings and recognize its health problems. It is also considered as a sign of backwardness. Therefore, we are inclining toward the Sunna type and Sunna is becoming a sign of civilization. Today we are well aware of the negative impacts of Gudnika Faronika. (Father of girls, 48)

4.3.2.5 Role of Religion and Religious Leaders

The major findings of the study, as mentioned in the previous sections, demonstrate the huge role of religion and religious leaders in constructing and deconstructing meanings related to FGM, denouncing one type of FGM and depicting the other type as a religious requirement. The role of religion and religious leaders will be examined in the following section as it deserves further discussion.

According to study findings, the two types of FGM, Gudnika Faronika and Sunna, are portrayed in local discourses in different ways. Gudnika Faronika is considered as a pre-Islamic practice that contradicts the Islamic teachings and the Sunna cut as mild practice aimed at purifying girls. The following quote from a program implementer

reveals the role of religious leaders in constructing meanings of FGM in the context of the study area.

> Religious leaders are involved in informing community members who are sometimes confused … Sheiks support the Sunna cut, arguing that the pharaonic type contradicts with Islam. However, ignoring the teachings of religious leaders, community members practice Gudnika Faronika declaring [pretending] that they are practicing the Sunna type. Religious leaders supported the Sunna type because they said that it is written in the religious Hadiiz. But no one is sure about it. (FGM program implementer)

As depicted above, the involvement of religious leaders in FGM-related discourses and practices in the Somali setting has a dual face. First, religious leaders support the abandonment of Gudnika Faronika (infibulation) depicting it as a pre-Islamic practice. Second, they encourage the Sunna circumcision as a religious obligation. This shows the contentious position of religious leaders in FGM discourses. Their ambivalent attitudes have exacerbated the problems facing FGM abandonment projects. The program implementer quoted above added the following words when asked about the major challenges of anti-FGM interventions in the region: "The major challenge is that religious leaders support the *Sunna* form of circumcision."

Findings generated from the field data show the influence of religion and religious leaders on the effectiveness of FGM interventions. Religious discourses and definitions related to FGM play an important role in this regard. The following quote from a key informant from an international NGO working on women and child issues in the Somali region reveals the reality.

> We work in collaboration with clan leaders and religious leaders who have a good image in the community. Then, we implement the project activities through clan leaders and religious leaders and they are mostly involved during awareness creation programs. That is, during awareness creation programs elders [clan and religious leaders] inform their community members about the negative impacts of FGM. They tell the community that FGM is a non-religious practice and practicing FGM [pharaonic type/infibulation] to circumcise girls is unethical. (FGM program implementer)

The quotation also depicts how FGM is equated with the pharaonic type and other forms like the Sunna cutting are not targeted in the elimination project. The following long quotation from another key informant engaged in the implementation of anti-FGM programs further elaborates the influence of religious leaders in denouncing Gudnika Faronika by resorting to historical and religious accounts.

> Religious leaders are recognized as the most influential social actors and key agents that can accelerate the abandonment of FGM … Religious leaders associated the practice [Gudnika Faronika] with the devil's act of circumcising girls. They teach the history [alleged origin] of Gudnika Faronika associating it with the practices of the rulers of ancient Egypt named Pharaon. The Pharaon claimed that he was "God" and much hated in the Islamic teachings… Religious leaders played a great role in informing people that FGM is not a religious obligation in Islamic teachings and it is totally against Islam. They are involved in campaigning against the negative impacts of FGM and most of the time they teach people during public gathering at mosques and during public meetings, and holidays. I can say that religious leaders play positive role in the process of abandoning FGM. (Young woman, FGM program implementer)

This excerpt provides an insider's point of view as the informant is a member of the Somali ethnic group and a follower of Islam. It also provides an insightful account of the reality on the ground as reflected by an educated Somali young woman who was working for an international NGO implementing interventions intended to foster the abandonment of FGM. The long quotation below also reflects the views of the same key informant on issues such as the shift from the pharaonic type to Sunna circumcision, the role of religious leaders in denouncing the pharaonic type and supporting the Sunna cutting, and the overall trends of abandonment and continuation of FGM in the study area. The key informant said the following when asked this question: Is there a shift of FGM from pharaonic type to Sunna type?

> This is a great question as it is locally believed that Sunna [circumcision] is allowed in our religion [Islam]. … It is said that Sunna is the type of female circumcision allowed among Muslims. Sunna is only cutting small slice of the clitoris. Therefore, Sunna is allowed in our religion. However, some NGOs do not tolerate even the Sunna type which is practiced and accepted by many people of the region …Look our project program is titled 'No Girl or Woman Shall Undergo FGM: Cementing Change towards Zero Tolerance to FGM'. That zero tolerance means… not touching the genital parts of a girl and it also rejects the Sunna type, which many religious leaders are recommending to be practiced. There is also clear misunderstanding between NGOs and the wider community members. There is great confusion over what local people regarding [sic] appropriate and what NGOs are looking for.

The above excerpt provides an insight into misunderstandings between FGM program implementers and community members (including religious leaders) on basic issues such as the meanings and abandonment of FGM. The field data clearly reveal that organizations engaged in anti-FGM campaigns failed to foster the abandonment of all forms of FGM. This is mainly because religious leaders' portrayal of the Sunna cutting as a religious obligation has been widely accepted in the study area. Recognizing the influential role of religious leaders, NGOs have attempted to convince them to condemn all forms of FGM. The young Somali woman quoted above said the following about the effort of her organization and the challenges it encountered.

> We have requested many influential religious leaders to come together and denounce all forms of FGM. However, some religious leaders got into a heated argument over the issue, denouncing all forms of female circumcision. Then, strong arguments, debates for and against female circumcisions divided the religious leaders and this further increased the confusions over the question of abandoning FGM. Then, it totally become difficult to officially denounce the Sunna practice and now the project implementers are forced to accept the reality on the ground that people offered a strong resistance to the idea of stopping the Sunna cutting. Now the campaign targets the Pharaonic version not the Sunna version. In a nutshell, the Pharaonic version is officially banned and the Sunna version is not officially banned.

These excerpts reveal the arguments and counter arguments around this issue. The association between FGM and Islamic teachings remains controversial and the notion of denouncing all types of the practice (including the Sunna type) is contested. Though religious leaders tend to denounce the pharaonic type, they are not ready to support the abandonment of the Sunna circumcision. It seems that the pro-Sunna

position of religious leaders is behind the strong resistance to the complete abandonment of FGM, which has forced actors implementing FGM programs to retreat from the total abandonment approach to the abandonment of infibulation.

4.4 General Discussion

Government agencies, domestic and international organizations have been implementing FGM interventions in the study sites of the Somali region, Ethiopia. The widely employed intervention methods include the health risk and religious approaches. Despite this, however, changes in FGM-related norms and practices were limited to a growing public awareness related to the health implications of infibulation, locally known as Gudnika Faronika. Emphasizing infibulation, the health approach excluded the Sunna cutting from efforts to eliminate all forms of FGM. Similarly, according to other studies in Somaliland, though the health approach enhanced people's awareness of the health risks of infibulation, it undermined the harms of the Sunna circumcision, which is considered as a mild cutting of clitoris without significant health implications (Kipchumba et al. 2019; Lunde and Sagbakken 2014; Vestbostad and Astrid 2014). The religious approach has been widely used in FGM intervention in the Somali region of Ethiopia. The influence of religious leaders on FGM has been mixed. While encouraging the abandonment of infibulation by depicting it as a pre-Islamic practice that contradicts Islamic teachings, most have supported the continuation of FGM by portraying the Sunna circumcision as a religious obligation. The dual role of religious leaders in hindering the abandonment of FGM was also observed by other researchers (Kipchumba et al. 2019; Powell and Yussuf 2018; Lunde and Sagbakken 2014). Researchers have also noted the shift towards the Sunna circumcision rather than total abandonment of the practice in Somalia and Somaliland (Powell and Yussuf 2018; Smith et al. 2016; Vestbostad and Astrid 2014). Furthermore, studies in Ethiopia observed this same shift in Somali, Afar and Harari regions (Mehari et al. 2020; Spadacini and Nichols 1998), partly as a form of resistance to total abandonment of the practice (NCA 2011).

This does not mean that the associations between FGM and notions of purity versus impurity are limited to the context of Islam (e.g., Umeh et al. 2021; Mehari 2014, 2016; Terefe 2012). Umeh and associates (2021) point out a close association between FGM and the physical cleanliness of women in the socio-cultural context of Nigeria. People will practice FGM on a dead woman (if found uncut upon her death) to purify the body before the burial ceremony (probably to protect humans and other beings, and the land, from pollution). FGM is also practiced immediately before birth of a child if the mother is found uncut, to protect the child from touching the clitoris (to safeguard the child from pollution) as the clitoris is deemed unclean and polluting. Although the authors noted the connection between FGM and beliefs in purity/impurity, they did not explain the relationship between these beliefs and indigenous religions. According to ethnographic findings, in some African cultures FGM-related notions of purity, impurity, and pollution and taboos associated with

them are so embedded in indigenous religions that they continue influencing human collective behaviour (Mehari 2016; Terefe 2012).

The influence of taboos in sustaining FGM norms and practices has been observed in the Gamo (e.g., Mehari 2014, 2016) and Arsi Oromo (Terefe 2012) cultural settings in Ethiopia. Local concepts such as *qetsera gome* (taboos related to FGM) and *tuna* (the state of impurity) are good examples in the Gamo cultural setting. Among FGM-practicing Gamo communities, uncut girls/women are not only regarded as *tuna*, but also as having a potential to pollute others; for instance, when men have sex with them. According to the Gamo belief system, impurity related to FGM is contagious; for example, a man who had sex with an uncut woman would pollute a cut (purified) woman if he sleeps with her before cleansing himself with rituals. This belief in purity and pollution is embedded in the indigenous belief system in the Gamo highlands where Christianity is a universal religion. Although these findings are limited to few cultural settings, they throw light on the role of indigenous religions in supporting FGM norms and practices in African contexts. Hence, one can argue that the roots of FGM-related notions of purity and impurity in predominantly Muslim societies (e.g., the Somali) could be in pre-Islam indigenous belief systems; and these beliefs could have been intermingled with Islamic teachings that support the Sunna circumcision. The claims that Gudnika Faronika is pre-Islamic may well have elements of truth.

The association between FGM and collective religious/ethnic identity also plays an important role in sustaining the practice in the context of the Somali region of Ethiopia. "Uncircumcised woman is not considered as a Somali and a Muslim," a widely observed assertion of study participants, is a good example that demonstrates the role of FGM as a collective identity marker. Sanctions against uncut girls/women (including humiliating songs, insulting words, social and religious exclusion) serve the purpose of protecting these collective identities. The function of FGM as a symbol of collective identity is yet another challenge that hinders the abandonment of the practice in the Somali region. Findings in other African countries support this argument. In Egypt, where FGM is widely practiced, the prevalence of FGM has been declining at a higher rate among Coptic Christians compared to slow changes among Muslims. The prevalence of the practice among Muslims remained more stable mainly because FGM is considered as a symbol of collective identity (Blaydes and Platas 2020; Hayford and Trinitapoli 2011). FGM also serves as a symbol of collective identity (Mehari 2016; Coyne and Coyne 2014; Wagner 2011) and a socio-cultural boundary between FGM-practicing and FGM-free communities living in close proximity (Mehari 2016, 2014). Analysing cross-sectional data from 13 African countries, Wagner (2011) noted that the function of FGM as a symbol of ethnic identity is a main factor in the continuation of the practice. This argument is more relevant to the Ethiopian setting where regional boundaries follow ethnic lines and the country's politics is dominated by competing ethnic (in some cases religious) identities.

4.5 Conclusion

The mottoes of the global FGM campaigns, including "Zero Tolerance for FGM" and "Ending FGM by 2030," are intended to eradicate all forms of the practice. Actors implementing FGM programs in the Somali region are informed by these and other global catchwords. For example, "No girl or woman shall undergo FGM: Cementing change towards zero tolerance for FGM" is a motto of an NGO running FGM programs in the region. Despite the rhetoric and ambitious plans, there is a huge gap between what program implementing agencies aspire towards and the realities on the ground. The absence of a common understanding on the very meaning of "FGM" hinders the success of FGM campaigns. For program-implementing organizations, "FGM" embraces all forms of female genital mutilation; similarly, "abandonment" implies stopping all types of FGM. According to the widely observed local misunderstanding, however, "FGM" implies Gudnika Faronika (infibulation) and "abandonment" refers to both abandoning infibulation and shifting to the Sunna type of FGM.

These misunderstandings are aggravated by the double standards of religious narratives that depict the pharaonic type (infibulation) as contrary to Islamic teachings and portray the Sunna type as a religious obligation. The pro-Sunna narratives influence not only ordinary people but also local change agents (e.g., health extension workers, program implementers) who share common ethnic (Somali) and religious (Islam) identities. As a result, many of them uphold the pro-Sunna narratives and appreciate the shift to the Sunna type as a big achievement. The local reality, including an extraordinary resistance against the abandonment of all forms of FGM, has forced program-implementing organizations to shift from the "total abandonment model" to pragmatic approaches so as to accelerate the abandonment of infibulation. Overall, FGM interventions failed to foster changes towards total abandonment of the practice: infibulation is still widely practiced with slight shifts to the Sunna cutting. It will be difficult to achieve grand plans such as "Ending FGM by 2030" and "No girl or woman shall undergo FGM" without missing global targets unless local and global actors critically evaluate FGM interventions dominated by Western/global perspectives, identify their limitations, and craft locally appropriate intervention models.

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