FGM IN SOMALIA AND SOMALILAND: EXECUTIVE SUMMARY

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Female genital mutilation (*FGM*) is defined by the World Health Organization (*WHO*)[1] as comprising 'all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.' FGM has been recognised as a harmful practice and a violation of the human rights of girls and women.

Carrying out **demographic surveys** in the Somalia/Somaliland[2] region, such as the Multiple Indicator Cluster Surveys (*MICS*) used extensively in this report, is particularly challenging. In addition to the danger presented by civil unrest, a lack of recent population-census data means there are challenges both in selecting a representative sample of people and in extrapolating survey results to the population as a whole. The region's large nomadic and displaced populations may also affect the trends and patterns seen in data.

One important factor discussed extensively in this Country Profile is the lack of understanding and agreement about **types of FGM**. One study in Puntland and Somaliland[3] found that the majority of respondents divided FGM into 'Pharaonic', which is infibulation or Type III FGM according to the WHO classifications, and 'sunna'. Sunna may or may not involving stitching, but in many cases even more severe types of FGM are being labelled 'sunna'.[4] Sunna is believed by many Somalis to cause no health problems and to be condoned, even required, by Sharia law. Further misunderstandings surround the use of specific **terminology** such as 'abandonment' and 'FGM' itself, both of which are commonly believed to refer only to Type III FGM.

Therefore, researchers in Somalia and Somaliland need to take extra care to examine and define the terminology being used; otherwise, such misunderstandings will contribute to the distribution of imprecise data and inaccurate interpretations.

In general, however, these limitations do not mean that the available data is not useful; they simply mean that one should be careful about drawing 'hard and fast' conclusions.

In Somalia, **the prevalence of FGM among women (aged 15–49)** has remained consistent for some time. In 2006 in South/Central Somalia, the prevalence was 99.2%. In 2011 in the North-East Zone of Somalia (Puntland), it was 98%.[5] In Somaliland, FGM prevalence has increased from 94.4% in 2006 to 99.1% in 2011.[6] However, due to the challenges of data collection, further data would be required to confirm that there has been a genuine upward trend in cutting, particularly as anecdotal evidence from activists in both Somalia and Somaliland suggests that there has been a recent decline in some, usually more urban, areas.

Trends in relation to the **prevalence of FGM among girls (aged 0–14)** are unclear, as survey questions differed between the 2006 and 2011 MIC surveys. However, the **age of cutting** appears to have risen from seven or eight (among women surveyed)[7] to between 10 and 14 (among the majority of girls)[8].

Traditional cutters are the most commonly used **practitioner**, although medicalised FGM is on the rise as more families take their daughters to medical professionals to be cut, mistakenly believing that this makes the procedure safer. In fact, activists are concerned that medicalised FGM can be even more dangerous as health professionals may cut deeper under anaesthesia, leading to more pain and a greater risk of infections later on.

Type III (Pharaonic) FGM is overwhelmingly the **most common type of FGM** self-reported by women, although the prevalence of this type appears to be declining. In 2011, 85% of women who had undergone FGM had experienced Type III in the North-East Zone of Somalia (Puntland) and Somaliland, a drop from more than 90% in 2006. The MICS data suggests that this trend is being driven by the younger cohorts of women being less likely to have experienced Type III.[9] The NAFIS Network reports that the vast majority of women surveyed, 92.8%, wished for their daughters to undergo the sunna form of FGM.[10]

Along with 'tradition', 'religious beliefs' is the most common **reason given for the continuation of FGM** in the region – in particular, the continuation of the sunna form of FGM. In Somaliland, about one-third of women believe that the practice should be continued, while in the North-East Zone of Somalia (Puntland), around half of women support the practice. The level of support was highest in South/Central Somalia, at 79.5%.[11]

In general, women make the decisions regarding FGM, and in only about 8% of households surveyed by the Orchid Project were **men and boys** also involved. However, 'they are influential in creating the social climate within which decision-making about cutting takes place', as only 4% of unmarried men surveyed preferred to marry a girl who has not undergone FGM.[12] Men who attended focus groups seemed caught between their concern about the impact of Pharaonic FGM on women and girls and their feeling that FGM is necessary as 'evidence of virginity'.[13] Civil-society groups and activists report that the most successful way to approach FGM in discussions with Somali men is to talk about human rights in the first instance, then progress to health issues. This inevitably leads on to the impacts of FGM on both health and their relationships with women.

Conflict and drought have displaced an estimated 1.1 million people in the region.[14] Women and children make up 70–80% of **internally displaced persons** (*IDPs*).[15] Violence against women is reportedly common in camps for IDPs, and a 'legal vacuum' created by the lack of a formal justice system in the camps leaves affected women with little recourse or support. This also makes the collection of reliable data on gender-based violence within the camps (which includes FGM) a huge challenge.

There is little data available on the **prevalence of FGM in the Somali diaspora**; however, stories of Somali girls being brought to the region to be cut have emerged of late.

Both Somalia and Somaliland are currently drafting and consulting on **new laws to ban FGM**. Civil society and Somali activists are working closely with government ministries to ensure the laws will be comprehensive, and advocacy work continues with religious leaders to move towards a position of zero tolerance to all types of FGM. This will take time and is requiring a step-by-step approach,

but the commitment of the anti-FGM network will ensure that all women and girls will ultimately be protected under future national laws.

Civil society recognises the importance of sensitising all practising clans and communities to the content and meaning of new anti-FGM laws, both before and after their enactment. Community organisations and activists are best placed to undertake this advocacy work, with the support of governments, local law enforcement and judiciary, who will also require sufficient training to implement and enforce the legislation.

Although neither Somalia or Somaliland reached its targets under the Millennium Development Goals, both governments have created extensive **development plans** in relation to education and healthcare. These line up with the Sustainable Development Goals and recognise the importance of women and children's healthcare, role models for girls, fully qualified and female teachers, and girls' education.

This Country Profile identifies the great progress that has been made to bring discussions on the harms of FGM into the public domain in both Somalia and Somaliland. Joint working between government departments and civil society, between community organisations themselves as they forge anti-FGM networks, and between activists and the communities in which they work is demonstrating **the power of collaboration** to tackle some of the difficult issues still to be overcome across the region. These challenges include the continuing support for the sunna cut and the belief that it is a religious requirement, and the continued lack of national legislation criminalising and punishing the practice of FGM.

Civil-society organisations are spearheading activities that promote community dialogue around FGM, and this Country Profile includes some case studies of successful work being done with religious leaders and men, in particular. Many organisations are also working with health workers and in schools to raise awareness of the harms of FGM, and 28 Too Many has been pleased to report on the growth of youth networks across the region and the importance of facilitating peer-to-peer dialogue in ending the practice.

One exciting aspect of these activities is the use of different types of **media**. Radio is an effective way to reach isolated communities with anti-FGM messages, and, particularly among young people in urban areas, social media is on the rise and showing great potential for future campaigning and discussion. This report profiles the dynamic work of Ifrah Foundation in partnership with the Global Media Campaign to equip religious leaders and other stakeholders to advocate for an end to FGM.

With greater support and funding, the work that is currently being undertaken to end FGM in Somalia and Somaliland will continue to grow, extending to hard-to-reach areas, helping to build necessary infrastructure and networks, and bringing widespread awareness to the fact that ***all FGM, however it is practised, is harmful to women and girls***. This message needs to be an integral part of government policy and advocacy initiatives in Somalia and Somaliland moving forward.

While difficult challenges remain, including the seemingly impossible task of overcoming social norms, **the total abandonment of FGM will be achieved as part of culture-wide changes to the way that women are viewed, treated and empowered in Somalia and Somaliland.**

1 World Health Organization (2015) *Female Genital Mutilation*. Available at http://www.who.int/topics/female_genital_mutilation/en/.

2 ***For the purposes of the analysis in this Country Profile, the Federal Republic of Somalia is taken to comprise five federal States, including Puntland, but excluding Somaliland.***

3 Abdi A. Gele, Bente P. Bø and Johanne Sundby (2013) 'Attitudes toward Female Circumcision among Men and Women in Two Districts in Somalia: Is It Time to Rethink Our Eradication Strategy in Somalia?', *Obstetrics and Gynecology International*, 2013. Available at https://www.hindawi.com/journals/ogi/2013/312734/.

4 Sheena Crawford and Sagal Ali (2015) *Situational Analysis of FGM/C Stakeholders and Interventions in Somalia*, p.42. Available at https://orchidproject.org/wp-content/uploads/2015/02/Situational-Analysis-of-FGMC-Stakeholders-and-Interventions-in-Somalia1.pdf.

5 - UNICEF Somalia (2006) *Somalia: Multiple Indicator Cluster Survey 2006*, p.138. Available at https://mics-surveys-prod.s3.amazonaws.com/MICS3/Eastern%20and%20Southern%20Africa/Somalia/2006/Final/Somalia%202006%20MICS_English.pdf.
- UNICEF Somalia and Ministry of Planning and International Cooperation (2014) *Northeast Zone Multiple Indicator Cluster Survey 2011, Final Report*, p.103. Nairobi, Kenya: UNICEF, Somalia and Ministry of Planning and International Cooperation. Available at https://mics-surveys-prod.s3.amazonaws.com/MICS4/Eastern%20and%20Southern%20Africa/Somalia%20%28Northeast%20Zone%29/2011/Final/Somalia%20%28Northeast%20Zone%29%202011%20MICS_English.pdf.

6 UNICEF Somalia and Somaliland Ministry of Planning and National Development (2014) *Somaliland Multiple Indicator Cluster Survey 2011, Final Report*, p.100. Nairobi, Kenya: UNICEF, Somalia and Somaliland Ministry of Planning and National Development, Somaliland. Available at https://mics-surveys-prod.s3.amazonaws.com/MICS4/Eastern%20and%20Southern%20Africa/Somalia%20%28Somaliland%29/2011/Final/Somalia%20%28Somaliland%29%202011%20MICS_English.pdf.

7 Edna Adan Ismail, Amal Ahmed Ali, Abdirahman Saeed Mohamed, Thomas Kraemer, Sarah Winfield (2016) *Female Genital Mutilation Survey in Somaliland, Second Cohort (2006–2013)*, p.31. Hargeisa: Edna Adan University Hospital. Available at https://www.28toomany.org/country/somaliland/.

8 - UNICEF Somalia and Ministry of Planning and International Cooperation (2014) *Northeast Zone Multiple Indicator Cluster Survey 2011, Final Report*, p.104. Nairobi, Kenya: UNICEF, Somalia and Ministry of Planning and International Cooperation.
- UNICEF Somalia and Somaliland Ministry of Planning and National Development (2014) *Somaliland Multiple Indicator Cluster Survey 2011, Final Report*, p.101. Nairobi, Kenya: UNICEF, Somalia and Somaliland Ministry of Planning and National Development, Somaliland.

9 - UNICEF Somalia and Ministry of Planning and International Cooperation (2014) *Northeast Zone Multiple Indicator Cluster Survey 2011, Final Report*, p.103. Nairobi, Kenya: UNICEF, Somalia and Ministry of Planning and International Cooperation.
- UNICEF Somalia and Somaliland Ministry of Planning and National Development (2014) *Somaliland Multiple Indicator Cluster Survey 2011, Final Report*, p.100. Nairobi, Kenya: UNICEF, Somalia and Somaliland Ministry of Planning and National Development, Somaliland.

10 NAFIS Network (2014) *Assessment of the Prevalence, Perception and Attitude of Female Genital Mutilation in Somaliland*, p.24. Available at https://nafisnetwork.net/wp-content/uploads/2018/10/FGM-Research-Report-2014-1.pdf.

11 UNICEF Somalia (2006) *Somalia: Multiple Indicator Cluster Survey 2006*, p.138.

12 *Ibid.*, p.4.

13 *Ibid.*, p12.

14 US Department of State (2013) *Somalia 2013 Human Rights Report*, p.20. Available at https://photos.state.gov/libraries/somalia/323250/pdfs/somalia-human-rights-report-2013.pdf.

15 UNDP Somalia (2014) *Gender in Somalia: Brief II*, p.10. Available at https://reliefweb.int/sites/reliefweb.int/files/resources/Gender%20in%20Somalia%20Brief%202.pdf.

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