

# FGM IN SOMALIA AND SOMALILAND



**COUNTRY PROFILE UPDATE**

March 2021



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# Contents

<b>Use of this Country Profile Update.....</b>	<b>3</b>
List of Abbreviations .....	3
Background .....	5
Acknowledgements.....	5
The Team .....	6
A Note on Data .....	6
<b>Executive Summary .....</b>	<b>8</b>
<b>Political and Social Status: An Update .....</b>	<b>10</b>
<b>General National Statistics .....</b>	<b>12</b>
<b>FGM: National and Regional Statistics and Trends.....</b>	<b>15</b>
National Trends.....	16
Prevalence of FGM According to Place of Residence.....	18
Prevalence of FGM According to Economic Status.....	19
Prevalence of FGM According to Level of Education .....	20
Age of Cutting.....	21
Types of FGM Practised .....	21
Understanding & Attitudes .....	23
Religion .....	24
Media .....	26
<b>The Sustainable Development Goals.....</b>	<b>28</b>
FGM and the SDGs .....	28
Health .....	29
Education.....	29
Water and Sanitation.....	30

# Use of this Country Profile Update

This Update is intended to be used in conjunction with and as a supplement to the Country Profile: FGM in Somalia and Somaliland published by 28 Too Many in 2019, which may be downloaded at <https://www.28toomany.org/somalia/> or <https://www.28toomany.org/somaliland>.

Extracts from this publication may be freely reproduced, provided that due acknowledgement is given to the source and 28 Too Many. We seek updates on the data and invite comments on the content and suggestions on how our reports can be improved.

For more information, please contact us on [info@28toomany.org](mailto:info@28toomany.org).

## List of Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
DHS	Demographic & Health Survey
FGM	female genital mutilation
GDP	gross domestic product
HIV	Human Immunodeficiency Virus
IDP	internally displaced person/people
INGO	international non-governmental organisation
MICS	Multiple Indicator Cluster Survey
NGO	non-governmental organisation
PPP	purchasing power parity
SDGs	Sustainable Development Goals 2015–2030
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Please note that, throughout the citations and references in this report, the following abbreviations apply.

**'S-MICS 2006'** refers to:

UNICEF Somalia (2006) *Somalia: Multiple Indicator Cluster Survey 2006*. Available at [https://mics-surveys-prod.s3.amazonaws.com/MICS3/Eastern%20and%20Southern%20Africa/Somalia/2006/Final/Somalia%202006%20MICS\\_English.pdf](https://mics-surveys-prod.s3.amazonaws.com/MICS3/Eastern%20and%20Southern%20Africa/Somalia/2006/Final/Somalia%202006%20MICS_English.pdf).

**'SNE-MICS 2011'** refers to:

UNICEF Somalia and Ministry of Planning and International Cooperation (2014) *Northeast Zone Multiple Indicator Cluster Survey 2011, Final Report*. 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](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).

**'SL-MICS 2011'** refers to:

UNICEF Somalia and Somaliland Ministry of Planning and National Development (2014) *Somaliland Multiple Indicator Cluster Survey 2011, Final Report*. 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](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).

**'SHDS 2020'** refers to:

Directorate of National Statistics, Federal Government of Somalia (2020) *The Somali Health and Demographic Survey 2020*. Available at [https://reliefweb.int/sites/reliefweb.int/files/resources/Som%20Gvt%20UNFPA%20Press%20Release\\_SHDS%20Rpt%20Launch\\_29-04-20\\_Final.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/Som%20Gvt%20UNFPA%20Press%20Release_SHDS%20Rpt%20Launch_29-04-20_Final.pdf).

*All cited texts in this Country Profile Update were accessed in the period January to March 2021, unless otherwise noted.*

## Background

28 Too Many is an international research organisation created to end FGM in the 28 African countries where it is mainly practised and in other countries across the world where members of those communities have migrated. Founded in 2010 and registered as a charity in 2012, 28 Too Many aims to provide a strategic framework where knowledge and tools enable influencers and in-country anti-FGM campaigners and organisations to make sustainable change to end FGM. We are building a global information base, which includes detailed country profiles for each country practising FGM. Our objective is to encourage all those working in the anti-FGM sector to share knowledge, skills and resources. We also campaign and advocate internationally to bring change and support community programmes to end FGM.

### *Theory of Change*

28 Too Many effects change by:

#### **1. Collating and Interpreting Data (Research)**

We present data in a number of ways, primarily through Country Profile Reports and Thematic Papers, with additional research products as required. To support our aims, we make this research available globally.

#### **2. Influencing Influencers (Top-Down Approach)**

Using the data we have collated, we engage influencers, encouraging them to advocate for change (of policy, legislation, etc) within their spheres of influence.

#### **3. Equipping Local Organisations (Bottom-Up Approach)**

Based on our research, we develop and distribute advocacy materials and training tools that local organisations can use to bring effective change at a community level. We also support community organisations by highlighting their work and sharing examples of best practice through both our research products and global communications.

Ultimately change happens when policy and legislation (top-down) aligns with community action and education (bottom-up). Our approach is to play a catalytic role in both and to base our interventions on solid, evidence-based research.

## Acknowledgements

28 Too Many carries out all its work as a result of donations, and is an independent, objective voice unaffiliated with any government or large organisation. That said, we are grateful to the many organisations and individuals that have supported us so far on our journey and the donations that enabled this Country Profile Update to be produced.

For more information, please contact us on [info@28toomany.org](mailto:info@28toomany.org).

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**Cover:** Faaris Adam (2019) *Bosaso University hosted Somali Culture week, the event included a fashion show where students modeled traditional Somali clothes, food and ancient equipment.* Wikipedia Commons. CCL: <https://creativecommons.org/licenses/by-sa/4.0/deed.en>.

*Please note the use of a photograph of any girl or woman in this Country Profile Update does not imply that she has, nor has not, undergone FGM.*

## A Note on Data

Statistics on the prevalence of female genital mutilation (FGM) are regularly compiled through large-scale household surveys in developing countries, predominantly the Demographic and Health Survey (DHS) and the Multiple Indicator Cluster Survey (MICS). For Somalia and Somaliland, MICS reports were published in 2006 and 2011. Previous MICS reports published in 2000, 1997 and 1996 did not include any data on FGM. To date, there have been no DHS reports published in relation to Somalia or Somaliland.

A Somali Health and Demographic Survey was published in 2020 (*SHDS 2020*). It should be noted that this survey is not associated with the DHS.

The 2006 MICS report (*S-MICS 2006*) covered the whole of the Somalia/Somaliland region, and we were able to break the data down into three zones: North-East (Puntland), North-West (also referred to as Somaliland) and South/Central.

By the time of data collection for the 2011 reports, the South/Central Zone had become too dangerous to survey, and no data was collected. In 2011 MICS published two separate reports – one on the North-East Zone of Somalia (*SNE-MICS 2011*) and one on Somaliland (*SL-MICS 2011*). The 2011 data is comparable with the data from the equivalent zones in the 2006 report.

The SHDS 2020 covers the whole of the Somalia region (including Somaliland), except for the Lower Shabelle and Middle Juba regions, and the rural and nomadic areas of the Bay region, which were not surveyed for security reasons. It was not possible to break down this data into North-East (Puntland), North-West (Somaliland) and South/Central Zone. Consequently, it is not possible to make comparisons between the SHDS 2020 and the MICS surveys from 2011. However, the data for the Somalia region as a whole can be broadly compared to the equivalent data from the S-MICS 2006, with the caveat that the SHDS 2020 does not include the Shabelle or Middle Juba regions.

In MICS surveys, FGM data is self-reported, meaning that it is not gathered via physical examinations. In general, UNICEF<sup>1</sup> emphasises that self-reported data on FGM ‘needs to be treated with caution’, since women may be unwilling to disclose having undergone the procedure because of the sensitivity of the topic or the illegal status of the practice. They may also be unaware that they have been cut, or the extent to which they have been cut, especially if FGM was carried out at a young age.

Measuring the FGM status of girls aged 0–14, who have most recently undergone FGM or are at most imminent risk of undergoing it, may give an indication of the impact of current efforts to end FGM. Alternatively, responses may indicate the effect of shifts in governmental or societal attitudes towards the continuation of the practice, which may make it harder for mothers to report that FGM was carried out, as they may fear implicating themselves. Additionally, unless they are adjusted, these figures will not take into account the fact that girls may still be vulnerable to FGM after the age of 14.

It is not possible to compare the available data for daughters (aged 0–14) of respondents in 2006 and 2011, as the 2006 survey reports the percentage of women with at least one living daughter who has had FGM, whereas the 2011 surveys report the prevalence of FGM among all daughters of respondents. It is also worthwhile noting that, in the MICS data, only women who had heard of FGM were eligible to answer questions about their daughters’ FGM statuses; however, since almost 100% of women had heard of FGM, that data is practically representative of all daughters.

Additionally, it is not possible to compare between the S-MICS 2006 data and the SHDS 2020 data in relation to girls, since the SHDS 2020 provides data on all daughters aged 0–14, while the S-MICS 2006 data provides data for women with at least one daughter who has experienced FGM. For this reason it is not possible to draw any conclusions about trends in FGM in girls over time.

Carrying out demographic surveys in the Somalia/Somaliland region 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 also has a large nomadic population, who typically exhibit seasonal patterns in their places of residence and whose location may not be fully accounted for if the census information was gathered at a different time to the survey data. These challenges may have an effect on the trends and patterns seen in the resulting data.

As for any dataset, it is also important to note that some results of these surveys may be based on relatively small numbers of women, particularly when the data is further broken down by, for example, location, age or ethnicity. Therefore, in some cases, the trends observed should be treated with caution. This point is particularly important for Somalia and Somaliland, where the additional challenges of data-taking and interpretation described above may also contribute to uncertainty in the data.

It should be made clear that any limitations of the data sources used in this report do not mean that the data is not useful; they simply mean that one should be careful about drawing ‘hard and fast’ conclusions, and 28 Too Many has accordingly taken that approach when researching and writing this country profile.

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1 UNICEF (2013) *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*, p.24. Available at [http://data.unicef.org/corecode/uploads/document6/uploaded\\_pdfs/corecode/FGMC\\_Lo\\_res\\_Final\\_26.pdf](http://data.unicef.org/corecode/uploads/document6/uploaded_pdfs/corecode/FGMC_Lo_res_Final_26.pdf).



# Executive Summary

Since the publication of 28 Too Many's *Country Profile: FGM in Somalia and Somaliland* in December of 2019, the multiple existing humanitarian crises in Somalia and Somaliland have been exacerbated by **climactic shocks and the global COVID-19 pandemic**. Additionally, there are concerns over safety and security surrounding the **2021 presidential elections**.

In August 2020, the Somali parliament drafted a **Sexual Intercourse Related Crimes Bill** to replace the 2018 Sexual Offences Bill. The African Union has sent an urgent appeal for amendments, in particular because of provisions in the bill that allow for child and forced marriage, which are in contradiction of international treaties and charters.<sup>1</sup> The bill was widely criticised both within Somalia and by the international community.<sup>2</sup> A similar law was passed in Somaliland by the House of Representatives in August 2020, called **The Rape, Fornication and Other Related Offences Bill**.<sup>3</sup> Critics of the new law say that the definition of rape has been made unclear, making it harder to prosecute.<sup>4</sup>

**Female genital mutilation (FGM)** is defined by the World Health Organization<sup>5</sup> 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. According to the Somali Health and Demographic Survey 2020 (SHDS 2020), recently published by the Federal Government of Somalia, **the prevalence of FGM among women** aged 15–49 in Somalia and Somaliland is 99.2%.<sup>6</sup> When the survey respondents are broken down into age cohorts, the figures suggest a very minor decrease in the prevalence of FGM over time: 99.8% of women aged 45–49 have undergone FGM, as opposed to 98.8% of women aged 15–19.<sup>7</sup> It should be noted that this very small decrease may be due to statistical fluctuations in the data.

The COVID-19 pandemic has resulted in lockdowns, and cutters are reportedly going door to door to perform FGM. As a result of the increased healing time during school closures and the economic pressures on cutters, there has been a huge surge in the number of girls who have been cut.<sup>8</sup>

The SHDS 2020 breaks down FGM into three types: Sunni, Intermediate and Pharaonic. They are defined as simplified versions of the World Health Organization's classifications.<sup>9</sup> Pharaonic cutting continues to be the **most common type of FGM** self-reported by women, at 64.2%.<sup>10</sup> Younger women are apparently much less likely to have experienced Pharaonic FGM (46.2% of women aged 15–19) than older women (82.4% of women aged 45–49), as are women with higher levels of education and those in higher wealth quintiles.<sup>11</sup> It is necessary to note, however, that there is much confusion in the region over the difference between Sunni and Pharaonic cutting, which may affect these figures.

In general, **support for the continuation of FGM** is strong among women aged 15–49 in Somalia and Somaliland (76.4%).<sup>12</sup> It is stronger than the 64.5% recorded in 2006.<sup>13</sup> Wealthier women and those with higher levels of education are less likely to support its continuation.<sup>14</sup> Almost three-quarters (72%) of women aged 15–49 believe that FGM is a requirement of their **religion**.<sup>15</sup> The trends in belief surrounding FGM and religion strongly mimic the trends in support for the continuation of FGM, suggesting that religion is one of the primary reasons the practice continues in Somalia and Somaliland.<sup>16</sup> Altering this perception by gaining the support of religious leaders may be a route to reducing FGM prevalence.

Access by women to the traditional forms of **mass media (newspapers, radio and television)** at least once a week is extremely low: 92.7% of women do not access any of them.<sup>17</sup> Likely this is due in part to the extremely low levels of literacy among women in Somalia and Somaliland. This creates a problem when it comes to targeting anti-FGM information towards women. Anti-FGM activists and educators need to consider creative uses of media that circumvent women's inabilities to read and access mass media campaigns.

## Conclusion

It is clear that there is much work to be done in Somalia and Somaliland in relation to the basic rights of women to health, physical integrity and education. These in turn will have an effect on the prevalence of FGM. Natural disasters and the COVID-19 pandemic have had a devastating effect on infrastructure and financial security in the region. The pandemic also appears to have increased the urgency of the practice of FGM and perhaps caused women to fall back on the comfort of tradition and religious beliefs. This is an unfortunate situation that requires the urgent attention of international humanitarian aid organisations.

- 1 African Union (2020), *Letter of Urgent Appeal to the Government of The Federal Republic of Somalia on the Sexual Intercourse Related Crimes Bill*, 17 August. Available at: <https://www.acerwc.africa/wp-content/uploads/2020/08/Urgent-Letter-ACERWC-Somalia-DSA-ACE-64-263-20.pdf>.
- 2 Nita Bhalla and Mohammed Omer (2020) 'Outrage as Somali parliament drafts law permitting child, forced marriages', *Reuters*, 12 August. Available at <https://www.reuters.com/article/us-somalia-women-rights/outrage-as-somali-parliament-drafts-law-permitting-child-forced-marriages-idUSKCN257200>.
- 3 - Republic of Somaliland House of Representatives (2020) *The Rape, Fornication and Other Related Offences Bill (Law No. 78/2020)*. Unofficial English translation by The Horizon Institute. Available at [https://www.thehorizoninstitute.org/usr/documents/publications/document\\_url/33/horizon-institute-s-english-transation-of-the-bill-on-rape-fornication-and-other-related-offences-3-september-2020.pdf](https://www.thehorizoninstitute.org/usr/documents/publications/document_url/33/horizon-institute-s-english-transation-of-the-bill-on-rape-fornication-and-other-related-offences-3-september-2020.pdf).  
- MENAFN (2020) *Why Somaliland Women are Displeased with the Newly Passed Sexual Offenses Law*, 9 May. Available at <https://menafn.com/1100752917/Why-Somaliland-Women-are-Displeased-with-the-Newly-Passed-Sexual-Offenses-Law>.
- 4 MENAFN (2020) *op. cit.*
- 5 World Health Organization (2015) *Female Genital Mutilation*. Available at [http://www.who.int/topics/female\\_genital\\_mutilation/en/](http://www.who.int/topics/female_genital_mutilation/en/).
- 6 'SHDS 2020': Directorate of National Statistics, Federal Government of Somalia (2020) *The Somali Health and Demographic Survey 2020*. Available at [https://reliefweb.int/sites/reliefweb.int/files/resources/Som%20Gvt%20UNFPA%20Press%20Release\\_SHDS%20Rpt%20Launch\\_29-04-20\\_Final.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/Som%20Gvt%20UNFPA%20Press%20Release_SHDS%20Rpt%20Launch_29-04-20_Final.pdf).
- 7 SHDS 2020, p.220.
- 8 - Reuters (2020) 'Huge FGM rise recorded in Somalia during coronavirus lockdown', *The Guardian*, 19 May. Available at <https://www.theguardian.com/world/2020/may/18/fgm-risk-in-somalia-heightened-by-coronavirus-crisis>.  
- Plan International (2020) *Girls in Somalia Subjected to Door-to-Door FGM*, 18 May. Available at: <https://plan-international.org/news/2020-05-18-girls-somalia-subjected-door-door-fgm>.
- 9 World Health Organization (2016) *WHO guidelines on the management of health complications from female genital mutilation*, pp.2-4. Available at <http://www.who.int/reproductivehealth/topics/fgm/management-health-complications-fgm/en/> (accessed 18 June 2017).
- 10 SHDS 2020, p.220.
- 11 SHDS 2020, p.220.
- 12 SHDS 2020, p.223.
- 13 UNICEF Somalia (2006) *Somalia: Multiple Indicator Cluster Survey 2006*. Available at [https://mics-surveys-prod.s3.amazonaws.com/MICS3/Eastern%20and%20Southern%20Africa/Somalia/2006/Final/Somalia%202006%20MICS\\_English.pdf](https://mics-surveys-prod.s3.amazonaws.com/MICS3/Eastern%20and%20Southern%20Africa/Somalia/2006/Final/Somalia%202006%20MICS_English.pdf).
- 14 SHDS 2020, p.223.
- 15 SHDS 2020, p.219.
- 16 SHDS 2020, p.219.
- 17 SHDS 2020, p.61.

# Political and Social Status: An Update

Since 28 Too Many published *Country Profile: FGM in Somalia and Somaliland* in December of 2019, the multiple existing humanitarian crises in Somalia and Somaliland have been exacerbated by **climactic shocks and the global COVID-19 pandemic**.

Between January and August 2020, 885,000 people were displaced due to floods and conflict, which is 70% higher than during the same period in 2019.<sup>1</sup> 2.6 million Somalis are currently displaced, living in 2,300 internally displaced people (IDP) camps (80% of these are informal settlements).<sup>2</sup>

Cyclone Gati caused flash floods and loss of crops in November 2020 and affected approximately 120,000 in Bati region.<sup>3</sup>

In addition to floods, new swarms of locusts have been seen in the Middle Shebele regions, threatening crops and food security.

Droughts in Somaliland reached critical levels in 2020 and have pushed many pastoralists into Ethiopia.<sup>4</sup>

**Presidential elections** are scheduled for early 2021 in Somalia. The new electoral college system, called the Electoral Constituency Caucus, was agreed on 17 September 2020 by President Mohamed Abdullahi Mohammed (Farmaajo) and five regional presidents, together with the governor of Banadir region. The new system will have 101 representatives voting for each seat in Parliament, to make up a total of 275 seats. Protests over the model were held in Mogadishu in December 2020 by opposition groups.<sup>5</sup>

Ethiopian troops were removed from Somalia in November 2020 to focus on the conflict in Tigray,<sup>6</sup> and African Union Mission to Somalia (AMISOM) troops were scheduled to hand over security to the Somali National Alliance in December 2020, but are expected to leave sometime in 2021.<sup>7</sup> **Concerns over gaps in security and the upcoming elections** have been raised by prominent activists and opposition groups.

In August 2020, the Somali parliament drafted a **Sexual Intercourse Related Crimes Bill**. This bill was intended to replace the Sexual Offences Bill, which was drafted in 2018. The 2018 bill was drafted with substantial input from activist groups and other stakeholders, but was not seen to be Sharia-compliant by some MPs. Soon after the new bill was drafted, the African Union sent an urgent appeal for amendments, particularly focused on provisions in the bill that allow for child marriage (under 18 years of age) and forced marriage, which are in contradiction of international treaties and charters.<sup>8</sup> The bill was widely criticised both within Somalia and by the international community.<sup>9</sup> Ms Pramilla Patten, the Secretary-General's Special Representative on Sexual Violence in Conflict, called for the bill to be withdrawn.<sup>10</sup> The bill is pending approval in Parliament and is set to be part of the Universal Period Review of Somalia by the Somalia Women's Development Centre and the Sexual Rights Initiative in April/May 2021.<sup>11</sup>

A similar law was passed in Somaliland by the House of Representatives in August 2020, called **The Rape, Fornication and Other Related Offences Bill**.<sup>12</sup> Critics of the new law say that the definition of rape has been made unclear and has been aligned with fornication and adultery, making it harder to prosecute rape and reducing the sentence if a conviction is obtained.<sup>13</sup>

The COVID-19 pandemic resulted in lockdowns across Somalia and Somaliland.

NGOs and activist groups, such as Plan International, report that cutters have been going door to door during this period to perform **FGM**. As a result, there has been a huge surge in the number of girls who have been cut, as reported by civil-society observers such as Sadia Allin (Plan International's head of mission in Somalia) and by nurses who have received increased requests from parents for girls to be cut during school closures and lockdown.<sup>14</sup>

More time at home for healing during school closures is seen as one of the primary reasons for the increased incidence of FGM, but the economic hardships faced by so many Somalis as a result of the COVID-19 pandemic has led to an increased financial motivation among cutters to perform FGM.<sup>15</sup>

Further research on the impact of the COVID-19 pandemic on rates of FGM in Somalia is needed to better understand the contributing factors and long-term impacts of this trend.

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- 1 United Nations Office for the Coordination of Humanitarian Affairs (2020) *Somalia Humanitarian Bulletin*, December. Available at [https://reliefweb.int/sites/reliefweb.int/files/resources/Somalia\\_%20Humanitarian%20Bulletin\\_December%202020\\_Publication.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/Somalia_%20Humanitarian%20Bulletin_December%202020_Publication.pdf).
  - 2 *Ibid.*
  - 3 *Ibid.*
  - 4 *Ibid.*
  - 5 *Ibid.*
  - 6 The Conversation (2020) *What next for Ethiopia and its neighbours: Somalia and Eritrea*, 8 December. Available at <https://theconversation.com/what-next-for-ethiopia-and-its-neighbours-somalia-and-eritrea-151223>.
  - 7 United Nations Office for the Coordination of Humanitarian Affairs (2020), *op. cit.*
  - 8 African Union (2020), *Letter of Urgent Appeal to the Government of The Federal Republic of Somalia on the Sexual Intercourse Related Crimes Bill*, 17 August. Available at: <https://www.acerwc.africa/wp-content/uploads/2020/08/Urgent-Letter-ACERWC-Somalia-DSA-ACE-64-263-20.pdf>.
  - 9 Nita Bhalla and Mohammed Omer (2020) 'Outrage as Somali parliament drafts law permitting child, forced marriages', *Reuters*, 12 August. Available at <https://www.reuters.com/article/us-somalia-women-rights/outrage-as-somali-parliament-drafts-law-permitting-child-forced-marriages-idUSKCN257200>.
  - 10 Modern Diplomacy (2020) *Somalia: Draft law a 'major setback' for victims of sexual violence*, 13 August. Available at <https://moderndiplomacy.eu/2020/08/13/somalia-draft-law-a-major-setback-for-victims-of-sexual-violence/>.
  - 11 Somalia Women Development Centre and Sexual Rights Initiative (2021) *Universal Periodic Review of Somalia, 38<sup>th</sup> Session, April–May 2021: Joint Stakeholder Submission*. Available at <https://www.sexualrightsinitiative.com/sites/default/files/resources/files/2020-12/UPR38%20Somalia%20SWDC%20and%20SRI.pdf>.
  - 12 - Republic of Somaliland House of Representatives (2020) *The Rape, Fornication and Other Related Offences Bill (Law No. 78/2020)*. Unofficial English translation by The Horizon Institute. Available at [https://www.thehorizoninstitute.org/usr/documents/publications/document\\_url/33/horizon-institute-english-transation-of-the-bill-on-rape-fornication-and-other-related-offences-3-september-2020.pdf](https://www.thehorizoninstitute.org/usr/documents/publications/document_url/33/horizon-institute-english-transation-of-the-bill-on-rape-fornication-and-other-related-offences-3-september-2020.pdf).
  - MENAFN (2020) *Why Somaliland Women are Displeased with the Newly Passed Sexual Offenses Law*, 9 May. Available at <https://menafn.com/1100752917/Why-Somaliland-Women-are-Displeased-with-the-Newly-Passed-Sexual-Offenses-Law>.
  - 13 MENAFN (2020) *op. cit.*
  - 14 Reuters (2020) 'Huge FGM rise recorded in Somalia during coronavirus lockdown', *The Guardian*, 19 May. Available at <https://www.theguardian.com/world/2020/may/18/fgm-risk-in-somalia-heightened-by-coronavirus-crisis>.
  - 15 Plan International (2020) *Girls in Somalia Subjected to Door-to-Door FGM*, 18 May. Available at: <https://plan-international.org/news/2020-05-18-girls-somalia-subjected-door-door-fgm>.

# General National Statistics

This section highlights a number of indicators of Somalia and Somaliland's context and development status.

## **Population**

Sources differ, but likely around 15 million (11–12 million in Somalia; 4–5 million in Somaliland)

Growth rate: 2.35% (2021 est.)

Median age: 18.5 years

Human Development Index Rank: no reliable data

## **Age of Suffrage, Consent and Marriage**

Age of Suffrage: 18 (Somalia); 16 (Somaliland)

Age of Consent: 18<sup>1</sup>

Age of Marriage: 18<sup>2</sup>

## **Health**

Life expectancy at birth (years): 55.3

Infant mortality rate (per 1,000 live births): 85 deaths<sup>3</sup>

Maternal mortality rate: 629 deaths/100,000 live births<sup>4</sup>

Fertility rate, total (births per woman): 5.41 (2021 est.)

HIV/AIDS – adult prevalence: 0.1% (2019 est.)

– people living with HIV/AIDS: 11,000 (2019 est.)

(country comparison to the world: 99)

– deaths: <1,000 (2019 est.)

## **GDP (in US dollars)**

GDP (official exchange rate): \$7.052 billion (2017 est.)

GDP per capita (PPP): \$20.44 billion (2017 est.)

GDP (real growth rate): 2.3% (2017 est.)

## **Literacy (percentage who can read and write)**

Adult (age 15 and over): 40% (female – 36.2%; male – 43.8%)<sup>5</sup>

## **Urbanisation**

Urban population: 46.1% (2020)

Rate of urbanisation: 4.23% annually (2015–2020 est.)

### *Religions*

Sunni Muslim (Islam) (official, according to the 2012 Transitional Federal Charter)

### *Ethnic Groups*

Somali – 85%, Bantu and other non-Somali – 15% (including 30,000 Arabs)

### *Languages*

Somali (official, according to the 2012 Transitional Federal Charter), Arabic (official, according to the 2012 Transitional Federal Charter), Italian and English

## **THE PANDEMIC AND THE DIASPORA**

The COVID-19 pandemic has disproportionately affected members of the Somali diaspora.<sup>6</sup>

The UK Government published a review of disparities in COVID-19 diagnosis, severe illness and death, which concluded that Black and Minority Ethnic groups were the most affected. Black Africans were found to have the highest risk.<sup>7</sup>

The most credible theories about why this is the case lean on the health and economic disparities of groups like the Somali diaspora. The greater disease burden, high frequency of pre-existing conditions, crowded housing and the number of workers in frontline jobs have contributed to higher rates of COVID-19 infection, but also higher mortality rates.<sup>8</sup>

Somalis in Somalia and Somaliland rely heavily on remittances. Up to US\$1bn is received every year from the diaspora, more than the country receives in international aid.<sup>9</sup> Many members of the Somali diaspora have lost income due to lockdowns across Europe and are unable to send remittances as they used to. This has had a ripple effect on family members in Somalia and Somaliland. As economic difficulties hit the Somali diaspora, many Somali families back home are cut off from essential lifelines and are unable to pay for food, rent and school fees.

Oxfam, together with 100 other NGOs, published a call for action in response to a global reduction in remittances by 20%.<sup>10</sup> Amjad Aji, Oxfam Country Director for Somalia/Somaliland said, 'The COVID-19 crisis is laying bare and exacerbating inequalities and serves as a reminder that too many among us are living on the brink.'<sup>11</sup>

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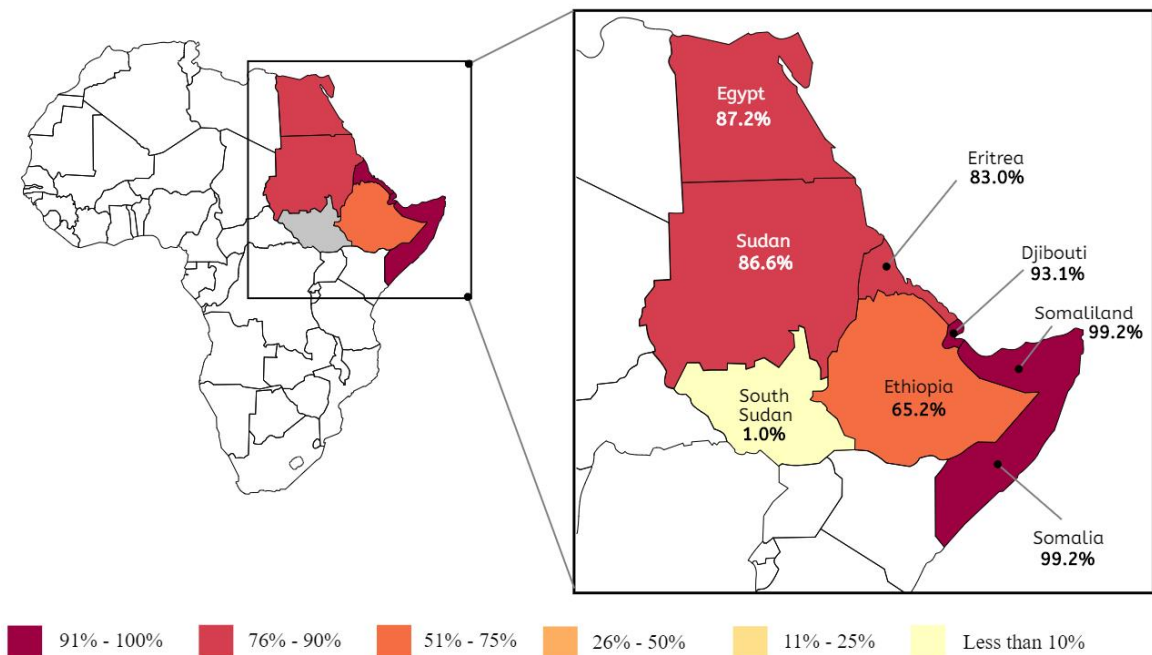
Unless otherwise stated, all statistics are taken from Central Intelligence Agency (2021) *The World Factbook: Somalia*. Available at <https://www.cia.gov/the-world-factbook/countries/somalia/>.

- 1 Age of Consent (2018) *Age of Consent in Somalia*. Available at <https://www.ageofconsent.net/world/somalia>.
- 2 Girls Not Brides (2002-2018) *Child Marriage Around The World: Somalia*. Available at <https://www.girlsnotbrides.org/child-marriage/somalia/>.
- 3 Countdown to 2030 (2015) *A Decade of Tracking Progress for Maternal, Newborn and Child Survival The 2015 Report: Somalia*. Available at [http://countdown2030.org/documents/2015Report/Somalia\\_2015.pdf](http://countdown2030.org/documents/2015Report/Somalia_2015.pdf).
- 4 SHDS 2020, p.xxiii.
- 5 UNFPA (2016) *Educational Characteristics of the Somali People*, p.7. Available at [http://www.analyticalreports.org/pdf/UNFPA\\_PESS\\_Vol\\_3.pdf](http://www.analyticalreports.org/pdf/UNFPA_PESS_Vol_3.pdf).
- 6 Yusuf Sheikh Omar (2020), 'Why is the Somali diaspora so badly hit by COVID-19?', *African Arguments*, 13 May. Available at <https://africanarguments.org/2020/05/why-is-the-somali-diaspora-so-badly-hit-by-covid-19/>.
- 7 Public Health England (2020), *Beyond the Data: Understanding the Impact of COVID-19 on BAME Communities*. PHE Publications. Available at [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/892376/COVID\\_stakeholder\\_engagement\\_synthesis\\_beyond\\_the\\_data.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf).
- 8 BBC News (2020) *Coronavirus: Somali diaspora sends home stories of woe*, 20 April. Available at <https://www.bbc.com/news/world-africa-52300410>.
- 9 *Ibid.*
- 10 *Somali communities face dropping remittances and wider economic impact amid COVID-19 crisis: A warning from activists, aid workers & academia* (2020). Oxfam. Available at: [http://nexusom.org/wp-content/uploads/2020/04/Warning-Remittances-Lifeline\\_final.pdf](http://nexusom.org/wp-content/uploads/2020/04/Warning-Remittances-Lifeline_final.pdf).
- 11 *Ibid.*

# FGM: National and Regional Statistics and Trends

This section gives a broad update on the state of FGM in Somalia and Somaliland, using data collected during the Somali Government's *Somali Health and Demographic Survey 2020 (SHDS 2020)*.<sup>1</sup>

None of the recent country-wide surveys for Somalia or Somaliland break down the prevalence of FGM according to respondents' **ethnicity**, and there is no evidence from other sources to inform these criteria.



**Prevalence of FGM in North East Africa**

© 28 Too Many

**Figure 1: Prevalence of FGM in north-east Africa<sup>2</sup> (@28 Too Many)**  
Please note that the dates of these figures vary from 2006 to 2020



## National Trends

### Women (Ages 15–49)

Based on the SHDS 2020, **Somalia and Somaliland are classified as ‘very high prevalence’ countries, having FGM prevalence of approximately 99.2% among women aged 15–49.**<sup>3</sup>

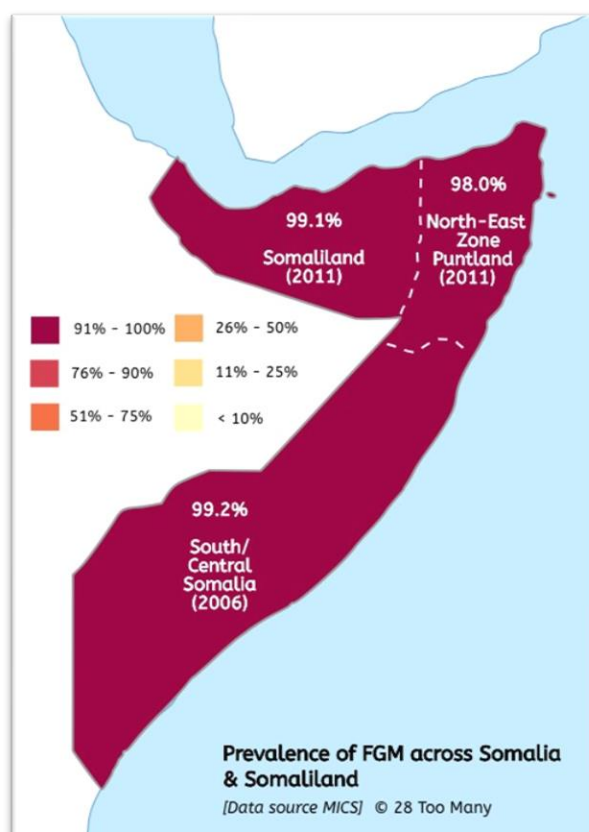
According to the 2006 and 2011 Multiple Indicator Cluster Surveys (MICS) and the SHDS 2020, FGM prevalence has remained consistent for some time (see Table 1).<sup>4</sup> However, anecdotal evidence from activists in Somalia suggests that there has been a recent decline in some, usually more urban, areas.

Year of Survey	Whole Region	North-East Zone of Somalia (Puntland)	South/Central Somalia	Somaliland
2006	97.9%	98.1%	99.2%	94.4%
2011	–	98.0%	–	99.1%
2020	99.2%	–	–	–

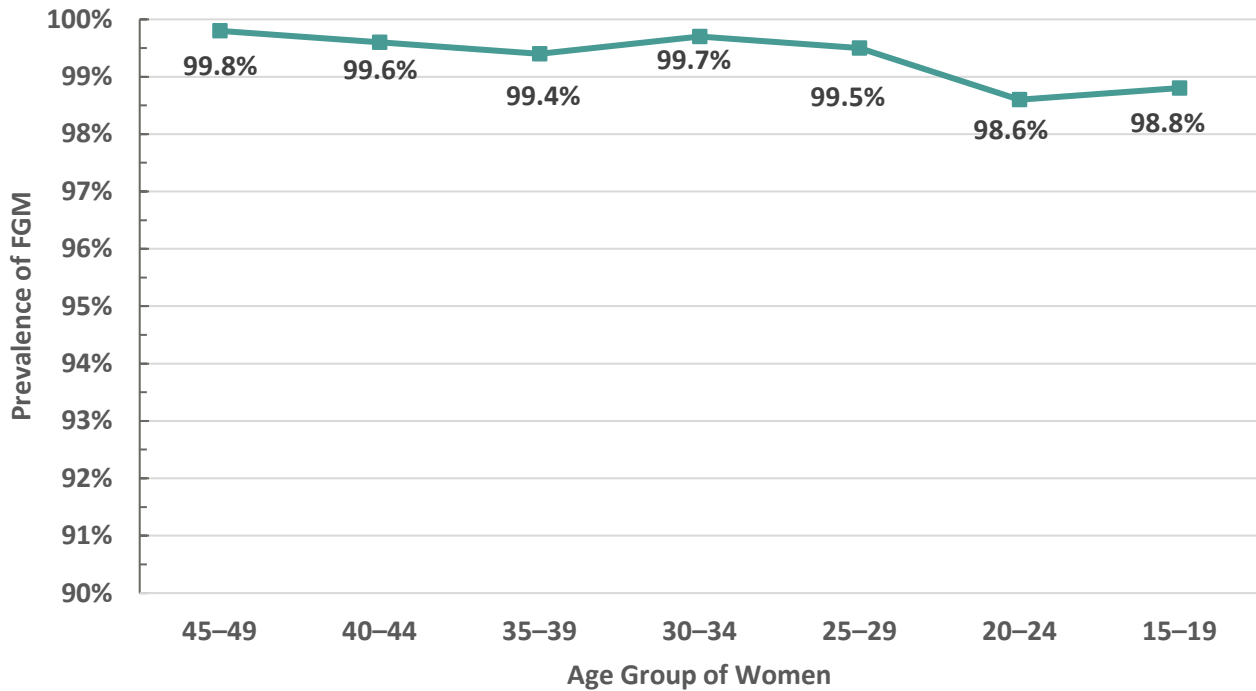
Key: CALCULATED FROM THE S-MICS 2006 DATASET; SL-MICS 2011; SNE-MICS 2011; SHDS 2020

**Table 1: Prevalence of FGM among women in certain areas of Somalia/Somaliland**

For ease of reference, below is a map showing the regional prevalence of FGM across Somalia and Somaliland as of 2006 and 2011.



**Figure 2: Prevalence of FGM regionally as of 2006 and 2011 (@28 Too Many)<sup>5</sup>**



**Figure 3: Prevalence of FGM in women (in Somalia/Somaliland) of different age-groups<sup>6</sup>**

As shown in Figure 3, when the survey respondents are broken down into age cohorts, the figures suggest a very minor decrease in the prevalence of FGM over time: 99.8% of women aged 45-49 have undergone FGM, as opposed to 98.8% of women aged 15-19.<sup>7</sup> It should be noted, that this very small decrease may be due to statistical fluctuations in the data.

### **Daughters (Ages 0-14)**

It is not possible to compare the available data for daughters (girls aged 0-14) from 2006, 2011 and 2020, as the 2006 survey shows the percentage of women with at least one living daughter who had undergone FGM, whereas the 2011 surveys show the percentage of all daughters of the women surveyed who had been cut. The 2020 survey also shows the percentage of all daughters of the women surveyed who had been cut; however, the SHDS 2020 does not have any regional breakdowns that would allow comparisons with the 2011 MICS surveys.

The 2006 figures, therefore, could be expected to be higher than the 2011 and 2020 figures, since women may have more than one daughter and they may not all have been cut. Table 2 shows that this is indeed the case; however, this is not an indicator that fewer daughters are being cut.

Although this data is summarised in Table 2 below for ease of reference, the reader is reminded that none of the figures from these years are directly comparable.

Year of Survey	Whole Region	North-East Zone of Somalia (Puntland)	South/Central Somalia	Somaliland
2006	46.0%	37.2%	47.6%	45.3%
2011	-	30.6%	-	27.7%
2020	26.0%	-	-	-

Key: CALCULATED FROM THE S-MICS 2006 DATASET; SL-MICS 2011; SNE-MICS 2011; SHDS 2020

**Table 2: Percentage of women with at least one living daughter who has been cut (2006) and percentage of all daughters of all respondents who have been cut (2011 and 2020)**

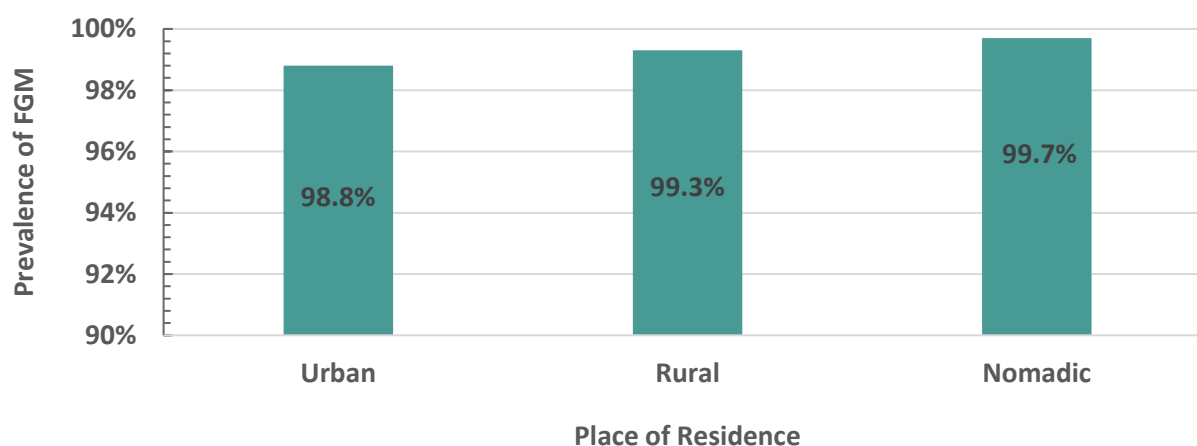
The prevalence of FGM among daughters (Table 2) appears to be much lower than it is among women; however, many of these girls may yet undergo FGM and the *figures for daughters and women should therefore not be directly compared.*

As noted in 28 Too Many’s previous Country Profile, a study by the NAFIS Network in Somaliland found that 81% of women surveyed had daughters; of those women, 58.4% of them said that their daughters had been cut (75.3% of those living in rural areas and 27.1% of those living in urban areas). However, when those whose daughters had not yet been cut were asked if they planned to have them undergo FGM, 90.5% said that they were (88.9% of those living in rural areas and 91.5% of those living in urban areas). This supports the argument that, although the prevalence of FGM in daughters appears to be lower than in women, it is merely because many daughters are yet to be cut.<sup>8</sup>

## Prevalence of FGM According to Place of Residence

### Women (Ages 15–49)

There is very little variation in the prevalence of FGM between women aged 15–49 who live in urban areas, those who live in rural areas and those who are nomadic (see Figure 4).<sup>9</sup> The prevalence is marginally higher in nomadic populations, although the differences are so small that no significant conclusions can be drawn.

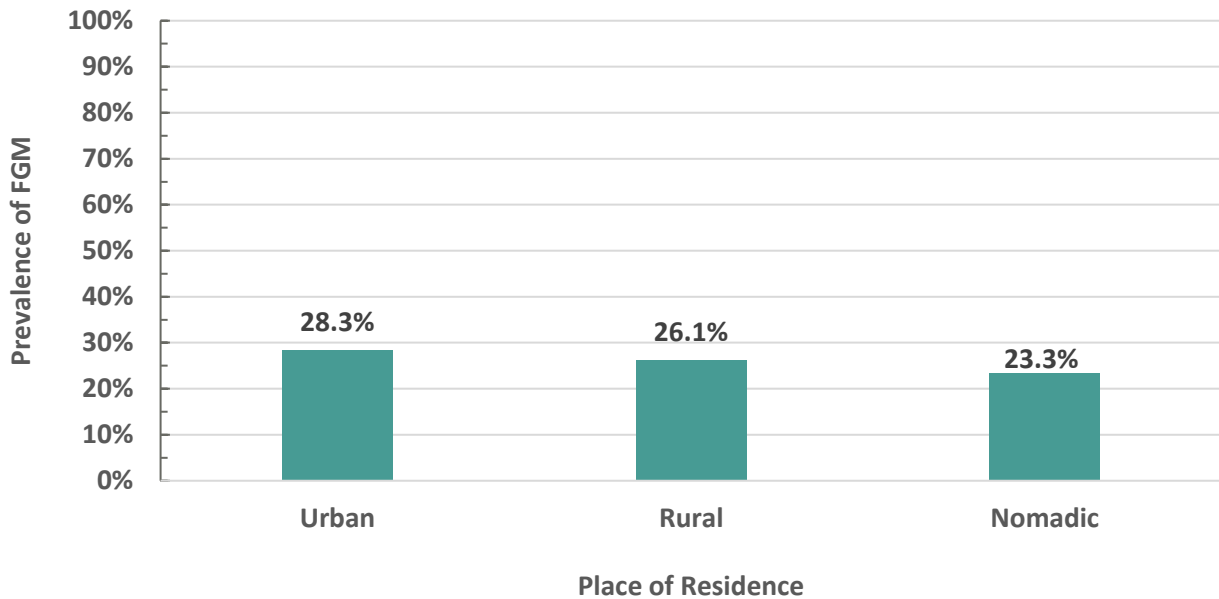


**Figure 4: Prevalence of FGM among women aged 15–49 in Somalia/Somaliland, according to area of residence<sup>10</sup>**

### Daughters (Ages 0–14)

Overall, there is not a vast difference between the prevalence of FGM in daughters living in urban areas and the prevalence in those living in rural areas (see Figure 5). According to the 2011 data, in contrast to other African countries and the data for women, daughters living in rural areas are slightly less likely to experience FGM than those living in urban areas.

It must be noted that girls are still at risk of cutting, and so the prevalence in girls cannot be directly compared with the prevalence in women.



*Figure 5: Prevalence of FGM among girls aged 0–14 in Somalia/Somaliland, according to area of residence<sup>11</sup>*

## Prevalence of FGM According to Economic Status

The prevalence of FGM among women (aged 15–49) in Somalia and Somaliland is consistently high across all wealth quintiles. The lowest prevalence (98.6%) is among those in the richest quintile; however, the variations may not be statistically significant.<sup>12</sup> This does, however, mirror the 2011 and 2006 data, in which the lowest prevalence was among those in the richest quintiles.

The prevalence of FGM in girls aged 0–14 ranges from 21.7% among those in the poorest quintile to 28.7% among those in the middle quintile.<sup>13</sup> However, there is no strong trend across the quintiles (Table 3). In the 2011 MICS data for Somaliland and Puntland, it appeared that daughters in the richer quintiles were more likely to have been cut. This observation is not repeated in the SHDS 2020 data. However, the two are not directly comparable, since the SHDS 2020 includes the South/Central Zone, which was not covered in the MICS surveys.

Wealth Quintile	Prevalence of FGM in Women Aged 15–49	Prevalence of FGM in Girls Aged 0–14
Poorest	99.3%	21.7%
Second	99.5%	27.6%
Middle	99.1%	28.7%
Fourth	99.5%	27.5%
Richest	98.6%	25.4%

**Table 3: Prevalence of FGM in Somalia/Somaliland according to wealth quintile<sup>14</sup>**

## Prevalence of FGM According to Level of Education

The data from the SHDS 2020 shows that FGM prevalence among women (aged 15–49) in Somalia and Somaliland is slightly lower in those who have undertaken higher levels of education (Table 4).<sup>15</sup> In the 2011 MICS data, no trend was observed. Women with higher levels of education were also significantly less likely to have cut their daughters, according to SHDS 2020.

This observation is in contrast to the 2011 MICS data for Puntland, which suggested that daughters of women with the highest levels of education were much more likely to have been cut. However, the two sets of data are not directly comparable, since the SHDS 2020 also includes Somaliland and the South/Central Zone. Additional data would be required to understand the trends in FGM in girls with respect to their mothers' levels of education.

Level of Education/ Level of Mother's Education	Prevalence of FGM in Women Aged 15–49	Prevalence of FGM in Girls Aged 0–14
No formal education	99.3%	26.9%
Primary	99.7%	21.4%
Secondary	97.7%	19.7%
Higher	96.3%	10.0%

**Table 4: Prevalence of FGM in Somalia/Somaliland according to women's levels of education or girls' mother's levels of education<sup>16</sup>**

## Age of Cutting

The SHDS 2020 found that most women (aged 15–49) in Somalia were cut between the ages of five and nine; however, the MICS surveys and anecdotal evidence show that the majority of girls are now being cut between the ages of 10 and 14.<sup>17</sup>

## Types of FGM Practised

### Women (Ages 15–49)

The SHDS 2020 breaks down FGM into three types: Sunni, Intermediate and Pharaonic. They are defined as simplified versions of the World Health Organization’s classifications<sup>18</sup>, as follows:

- **Sunni:** excision of the clitoral hood (prepuce), with or without excision of part or all of the clitoris.
- **Intermediate:** excision of the clitoris with partial or total excision of the labia majora.
- **Pharaonic:** excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening; or all other procedures that involve pricking, piercing, stretching; or incising of the clitoris and/or labia; introduction of corrosive substances into the vagina to narrow it.<sup>19</sup>

Pharaonic cutting continues to be the most common type of FGM self-reported by women, at 64.2% (see Table 5).<sup>20</sup>

Type of FGM	Percentage of Women
Sunni	21.6%
Intermediate	12.3%
Pharaonic	64.2%
Don't know	1.9%

**Table 5: Percentage distribution of type of FGM undergone by women aged 15–49 in Somalia/Somaliland who have been cut<sup>21</sup>**

Younger women are apparently much less likely to have experienced Pharaonic FGM (46.2% of women aged 15–19) than older women (82.4% of women aged 45–49) (see Figure 6 below). This decrease in the prevalence of Pharaonic cutting is countered by a large increase in Sunni cutting (8.5% of women aged 45–49 compared to 37.2% of women aged 15–19) and a smaller increase in Intermediate cutting (8.3% of women aged 45–49 compared to 13.2% of women aged 15–19).<sup>22</sup>

Women with higher levels of education and those in higher wealth quintiles are less likely to have experienced Pharaonic cutting and more likely to have experienced Sunni or Intermediate cutting. However, the type of cutting experienced by women is much more strongly correlated with level of education than it is with level of wealth (see Figure 7 below).<sup>23</sup>

It is necessary to note, however, that there is much confusion in the region over the difference between Sunni and Pharaonic cutting, and this may affect the above figures.

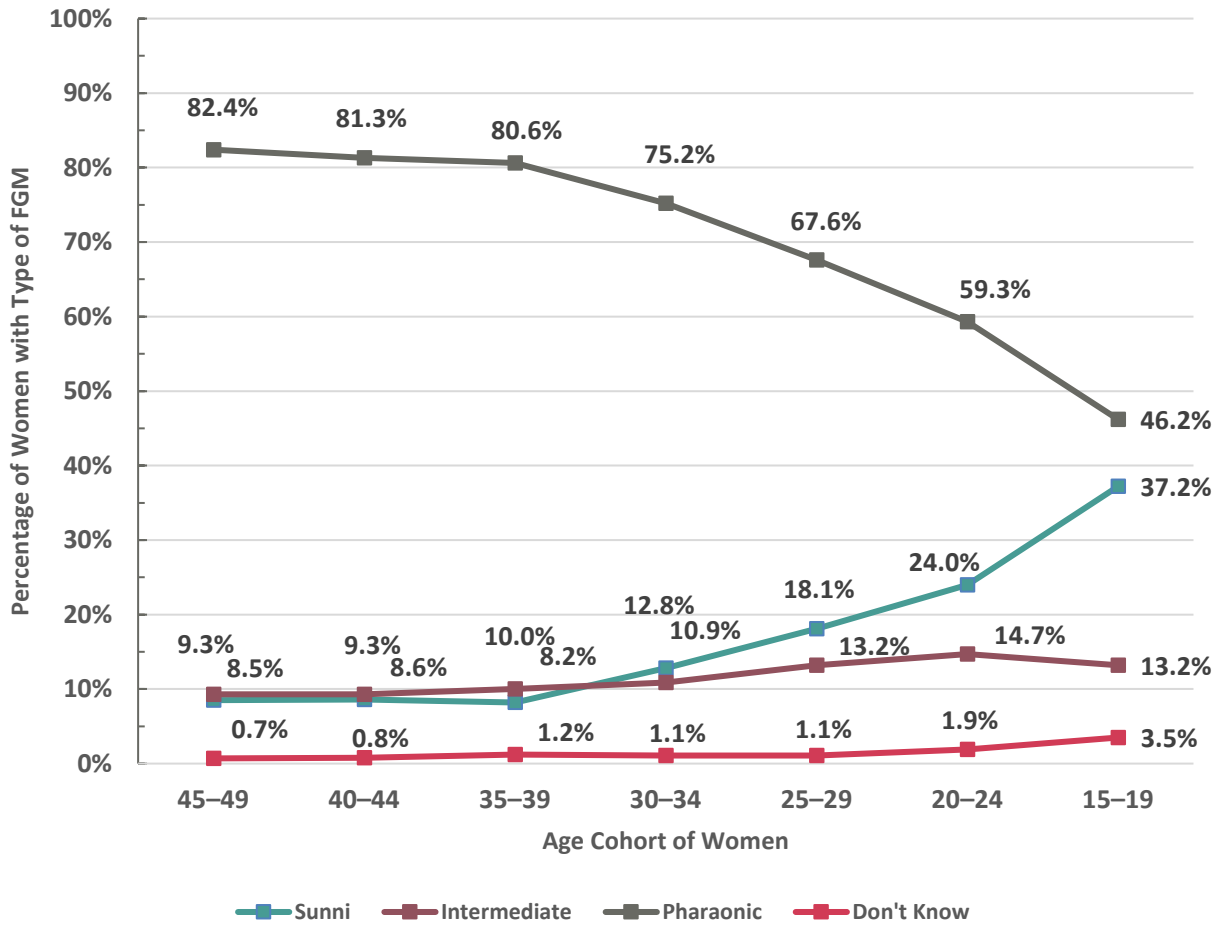


Figure 6: Percentage distribution of type of FGM undergone by women of different age groups in Somalia/Somaliland<sup>24</sup>

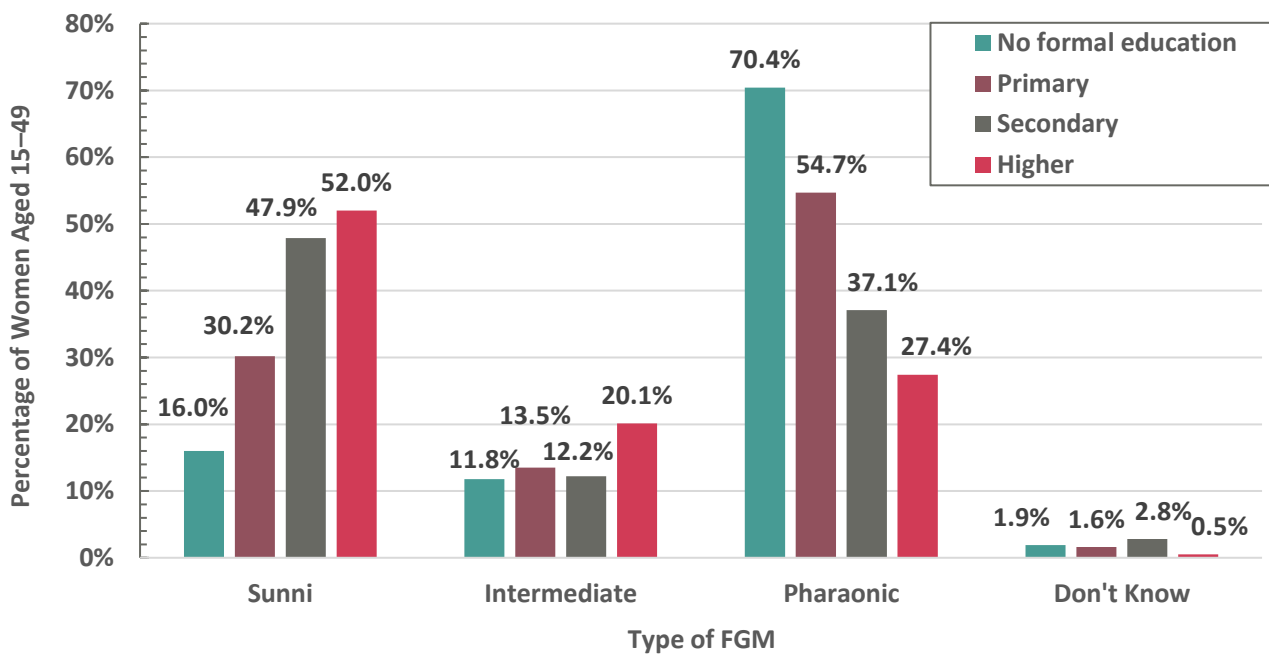
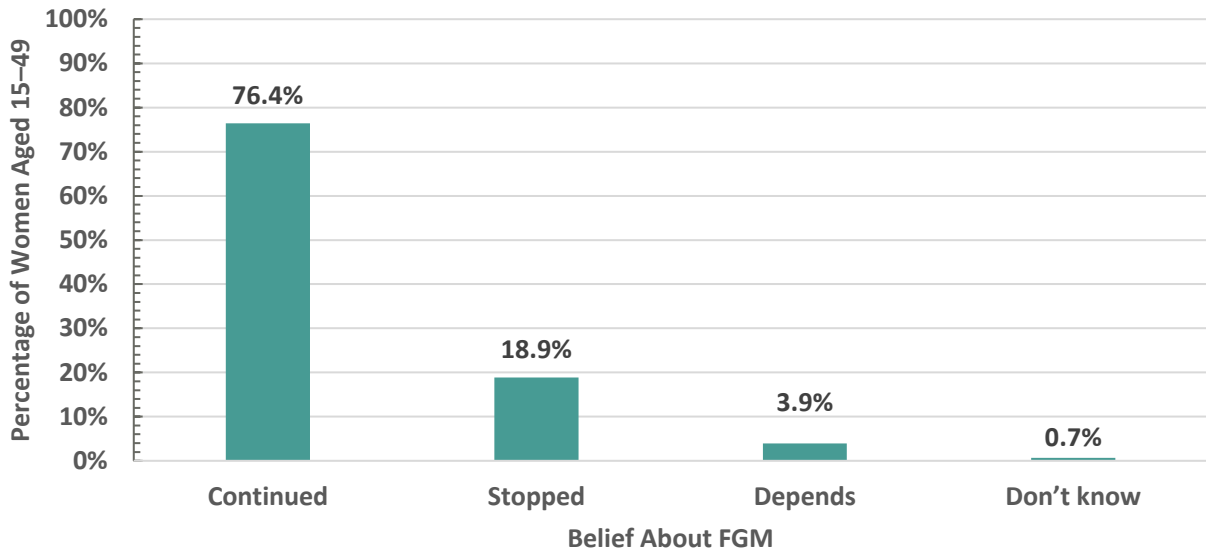


Figure 7: Percentage distribution of type of FGM undergone by women in Somalia/Somaliland, according to their levels of education<sup>25</sup>

## Understanding and Attitudes

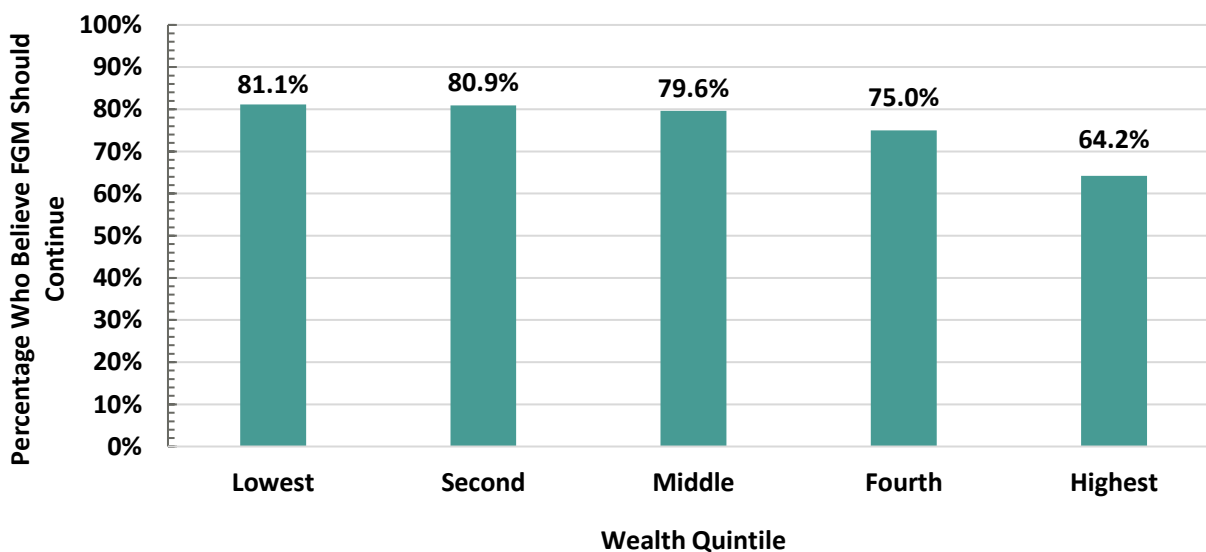
In general, support for the continuation of FGM is high among women aged 15–49 in Somalia and Somaliland: more than three-quarters (76.4%) believe the practice should be continued (Figure 8).<sup>26</sup> This is higher than the 64.5% recorded in the S-MICS 2006.<sup>27</sup> Women who have been cut are more likely to support the continuation of FGM (76.5%) than those who haven't (63.8%); however, it should be noted that the number of uncut women surveyed was very small.<sup>28</sup>



*Figure 8: Opinions of women in Somalia/Somaliland on continuation of FGM<sup>29</sup>*

There is no strong trend in the support of FGM across the age cohorts. Consistently, about 75% of women in all age groups support the continuation of the practice.

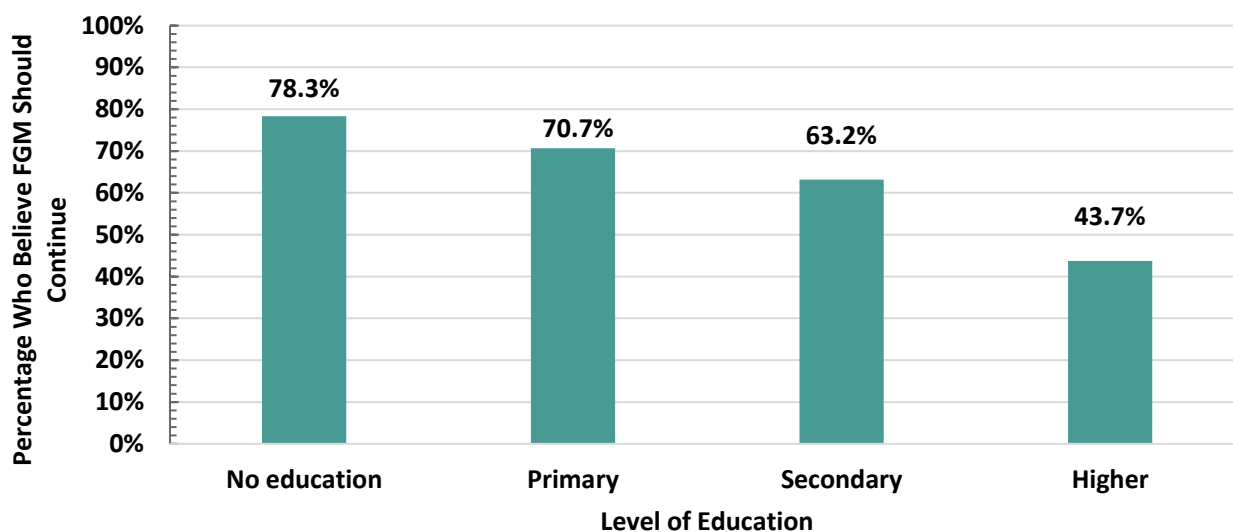
There is, however, a strong negative correlation between women's levels of wealth and their support for FGM (Figure 9).



*Figure 9: Percentage of women (aged 15–49) in Somalia/Somaliland who believe FGM should continue, according to wealth quintile<sup>30</sup>*



Similarly, there is a strong negative correlation between women’s levels of education and their support for FGM (Figure 10).



**Figure 10: Percentage of women (aged 15–49) in Somalia/Somaliland who believe FGM should continue, according to level of education<sup>31</sup>**

Nomadic and rural populations are more likely to support the continuation of FGM than urban populations.

## Religion

Across Somalia and Somaliland, almost three-quarters (72%) of women aged 15–49 believe that FGM is a requirement of their religion (Table 6).<sup>32</sup> (Prior to the SHDS 2020 there was no available data on FGM in relation to religious beliefs.)

This suggests that altering this perception by gaining the support of religious leaders may be a route to reducing the prevalence of the practice.

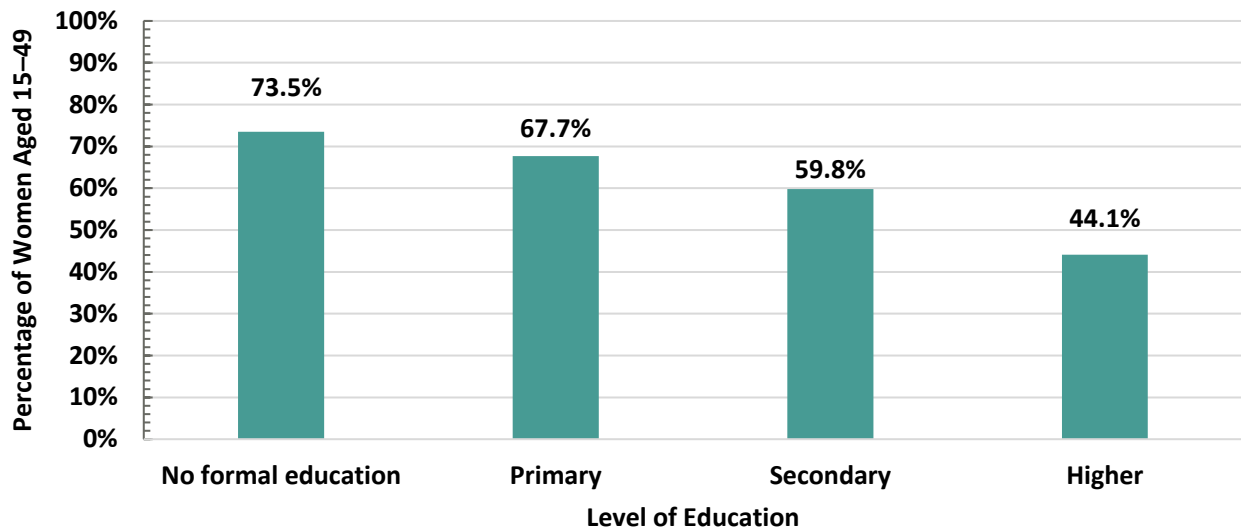
FGM Status	Required by Religion	Not Required by Religion	Don't Know
Has undergone FGM	72.1%	25.6%	2.3%
Has <i>not</i> undergone FGM	54.4%	44.4%	1.2%
<b>TOTAL WOMEN AGED 15–49</b>	<b>72.0%</b>	<b>25.7%</b>	<b>2.3%</b>

**Table 6: Beliefs of women aged 15–49 in Somalia/Somaliland in relation to FGM and religion, according to whether or not they have undergone FGM<sup>33</sup>**

It is striking that women who have been cut are much more likely (72.1%) to believe that FGM is a requirement of their religion than women who have not been cut (54.4%), although it should be noted that the number of uncut women who were surveyed was very small.

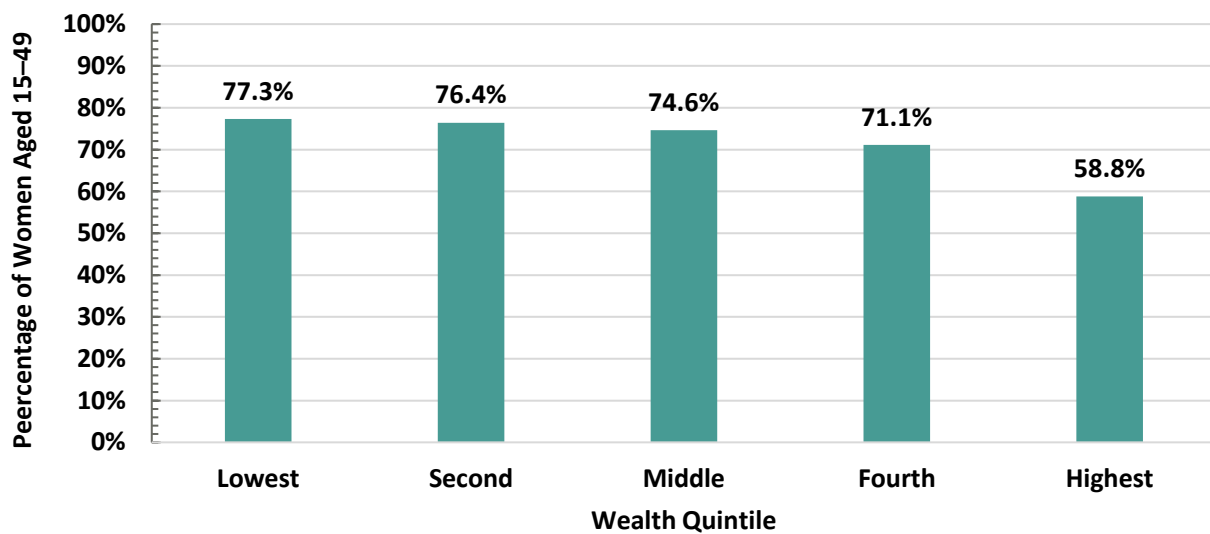
According to the SHDS 2020, the trends in belief that FGM is a requirement of religion strongly mimic the trends in support for the continuation of FGM, suggesting that religion is one of the primary reasons that women in Somalia and Somaliland support the continuation of the practice.<sup>34</sup>

Women with higher levels of education are less likely to believe that FGM is a requirement of their religion (Figure 11).<sup>35</sup>



*Figure 11: Percentage of women in Somalia/Somaliland who believe FGM is required by their religion, according to level of education<sup>36</sup>*

About three-quarters of women in all of the four lower wealth quintiles believe that FGM is a requirement of their religion (Figure 12). Only among those in the highest quintile was this noticeably lower, at 58.8%.<sup>37</sup>

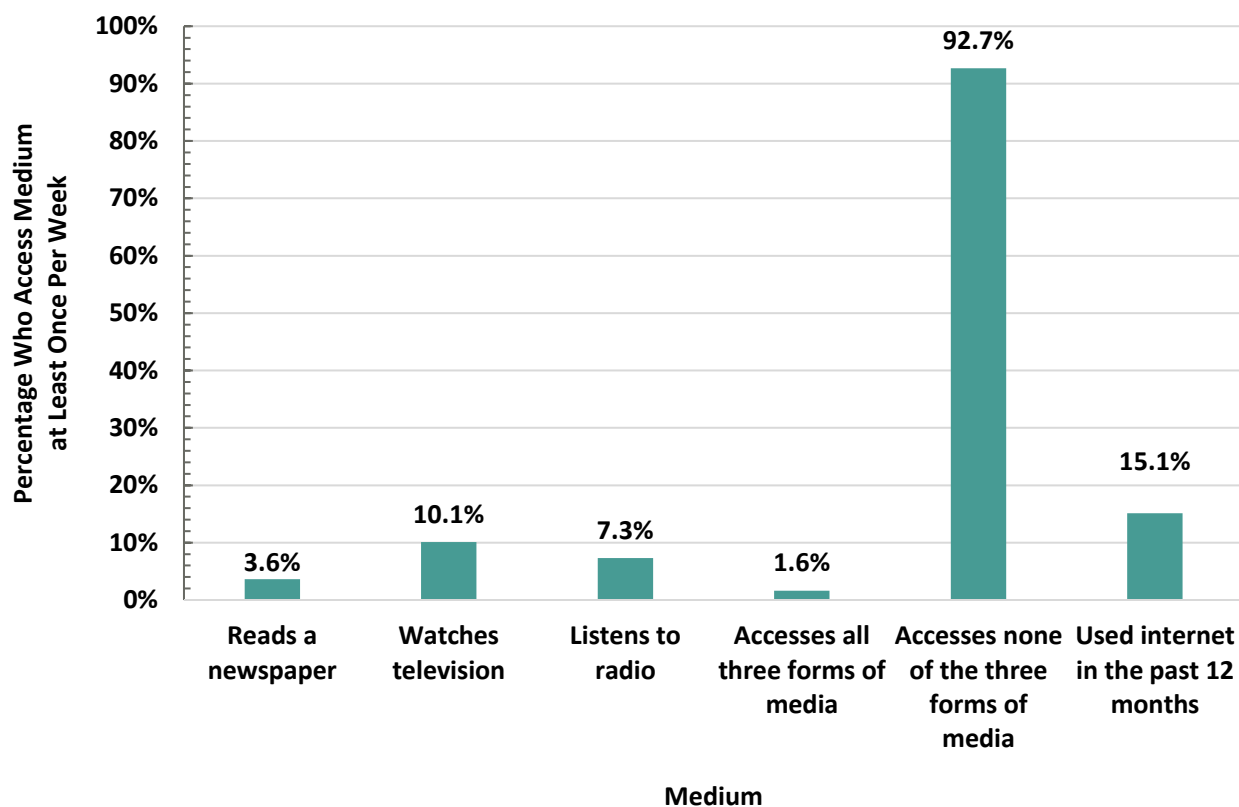


*Figure 12: Percentage of women in Somalia/Somaliland who believe FGM is required by their religion, according to wealth quintile<sup>38</sup>*

Women living in urban areas are less likely to believe that FGM is a requirement of their religion (66.8%) than those living in rural areas (76.1%) or nomadic women (77.9%), and there is no strong trend across the age cohorts.<sup>39</sup>

## Media

In general across Somalia and Somaliland, younger women, women living in urban areas and those who have higher levels of education and wealth are more likely to access traditional forms of mass media (**newspapers, radio and television**) at least once a week. However, 92.7% of women *do not* access any of these forms of media at least once a week (Figure 13).<sup>40</sup>



**Figure 13: Percentage of women (aged 15–49) in Somalia/Somaliland who access different forms of media at least once per week, and percentage who have used the internet in the past 12 months<sup>41</sup>**

Likely this is due in part to the extremely low levels of literacy among women in Somalia and Somaliland. According to the UNFPA, 36.2% of women over the age of 15 are able to read and write.<sup>42</sup> According to the SHDS 2020, only 32.2% of women aged 15–49 are literate.<sup>43</sup> Even so, television viewing is common in less than 50% among women with tertiary levels of education and in only 4.9% of women with no formal education.<sup>44</sup>

This creates a problem when it comes to targeting anti-FGM information towards women. Anti-FGM activists and educators need to consider creative uses of media that circumvent women's inability to read and to access mass media campaigns (for example, clear images, without text, on billboards in common areas).

- 1 Directorate of National Statistics, Federal Government of Somalia (2020) *The Somali Health and Demographic Survey 2020*. Available at [https://reliefweb.int/sites/reliefweb.int/files/resources/Som%20Gvt%20UNFPA%20Press%20Release\\_SHDS%20Rpt%20Launch\\_29-04-20\\_Final.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/Som%20Gvt%20UNFPA%20Press%20Release_SHDS%20Rpt%20Launch_29-04-20_Final.pdf).
- 2 **Click for source document:** Djibouti: MICS 2007; Egypt: EHIS 2015; Eritrea: EPHS 2010; Ethiopia: DHS 2016; Somalia and Somaliland: SHDS 2020; South Sudan: UNICEF 2015; Sudan: MICS 2014.
- 3 - UNICEF (2013) *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*, pp.26–27. Available at [https://www.unicef.org/publications/index\\_69875.html](https://www.unicef.org/publications/index_69875.html).  
- SHDS 2020, p.220.
- 4 - S-MICS 2006, p.138.  
- SL-MICS 2011, p.100.  
- SNE-MICS 2011, p.103.  
- SHDS 2020, p.220.
- 5 - Calculated from the S-MICS 2006 dataset.  
- SL-MICS 2011, p.100.  
- SNE-MICS 2011, p.103.
- 6 SHDS 2020, p.220.
- 7 SHDS 2020, p.220.
- 8 NAFIS Network (2014) *Assessment of the Prevalence, Perception and Attitude of Female Genital Mutilation in Somaliland*, p.22 and 23. Available at <https://nafisnetwork.net/wp-content/uploads/2018/10/FGM-Research-Report-2014-1.pdf>.
- 9 SHDS 2020, p.222.
- 10 SHDS 2020, p.220.
- 11 SHDS 2020, p.220.
- 12 SHDS 2020, p.220.
- 13 SHDS 2020, p.222.
- 14 SHDS 2020, pp.220 & 222.
- 15 SHDS 2020, p.220.
- 16 SHDS 2020, pp.220 & 222.
- 17 - SHDS 2020, p.221.  
- SNE-MICS 2011, p.104.  
- SL-MICS 2011, p.101.
- 18 World Health Organization (2016) *WHO guidelines on the management of health complications from female genital mutilation*, pp.2-4. Available at <http://www.who.int/reproductivehealth/topics/fgm/management-health-complications-fgm/en/> (accessed 18 June 2017).
- 19 SHDS 2020, p.212.
- 20 SHDS 2020, p.220.
- 21 SHDS 2020, p.220.
- 22 SHDS 2020, p.220.
- 23 SHDS 2020, p.220.
- 24 SHDS 2020, p.220.
- 25 SHDS 2020, p.220.
- 26 SHDS 2020, p.223.
- 27 S-MICS 2006, p.138.
- 28 SHDS 2020, p.223.
- 29 SHDS 2020, p.223.
- 30 SHDS 2020, p.223.
- 31 SHDS 2020, p.223.
- 32 SHDS, p.219.
- 33 SHDS 2020, p.219.
- 34 SHDS 2020, p.219.
- 35 SHDS 2020, p.219.
- 36 SHDS 2020, p.219.
- 37 SHDS 2020, p.219.
- 38 SHDS 2020, p.219.
- 39 SHDS 2020, p.219.
- 40 SHDS 2020, p.61.
- 41 SHDS 2020, pp.60 and 61.
- 42 UNFPA (2016) *Educational Characteristics of the Somali People*, p.7. Available at [http://www.analyticalreports.org/pdf/UNFPA\\_PESS\\_Vol\\_3.pdf](http://www.analyticalreports.org/pdf/UNFPA_PESS_Vol_3.pdf).
- 43 SHDS 2020, p.60.
- 44 SHDS 2020, p.61.

# The Sustainable Development Goals

The UN's 17 Sustainable Development Goals (SDGs) focus on five 'areas of critical importance for humanity and the planet' – **people, planet, prosperity, peace and partnership**.<sup>1</sup>



**Figure 14: The Sustainable Development Goals**

The SDGs make explicit reference to the elimination of FGM in Goal 5; however, other goals, such as those relating to health, education and inequality, are also relevant to the fight against FGM.

## FGM and the SDGs



**Sustainable Development Goal 5: Achieve gender equality and empower all women and girls**

*Goal 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.*

The SHDS 2020 records the following SDG indicators in relation to FGM and gender-based violence against women.<sup>2</sup>

**5.2.1 Proportion of ever-married women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former husband in the previous 12 months:**

physical violence: 11.9%

psychological violence: 4.2%

5.3.1 *Proportion of women aged 20–24 years who were married before age 15 and before age 18:*

before age 15: 6.8%

before age 18: 35.5%

5.3.2 *Proportion of girls and women aged 15–49 years who have undergone female genital mutilation/cutting, by age:*

99.2%

5.b.1 *Proportion of individuals who own a mobile telephone:*

75.3%

## Health

Women's health and wellbeing is important for those who undergo complications as a result of FGM, such as fistulae and birth difficulties. Women who have been cut and do not receive proper prenatal, delivery and postnatal care are at much higher risk of complications, including death.

The SHDS 2020 records the following SDG indicators in relation to women's health.<sup>3</sup>

### Sustainable Development Goal 3: Good health and well-being

3.1.1 *Maternal mortality ratio (maternal deaths per 100,000 live births):* 692

3.1.2 *Proportion of births attended by skilled health personnel:* 31.9%

3.7.1 *Proportion of women of reproductive age (aged 15-49 years) who have their need for birth spacing satisfied with modern methods:* 2.1%

3.7.2 *Adolescent birth rates per 1,000 women aged 15–19:* 140

## Education

Girls' education is intrinsically connected with the prevalence of FGM. Not only are women with higher levels of education less likely to believe that FGM should continue and that it is a requirement of their religion, but also, in the majority of countries where FGM is commonly practised, it is clear that girls who remain in education for longer are less likely to be cut. Frequently, girls are removed from schools to undergo FGM and never return because they are then considered to be of marriageable age.

The SHDS 2020 records the following SDG indicators in relation to education.<sup>4</sup>

### Sustainable Development Goal 4: Inclusive and equitable quality education and lifelong learning opportunities for all

4.3.1 *Participation rate of youth and adults in formal and non-formal education and training in the last 12 months*

Net Attendance Ratio (primary): male 19.7%; female 17.2%

Net Attendance Ratio (secondary): male 10.6%; female 7.9%

4.6.1 *Percentage of population in a given age group achieving at least a fixed level of proficiency in functional literacy:* adult female: 32.2%

## Water and Sanitation

Easy access to clean water and suitable sanitation is a vital part of girls' ability to remain in education. Girls are often responsible for collecting the family's water, and if they must travel long distances, they will be unable to attend school. Additionally, inadequate toilet facilities can make it very difficult for girls to attend school once they begin menstruating.

The SHDS 2020 records the following SDG indicators in relation to water and sanitation.<sup>5</sup>

### **Sustainable Development Goal 6: Ensure availability and sustainable management of water and sanitation for all**

*6.1.1 Percentage of population using safely managed drinking water services:* 69.4%

For more information on all 17 SDGs, please go to <http://17goals.org/>.

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1 UN Department of Economic and Social Affairs (2015) *Transforming our world: the 2030 Agenda for Sustainable Development*. Available at <https://sustainabledevelopment.un.org/post2015/transformingourworld>.

2 SHDS 2020, pp.xxiv and xxv.

3 SHDS 2020, pp.xxiv and xxv.

4 SHDS 2020, pp.xxiv and xxv.

5 SHDS 2020, pp.xxiv and xxv.



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