# **SOMALIA**





## STATISTICAL PROFILE ON FEMALE GENITAL MUTILATION

Female genital mutilation (FGM) refers to "all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons."1 While the exact number of girls and women worldwide who have undergone FGM remains unknown, at least 200 million girls and women have been cut in 31 countries with representative data on prevalence. FGM is a violation of girls' and women's human rights and is condemned by many international treaties and conventions, as well as by national legislation in many countries. Yet, where it is practiced FGM is performed in line with tradition and social norms to ensure that girls are socially accepted and marriageable, and to uphold their status and honour and that of the entire family. UNICEF works with government and civil society partners towards the elimination of FGM in countries where it is still practised.

1. World Health Organization, Eliminating Female Genital Mutilation: An interagency statement, WHO, UNFPA, UNICEF, UNIFEM, OHCHR, UNHCR, UNECA, UNESCO, UNDP, UNAIDS, WHO, Geneva, 2008, p. 4.

No national decree/legislation banning FGM

#### **KEY STATISTICS ON WOMEN'S STATUS**

of women 20-24 years old married or in union before age 15

45% of women 20-24 years old married or in union before age 18

of women 15-24 years old that are able to read a short simple statement about everyday life

of ever-married women 15-49 years old think that a husband/partner is justified in hitting/beating his wife under certain circumstances

of women 15-49 years old in union currently using any contraceptive method

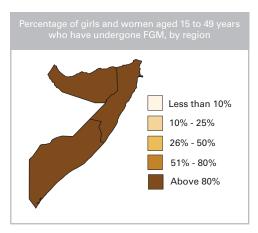
Source: MICS 2006

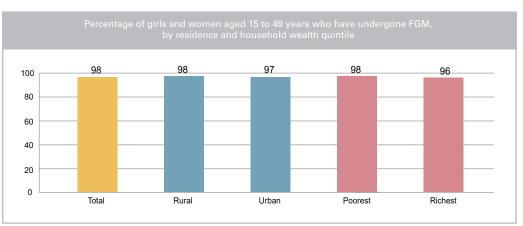


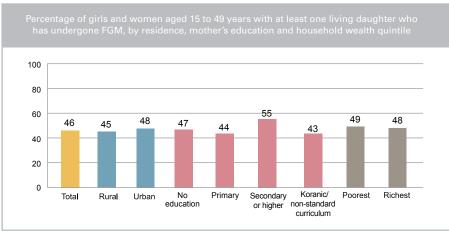


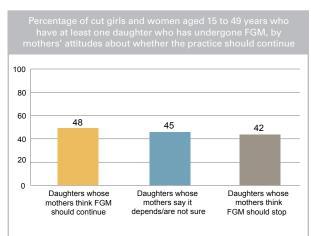
#### **HOW WIDESPREAD IS THE PRACTICE?**

#### FGM is nearly universal among girls and women in Somalia



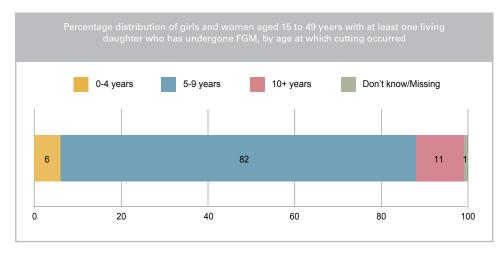


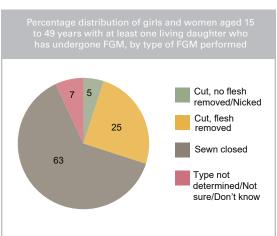




#### WHEN AND HOW IS FGM PERFORMED?

The vast majority of girls experience the practice between the ages of 5 and 9, and more than half undergo the most severe form of FGM

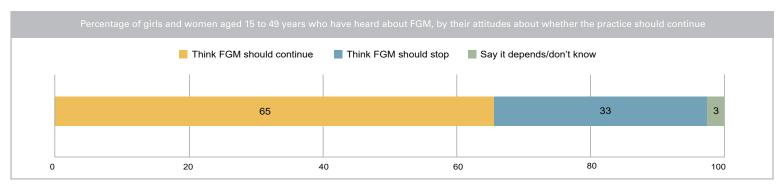


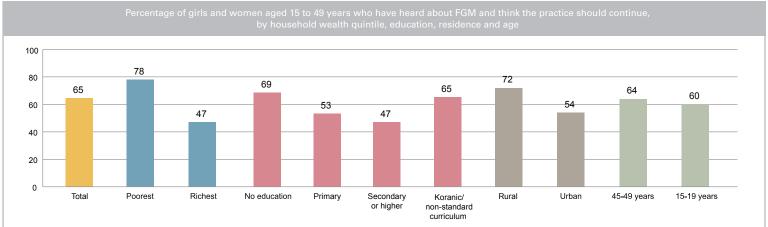


Notes: The boundaries and the names shown and the designations used on the map do not imply official endorsement or acceptance by the United Nations. Only categories with 25 or more unweighted cases are presented. Due to rounding, some of the data presented may not add up to 100 per cent. There is no ethnicity or religion data for Somalia.

#### WHAT ARE THE PREVAILING ATTITUDES TOWARDS FGM?

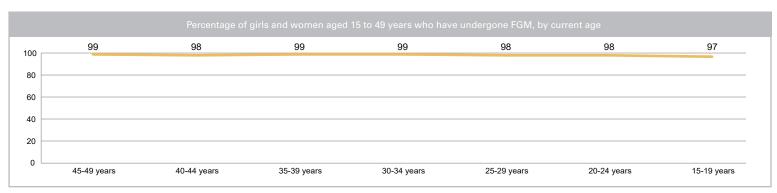
#### Almost two thirds of girls and women think the practice should continue

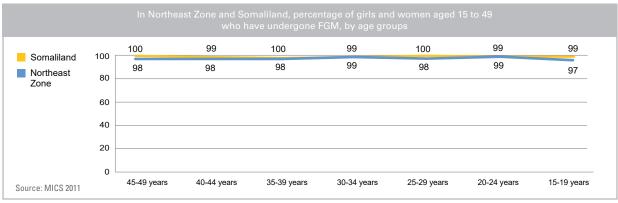




#### IS THE PRACTICE OF FGM CHANGING?

#### There has been no change in the prevalence of FGM over time



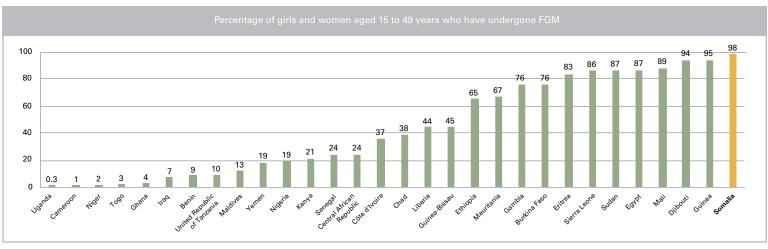


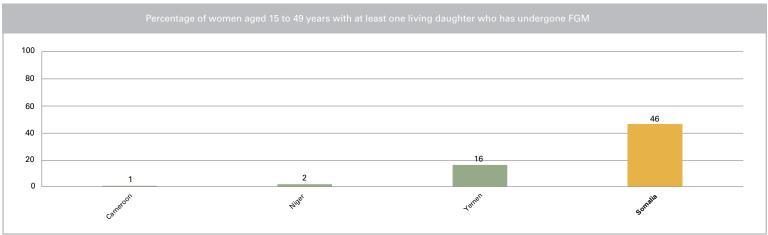
Notes: N/A = not available. There are no ethnicity data for Somalia. In Somalia, questions on FGM were included in the 2011 MICS conducted separately in the Northeast Zone (also referred to as Puntland) and Somaliland. Data are preliminary and do not allow for the calculation of national figures.

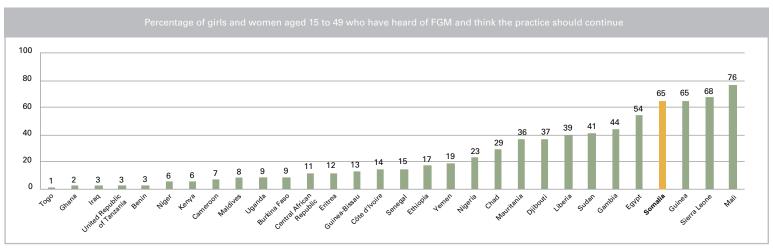
Source for all charts on this page: MICS 2006, unless otherwise noted.

## SOMALIA

### INTER-COUNTRY STATISTICAL OVERVIEW







Notes: In Liberia, girls and women who have heard of the Sande society were asked whether they were members; this provides indirect information on FGM since it is performed during initiation into the society. An older source is used to report the percentage of support for FGM in Uganda (DHS 2011) since the latest source did not collect these data. MICS data for Ghana (2011) could not be used to report on attitudes towards FGM due to the fact that information is missing for girls and women with no living daughters; data from MICS 2006 are used instead. EDSF/PAPFAM data for Djibouti (2012) could not be used for attitudes towards FGM since the question is different from the standard; data from MICS 2006 used instead. In Liberia, only cut girls and women were asked about their attitudes towards FGM; since girls and women from practicing communities are more likely to support the practice, the level of support in this country as captured by DHS 2013 is higher than would be expected had all girls and women been asked their opinion. In Egypt and Somalia, the support for FGM was calculated among all girls and women, since respondents were not first asked whether they had heard of the practice. Prevalence data for girls and women aged 15 to 49 years and data on attitudes towards FGM are not available for Indonesia

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