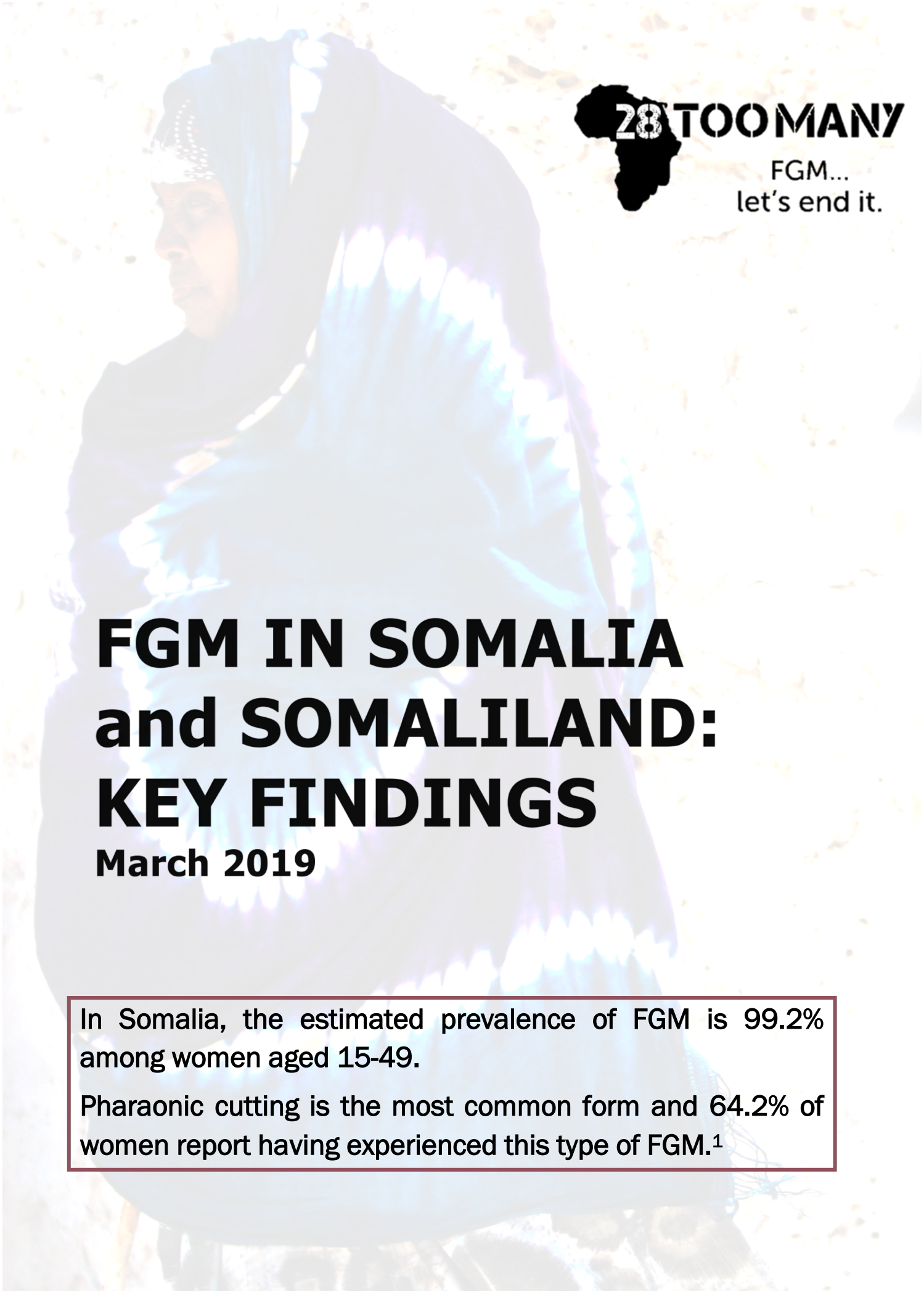

28 TOO MANY
FGM... let's end it.

FGM IN SOMALIA and SOMALILAND: KEY FINDINGS

March 2019

In Somalia, the estimated prevalence of FGM is 99.2% among women aged 15-49.

Pharaonic cutting is the most common form and 64.2% of women report having experienced this type of FGM.[1]

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E-mail: info@28toomany.org

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FGM Prevalence

Refer to Country Profile pages 61–66 and Country Profile Update pages 17–21.

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. [1] 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).[2] 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

Why

Refer to Country Profile pages 21–26 and Country Profile Update pages 21–24.

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).[3] This is higher than the 64.5% recorded in the S-MICS 2006.[4] 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.[5]

FGM has always been a taboo subject in Somalia and Somaliland; it was never discussed in public and rarely among families and couples. Advocacy efforts by civil society and activists has done much to open up the dialogue in recent years, but challenges still remain. Education on sexual health and relationships is not mainstream, and even in diaspora communities Somalis can still be conservative about discussing intimate issues.

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

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.[7]

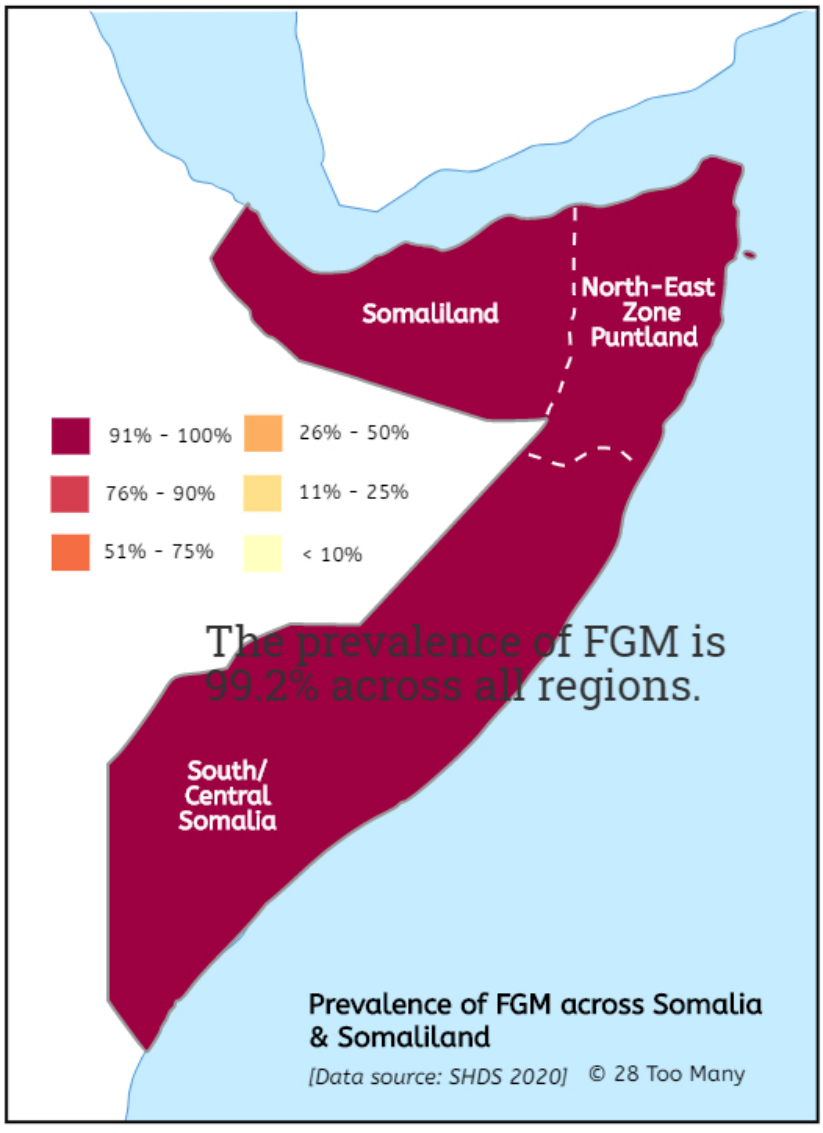
Where

Refer to Country Profile pages 61–66.

There is very little variation between the prevalence of FGM in women aged 15–49 in urban and in rural areas, although the data suggests that prevalence is slightly higher among women who live in rural areas than among those who live in urban areas, especially in Somaliland.

Unlike in most countries, where FGM is more likely to occur in rural areas than in urban areas, in Eritrea, there appears to be more of a division between Asmara and the rest of the country.

In 2006, survey data indicated a slight trend in the Somalia/Somaliland region as a whole towards a lower prevalence of FGM among wealthier women. This trend appears to be driven by Somaliland, as it had the greatest difference in FGM prevalence between wealth quintiles: 96.1% of the poorest quintile and 91.7% of the richest. In South/Central Somalia, FGM prevalence was fairly consistent across all wealth quintiles, and in the North-East Zone (Puntland) there was no obvious trend.



Law

Refer to Country Profile pages 44–45 and Country Profile Update pages 8–10.

Somaliland's legal system is a mixture of civil law, Islamic (Sharia) law, and customary law. Sharia law takes precedence over all laws, and customary law also has a strong influence. This mixed system can lead to conflict and is not generally supportive of women's rights.[9]

Although the Constitution does not specifically address violence against women and girls, Article 24 states that everyone shall have the right to security of his person, that injury to the person is prohibited, and that crimes 'against human rights' such as torture and 'mutilation' shall have no limitation periods.[10]

In February 2018 the Ministry of Religious Affairs in Somaliland issued a *fatwa* (an Islamic law ruling) banning the most severe type of FGM, Type III (Infibulation). It stated that those who perform this type of FGM will face punishment and victims would be eligible for compensation (it did not, however, provide details of punishments or who would pay compensation and what amount).[11]

In August 2020, the Somalian 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.[12] The bill was widely criticised both within Somalia and by the international community.[13] A similar law was passed in Somaliland by the House of Representatives in August 2020, called **The Rape, Fornication and Other Related Offences Bill**.[14] Critics of the new law say that the definition of rape has been made unclear, making it harder to prosecute.[15]

Understanding and Attitudes

Refer to Country Profile pages 87 & 88 and Country Profile Update pages 24–26.

99.4% of women in the North-East Zone of Somalia (Puntland) and 99.8% of women in Somaliland have **heard of FGM**, making knowledge of it almost universal.[16] There is no comparable statistic available for the rest of Somalia, but it may be assumed that knowledge is equally widespread.

Belief that FGM is a religious requirement is a major factor in the practice of FGM in the Somalia/Somaliland region. Frequently, Pharaonic FGM is seen as being culturally inherited, while sunna is seen as being supported by religious teachings, honourable and more 'healthy'[17].

Other reasons for the practice include **aesthetic appeal** (some men say that 'the smoothness of the scar is esthetically beautiful'); the **preservation of virginity and the family's honour**, which are intrinsically linked; the **transition to womanhood** (women are said to undergo 'three feminine pains': FGM, the wedding and labour[18]); **marriageability** (if a woman has not been cut, she can be forced to undergo FGM or easily divorced[19]); and **sexual enjoyment for men.**[20]

Age & FGM Types

Refer to Country Profile page 67 and Country Profile Update page 22.

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.[21]

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[22], 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.[23]

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

Practitioners of FGM

Refer to Country Profile page 68.

Data on the types of practitioners used in Somalia is unavailable; however, 28 Too Many understands from its research and conversations with activists that FGM is mostly performed by traditional cutters. Medicalised FGM, however, appears to be on the rise as more families, particularly in urban and semi-urban areas, take their daughters to healthcare centres to be cut.

ActionAid reports that 5% of women in Somaliland were cut by a health professional (a doctor, nurse or midwife) but that 14% of girls aged 12–14 were cut by a health professional, suggesting an increase in **medicalised FGM**.[24]

Work to end FGM

Refer to Country Profile pages 143–144.

There are many NGOs, community organisations and activists now working across the region on anti-FGM programmes. Advocacy work is often integrated into wider educational, social and economic programmes, but there are a range of creative and effective approaches being taken.

Implementing a '**community dialogue approach**' and providing facilitated and focussed discussions during which all members of the community have an opportunity to participate has proved successful in many FGM-practising countries, including Somalia and Somaliland. Civil society and community activists are proving that, by providing safe and non-judgmental environments in which participants can share their experiences, programmes are more likely to have an impact on the understanding of, and attitudes towards, FGM.

There has been encouraging progress made in reaching influencers in Somalia and Somaliland – including religious and community leaders – with advocacy messages and training that enable them to take their learning out to the wider community. It is vital to continue this. Many NGOs and community organisations are now providing advocacy and training to health workers, school teachers and universities, too. This is vital work and needs to be scaled up to reach across all areas, both urban and rural. Healthcare workers, especially midwives, are in the ideal position to both gather data and spread messages about FGM to women and girls, as they are usually trusted and respected.

Community organisations and Somali activists standing at the forefront of the campaign is critical to successfully achieving the complete abandonment of FGM across the region, as they are able to circumvent the feeling that foreign activists and Western powers are attempting to impose their ideas and opinions on Somali people.

Challenges Moving Forward

Refer to Country Profile pages 138–141..

In a region where FGM is such a deeply ingrained tradition that, for many, it is inconceivable that society could exist without it, changing opinions and social norms in favour of total abandonment of FGM could be considered an impossible undertaking. This research has shown, however, that progress is being made in both Somalia and Somaliland, and challenges that were once considered too difficult to overcome are now gradually being confronted. For instance, FGM used to be a taboo subject, never publicly discussed and certainly not opposed; now it is openly debated in Somali communities, on television and radio and across social media. Government ministries are generally supportive of NGOs and activists' work, which is not always the case in some other FGM-practising countries. Joint working and strong partnerships are evident across the region.

- ***Misunderstandings About Types of FGM and the Sunna Cut.*** There is a continuing lack of understanding and agreement on the types of FGM and their various labels in Somalia and Somaliland.

- ***Enactment and Implementation of Comprehensive Anti-FGM Laws.*** The absence of national legislation banning all types of FGM is a challenge across the region. Both Somalia and Somaliland are now tackling this, with laws being drafted and consultation underway between governments, influential religious and community leaders and activists. The challenge for civil society is to ensure any new legislation is 'zero tolerance' and outlaws all types of FGM.

- ***FGM as a Religious Obligation.*** Although civil society work with religious leaders is shifting opinions and more religious leaders are gradually calling for the abandonment of all forms of cutting, many remain at the point of condemning Type III FGM, but still supporting the sunna cut, believing it is sanctioned by Islam. The 2012 *fatwa* in Somaliland, while a step forward, did not advocate for zero tolerance, and focussed advocacy work with religious leaders will need to continue to reach this point.

- ***Involving Men and Boys.*** Men and boys, although they rarely directly make decisions about FGM, are 'influential in creating the social climate within which decision-making about cutting takes place'.[25] With surveys suggesting that a mere 4% of unmarried men prefer to

marry uncut girls and see FGM as 'proof' of virginity, swaying opinions is a major challenge, but one which, if successful, has the potential to create lasting change.

- ***Gathering Reliable Data.*** Without reliable and consistent, evidence-based information and data, anti-FGM programmes and policies may be disjointed, misinformed, culturally insensitive, inappropriately funded and therefore less effective.

- ***Funding.*** As is the case in all countries where FGM is practised, getting enough targeted, long-term funding for advocacy work, as well as research, is difficult in Somalia and Somaliland.

- ***Accessibility to Rural Areas.*** Anti-FGM programmes to date have mainly been focussed in urban and semi-urban areas, and it remains a challenge for organisations and activists to reach more remote rural communities with their work in Somalia and Somaliland.

- ***Girls' Education.*** Keeping girls in full-time education is an important part of tackling FGM and early marriage. However, enrolment and equity ratios in Somali schools are low, especially in secondary schools. Girls often cannot stay in school because appropriate facilities, such as drinking and washing water and latrines, are unavailable.

- ***Alternative Forms of Livelihood.*** Traditional cutters in FGM-practising communities have stated that, in order for them to abandon the practice, they would need alternative ways to generate an income.

- ***Support for FGM Survivors.*** With FGM affecting nearly every woman and girl across Somalia and Somaliland, the challenge to provide universal healthcare and support is immense. Women and girls who have access to the main cities in the region may be able to seek the physical and psychological support they need through the few specialist facilities that are now in place, but, potentially, hundreds of thousands still remain without any support, which has a severe impact on their careers and families as well as their health and wellbeing.

[1] - 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.
- SHDS 2020, p.220.

[2] - **'S-MICS 2006',** 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. p.138.
- '**SL-MICS 2011',** 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., p.100.
- '**SNE-MICS 2011',** 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**. , p.103.
- '**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**. , p.220.

[3] SHDS 2020, p.223.

[4] S-MICS 2006, p.138.

[5] SHDS 2020, p.223.

[6] SHDS, p.219.

[7] SHDS 2020, p.219.

[8] *Ibid.*

[9] Maria Beata Tungaraza (2007; updated 2008) *Women's Human Rights in Somaliland*, p.54. Available at http://www.progressio.org.uk/sites/default/files/Womens-human-rights-in-Somaliland.pdf.

[10] *Constitution of the Republic of Somaliland 2000* (2001) Available at http://www.somalilandlaw.com/Somaliland_Constitution_Text_only_Eng_IJSLL.pdf.

[11] Nita Bhalla (2018) 'Somaliland issues fatwa banning female genital mutilation', *Reuters*, 8 February. Available at https://www.reuters.com/article/us-somalia-fgm-fatwa/somaliland-issues-fatwa-banning-female-genital-mutilation-idUSKBN1FR2RA.

[12] 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.

[13] 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.

[14] - 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.
- 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.

[15] MENAFN (2020) *op. cit.*

[16] - SNE-MICS 2011, p.105.
- SL-MICS 2011, p.102.

[17] R. A. Powell and M. Yussuf (2018) *Changes in FGM/C in Somaliland: Medical narrative driving shift in types of cutting*. Evidence to End FGM/C: Research to Help Women Thrive. New York: Population Council. Available at http://www.popcouncil.org/uploads/pdfs/2018RH_FGMC-Somaliland.pdf.

[18] World Bank and UNFPA (2004) *Female Genital Mutilation/Cutting in Somalia*, p.22. Available at http://siteresources.worldbank.org/INTSOMALIA/Data%20and%20Reference/20316684/FGM_Final_Report.pdf.

[19] World Bank and UNFPA (2004) *Female Genital Mutilation/Cutting in Somalia*, p.21. Available at http://siteresources.worldbank.org/INTSOMALIA/Data%20and%20Reference/20316684/FGM_Final_Report.pdf.

20 - US Department of State (2001) *Somalia: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)*. Available at https://2001-2009.state.gov/g/wi/rls/rep/crfgm/10109.htm.
- World Bank and UNFPA (2004) *Female Genital Mutilation/Cutting in Somalia*. Available at http://siteresources.worldbank.org/INTSOMALIA/Data%20and%20Reference/20316684/FGM_Final_Report.pdf

21 - SHDS 2020, p.221.
- SNE-MICS 2011, p.104.
- SL-MICS 2011, p.101.

22 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).

23 SHDS 2020, p.212.

24 Katy Newell-Jones (2018) *Empowering Communities to Collectively Abandon FGM/C in Somaliland*. ActionAid.

25 Katy Newell-Jones (2018) *Empowering Communities to Collectively Abandon FGM/C in Somaliland*, p.4. ActionAid.