# FGM/C in the Horn of Africa: Evidence of Change

**April 2025**

# About Orchid Project

Orchid Project is a UK- and Kenya-based non-governmental organisation (*NGO*) catalysing the global movement to end female genital mutilation/cutting (*FGM/C*). Its strategy for 2023 to 2028 focuses on three objectives:

1. to undertake research, generate evidence and curate knowledge to better equip those working to end FGM/C;
2. to facilitate capacity-strengthening of partners, through learning and knowledge-sharing, to improve programme designs and impacts for the movement to end FGM/C; and
3. to steer global and regional policies, actions and funding towards ending FGM/C.

Orchid Project's aim to expedite the building of a knowledge base for researchers and activists is being fulfilled in the **FGM/C Research Initiative**.

# About End FGM/C Network to Africa

The End FGM/C Network, Africa (African Network) is an African-led initiative providing a unified voice to influence decision-makers and drive coordinated advocacy to end Female Genital Mutilation/Cutting (FGM/C) across Africa. We are a network of civil society organizations dedicated to creating a sustainable movement to end FGM/C across the continent, similar to regional networks in Asia, North America, and Europe. https://endfgmafrica.org/

*All cited texts in this report were accessed between February 2025 and April 2025 unless otherwise noted.*

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WORKING TOGETHER TO END
FEMALE GENITAL CUTTING

# Introduction

There is a growing evidence base of what works to promote the abandonment of FGM/C around the world (1). Recent publications by Matanda *et al.* (2) and Matanda and Lwanga-Walgwe (3) analyse the effectiveness of programme interventions to end FGM/C and propose a global research agenda to address the key gaps in evidence. This document focuses on identifying and measuring change in relation to FGM/C among Somali ethnic communities in the Horn of Africa. The context brings specific challenges, hence the value in identifying the research needs of the region. The focus on measuring change arises from the perception that little change is taking place because the prevalence remains high, and the pharaonic cut is widely practised.

This document was developed through consultations with researchers who had worked in the region. Dialogues provided an opportunity to share knowledge and research findings, particularly from an academic perspective, and to identify key research gaps and priorities in relation to FGM/C among Somali communities in the Horn of Africa.

The consultation with researchers was part of broader dialogues titled Knowledge Sharing Dialogues on FGM/C: Evidence-based Strategies for Success. Through this process, dialogues were conducted with practitioners, policymakers, and advocacy organizations, in addition to researchers. These dialogues contributed to the production of a foundational briefing paper, called FGM/C in the Horn of Africa: Signs of Change, outlining areas of change, decision-making dilemmas, and available evidence among Somali ethnic communities and can be accessed here. In addition, the knowledge sharing dialogues led to creation of a practitioner-focused resource, called FGM/C in the Horn of Africa: Accelerating Change, which can be accessed here.

## What counts as change?

In the years since the launch of the United Nations Joint Programme to End Female Genital Mutilation in 2008 (4), there has been a growing global commitment to the eradication of FGM/C. This has been an important and necessary step in the work toward abandonment within communities around the world. However, this framing has meant that the indicator most used to measure change is prevalence i.e. the proportion of girls and women who have undergone FGM/C. While prevalence is an important indicator, change does not occur in a simple, linear fashion. In many contexts, only measuring prevalence misses many of the more nuanced changes taking place – for example shifts in attitudes and knowledge about FGM/C, readiness to change, changes in the type of cut being performed, the age at which girls are cut, and who is performing the cutting.

With deeply held cultural practices, like FGM/C, change involves small steps. A change in prevalence indicates a significant behavioural change which is usually preceded by a range of knowledge and attitudinal changes, e.g., understanding of the harm caused by the practice, aspirations for future change, or changes in intended behaviours. Identifying and measuring these steps towards abandonment is crucial in both recognising the nature and direction of change, and, importantly, in maintaining and enhancing the momentum for change.

Traditionally, among Somali ethnic communities, FGM/C was a taboo subject rarely spoken about publicly or privately. The type of cut used was primarily infibulation (WHO type 3), often called the pharaonic cut, which was seen as a way of protecting, purifying and preparing a girl for marriage. As a result of the global focus on prevalence as the primary indicator of change, many consider that change is not happening among Somali ethnic communities in the Horn of Africa. However, if nuanced changes are included and some of the early steps, or indicators of change, tracked, there have been significant developments in the region. These changes include: *an increase in the willingness of communities to talk about FGM/C; an increase in knowledge of harm caused by cutting; the number and frequency of activities promoting the abandonment of FGM/C; community leaders and other influencers speaking out on FGM/C; and the emergence of individuals who have chosen to adopt less severe types of cuts.* These indicators give an indication of a communities' 'readiness to change' to abandon FGM/C. Once the appropriate indicators have

been selected to recognise change, consideration can be given to the kind of evidence needed to identify and measure change.

## Providing robust evidence of change

Evaluation reports of interventions to end FGM/C often focus more on the number of communities, girls, families reached than on the actual changes that have occurred and how this change was measured. Robust evidence of change is required when an organisation or individual wants to convey reliable findings to an external audience, or support scale-up of an intervention.

When gathering evidence of change, either by research or evaluation, particular consideration should be given to the appropriateness of the indicators, obtaining 'true' attitudes i.e. reducing confirmation bias, and triangulation of data from different sources using qualitative and quantitative collection methods.

The *indicators* selected should be practical and clearly defined. For example, to measure changes in the level of support of young people for FGM/C data will need to be collected over time from young people using surveys, interviews or focus group discussions. Breaking down data by age, gender, or other factors can show who is changing and who is not.

When investigating sensitive topics, like FGM/C obtaining accurate data is challenging. Clarity in language and checking with participants can increase accuracy. Confirmation bias, giving expected responses, can be reduced by indirect questioning, using scenarios (5) or using the Confidante approach in which interviewees are asked about the experiences of close confidantes in relation to FGM/C as well as their own (6). This approach 'allows for reporting of sensitive or hidden behaviours in a less stigmatised way, in addition to addressing biases associated with social desirability in reporting personal experiences of such behaviours to reduce the stigma' (6).

*Combining qualitative and quantitative methods* can lead to more robust findings supported by both statistical and narrative evidence. Focus group discussions, for example, can provide valuable explanations for quantitative data; whilst statistical data can provide information on the overall frequency of a finding.

In addition, the most valuable publications / reports are ones were:

- The local context, including the historical perspective and changes over time, is considered with local people being involved in the design, implementation and interpretation of the data.
- Conclusions are nuanced, stating under what conditions a particular approach works, or does not work, e.g. school-based interventions will only work when most teachers support the abandonment of FGM/C.
- Anecdotal evidence, in the form of storytelling, case studies, community discussions and other formats, provide meaningful insight and learning.
- There is a strong focus on internal learning, reflective exercises, organisational strengthening and adaptive programming.
- The limitations of a study or evaluation are recognised.

Publications tend to be in the form of:

- Peer-reviewed published research studies.
- Locally published participatory community-based research.
- Evaluation reports on anti-FGM/C initiatives.

# Cross-cutting recommendations

## Recognition of the variations across the region and within countries

There is a need for greater recognition of the impact of context on the prevalence and practice of FGM/C and to access data from a wider range of study sites for increased comparative analysis. Whilst the prevalence of FGM/C among Somali ethnic communities remains relatively high across the region, there are significant differences in prevalence and practice between countries; between rural and urban communities; and in cross-border regions. Other factors including the level of health and education services accessible, involvement of NGOs, the degree of stability, presence of laws banning FGM/C etc. all impact on FGM/C and would benefit from further investigation.

## Accurate data on prevalence and types of FGM/C

Differences in understanding about what constitutes FGM/C in a Somali ethnic context is widely reported in the literature. WHO's global FGM/C classification does not fit well with high prevalence regions where a large proportion of girls and women undergo infibulation. In many Somali ethnic communities, the term *sunnah* is being used to describe a wide range of cuts including the snip, prick (WHO Types 1 and 4) and partial infibulation (WHO Type 2).

There is a need to engage Somali ethnic communities in dialogue about FGM/C, which forms of cutting are being performed and how they are described in the community. This discussion needs to be undertaken without reference to the term zero tolerance, which can be perceived as judgemental and might suppress discussion and trigger defensiveness among respondents. With greater clarity and wider understanding, it may be possible to obtain more accurate figures on prevalence and types of FGM/C practiced across the region. There is also a need to explore the harm caused by different types of FGM/C, especially those defined as 'sunnah' which are reported to be widely considered to cause no harm, and issues including re-infibulation. There could be some benefit in modifying the current WHO typology to more accurately reflect the range of FGM/C types used across the Horn of Africa. Greater clarity would enable more transparent dialogue around the current practice and changes taking place.

There is also a need to focus on increasing the availability of data on trends and practices among Somali women and girls in Djibouti. Data from this part of the Horn of Africa region is particularly limited.

**Note:** Edna Adan University Hospital has published valuable data on the prevalence and type of FGM/C in Somaliland (2002 - 2018) (7) based on the examination of mothers presenting for medical treatment and childbirth at the hospital in Hargeisa (8). This data provides clinical support for the reported decline in Type 3 from self-reporting. Further data from 2019 onwards is available for future analysis.

## Widening the range of indicators of change

Whilst measuring the prevalence of FGM/C is an important global indicator, over-reliance on it obscures genuine changes taking place in Somali ethnic communities. To capture these changes there is a need to expand the range of indicators of change used in research studies e.g. shifts in knowledge, changes in attitudes and intentions and other indicators of readiness to change. By mapping change pathways among Somali communities, it would be possible to identify what a Somali-specific compendium of indicators for change related to FGM/C might look like. These indicators might provide more accurate insight into the changes taking place among Somali communities.

## Identifying and measuring change through longitudinal studies

Change is taking place at national, community and family levels. Different members of communities are changing at different rates due to shifts in social norms, increased knowledge, or changing aspirations. There is a need for more longitudinal studies with disaggregation of data by age, gender, role, economic status and education in the community and other contributing factors. Research on the impact of social determinants e.g. wealth, education and social status on attitudes and behaviours in relation to FGM/C could lead to valuable insights into factors influencing decision-making dilemmas and processes at the family and individual level.

## Engagement with religious leaders and religion

Religious leaders are key influencers in Somali ethnic communities. They are often perceived as opposing change, despite evidence of them promoting the abandonment of the pharaonic cut (WHO Type 3) (9). Although strongly influenced by guidance from senior sheikhs, religious leaders hold diverse views on FGM/C. Further studies are needed to explore how religious leaders have been engaged effectively in the movement to abandon FGM/C as valued and respected stakeholders. There is a lack of insight into how different religious leaders interpret FGM/C, the decision-making dilemmas they face as individuals, the power dynamics between religious leaders and community members, and their contribution to the movement to end FGM/C.

## Understanding the role of men

Men's role in relation to FGM/C is complex and changing in Somali ethnic communities. Some suggest the practice is deeply embedded in a patriarchal society, with men exerting pressure for its continuation through marriage selection and desires for their daughters to be pure. Others suggest that men are more in favour of abandonment than women and that it is primarily a women's practice, perpetuated and carried out by women. Greater understanding of the gender dynamics around FGM/C could lead to more appropriate engagement of men and boys in the movement to end the practice.

## Understanding the complexities of medicalisation

Medicalisation of FGM/C is a complex and contentious issue with communities often exerting pressure for health workers to perform FGM/C and health providers opposing it.

Key questions include

- What are the drivers and mechanisms of medicalisation, including cross-border movement for medicalised FGM/C? What are the decision-making dilemmas faced by health workers?
- How can health facilities be supported in collecting data to support better understanding of the issues around the medicalisation of FGM/C?
- Does medicalisation undermine zero tolerance?

- What are the complications of medicalised FGM/C? How do they differ from FGM/C carried out by traditional cutters or TBAs? Are there links between FGM/C and caesarean section among Somali women? If so, what is the relationship?

## Understanding the interaction between education and choices relating to FGM/C

There is some evidence among Somali ethnic communities of links between access to education and the type of cut girls undergo. Access to education can provide information on topics like FGM/C which might influence decisions made about their daughters. In addition, families and individuals who value education and whose girls attend school, may feel less constrained by social norms and more assertive in taking decisions about their bodies and their lives.

Key questions relating to education include

- What is the impact of school-based education or awareness raising on FGM/C?
- How can FGM/C be effectively mainstreamed into education provision? What support is required for teachers? What role do whole school policies play? What age should FGM/C awareness-raising begin? How can parents be involved?
- How do we understand directionality with education and FGM/C? Are those who value education of girls less likely to have their girls cut or are there protective mechanisms for girls that come from staying in school longer?

## Understanding the role of legal frameworks

The legal status of FGM/C varies across the Horn of Africa (see learning resource) with FGM/C being illegal in Kenya, Ethiopia and Djibouti, but legal in Somaliland and Somalia. There is little evidence of the impact of criminalising FGM/C.

Key questions include

- What is the impact of laws banning FGM/C on the age of cutting, type of cut and who cuts?
- How important is the legal status of FGM/C among Somali ethnic communities, compared to guidance or fatwas issued by religious leaders?

- What are the mechanisms that lead to 'legal norms' i.e. the acceptance of laws as strong guidance for community members? How can social norms and legal frameworks be aligned?
- What is the role of legal frameworks in cross-border communities?

## The interactions between research, evaluation and anti-FGM/C programming

Research has a potentially pivotal role to play in providing robust evidence to support evidence-based adaptive programming (flexible approaches to implementing programmes). However, for collaboration between researchers and practitioners to be productive, there is a need to overcome the challenges of working to different agendas, the inaccessibility of academic language, and inequalities or limitations of skills, experience and resources.

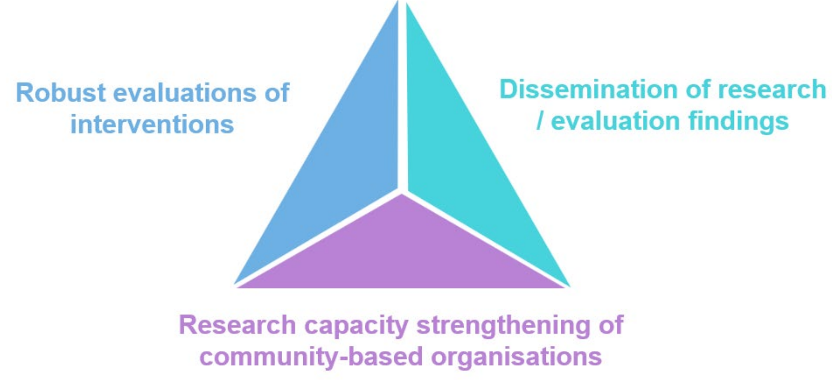


**Figure 1: The role of research in enhancing anti-FGM/C programming**

## Enhancing the evaluation of interventions

The focus of programme evaluation tends to be primarily to provide evidence to donors of the effective use of available resources for the implementation of agreed activities, and that the intervention has resulted in the predicted changes. Whilst useful additional data does emerge, there is a need for increased focus and resources to be allocated to enable deeper evaluation of interventions to end FGM/C, preferably linked with research institutions and carried out in partnership with NGOs and CBOs. Research teams could provide valuable insights into key questions relevant to the Somali ethnic context (see box).

Research questions which, if explored, could lead to enhanced programming specific to Somali ethnic communities

- What are the change mechanisms that create impact at the individual, family and community level?
- What does readiness to change look like at the family level? What decision-making dilemmas do families face and what factors influence their decisions.
- How do the three variables *zero tolerance, medicalisation,* and *law* impact on decision-making at the family level?
- What are the advantages and drawbacks of using specific approaches to anti-FGM/C programming?
- What is the role of sensitive images and videos of girls undergoing FGM/C in training and raising awareness? What are the ethical issues and what evidence is there of the impact of their use? Where is their use appropriate and beneficial?
- How can men and boys in Somali ethnic communities be engaged positively in the movement to end FGM/C? What are the most effective approaches?
- How have human rights been successfully integrated with religion and cultural respect with Somali ethnic communities? How has resistance been overcome to a human rights lens?
- How has community linking and exchange promoted abandonment? Investigating how communities that have abandoned FGM/C (fully or abandoned pharaonic cutting) have influenced neighbouring communities and across borders.
- How can participatory tools (Sood et al 2020) as well as processes such as appreciative inquiry (Acosta and Douthwaite 2005) support acceleration of community-led solutions?
- How have theologically-informed dialogues been conducted, what success has there been in non-judgmental religiously-informed dialogues among Somali ethnic communities? **Dialogue toolkits specific for Somali communities** - Generation Dialogue produced by GIZ has shown some potential for positive change within Somali ethnic communities (Healthy Developments) (10).

Collaborative evaluations have the added value of promoting capacity strengthening of community-based organisations, which in turn can lead to the adoption of more evidence-

based approaches to anti-FGM/C programming. The research team also gains from greater insights into community attitudes and beliefs from the interaction with the NGO/CBO team.

## Dissemination of evaluation and research findings

There is a need for accessible dissemination of the research findings to practitioners, donors and policymakers. NGOs and CBOs often do not have access to published findings and when they can access them, they find them written in inaccessible language.

Alternative rites of passage (ARPs), for example, have been used particularly in East Africa. This is leading to pressure to adopt this approach for Somali Ethnic communities despite the current evidence suggesting ARPs are not effective in reducing FGM/C (2). Dissemination of the research evidence in workshops or through community forums could lead to discussions about the relevance of ARPs in Somali ethnic communities and more informed decision-making about their use.

The challenge, therefore, is to disseminate research and evaluation findings in ways which encourage engagement of community-based organisations, donors and programme developers. Possible solutions include the development of infographics or using research findings as stimulus materials for knowledge sharing workshops or using drama or storytelling to disseminate findings at community fora.

## Strengthening the research capacity of community-based organisations

Community-based organisations are ideally placed to collect data that can inform future research and strengthen their programmatic interventions. However, they often lack the appropriate skills and resources. The World Health Organization emphasises the importance of strengthening the research capacity of community-based organisations (11). Actions which would support this include:

- Making exemplar research tools readily accessible e.g. through the FGM Data Hub and other portals such as the FGMCRI.
- Sharing of awareness raising and curriculum resources which have been evaluated and there is evidence of their effectiveness.

- Incorporating research capacity strengthening into NGO and CBO programmes, supported through partnership with researchers and research institutions.

**Note:** Links to available tools have been provided within the FGM/C Horn of Africa: Accelerating Change resource, which is available here.

## Orchid Project's role

Orchid Project seeks to create opportunities to bring together practitioners, researchers and those involved in advocacy and policymaking to promote and disseminate research on FGM/C among Somali ethnic communities.

Within the Horn of Africa, Orchid Project aims to:

- Form new collaborative research partnerships.
- Translate and disseminate existing and new research in forms accessible to policymakers, NGOs and CBOs.
- Facilitate spaces, both virtual and in person, for evidence-based knowledge sharing on FGM/C.
- Document evidence-based best practices for programme design, implementation and evaluation Somali ethnic communities.

If you are interested in participating in ongoing dialogues regarding evidence and strategies for change among Somali ethnic communities in the Horn of Africa, please reach out to Orchid Project to be added to our mailing list for quarterly dialogue and knowledge sharing sessions. (research@orchidproject.org)

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