



# COMMUNITY KNOWLEDGE, ATTITUDES AND PRACTICES ON FGM:

CASE STUDY TO INFORM THE  
DEAR DAUGHTER CAMPAIGN

GAROWE, PUNTLAND

**GRASSROOTS  
RESEARCH**



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## Abbreviations

<b>CEDAW</b>	Convention on the Elimination of all Forms of Discrimination against Women
<b>FGD</b>	Focus Group Discussion
<b>FGM</b>	Female Genital Mutilation
<b>IWE</b>	Institute of Women's Education
<b>KAP</b>	Knowledge, Attitudes and Practices
<b>KII</b>	Key Informant Interviews
<b>MICS</b>	Multi Indicators Cluster Survey
<b>MOH</b>	Ministry of Health
<b>SWDO</b>	Somali Women's Democratic Organization
<b>WHO</b>	World Health Organization

## Executive Summary

Female Genital Mutilation (FGM) is a procedure in which the external genitalia of girls and women are partially or completely removed and/or infibulated for non-medical reasons<sup>1</sup>. The World Health Organization (WHO) classifies four different types of FGM in terms of the degree of tissue removed and infibulation, as follows<sup>2</sup>:

**Type 1:** this is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce/clitoral hood (the fold of skin surrounding the clitoral glans).

**Type 2:** this is the partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva).

**Type 3:** Also known as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans.

**Type 4:** This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

In Somalia, the main distinction is between the Pharaonic form, which is considered the more severe form and a type of infibulation, and the milder Sunna form. FGM causes lifelong physical, psychological, and reproductive health problems for the woman. Practicing communities uphold the practice as a social norm and religious duty. Somalia, including Puntland, has one of the highest prevalence rates of FGM in the world, affecting nearly 98% of girls and

women. The practice is shifting towards a milder form and medicalization of the practice, while the high prevalence rates remain unchanged.<sup>3</sup> The Ifrah Foundation is actively campaigning against any form of FGM in Somalia, targeting both policy-level stakeholders and practicing communities. The Ifrah Foundation's Dear Daughter Campaign seeks to increase knowledge of the long-term consequences of FGM, contribute to long-term behavioral change towards the practice, and advocates for zero tolerance of FGM. The purpose of this study is to inform FGM campaign stakeholders including Ifrah Foundation and UNFPA of the current knowledge, attitudes, and practices with respect to FGM in Puntland. The study used a qualitative research design and conducted 8 Key Informant Interviews (KIIs) with key stakeholders (clan elders, religious leaders, traditional female circumcisers and a district administration representative), and 14 Focus Group Discussions (FGDs) with mothers, fathers and youth.

Respondents showed awareness of the negative physical and mental health consequences of FGM. Most respondents considered Pharaonic circumcision to have harmful medical complications, while the Sunna form was perceived as harmless with only minor health complications. In spite of being well aware of the health consequences of FGM, there were very few respondents who intended to leave their daughter uncircumcised, many reported having subjected their daughters to the Sunnah form instead. Respondents justify continuation of FGM as a traditional cultural practice that has been passed down through generations. Religion is used as a justification to end the strictest form, Pharaonic, but to promote the less strict form, Sunnah. FGM is believed to ensure the girl's premarital virginity, increase her chances of marriage, and provide ritual cleanliness. Women fear negative consequences in the form of discrimination and social exclusion for themselves, their daughters, and their family if their daughters remain uncircumcised. Men tended to frame FGM as a maternal duty and exclusively a women's issue, while on the flipside, they see FGM

<sup>1</sup>Sheena Crawford (Dr), Sagal Ali (2015); Puntland Statistics Department, Puntland State of Somalia (2021).

<sup>2</sup>"Female genital mutilation" Fact Sheet, WHO, 3 February 2020

<sup>3</sup>Sheena Crawford (Dr), Sagal Ali (2015); Puntland Statistics Department, Puntland State of Somalia (2021)

as a parenting and collective responsibility issue. Women consider abolishing all forms of FGM if men were willing to marry uncircumcised girls and if the entire community simultaneously pledged to ban the practice, suggesting that campaigns to eradicate the practice of FGM need to focus at the community at large, rather than individual groups (such as parents or religious leaders). Some of the interviewees had participated in awareness campaigns in the past and they indicated that these campaigns resulted in discussions among families and the public about FGM. Participants and even community educators who have participated in active campaigns tend to use the information gained as justification for promoting the Sunna form and abandoning Pharaonic circumcision. Some respondents reject campaigns as religiously and culturally misleading. Focus group discussions with women revealed that for some of them FGM is not a pressing issue. Instead, they call on stakeholders to take action against rape and killings of girls and women.

Based on the study results, GrassRoots makes the following recommendations:

- 1. Health-related information:** All respondents were aware of long-term health problems but associated serious medical complications only with the severe pharaonic form. The Dear Daughter Campaign should emphasize in their advocacy that the Sunna form, which is perceived as harmless, can inflict harm as well. During an FGD with mothers, a woman explained how she believes FGM prevents the clitoris from growing into a penis. While this observation did not occur in many interviews, it may still indicate that some women associate FGM with a certain body image that is free of perceived masculinity. It may also indicate a lack of knowledge about the functioning/structure of the female genitalia, which could be addressed in the campaigns.
- 2. Initiate discussions about religion and FGM:** The results of the study show how respondents draw on the Quran, Hadiths, and statements by religious scholars to justify the Sunnah form over Pharaonic practice. At the same time, the statements of religious scholars illustrate disagreement over whether Islam itself endorses or rejects the Sunnah form. This disagreement is also evident in the KIIs and FGDs with other interviewees. The Dear Daughter Campaign can help de-link religion and the various forms of FGM, including Sunnah.
- 3. Contribute to a shift from FGM as a maternal duty to a topic of parenthood:** While some men tend to see FGM as an exclusive women's issue and a mother's duty, others express their intention to be involved in the decision-making process about their daughter's circumcision. The Dear Daughter Campaign is designed to bring mothers and fathers together to initiate discussions on how to transform FGM from a maternal duty to a parental responsibility in order to make the decision together. This should make clear to both sides not to harm the girl and to prevent clandestine practice through the mother.
- 4. Lead discussion about the different roles a woman fulfills by means of FGM:** The interviews show how women use FGM to fulfill social expectations in their various roles as a mother, a wife and a family caregiver, community member and Muslim, and how they choose to conform to a female body image of purity and cleanliness. The fear is that an uncircumcised girl would dishonor the family and lead to discrimination and social exclusion of the daughter, mother, and family. The Dear Daughter campaign could help to re-connote these five different roles to show how women can fulfill these roles through other activities without having to circumcise their daughters.
- 5. Address the factors of marriageability and collective commitment as avenues for change:** The women expressed that they would consider discontinuing the Sunnah form if the men were willing and sincere about marrying uncircumcised girls. Young men explained how they perceive FGM as one of the reasons why marriages end in a divorce. Women however doubt the sincerity of those men, who claim they would marry uncircumcised woman, as their personal stories proof the contrary. Women would also consider abandoning any form of FGM if the entire community committed to ban the practice at the same time. The Dear Daughter Campaign could use both aspects to initiate community

discussions between men and women to unlink the idea of successful marriage from FGM and contribute to a shared understanding among all community members of a possible ban on the practice.

- 6. Link FGM campaigns with action against rape and killings of girls and women:** that some of them do not see FGM as an urgent issue that needs public debate. Instead, they urge stakeholders to take action against rape and killings of girls and women. The Ifrah Foundation should engage key stakeholders to complement activities related to zero tolerance of FGM with the implementation of measures to address other forms of violence against women.

- 7. Promote inclusive campaigns:** As respondents criticize the lack of outreach in rural areas that in turn lack access to radio and social media, and the perceived absence of minority clan members, the Dear Daughter campaign should ensure the inclusion of minority clan members and active outreach in various rural communities. Campaign educators tend to communicate information about the prohibition of the Pharaonic form while continuing to actively advocate and practice the Sunna form. The Dear Daughter Campaign should therefore maintain its efforts to educate about the different types of FGM and that the recently passed Zero Tolerance Bill prohibits all forms of FGM.



## Introduction

Female Genital Mutilation (FGM) is a procedure in which the external genitalia of girls and women are partially or completely removed and/or infibulated without medical reasons. The procedure causes lifelong physical, psychological, and reproductive health problems for the woman. Heavy bleeding and problems with urination and menstruation, as well as infections, fistulas, and complications of labor and delivery are possible risks. In spite of the health complications, practicing communities and especially women perpetuate the practice as a social norm and religious duty.<sup>4</sup> The circumcised girl, her mother, and the family benefit socially since an underlying belief exists that FGM ensures premarital virginity, increases the girl's chances of marriage, and provides ritual cleanliness.<sup>5</sup> Globally, FGM practice is concentrated in Africa, the Middle East, and Asia, where more than 200 million women and girls are circumcised.<sup>6</sup> Somalia, including Puntland, features one of the highest prevalence rates of FGM in the world as nearly 98% of girls and women are affected.<sup>7</sup> Shifts in practice toward a milder form and medicalization of the practice are occurring, while high prevalence rates remain steady. Medicalization of the practice assumes that girls are cut in hospitals, supposedly under improved hygienic conditions to reduce harm, rather than by traditional female circumcisers with knives and scissors in their homes.<sup>8</sup> Anti-FGM campaigns and health practitioners recognize that it is a deceptive step toward total elimination of FGM.<sup>9</sup>

International organizations recognize FGM as harmful practice and violation of the human rights of women and girls. International and regional conventions, such as the *Convention on the Elimination of all Forms of Discrimination against Women (CEDAW)* or the

*African Charter on Human and Peoples' Rights (the Banjul Charter)* and its *Protocol on the Rights of Women in Africa* therefore support the abandonment of the practice and encourage governments to take action against FGM.<sup>10</sup> In June 2021 Puntland passed a bill that prohibits Female Genital Mutilation (FGM) however it lacks an overarching law banning or criminalizing the practice, key ministries are working with local and international organizations to develop strategies to stop and ban FGM.<sup>11</sup> The Ifrah Foundation, founded in 2010 by Ifrah Ahmed, is actively campaigning for the total abandonment of FGM in Somalia and their work has led, for example, to the development of a comprehensive programme for the eradication of FGM in Somalia.<sup>12</sup> Ifrah Foundation conceptualized interventions based on its so-called "Model of Systemic Change", which is based on cooperation with key stakeholders, including government agencies and civil society and amplifies the Foundation's three pillars of action, that is awareness raising, advocacy and community empowerment.

Currently, the Ifrah Foundation is implementing its Dear Daughter Campaign, which targets communities and girls to increase their knowledge of the long-term consequences and contribute to long-term behavior change that will prevent them from circumcising their own daughters. This study's objective is to provide information on *Knowledge, Attitudes and Practices (KAP)* of communities regarding FGM that is critical in the formulation of targeted advocacy aimed at moving the community towards abandonment of FGM practice in totality. In an effort to gain a contextualized and detailed understanding of underlying social dynamics, factors of change and perpetuation and their exposure to the Dear Daughter and further anti-FGM campaigns,

<sup>4</sup>Sheena Crawford (Dr), Sagal Ali (2015) ; Puntland Statistics Department, Puntland State of Somalia (2021); Ifrah Foundation. FGM Factsheet.

<sup>5</sup>Puntland Statistics Department, Puntland State of Somalia (2021).

<sup>6</sup>Ifrah Foundation. FGM Factsheet.

<sup>7</sup>Puntland Health and Demographic Survey 2020

<sup>8</sup>Sheena Crawford (Dr), Sagal Ali (2015); Powell R.A., Yussuf M. (2018); Puntland Statistics Department, Puntland State of Somalia (2021).

<sup>9</sup>Sheena Crawford (Dr), Sagal Ali (2015).

<sup>10</sup>WHO (2008).

<sup>11</sup>Sheena Crawford (Dr), Sagal Ali (2015).

<sup>12</sup>Ifrah Foundation. FGM Factsheet.

the study conducted qualitative interviews with several mothers, fathers, youth and key stakeholders, including clan elders, religious leaders, traditional female circumcisers and a district administration representative. The report will first provide background information on the Somali context of FGM and describe

the practice in more detail. It will draw on secondary literature and information gained from the study's qualitative interviews. The contextualization will help to understand the subsequent research focus and the study's findings.

## Background Information

### Definition of and Somali terms for FGM

Female Genital Mutilation (FGM) is described as the social practice of cutting, removing and infibulating the external genitalia of girls and women for non-medical reasons.<sup>13</sup> The practice is carried out in various forms. The *World Health Organization* (WHO) classifies four different types relative to the level of removed tissue and infibulation.<sup>14</sup> Somalis differentiate between two major types, namely the Pharaonic form, or *Gudniinka Fircooniga*, and the Sunnah form. Somalis distinguish between a harsher and a milder Sunnah form, which are *Sunnah Kabiir* and *Sunnah Saqiir*.<sup>15</sup> Pharaonic circumcision, known as a form of infibulation, sews the lateral flesh together and leaves only a small opening for the passage of urine and menstrual blood. The Sunnah forms, unlike the Pharaonic circumcision, are described as milder and harmless forms of cutting and sewing. *Sunnah Saqiir* is said to involve the removal of parts of the woman's genitals without suturing,

which causes only light bleeding. In contrast, the *Sunnah Kabiir* differs from the *Saqiir* form in that it may involve stitching. It is nevertheless characterized as a milder form of infibulation, with fewer stitching, than the Pharaonic form.<sup>16</sup>

In Somali, FGM is commonly translated into *Gudniinka Fircooniga*, which refers only to the extreme type of FGM, namely the Pharaonic form. Therefore, the common assumption among English speakers that the term FGM is understood as umbrella term for all types of female circumcision is misleading. For example, Somalis may explain how they would not have their daughters undergo FGM, or *Gudniinka Fircooniga*, yet they felt it was important for their daughters to be circumcised the Sunnah way.<sup>18</sup> Other Somali words for FGM may be Dhufaanid (castrating) or Tolid (stitching).<sup>19</sup>

<sup>13</sup>Puntland Statistics Department, Puntland State of Somalia (2021).

<sup>14</sup>WHO defined Type I as the partial or complete removal of the clitoral glans and/or clitoral prepuce. Type II describes the partial or complete removal of the clitoral glans and labia minora and/or labia majora. Type III is referred to as infibulation, which involves narrowing of the vaginal opening by cutting and suturing the labia, with or without removal of the clitoral prepuce and glans. Type IV includes other non-medical procedures such as piercing, scraping. See: "Female genital mutilation", Fact Sheet, WHO, 3 February 2020.

<sup>15</sup>Puntland Statistics Department, Puntland State of Somalia (2021); Sheena Crawford (Dr), Sagal Ali (2015).

<sup>16</sup>Puntland Statistics Department, Puntland State of Somalia (2021); Sheena Crawford (Dr), Sagal Ali (2015).

<sup>17</sup>Sheena Crawford (Dr), Sagal Ali (2015).

<sup>18</sup>Sheena Crawford (Dr), Sagal Ali (2015).

<sup>19</sup>FGD Fathers, Minority clan, Interview 1; FGD Fathers, Minority clan, Interview 2; FGD Fathers, Majority clan, Interview 1; FGD Fathers, Majority clan, Interview 2.

Table 1: Somali terms for FGM

Somali words for FGM	Translation
Gudniinka Fircooniga	Pharaonic circumcision, FGM
Sunnah Kabiir	Sunnah circumcision with infibulation
Sunnah Saqiir	Sunnah circumcision with partly removal of the woman's genitalia
Dhufaanid	castrating
Tolid	stitching

### General information about the practice

“There is a season for circumcision, when all girls being circumcised and people in the community come together to circumcise their daughters in groups. Always, it's when schools are closed and it's up to the mother to decide and the father may not even know”. (FGD Female Youth, Majority clan, Interview 2)

The practice is performed on Somali girls under 12 years of age by a traditional practitioner or midwives at home or a doctor at a hospital. It is the mother's responsibility to plan the circumcision of her daughter, while the father is in charge of the son's circumcision. The mother seeks advice from her female relatives and friends to decide on the type and assess the short-term health risks. Male and female interviewees perceive a shift in the decision-making process, with fathers gaining more say and being able to influence the practice, the type, or the abandonment. However, mothers may hide their daughter's circumcision, making the father have little influence in the practice. Women explain that circumcisions are sometimes performed in a group and occur more frequently when schools are closed. The traditional practitioners either approach the mothers themselves, or vice versa.

Practitioners use razors, knives or scissors which are boiled in hot water for cleaning. The use of local anesthesia depends on its availability and whether the circumcision is performed traditionally or by a doctor. To prevent bleeding during the heat, daughters are

circumcised in the morning. Women and traditional circumcisers explain that Pharaonic circumcision in particular poses a risk to the girl's health, shortly after circumcision and in the long term. The girls may be given painkillers such as Panadol. Access to medical care is difficult, especially in the villages, to the point that the girl may bleed to death. Mothers may be using traditional medicinal herbs, such as the herb Malmal, that they believe will heal the girl's fresh wound but may in fact worsen the possibility of infection.

If it is traditional, the girl is not anesthetized and she's held by force, but if you are a doctor, the girl will be anesthetized and will not feel anything”. (KII Traditional Circumciser, Minority clan, Interview 2)

“When a girl is circumcised, there is a traditional medicine that is not prescribed by a doctor. So I used on my daughter a traditional medicine that is called Malmal to dry the circumcised area. However, the medicine stuck to the incision and caused an infection. We took her to a doctor for treatment and thank God she recovered. If these problems occur, you go to the doctor, but most circumcisions are performed at home.” (FGD Mothers, Majority clan, Interview 2)

Traditional practitioners learn the practice through their mothers and grandmothers, and so generations of a family may have practiced as traditional female circumcisers. It is a source of income for these women. Typically, traditional female circumcisers charge 20USD per circumcision. If the family does not have the financial means to pay that, the price is reduced to 5USD. Considering the potential influence they may have on a mother's decision to practice FGM and the fact that circumcising girls is a source of income, organizations approach female circumcisers to teach them about the risks of FGM. Some traditional female circumcisers work with organizations as community educators to raise awareness about the health consequences of FGM. Working as an educator may also serve as an additional income source. For example, one traditional female circumciser explains that she is paid for this service and received a one-time payment of 70 to 85USD. Interviews showed that traditional female circumcisers who work as educators may advocate for the abandonment of the more severe form only, the Pharaonic form. They consider the Sunna form as a solution to save the girls from the Pharaonic type.<sup>20</sup>

### **A social practice perpetuated in despite of its serious health effects**

FGM poses serious risks to a woman's physical, mental and reproductive health throughout her entire life.<sup>21</sup> This pain that women endure is what Somali poet Dahabo Ali refers to as feminine sorrow. In her poem

“Feminine Pain,” she describes the lifelong recurrence of pain and the unraveling of both psychological trauma and physical wounds at three specific events in a woman's life: the time of circumcision, the wedding night, and childbirth.<sup>22</sup> During the circumcision procedure, unsanitary conditions can cause excessive bleeding and septicemia. In the long term, ingrown scar tissue and the infibulated vaginal opening make menstruation painful and impede menstrual flow. Some women are unable to retain urine and constantly produce discharge. On the wedding night, first intercourse is difficult due to painful penetration or unsanitary de-infibulation. During pregnancy and childbirth, the infibulated opening might obstruct labor and increase the risk of infection for the baby and the mother herself.

Despite the health complications, practicing communities consider it a tradition and religious duty that is passed down through generations and must be adhered to. FGM brings social benefits to the circumcised girl, her mother, and her entire family. It ensures the social integration of the woman and her family into the community. For the girl it is a means of controlling her sexuality. The purpose is to preserve her premarital virginity, reduce her sexual desire, and thus ensure her marriageability. From a religious perspective, the practice is intended to ensure purity and cleanliness so that the girl is perceived as *halal*.<sup>23</sup> The Somali term Sunnah explicitly links the practice to Islam, as the word Sunnah implies a tradition of the Prophet Mohamed that is preserved

“The project was talking about how this FGM is dangerous and it can damage girls physically and mentally. I am one of the educators who want to stop this and the one I do is to help girls not to undergo the dangerous form of circumcision so they can have this easy type, still I can stop it but I see as a solution to save them from getting the Pharaonic one. I am one of the members of the awareness committee and I am educating people on how to stop bad circumcision. (...) I agree with everything that they were talking about. The information was very useful and it didn't affect my work because I'm doing this to save the girls. We must stop the damage caused to the girls and these programs make us understand this, however the Sunni is simple and does not harm.” (KII Traditional Female Circumciser, Majority clan, Interview 1)

<sup>20</sup>The information about the practice is derived from the two KIIs with Traditional Female circumcisers, conducted as part of this study.

<sup>21</sup>Raqiya D. Abdalla (2013); Sheena Crawford (Dr), Sagal Ali (2015); 28 Too Many (2018); UNFPA (2021).

<sup>22</sup>“Feminine Pain”, Poem by Dahabo Ali Muse, Somalia; Raqiya D. Abdalla (2013).

<sup>23</sup>Sheena Crawford (Dr), Sagal Ali (2015); Puntland Statistics Department, Puntland State of Somalia (2021).

Figure 1: Illustrations by Somali artists for a health education brochure, 1986



by his followers. This makes Sunnah circumcision the religiously permitted and currently most socially accepted form. The term pharaonic suggests that the practice began in ancient Egypt, although that is not clearly evidenced. Its religious basis is debated within the Islamic world and currently has less support than the Sunna form in Somalia.

### Campaigns to stop FGM date back to the 1980s

Anti-FGM campaigns in Somalia date back to the 1980s when FGM was addressed as a of family health and/or planning topic. For example, under a nationwide health project, named the USAID-funded Family Health Services Project beginning in 1984, government institutions such as the Ministry of Health (MOH), the Somali Women's Democratic Organization

(SWDO), and the Institute of Women's Education (IWE) collaborated to conduct health campaigns and literacy programs that included messages on the health consequences of FGM. SWDO and IWE trained district leaders, communicators, and nurses, print and audiovisual materials (see Figure1 ), and school textbooks with information on FGM were developed. Although the project helped establish concerted action across various political institutions and sparked public discussion at the government level and among religious leaders, translation into policy at the political level has been lacking.

The nature of campaigns changed over time, from strategies that informed and sought to raise awareness to communication strategies aimed at changing individual and collective behavior on the long-term. FGM is no longer treated exclusively as health issue, but is also approached from other perspectives, such as being understood as a women's rights topic. A legislative approach to outlaw, if not criminalize, FGM practioners is much debated in Puntland because of the social and religious ramifications of the practice. Political statements about intentions to ban the practice have been reiterated several times over the past 20 years. But the process of translating political statements into policies and laws to ban FGM in Puntland has been slow. However, in 2013, the Ministry of Religious Affairs in collaboration with the Ministry of Women's Development and Family Affairs issued a religioius fatwa to ban all forms of FGM. In June 2021, Puntland passed a zero tolerance bill at the cabinet level.

<sup>24</sup>Sheena Crawford (Dr), Sagal Ali (2015); Ibrahim Lethome Asmani, Maryam Sheikh Abdi (2008).

<sup>25</sup>USAID (1989a); USAID (1989b); Virginia H. Delanceyl, Deborah E. Lindsay, Anita Spring (1987).

<sup>26</sup>The picture, as shown in Figure 1, was retrieved from: Flavia S. Ramos (1999).

<sup>27</sup>USAID (1989a); USAID (1989b);

<sup>28</sup>USAID (1989a); USAID (1989b); Virginia H. Delanceyl, Deborah E. Lindsay, Anita Spring (1987); Sheena Crawford (Dr), Sagal Ali (2015).

<sup>29</sup>Els Leye, Soetkin Bauwens, Owolabi Bjaklander (2005); Sheena Crawford (Dr), Sagal Ali (2015).

<sup>30</sup>Sheena Crawford (Dr), Sagal Ali (2015); 28 Too Many (2018).

<sup>31</sup>"Somalia: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)", UN D.S. Department of State Archive, 1 June 2001; "Somalia's Puntland Moves to Ban Female Genital Mutilation", VOA News, 11 June 2021; UNFPA, UNICEF (2015); Sheena Crawford (Dr), Sagal Ali (2015); UNFPA (2021).

<sup>32</sup>Hazel M. McFerson (1986); Puntland Statistics Department, Puntland State of Somalia (2020); Puntland Statistics Department, Puntland State of Somalia (2021).

### Steady prevalence rate but change in nature of FGM

Despite interventions and investments to accelerate change toward eradication of FGM, the prevalence of the practice in Puntland is static. This observation is also labelled the KAP<sup>33</sup>-gap. The terms describe how despite investment in campaigns to increase community knowledge and awareness of the harmful effects of FGM/C, little change has occurred in community practices revolving around FGM.<sup>34</sup> Indeed, figures from the *Multi Indicators Cluster Survey* (MICS) in 2006 and 2014, as well as the 2020 Puntland Health and Demographic Survey indicate a steady high

prevalence rate of any form of FGM around 98%.<sup>35</sup> While prevalence is not decreasing, changes are occurring in the nature of FGM. This takes the form of a decrease in the severity of circumcision where practicing communities start abandoning the Pharaonic form, but continue with the Sunnah form. It also involves the medicalization of the procedure, intended to improve medical conditions of the practice. The practice is shifting toward a more socially acceptable form, rather than its complete eradication for which, however, FGM campaigns aim to advocate.<sup>36</sup>



<sup>33</sup>KAP stands for Knowledge, Attitudes and Practices.

<sup>34</sup>Els Leye, Soetkin Bauwens, Owolabi Bjaklander (2005).

<sup>35</sup>Puntland Statistics Department, Puntland State of Somalia (2020); UNICEF (2006); UNICEF, MNP (2014).

<sup>36</sup>Sheena Crawford (Dr), Sagal Ali (2015); Powell R.A., Yussuf M. (2018); Puntland Statistics Department, Puntland State of Somalia (2021).

## Methods

### Research Purpose

The purpose of this study was to provide the IFRAH Foundation with information on community knowledge, attitudes, and practices regarding FGM in Garowe, Puntland. Specifically, the research sought to address three different research questions, as outlined in Table 1. The first research question provided information about the community perceptions of the practice's benefits, negative effects and drivers for continuation and change. The purpose was to gain an understanding about how community expectations, cultural identity and religious beliefs play a role in the perpetuation of the practice, or present an avenue for change. The second research question asked about knowledge and awareness of the community on health-related consequences of FGM. This was to find out about how respondents relate the adverse health effects into their reasoning about support for the practice's continuation or abandonment. The third research question aimed at understanding the extent to which participants were exposed to and have participated in anti-FGM educational campaigns. It was intended to help understand how the respondents perceive the information and how they engage with it outside the campaign context, for example with their friends and family at home.

### Study Design

The study was carried out between May to June 2021 and interviews were exclusively conducted in Garowe, Puntland. The study used a qualitative study design through *Key Informant Interviews* (KII) with various stakeholders and *Focus Group Discussions* (FGD) with six to nine participants per group. Qualitative interviews with diverse groups of respondents were designed to help obtain personal, detailed, and contextually appropriate accounts of different perspectives that can help triangulate mutual perceptions and illustrate social dynamics. Mothers, fathers, and young single women and men participated in the group discussions. The specific purpose was to discover the perspectives of parents and future parents, their perceptions and reasoning for (dis)continuing the practice. Individual interviews were conducted with clan elders, religious leaders, a district administration representative, and traditional circumcisers who shared their views of and engagement with the topic through the lens of a particular social role and/or profession. In selecting respondents, consideration was also given to having group discussions with women and men from both majority clan and minority clan.

The interviews were conducted in the Somali language, which was the native language of the participants and interviewers. Interview tools were therefore

Table 2: Research questions

Guiding research question	Key sub-questions
What are the community perceptions of FGM practices?	What does the community perceive to be the benefits or the reasons for practices FGM? What are community perceptions on the negative effects of FGM? How do communities locate FGM within their religious and cultural identity? Who/what are the major drivers perpetuating the practice of FGM? Who/what are the major drivers perpetuating the practice of FGM?
What are the knowledge gaps on FGM-related health consequences among community members/other targeted individuals?	To what extent are communities aware of the physical and mental health consequences of FGM?
To what extent are communities in Puntland aware of FGM campaigns (especially the Dear Daughter campaign)?	Which FGM campaigns are community members aware of? Which parts of their programming have interacted with?

developed in English and translated into Somali. Two enumerators were hired to conduct the interviews in Garowe. Enumerators received training about how to conduct qualitative interviews and were given information about the study's objectives in addition to the study's research questions. Since FGM is often translated by the Somali word *gudniinka fircooniga*, which refers exclusively to the most severe form (infibulation), the researchers were sensitized to the different types and asked to get the interviewees to specify which type of circumcision they were talking about. To reduce gender sensitivity related to FGM, a female research assistant interviewed the female participants, while the male respondents were interviewed by a male research assistant. Focused Group Discussions (FGDs) were gender-segregated. All interviews were audiotaped and subsequently transcribed into English.

In total, the study carried out 14 FGDs and 8 KIIs. All interviewees are residing in Garowe, thus living in an urban setting. Interviewees from group discussions had different occupational backgrounds and were business owners, drivers, retired military officers, students, NGO employees, nurses, teachers, government employees, housewives or unemployed. The district administration representative worked in the department for women's affairs. The clan elders

claimed peacemaker as their occupation. The religious leaders all worked as teachers in a koranic school. One of the traditional female circumcisers had a medical background, as she stated that she also worked as a midwife. The following table provides an overview of the study participants by respondent type, number of participants, majority or minority clan affiliation, and age range of respondents.

### Interview Content

The development of the interviews was guided by the research questions, as described in Table 1. The interviews began with respondents sharing personal associations or stories about the topic. This was to get them to feel comfortable exploring the topic themselves without a designated category of questions. Subsequent research questions were more purpose-driven and differed slightly by survey type. In the FGDs, questions were asked about men's and women's individual and community perceptions of the practice. Questions also addressed the benefits to the circumcised girl, mother, family, and wider community, the decision-making process, and reasons for (dis) continuation. Interviewees were asked about possible health effects of FGM. They closed the interviews with questions about their involvement or awareness

Table 3: Overview of interview respondent characteristics

Interview partner	Number of participants	Minority/ majority clan	Age range
Mothers	2 groups of 6 women	Majority clan members	27 to 50 years
Mothers	2 groups of 6 women	Minority clan members	22 to 60 years
Fathers	2 groups of 6 and 7 men	Majority clan members	30-75 years
Father	2 groups of 6 men	Minority clan members	30-60 years
Female Youth	2 groups of 6 women	Majority clan members	19-25 years
Female Youth	2 groups of 6 women	Minority clan members	16-25 years
Male Youth	1 group of 9 participants	Majority clan members	25-35 years
Male youth	1 group of 6 participants	Minority clan members	20-28 years
District Representative	1 woman	Majority clan members	48 years
Traditional Female circumcisers	2 women	Majority/Minority clan member	45 and 60 years
Clan elders	2 men	Minority clan members	56 and 57 years
Religious leaders	3 men	Majority clan members	30-40 years,

of anti-FGM campaigns, what lessons they have learned, and how it affects them in their daily lives. Key informants were interviewed about campaigns and their thoughts on factors of continuation or abandonment of the practice. Religious leaders, clan elders, and the district administration representative were specifically asked about the tools and strategies they use to engage with the community, as well as other policy makers, religious leaders, clan elders, or organizations about the practice and to advocate for its continuation or abandonment. Traditional circumcisers were interviewed about their profession, the practice itself, and their relationship with the clients whose girls they circumcise. They were also asked to share their opinions about the factors for perpetuation and change, and how, if at all, they saw the practice changing over time. Interviews concluded with questions about how their public role and contact with the topic affected them in their private life and family relationships.

### Analysis

After transcribing the interviews into English, the researcher read the interviews through the lens of the three main research questions and identified common themes and opinions across interviews, particularly across interview notes of the same interview type, to identify general trends and overlaps or variations. The resulting dynamics were described in the subsequent study findings section in four subsections on perceptions of negative health effects, religious and cultural arguments for promoting a particular form of FGM, individual perceptions of community expectations, and on the respondent's awareness of anti-FGM campaigns. The conclusion will summarize the information by specifically answering the three main research questions and formulate recommendations for future campaign activities.



## Study Findings

### Knowledge About Adverse Health Effects

Women openly talked about their experiences, pain and personal problems with circumcision or that of their daughters, while fathers and other male respondents shared stories about their daughters, sisters or stories they have heard. Participants attributed health complications to Pharaonic circumcision. In fact, the participants identified Sunnah as harmless form of circumcision and Pharaonic as the only harmful method. The Sunna method was regarded as safe with no health consequences. According to one of the clan elders, it would even resemble the condition

of a girl's untouched genitals. He argued that "in the sunnah practice, parts of the girl are not cut but a little blood is released from the tip of the clitoris, leaving her untouched".<sup>37</sup> A woman in the female youth group stated how she thinks that "the pharaoh is to cut the girl all her sensitive parts off, but the Sunnah is no harm at all."<sup>38</sup> Physical health problems resulting from the Sunnah circumcision were considered to be minor. As such, some mothers explained how the Sunna is harmless, or causes minor illness only, such as back pain or infection.<sup>39</sup>

I have been in pain since the day I was circumcised, especially during my menstrual period. I did not receive any medical support because we were a poor family. I still walk with stitches that were sewn on my body, after I had my child. Girls often have problems with pharaonic. So, if you want to reopen, you need to pay for a doctor and some people will make fun of her that she can't take this circumcision. (FGD Female Youth, Minority clan, Interview 2).

Sometimes, the circumcision equipment may not be clean and they get tetanus. So it becomes a very serious situation. When I got married the first night, I cried all night when it was supposed to be a joyful night for me. I went through a lot of pain during sex and it's not just me but everyone who has undergone pharaonic circumcision faces this experience. (FGD Mothers, Minority clan, Interview 2)

There was this girl who had undergone pharaonic circumcision. One day, while she was playing, she fell down from a tree and ruptured her private parts that had been sewn. She had to be sewn again, which was a very painful experience for her. I personally suffered a lot when I was circumcised. I had difficulty urinating, because the space was very small. Most of woman have a caesarean section lately, because during the birth they are unable to push the baby. (FGD Female Youth, Minority clan, Interview 1)

I have already spoken about it and as an example when I was in the village "biyo 'agale" my granddaughter who was 12 years old was with her mother and her mother called some women who specialize in the pharaonic circumcision to circumcise her. They circumcised her and by nighttime, the girl was screaming in agony then we took her in my water tank truck and drove to Garowe hospital where she was hospitalized for 2 months. She had to go through another operation and it was a life threatening situation and that is why it is something that needs to be stopped (FGD Fathers, Majority clan, Interview 2)

<sup>37</sup>KII Clan elder, Minority clan, Interview 1.

<sup>38</sup>FGD Female Youth, Minority clan, Interview 1.

<sup>39</sup>FGD Mothers, Minority clan, Interview 2.

If I talk about personal experiences, I can recall witnessing my sisters having health problems while urinating or during their periods, while giving birth they had complications (obstetric fistula). (FGD Fathers, Majority clan, Interview 1)

What I have seen is a girl who finished the 9 months pregnancy period and still couldn't give birth for an extra one month to 45 days she was in contraction, I was a witness and the doctor said it took her a long time to give birth because she was all stitched (Pharaonic circumcision), she had to go to the doctors in Galkayo Hospital where she met the doctors without borders (MSF). (FGD Male Youth, Majority clan, Interview 1)

Pharaonic circumcision is associated with more severe health consequences, including general body harm, blood clots during their period, problems during sexual intercourse and childbirth and psychological problems in their marriage as well as potential death as major physical and mental health complications. The adverse health effects extend throughout a woman's life. A mother summarizes how the health consequences not only occur during and in the immediate aftermath of circumcision, but shadow women in their daily lives and during specific life events such as monthly menstruation and childbirth.

Female genital mutilation (FGM) has many problems, from the day it is performed until one becomes a mother. On the day of the circumcision, the girl has a lot of problems, such as menstrual cramps and infection or she can't pee. Also, when she is in labor she has to deal with much pain that others don't face which leads to fistula. The first night of the wedding, they cut her and some bleed badly and then when she is giving birth, she has to deal with all difficulties such as fistula (Isku furan) and infections. (FGD Mothers, Majority clan, Interview 2)

The pharaonic circumcision is like killing because it is the removal of the emotional parts of the women which destroys their future and in our religion, it is allowed not to circumcise the girl. (FGD Male Youth, Minority clan, Interview 1)

We accept that anyone who performs this practice should be labelled as someone who killed a person and must be jailed. (KII Clan elder, Minority clan, Interview 2)

That is not good for our women after seeing their conditions and how they are suffering as a young man, I believe it is not good and what we need is the law that the government passed to be implemented by the higher court and there should be a punishment for offenders. (FGD Male Youth, Majority clan, Interview 1)

In this regard, male participants described pharaonic circumcision with strong negative and judgmental connotations such as “ugly,” “abusive,” “merciless,” “slaughter”. Fewer female participants recognized the abusive and violent nature of the Pharaonic circumcision. One mother mentioned FGM/C as a form of crime against women. A young woman compared Pharaonic circumcision to violence against women. A circumciser called FGM/C as an “addiction” that is difficult to give up. Women tend to report health effects and pain as a necessity or side effect aimed

to preserve their cultural traditions, ensure social inclusion, and practice of religious beliefs. For example, women tend to describe circumcision as a ticket to gain social acceptance by the community. In other words, women report health impacts relative to how the community reacts and what type of discrimination she, her daughter or her family may face if the girl is not circumcised. They refer to their own suffering and pain as a reason to justify the less severe form, that is the Sunnah type.

My daughter can't live in the society without being circumcised, as she will be bullied with her fellow friends. The advantage my daughter will get through circumcision is happiness and not being discriminated against by others. The benefit for us is the Sunnah we follow then, that is enough for us to benefit. They experience bleeding or other side effects. They face problems whether is psychological or traumatic, since the female circumcisers do not know much about it. But the girls hide the problem and say that their friends have been circumcised and they have not said anything and you should not be heard. I do not believe there is any disadvantage. (FGD Mothers, Majority clan, Interview 1)

The benefits for her to be circumcised is to be accepted and married and be confident with her friends. However, the disadvantage is facing many challenges during birth, during menstruation and general complications such as bleeding. It's something common to see in the community if you have your daughter circumcised. However, if you don't have your daughter circumcised, they will ridicule you behind your back and think that you're leaving your culture and religion. If you don't circumcise your daughter, people will doubt if you are a Muslim or not because this is to prove that you're Muslim. (FGD Mothers, Minority clan, Interview 1)

I am nineteen years old and I am very much against female circumcision. I was young when I was circumcised and I don't remember anything, if it was today I wouldn't accept pharaonic type. We are all supporting because it's our culture and people believe you are a virgin when you undergo circumcision. There is also a lot of pressure on girls from the community and sometimes parents want their daughter to undergo Sunnah circumcision but the girl will refuse and choose pharaonic type instead due to peer pressure. All her friends have undergone pharaonic circumcision and therefore they will insult her when she is different. We as a community cannot stop FGM completely even if there is a law, because it is a tradition. Pharaonic circumcision is not allowed in our religion but we believe in Sunnah circumcision. (FGD Female Youth, Minority clan, Interview 1)

I am also an educator, because I have been circumcised and have suffered a lot. So I advise young people and women not to suffer the same problem I face. One morning as I was walking through the neighborhood, I heard a little girl crying, then I stopped and asked her mother, “why have you beaten the girl”? Then, the mother said, “oh no I didn't beat her but, I wanted her to be circumcised so she thought you are the female circumciser”. I advised the mother against circumcision reiterating that her daughter will face a lot of problems. (KII District Administration Representative, Majority clan, Interview 1)



And so, awareness about negative physical and mental health consequences of FGM manifests itself among all respondents. Many interviewees consider the Pharaonic circumcision harmful, while the Sunnah form is perceived as harmless. Especially men tend to use the health consequences as arguments to condemn the Pharaonic form, voice their support for the Sunnah form. The women usually see their pain and health consequences as a way of preserving the culture and to ensure their social inclusion and that of their daughter and family.

### Religion And Culture Promote The Sunnah Form

Despite a good knowledge of the health consequences of FGM, only a few of the participants intended to have their daughter uncircumcised. Majority reported having chosen to have their daughters undergo the Sunna form instead, which they perceived to be similar rather than leave them uncircumcised. Arguments and the reasons for (dis) continuing the practice and the forms reflect notions of tradition, culture and religion. Participants use these terms interchangeably, making it difficult to draw conceptual boundaries. The interviews reveal that most participants perceive FGM, more specifically the Pharaonic form, as a long tradition that has been inherited and passed down through generations and subsequently needs to be maintained. Respondents in the various group discussions and key informant interviews, particularly mothers and young women, indicate that the practice

is part of their cultural practices that they want to pass on and not abandon completely. The persistence on its cultural background may be due to the social ramifications that FGM brings about to women. This factor is further explained in the subsequent section on mutual perceptions. However, in the group discussions with young men, they reject the argumentation of the Somali tradition being the justification for the continuation of Pharaonic circumcision. They believe that the tradition was brought to Somalia from another place, in other words, it was imported from outside. It seems, that for them, tradition seems is relevant to justifying FGM than their religious beliefs.

In the conversations, religion emerges as a factor that justifies ending the strictest form, Pharaonic, but promotes the less strict form, Sunnah. For example, participants argue that the Quran and Hadiths explicitly allow the Sunnah method, in contrast to Pharaonic circumcision, which finds no justification in Islam. In the consequence of this argument, the Pharaonic form is dismissed and rejected as partly ignorant tradition. In other words, participants draw a line between the religious justification for practicing the Sunnah form and the rejection of Pharaonic circumcision as an old cultural tradition. Some respondents, on the other hand, argue that even the Sunnah form of circumcision can be abandoned because it is not a religious obligation. Instead, one could choose to leave the girl uncircumcised.

It sounds like this is a tradition that was brought here from some other place, this is because of lack of knowledge and caution, hence I believe that this culture is bringing pain and suffering to our Somali girls and mothers. (FGD Male Youth, Majority clan, Interview 1)

FGM practices should continue because it's something that we have inherited it from our parents. Everyone in the community will support to continue this, however, people are more into the practice of Sunnah circumcision as opposed to Pharaonic circumcision. (FGD Mothers, Minority clan, Interview 1)

Every one of us loves to circumcise his daughter and I am against to end the FGM completely. There is a Somali saying, "Caado la gooyaa Cadho Allah ayay leedahay", which means, breaking a habit is like leaving our culture and religion and God will be angry with us. (FGD Female Youth, Majority clan, Interview 1)

However, the Sunni type is not a big problem but we can also stop it if there is a lot of religious awareness, and it can be continued if people do not accept the awareness messages. (KII Traditional Female Circumciser, Majority clan, Interview 1)

Religious scholars play an important role in framing the conversation about FGM practices and setting guidelines. After all, participants invoke statements from religious scholars to justify retaining or abandoning one form or another. Religious practices, for example, may be given precedence over medical evidence of potential harm to health. In fact, a traditional female circumciser with a medical background explains how she trusts the statements of religious scholars to justify the Sunnah practice, suggesting that she bases her decisions of performing FGM primarily on the religious arguments rather than on her professional background and medical knowledge exclusively. And yet, debates among religious scholars reveal that there is disagreement about whether or not the practice is

explicitly endorsed in the Quran or through Hadiths. In the interviews, one religious scholar points to the Islamic principle of inflicting no harm on anyone and leaving the human body untouched, arguing that even the Sunnah should become banned. Another religious scholar bases his argument on a verse in the Quran (16:123) that commands the Prophet Mohamed, and by implication all Muslims, to follow the way of life of Ibrahim, who himself was circumcised. He also cites a story that a woman was circumcising other women at the time, but this caused no harm and did not involve any stitches. Instead, only some blood was released from the girl, which he takes as religious proof of the Sunnah form.<sup>40</sup>

The world is built from one generation to the next, so we want it to continue but, the Sunnah one. It should continue because it's our culture our Sunnah. Our religion is transmitted to us by the scholars, and our scholars did not say let the Sunnah be abandoned. So it will continue. (FGD Mothers, Majority clan, Interview 1)

We asked the Scholars if Sunnah is forbidden, and they told us that it's not forbidden as long as we are not abusing or harming the girls we can do it. (KII Traditional Female Circumciser, Minority clan, Interview 2)

It was the tradition of the prophet and the supporting evidence is the verse 16:123 from the Quran which states as *ما افينح ميهاربا ؤلم عبثلا نا كئلا اني حوا مٲ* translated as "and we have instructed you O Mohamed to follow the religion of prophet Ibrahim". It is a direct order from the Almighty to the Prophet Mohamed (Pbuh) to follow in the footsteps of Abraham (Pbuh). And Abraham circumcised himself and his wife at old age. He also said that at the time of the prophet there was a woman who circumcised the women, and the type of circumcision was never to harm, stitch or cut large part from the body of a woman, but to release a small blood from the girl. (KII Religious leader, Majority clan, Interview 1)

<sup>40</sup>For more information about the link between FGM and Islam read: Ibrahim Lethome Asmani, Maryam Sheikh Abdi (2008).



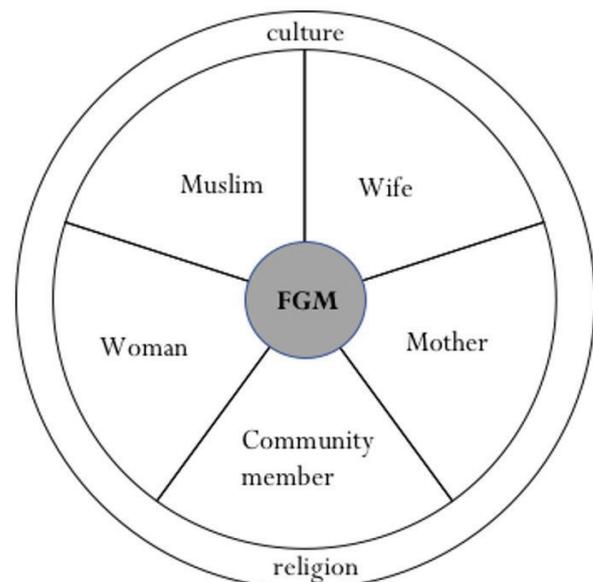
### Individual Perceptions of Community Expectations

Both cultural practices and religious beliefs provide an overarching framework from which different social expectations emerge that drive people, especially women, to maintain the practice, regardless of their knowledge of the health implications. As such, a woman's circumcision is affecting her image as a **mother** and that of her daughter and family within her community. Interviews with mothers and young women reveal how they actively fulfil different role expectations within their social environment by circumcising their daughters. As a mother, she is responsible for ensuring her daughters' virginity, purity and marriageability. Otherwise, an uncircumcised girl will be bullied and harassed at school, by her friends and other community members. She will be called names, such as *buurya qab*, which is a term for a Somali girl who has not undergone circumcision. Sometimes the girl herself asks to be circumcised in order to feel part of the circle of her friends who are themselves circumcised. In turn, a mother who has not circumcised her daughter is viewed as failing in her role as a mother. As a **wife and family member**, through the circumcision of her daughter, she preserves the dignity of the family and her husband. Once her daughter reaches the age of thirteen and is not (yet) circumcised, she would be considered a disgrace to the family and her family would be insulted by community members. As a **member of the community**, she passes on a tradition inherited from previous generations. In doing so, she ensures the social inclusion of herself, her daughter's, and her family's role. Community members even come to congratulate her and present gifts to the family. The mother may seek advice from female relatives and friends to decide on the form of circumcision, assess possible risks, and plan its procedure. As a **Muslim**, she tries to prove that she herself and her daughter are well-practicing Muslims. Female youth cite a Somali saying, "*Caado la gooyaa Cadho Allah ayay leedahay*", which means, that breaking a habit is like leaving our culture and religion and God will be angry with us<sup>41</sup>. The mothers explain that they perceive their daughters as haram if they are not circumcised. For example, they believe that the girls cannot pass

water to them to perform the ritual ablution before prayer, or that they are even excluded from studying the Quran. In their view, female circumcision sets them apart from non-Muslims. And as a **woman**, she may be conforming to a female body image. As such, a woman explains how she believes that the clitoris would otherwise grow into a penis and therefore must be removed.

"I would like to request to leave this issue to the women because they are the ones who are suffering and going through pain, this is not a man's issue, the women should vote on it, if they are going to feel sick or feel healthy, we (as men) leave this kind of issues to the women." (FGD Male Youth, Majority clan, Interview 1)

Figure 2: Social role expectations and external factors affecting a woman to practice FGM



While women actively fulfil social expectations through circumcision, men's attitudes towards their role in addressing FGM are divided. They portray the issue as one that exclusively affects women and that should only be discussed and decided by women themselves. They also portray it as the mother's duty to take care of her daughter's female circumcision. As a woman, she is responsible for

<sup>41</sup>FGD Female Youth, Majority clan, Interview 1.

the female affairs of the household. As such, they expect the woman to maintain her family's image within the community by circumcising her daughter, confirming the woman's perceived expectations. It is also framed as a parenting issue. Some men state that they would like to influence the type of circumcision, or ensure that their daughters are not circumcised at all. For some men, this proves difficult, as the decision traditionally rests with the mother. She may practice it in secret, so that the father only finds out about it once the circumcision has already been performed. For example, some fathers complain about the hospital bills they have to pay when their daughters need medical health care. While some of the men dismiss the issue as a women's issue, another part acknowledges that circumcision has become a "collective responsibility." This resonates with religious debates, the government's zero-tolerance law, and awareness campaigns against FGM. However, religious leaders recognize that the issue of FGM is a sensitive topic and a challenging discussion to have within the community and among religious leaders and traditional elders.

"As fathers we get to understand the pain of our daughters but the issue is that the mothers hide this from us." (FGD Fathers, Minority clan, Interview 2)

"The final decision is made by the mothers but since it is causing harm to the daughters and since the religion is totally against it and the government passed a bill to ban it this shows that the community have agreed to stop it and all of this happened because of the awareness programs this issue became a collective responsibility of the government, the Islamic scholars, NGOs and Educators." (FGD Fathers, Minority clan, Interview 1)

Community expectations and behavior are critical factors in sustaining the practice and influencing individual choices. The women raise two points that can be seen as key entry points for change. First, they indicate that they base their individual decision on the behavior of the community. If the community

continues to practice it, they will do it; if it stops practicing it, they may agree with it. For example, one young woman stated that she would even stop Sunnah circumcision if the community collectively agreed to stop it. And secondly, it's the girl's marriageability. Women believe that FGM guarantees their daughter's marriage. Young women and mothers believe that men advocate FGM primarily because they want to ensure that their wives are virgins and therefore prefer to marry circumcised women. They state that men, and especially young men, prefer women who are circumcised in the Sunna way because this type of circumcision causes fewer complications during sexual intercourse. One mother reported an incident in which a newly married woman was abandoned and eventually divorced by her husband the day after their wedding after he found out that she had not been circumcised in the Pharaonic way. Interestingly, the aspect of marriageability may be taken as an avenue for change. Women indicate that they could give up circumcision if men were willing to marry uncircumcised girls. In fact, several young men indicated how they think FGM may eventually cause a divorce. They describe that FGM can cause a woman to lose her emotions and sexual sensations. They further identify the physical health consequences of FGM as the cause of the woman's psychological breakdown and their marriage ending in divorce.

"We depend on how the community behaves, if it is stopped we will stop and if it continues we will continue. The main reason is the culture and our Sunnah." (FGD Mothers, Minority clan, Interview 2)

"Uncircumcised girls are discriminated against in society and are considered shameful. They believe she's not virgin, she is a bad girl. So, I would like to continue the tradition for the sake of our girls, however, if the men will not have a problem marrying uncircumcised girls we can leave. But, the problem is they may say we let this culture and the sometimes, they don't want to marry uncircumcised girls." (FGD Female Youth, Minority clan, Interview 1)



### Perceptions of Anti-FGM Campaigns

Some interviewees had participated in educational campaigns, such as the Dear Daughter campaign, the Ministry of Women's Affairs campaigns, or the TOSTAN program, or worked as community educators. Exposure to these information campaigns may lead to discussions in families and among religious leaders or clan elders. Some interviewees thus explain how the campaigns contributed to their decision to opt for the Sunnah form or not to circumcise their daughter at all. One religious leader explains that through his participation in a campaign by the Ministry of Women's Affairs, he came to believe that Pharaonic circumcision should be stopped. Now, in his role as clan elder, he speaks to women about the dangers of this bad practice, which he perceives as religiously

illegal. One of the circumcisers interviewed works as a community educator with the Dear Daughter Campaign, and explained that even this does not stop her from practicing FGM. Instead, she sees the Sunnah form as a way to protect girls from the severe Pharaonic circumcision. Indeed, interview participants assert that statements about the support for criminalizing or banning the practice, voiced by, for example, clan elders or religious leaders, does not necessarily translate into practice. For example, mothers explain that educators who support the ban continue to circumcise girls. Male youth explain that religious leaders continue to circumcise their daughters in a pharaonic manner and do not take action against it. Female youth likewise affirm that religious leaders and clan elders continue to support FGM in order to preserve the culture.

"These campaigns result to discussions on religious level between religious scholars who debate the issue." (FGD Fathers, Majority clan, Interview 1)

"The information in these campaigns had an effect on me and my family as I circumcised the daughters that were born before I received the awareness but me and my wife did not circumcise the daughters that were born after the awareness campaigns." (FGD Fathers, Majority clan, Interview 1)

"I am one of the educators who want to stop this and the one I do is to help girls not getting the dangerous one so they can have this easy type, still I can stop it but I see as a solution to save them from getting the Pharaonic one. The information was very useful and it didn't affect my work because I'm doing this to save the girls. We must stop the damage caused to the girls and these programs make us understand this, however the Sunnah type is simple and does not harm." (KII Traditional Female Circumciser, Majority clan, Interview 1)

"They believe she's not virgin and she is a bad girl. So, I would like to continue the tradition for the sake of our girls. However, if the men want to marry uncircumcised girls we can leave. But, the problem is they may say we let this culture and then sometimes, they don't want to marry uncircumcised girls." (FGD Female Youth, Minority clan, Interview 1)

Respondents are divided when it comes to public outreach on this issue and some perceive campaigns as insincere and misleading. For some, NGOs, whether local or international, are only out for their own gain and are not sincere about stopping FGM. In fact, awareness campaigns, especially by women, are criticized as being offensive to cultural practices and religious beliefs. Furthermore, lack of resources for awareness raising, low outreach to the rural communities who have limited access to media and radios, and a perceived exclusion minority clan members from these campaigns are cited as criticisms. The last point resonates with mothers from a minority clan, who felt excluded from activities and awareness campaigns. Respondents also mention the recently passed zero-tolerance bill, but support tends to be split along gender lines. For example, male youth

state that the government must implement the recent zero tolerance law and religious leaders should teach about the “right way” to circumcise girls the Sunnah way. Religious leaders declare their support for the government’s zero-tolerance law, and clan elders advocate criminalizing the practice. In turn, mothers and female youths in particular disapprove of the government’s new bill. They see it as a means to dissuade them from their cultural practices. Instead, interviews with mothers suggest that women do not perceive FGM as the most pressing problem. They wish the government would undertake measures to address the rape and killings of young girls and women. In fact, women may consider FGM as a way to protect girls from being raped. One woman explains that “if she is not circumcised, she will get raped”<sup>42</sup>.

“If I had participated, I would have taken the good information for the benefit of my family. But if I had heard anything anti-religious or anti-cultural, I would not have agreed to continue such a program.” (FGD Mothers, Majority clan, Interview 2)

“We have heard that laws against female genital mutilation have been issued by the Ministry of Women’s Affairs, and The Puntland government has approved it, but as a society we are against it. The reason we are against is because we don’t want to leave our culture.” (FGD Female Youth, Majority clan, Interview 1)

“We are surprised to hear that the ministry says we should end circumcision completely. How can we end our Sunnah? It feels wrong and we are not accepting.” (FGD Female Youth, Majority clan, Interview 1)

“There is a lot of different opinions about the circumcision and as you heard the government have passed a bill to ban it which will hopefully minimize this act, personally I believe in the ban of any form of circumcision.” (FGD Male Youth, Minority clan, Interview 1)

I want to know why the government is wasting its time talking about our Siil (vagina), leave our Siil alone and talk about rape and killing young female. Why didn’t they do something about girls who get raped and killed every day? Why is the government not issuing a law to women who are suffering the most in Puntland while the traditional law is being enacted? We will agree, listen to them if they do something for the girls who are being raped every day. (FGD Mothers, Majority clan, Interview 1)

<sup>42</sup>FGD Mothers, Minority clan, Interview 1.

## Conclusion

A final summary of the findings from the 14 FGDs and 8 KIIs will be presented with regard to the three overarching research questions (see Table 2). This study asked about knowledge of health problems, perceptions of and attitudes toward FGM, and participation in various anti-FGM campaigns and how the information was used. Broadly, it appears that the participants have a good knowledge of the health consequences. They derive their attitudes toward maintaining or discontinuing the practice from their religious beliefs, cultural traditions, and societal role expectations. In practice, there is a tendency for the change of practice form, whereby the Pharaonic is increasingly rejected for lack of religious reasons and the Sunnah method is pursued instead. This tendency is consistent with findings obtained through other studies and presented in the Background Information chapter.

### What are the knowledge gaps on FGM-related health consequences among community members/other targeted individuals?

Awareness about negative physical and mental health consequences of FGM manifests itself among all respondents. They share stories about their own experiences, relatives or friends. Many respondents consider the Pharaonic circumcision to cause harmful medical complications, while the Sunnah circumcision is perceived as harmless with only minor health complications, e.g. back pain or small bleeding. However, a few women shared their beliefs about how the clitoris could grow into a penis, which may indicate a lack of knowledge about the reproductive organs. Despite good knowledge on the health consequences of FGM, few of the participants expressed intention to leave their daughter uncut, while in fact their daughters had to undergo the Sunnah form instead. Respondents perceived the Sunnah form as being similar to leaving the girl untouched. The women usually report their pain and health consequences as necessary to preserve the culture and to ensure their social inclusion and that of their daughter and family. Men tend to use the health consequences as

arguments to condemn the Pharaonic form, voice their support for the Sunnah form and support forms of criminalization of the practice.

### What are the community perceptions of FGM practices?

Interviewees also point out that FGM is a cultural practice that has been passed down through generations and therefore must be upheld. Religion is used as a justification to end the extreme form, Pharaonic, and promote the mild form, Sunnah. Debates among religious scholars show that there is much disagreement about whether or not Sunnah practice is explicitly endorsed in the Quran or by Hadiths. Therefore, religion as a means of arguing in favor of a form perceived as less harmful, contributes to a change in the nature of the practice, where the Pharaonic tend to be abandoned in order to advocate the Sunna form.

Religious beliefs and cultural practices form an overarching framework from which different role expectations for women emerge. Women tend to maintain the practice to secure their position in the community as mother, wife, community member, and Muslim, as well as to affirm a female body image of purity. Thus, regardless of their knowledge of the negative health effects, women fulfill the social expectations placed on them by the community. In particular, they want to ensure the social inclusion of their daughters, their family, and themselves in the community. FGM is also intended to ensure ritual, religious purity and make the girl religiously permissible. It is also to control their daughter's sexuality by reducing sexual desire, preserving virginity, and thus increasing marriageability. In turn, women fear negative repercussions in the form of discrimination and social exclusion if they do not circumcise their daughters. Men frame the issue as a women's issue that only women should discuss, thus reinforcing women's responsibility. However, some fathers admit that their wives hide circumcision from them to prevent them from intervening. As such, some express that they would like to make the decision

about the practice and type of circumcision jointly with their wives. Some men also recognize the collective responsibility that public figures such as religious leaders, clan elders, or the government must take to stop the practice. They specifically point to the ban of the pharaonic practice for medical reasons and lack of religious support. So, while some men frame the issue as a mother's and wife's duty in the home, others express their willingness to shift what is framed as a woman's issue into a topic of parenthood and collective responsibility. As a result, it appears that community expectations and specific roles associated with circumcision, embedded in long-standing traditions and religious beliefs, are important drivers that perpetuate the practice. Potential pathways to change may include the factor of marriageability and a collective commitment to change. The women express that they would even consider discontinuing the Sunnah form if the men were willing and sincere about marrying uncircumcised girls. They would also consider abandoning it if the entire community committed to ban the practice at the same time.

### To what extent are communities in Puntland aware of FGM campaigns (especially the Dear Daughter campaign)?

Some of the interviewees had participated in educational campaigns, such as the Dear Daughter campaign, the Ministry of Women's Affairs campaigns, the TOSTAN program, or they worked as community educators. Exposure to these educational campaigns can lead to discussions within families who eventually decide to abandon the strictest form, Pharaonic, or not to circumcise their daughters at all. The campaigns are also described as triggering discussions among religious leaders or clan elders about the religious justification of either form. Participants and even community educators involved in active campaigns tend to use the information gained as justification for promoting the Sunnah form and abandoning Pharaonic circumcision. This suggests a shift toward the less strict form, but raises doubts about the extent to which participants receive and educators convey the correct information about completely abstaining from any form of FGM. Some respondents are generally opposed to information on completely

renouncing FGM and therefore reject campaigns as religiously and culturally misleading. Respondents criticize technical factors in addition to campaign content. These include a lack of resources to conduct campaigns, lack of outreach in rural areas, which in turn do not have access to radio and social media and the perceived absence of minority clan members. Group discussions with women revealed that some of them do not see FGM as an urgent issue for public debate. Instead, they call on stakeholders to take action against rape and killings of girls and women.

Based on the study results, GrassRoots concludes the following recommendations:

- 1. Health-related information:** All respondents were aware of long-term health problems, but associated serious medical complications only with the severe pharaonic form of circumcision. The Dear Daughter Campaign should emphasize in their advocacy messages that the Sunna form, which is perceived as harmless, can inflict harm as well. During an FGD with mothers, a woman explained how she believes FGM prevents the clitoris from growing into a penis. While this observation did not occur in many interviews, it may still indicate that some women associate FGM with a certain body image that is free of perceived masculine parts. It may also indicate a lack of knowledge about the functioning/structure of the female genitalia, which could be addressed in the campaign.
- 2. Initiate discussions about religion and FGM:** The results of the study show how respondents draw on the Quran, Hadiths, and statements by religious scholars to justify the Sunnah form over Pharaonic practice. At the same time, the statements of religious scholars illustrate disagreement over whether Islam itself endorses or rejects the Sunnah form. This disagreement is also evident in the KIIs and FGDs with other interviewees. The Dear Daughter Campaign can help de-link religion and the various forms of FGM, including Sunnah.
- 3. Contribute to a shift from FGM as a maternal duty to a topic of parenthood:** While some men tend to see FGM as an exclusive women's issue and a mother's duty, others express their intention

to be involved in the decision-making process about their daughter's circumcision. The Dear Daughter Campaign is designed to bring mothers and fathers together to initiate discussions on how to transform FGM from a maternal duty to a parental responsibility in order to make the decision together. This should make clear to both sides not to harm the girl and to prevent clandestine practice through the mother.

**4. Lead discussion about the different roles a woman fulfills by means of FGM:**

The interviews show how women use FGM to fulfill social expectations in their various roles as a mother, a wife and a family caregiver, community member and Muslim, and how they choose to conform to a female body image of purity and cleanliness. The fear is that an uncircumcised girl would dishonor the family and lead to discrimination and social exclusion of the daughter, mother, and family. The Dear Daughter campaign could help to re-connote these five different roles to show how women can fulfill these roles through other activities without having to circumcise their daughters.

**5. Address the factors of marriageability and collective commitment as avenues for change:**

The women expressed that they would even consider discontinuing the Sunnah form if the men were willing and sincere about marrying uncircumcised girls. Young men explained how they perceive FGM as reasons why marriages end in a divorce. Women however doubt the sincerity of those men, who claim they would marry uncircumcised man, as their personal stories proof the contrary. Women would also consider abandoning any form of FGM if the entire community committed to ban the practice at the same time. The Dear Daughter Campaign

could use both aspects to initiate community discussions between men and women to unlink the idea of successful marriage from FGM and contribute to a shared understanding among all community members of a possible ban on the practice.

**6. Link FGM campaigns with action against rape and killings of girls and women:**

that some of them do not see FGM as an urgent issue that needs public debate. Instead, they urge stakeholders to take action against rape and killings of girls and women. The Ifrah Foundation should engage key stakeholders to complement activities related to zero tolerance of FGM with the implementation of measures to address other forms of violence against women.

**7. Promote inclusive campaigns:**

As respondents criticize a lack of outreach in rural areas that in turn lack access to radio and social media, and the perceived absence of minority clan members, the Dear Daughter campaign should ensure the inclusion of minority clan members and active outreach in various rural communities. Campaign educators tend to communicate information about the prohibition of the Pharaonic form while continuing to actively advocate and practice the Sunna form. The Dear Daughter Campaign should therefore maintain its efforts to educate about the different types of FGM and that the recently passed Zero Tolerance Bill prohibits all forms of FGM.

## Bibliography

### Internal Sources

#### FGDs

- FGD Mothers, Majority clan, Interview 1.
- FGD Mothers, Majority clan, Interview 2
- FGD Mothers, Minority clan, Interview 1.
- FGD Mothers, Minority clan, Interview 2.
- FGD Fathers, Majority clan, Interview 1.
- FGD Fathers, Majority clan, Interview 2.
- FGD Fathers, Minority clan, Interview 1.
- FGD Fathers, Minority clan, Interview 2
- FGD Female Youth, Majority clan, Interview 1.
- FGD Female Youth, Majority clan, Interview 2.
- FGD Female Youth, Minority clan, Interview 1.
- FGD Female Youth, Minority clan, Interview 2.
- FGD Male Youth, Majority clan, Interview 1.
- FGD Male Youth, Minority clan, Interview 1.

#### KIIs

- KII Religious leader, Majority clan, Interview 1.
- KII Religious leader, Majority clan, Interview 2.
- KII Religious leader, Majority clan, Interview 3.
- KII Clan elder, Minority clan, Interview 1.
- KII Clan elder, Minority clan, Interview 2.
- KII Traditional Female Circumciser , Majority clan, Interview 1.
- KII Traditional Female Circumciser , Minority clan, Interview 2.
- KII District Administration Representative, Majority clan, Interview 1.

## External Sources

Els Leye, Soetkin Bauwens, Owolabi Bjaklander (2005). Behaviour change towards female genital mutilation: lessons learned from Africa and Europe. URL: [https://www.academia.edu/8284880/Behaviour\\_change\\_towards\\_female\\_genital\\_mutilation\\_lessons\\_learned\\_from\\_Africa\\_and\\_Europe](https://www.academia.edu/8284880/Behaviour_change_towards_female_genital_mutilation_lessons_learned_from_Africa_and_Europe) (last accessed 5 July 2021).

“Female genital mutilation”, Fact Sheet, WHO, 3 February 2020. URL: <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation> (last accessed 5 July 2021).

“Feminine Pain”, Poem by Dahabo Ali Muse, Somalia. URL: <https://www.glasgowchildprotection.org.uk/CHttpHandler.ashx?id=35598&p=0> (last accessed 5 July 2021).

Flavia S. Ramos (1999). The Fotodialogo Method : using pictures and storytelling to promote dialogue and self-discovery among Latinas within a community-based organization in Massachusetts. Doctoral Dissertations 1896 - February 2014, 2326. URL: [https://scholarworks.umass.edu/dissertations\\_1/2326](https://scholarworks.umass.edu/dissertations_1/2326) (last accessed 5 July 2021).

Hazel M. McFerson (1986). Memorandum. Report on the Third International Congress of Somali Studies, Rome, Italy, May 26-30, 1986. URL: [https://pdf.usaid.gov/pdf\\_docs/PNAAV594.pdf](https://pdf.usaid.gov/pdf_docs/PNAAV594.pdf) (last accessed 5 July 2021).

Ibrahim Lethome Asmani, Maryam Sheikh Abdi (2008). De-linking Female Genital Mutilation/Cutting from Islam. USAID, Frontiers, Population Council. URL: <https://www.unfpa.org/sites/default/files/pub-pdf/De-linking%20FGM%20from%20Islam%20final%20report.pdf> (last accessed 5 July 2021).

Ifrac Foundation. FGM Factsheet. URL: [https://37f4e620-94cb-43cc-a3f9-b74a3542b63d.filesusr.com/ugd/74d910\\_1407f5e7adfc4e269b58c4560e4e37a2.pdf](https://37f4e620-94cb-43cc-a3f9-b74a3542b63d.filesusr.com/ugd/74d910_1407f5e7adfc4e269b58c4560e4e37a2.pdf) (last accessed 5 July 2021).

Powell R.A., Yussuf M. (2018). Changes in FGM in Somaliland: Medical narrative driving shift in types of cutting.” Evidence to End FGM: Research to Help Women Thrive. Population Council. URL: [https://www.popcouncil.org/uploads/pdfs/2018RH\\_FGMC-Somaliland.pdf](https://www.popcouncil.org/uploads/pdfs/2018RH_FGMC-Somaliland.pdf) (last accessed 5 July 2021).

Puntland Statistics Department, Puntland State of Somalia (2020). The Puntland Health and Demographic Survey 2020.

Puntland Statistics Department, Puntland State of Somalia (2021). Looking Beyond Numbers - Female Genital Mutilation/ Cutting (FGM) Study 2021.

Raqiya D. Abdalla (2013). “Chapter 9. “My Grandmother Called It the Three Feminine Sorrows”: The Struggle of Women Against Female Circumcision in Somalia”. Female Circumcision, edited by Rogaia Mustafa Abusharaf, Philadelphia: University of Pennsylvania Press, 2013, pp. 187-204. <https://doi.org/10.9783/9780812201024.187> (last accessed 5 July 2021).

Sheena Crawford (Dr), Sagal Ali (2015). A Situational Analysis of FGM Stakeholders and Interventions in Somalia. Health and Education Advice and Resource Team (HEART). URL: <http://www.heart-resources.org/wp-content/uploads/2015/11/Situational-analysis-if-FGM-stakeholders-and-interventions-somalia-UN.pdf> (last accessed 5 July 2021).

“Somalia: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)”, UN D.S. Department of State Archive, 1 June 2001. URL: <https://2001-2009.state.gov/g/wi/rls/rep/crfgm/10109.htm> (last accessed 5 July 2021).

“Somalia’s Puntland Moves to Ban Female Genital Mutilation”, VOA News, 11 June 2021. URL: <https://www.voanews.com/africa/somalias-puntland-moves-ban-female-genital-mutilation> (last accessed 5 July 2021).

UNFPA (2021). Accelerating the Abandonment of Female Genital Mutilation in Somalia. URL: <https://somalia.un.org/en/33488-good-practice-fgm-abandonment-somalia> (last accessed 5 July 2021).

UNFPA, UNICEF (2015). UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change Phase II. Provisional Highlights of Progress in 2014. URL:

UNICEF (2006). SOMALIA MICS 2006. URL: [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) (last accessed 5 July 2021).

UNICEF, MNPD (2014). Northeast Zone, Somalia. Multiple Indicator Cluster Survey 2011. Final Report, March 2014. URL: [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) (last accessed 5 July 2021).

USAID (1989a). Final Evaluation, Family Health Services Project, April 2, 1989. URL: [https://pdf.usaid.gov/pdf\\_docs/pdaba153.pdf](https://pdf.usaid.gov/pdf_docs/pdaba153.pdf) (last accessed 5 July 2021).

USAID (1989b). Project Data Sheet. Family Health Services Project. URL: [https://pdf.usaid.gov/pdf\\_docs/PDBBU773.pdf](https://pdf.usaid.gov/pdf_docs/PDBBU773.pdf) (last accessed 5 July 2021).

Virginia H. Delancey, Deborah E. Lindsay, Anita Spring (1987). Somali: An Assessment Of SWDO And Of The Social And Economic Status Of Women In Lower Shebelle. ARIES, USAID. URL: [https://pdf.usaid.gov/pdf\\_docs/PNABB483.pdf](https://pdf.usaid.gov/pdf_docs/PNABB483.pdf) (last accessed 5 July 2021).

WHO (2008). Eliminating female genital mutilation: an interagency statement UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNIFEM, WHO. URL: [https://www.un.org/womenwatch/daw/csw/csw52/statements\\_missions/Interagency\\_Statement\\_on\\_Eliminating\\_FGM.pdf](https://www.un.org/womenwatch/daw/csw/csw52/statements_missions/Interagency_Statement_on_Eliminating_FGM.pdf) (last accessed 5 July 2021).

28 Too Many (2018). Somalia: The Law And FGM. URL: [https://www.28toomany.org/static/media/uploads/Law%20Reports/somalia\\_law\\_report\\_\(july\\_2018\).pdf](https://www.28toomany.org/static/media/uploads/Law%20Reports/somalia_law_report_(july_2018).pdf) (last accessed 5 July 2021).

## Annexes

### FGD Mothers

FGD with Mothers	
<b>Names:</b>	Hi, my name is ____ and I am working with GrassRoots Research to conduct interviews on behalf of the IFRAH Foundation. The IFRAH Foundation is working about the topic of female circumcision and is currently implementing their "Dear Daughter" Campaign. And so the purpose of the research is to improve understanding about perceptions, beliefs and reasons for the practice of female circumcision. I want to ensure you that all opinions you give are completely confidential. You may refuse to answer any question. You may also leave the discussion at any point without any negative consequences. However, we would greatly appreciate your opinions on these topics, which will contribute to our understanding of the outcomes of the project. Are you willing to participate in this discussion?
<b>Number of participants:</b>	
<b>Age range/ clan:</b>	
<b>Marriage status:</b>	
<b>Occupation:</b>	
Interview part	Research Question
<b>Introduction</b>	Before starting the discussion, I would like to ask you to describe what you associate with FGM. This can be whatever comes to your mind right now and may include emotions, stories you heard from friends or community members, etc.
<b>Practice in community</b>	Now I would like to learn about the FGM practices in your community. Can you explain me what you know about FGM practices in your community? This can be related to the type of practice itself and the people who perform FGM, the locality and circumstances under which that happens, the age at which women get cut, the decision-making process to cut a daughter and regulations about FGM in your community.
<b>Community perceptions: Women</b>	I would like to ask more questions about the attitudes of mothers and women from your community related to FGM. Can you tell me how female circumcision is viewed by mothers in your community?
<b>Decision-making process</b>	I would like to learn more specifically, how mothers and women in your community are playing a role in the decision-making process to have their daughters cut. Maybe you can give me an example of a friend or community member.
<b>Community perceptions: Men</b>	Now I would like to change the perspective. I would like to know what you think men in your community believe about FGM. This includes your husbands, your male relatives, religious and clan elders. How do you think each of these people thinks about FGM?
<b>Personal and daughter's benefits of daughter's (non)circumcision</b>	After talking about community attitudes, I would like you to describe how your daughter's circumcision OR non-circumcision might will affect your role as a mother AND how will it affect your daughter.
<b>Community pressure</b>	Can you describe how the community react if you have your daughter circumcised OR not circumcised?

<b>Drivers perpetuating FGM practices I</b>	I would like to learn about your opinion about the continuation or discontinuation of the practice. In other words, I would like to ask for your reasons why you think that FGM practices should continue OR not continue.
<b>Drivers perpetuating FGM practices II</b>	Since (some of) you have told me that you would like to change or stop the practice, I would like to ask you: what are the reasons that parents will nevertheless continuing to circumcise their daughters?
<b>Community awareness about physical and mental health consequences of FGM/C</b>	Can you tell me about how circumcision affects women in your community?
<b>Example of health complications</b>	Now that you mentioned these health complications, I would like to ask you whether you can share a story with me, or an example, about a woman who experienced health complications and how that affects her in her daily life.
<b>Available support services and accessibility</b>	Do you know of a woman who needed medical help after being circumcised? Please describe what type of support she needed and where she went to get support!
<b>Knowledge about FGM: unclarities and personal questions</b>	We are almost done with the interview and I asked you questions about FGM practices and your opinions. Now, I would like YOU to tell me YOUR questions about FGM. In other words: When you think about FGM, is there anything related to practices, attitudes, health affects about FGM that you don't understand and would like to learn about? OR is there anything that you have difficulty dealing with when deciding to perform FGM OR when talking about FGM?
<b>Receive information</b>	With these questions in mind, where do you think can you get information about it?
<b>Campaigns in general</b>	Now I would like you to think about people or organizations, whether local, regional or international, that work on the topic of FGM. Please describe me what activities they do and how you participate in them.
<b>Learn</b>	Can you describe three facts that you learned during the campaign and that you found astonishing OR that were new to you? What is your opinion about it?
<b>Affect</b>	How does the information from the campaign might affect you in your role as a mother?
<b>IFRAH Dear Daughter Campaign</b>	As I told you earlier, I am here on behalf of the IFRAH Foundation and their Dear Daughter campaign. I would like to ask you for your opinion about the project and how you engage with it?
<b>Learn</b>	Can you describe three facts that you learned during the campaign and that you found astonishing OR that were new to you? What is your opinion about it?
<b>Perception of information</b>	How might this information affect you in your role as a mother?

## FGD Fathers

FGD with Fathers	
<b>Names:</b>	<p>Hi, my name is ____ and I am working with GrassRoots Research to conduct interviews on behalf of the IFRAH Foundation. The IFRAH Foundation is working about the topic of female circumcision and is currently implementing their "Dear Daughter" Campaign. And so the purpose of the research is to improve understanding about perceptions, beliefs and reasons for the practice of female circumcision. I want to ensure you that all opinions you give are completely confidential. You may refuse to answer any question. You may also leave the discussion at any point without any negative consequences. However, we would greatly appreciate your opinions on these topics, which will contribute to our understanding of the outcomes of the project.</p> <p>Are you willing to participate in this discussion?</p>
<b>Number of participants:</b>	
<b>Age range/ clan:</b>	
<b>Marriage status:</b>	
<b>Occupation:</b>	
Interview part	Research Question
<b>Introduction</b>	Before starting the discussion, I would like to ask you to describe what you associate with FGM. This can be whatever comes to your mind right now and may include emotions, stories you heard from friends or community members, etc.
<b>Practice in community</b>	Now I would like to learn about the FGM practices in your community. Can you explain me what you know about FGM practices in your community? This can be related to the type of practice itself and the people who perform FGM, the locality and circumstances under which that happens, the age at which women get cut, the decision-making process to cut a daughter and regulations about FGM in your community.
<b>Community perceptions: Men</b>	I would like to ask more questions about the attitudes of fathers and men from your community related to FGM. Can you tell me how female circumcision is viewed by fathers in your community?
<b>Decision-making process</b>	I would like to learn more specifically, how fathers and men in your community are playing a role in the decision-making process to have their daughters cut. Maybe you can give me an example of a friend or community member.
<b>Community perceptions: Women</b>	Now I would like to change the perspective. I would like to know what you think women in your community believe about FGM. This includes your wives, female relatives and maybe midwives or traditional female circumcisers you know. How do you think each of these people think about FGM?
<b>Personal and daughter's benefits of daughter's (non)circumcision</b>	After talking about community attitudes, I would like you to describe how your daughter's circumcision OR non-circumcision might will affect your role as a father AND how will it affect your daughter.
<b>Community pressure</b>	Can you describe how the community react if you have your daughter circumcised OR not circumcised?

<b>Drivers perpetuating FGM practices I</b>	I would like to learn about your opinion about the continuation or discontinuation of the practice. In other words, I would like to ask for your reasons why you think that FGM practices should continue OR not continue.
<b>Drivers perpetuating FGM practices II</b>	Since (some of) you have told me that you would like to change or stop the practice, I would like to ask you: what are the reasons that parents will nevertheless continue to circumcise their daughters?
<b>Community awareness about physical and mental health consequences of FGM/C</b>	Can you tell me about how circumcision affects women in your community?
<b>Example of health complications</b>	Now that you mentioned these health complications, I would like to ask you whether you can share a story with me, or an example, about a woman who experienced health complications and how that affects her in her daily life.
<b>Available support services and accessibility</b>	Do you know of a woman who needed medical help after being circumcised? Please describe what type of support she needed and where she went to get support!
<b>Knowledge about FGM: unclarities and personal questions</b>	We are almost done with the interview and I asked you questions about FGM practices and your opinions. Now, I would like YOU to tell me YOUR questions about FGM. In other words: When you think about FGM, is there anything related to practices, attitudes, health affects about FGM that you don't understand and would like to learn about? OR is there anything that you have difficulty dealing with when deciding to perform FGM OR when talking about FGM?
<b>Receive information</b>	With these questions in mind, where do you think can you get information about it?
<b>Campaigns in general</b>	Now I would like you to think about people or organizations, whether local, regional or international, that work on the topic of FGM. Please describe me what activities they do and how you participate in them.
<b>Learn</b>	Can you describe three facts that you learned during the campaign and that you found astonishing OR that were new to you? What is your opinion about it?
<b>Affect</b>	How does the information from the campaign might affect you in your role as a father?
<b>IFRAH Dear Daughter Campaign</b>	As I told you earlier, I am here on behalf of the IFRAH Foundation and their Dear Daughter project. I would like to ask you for your opinion about the project and how you engage with it?
<b>Learn</b>	Can you describe three facts that you learned during the campaign and that you found astonishing OR that were new to you? What is your opinion about it?
<b>Perception of information</b>	How might this information affect you in your role as a father?

## FGD Female Youth

FGD with Female Youth	
<b>Names:</b>	Hi, my name is ____ and I am working with GrassRoots Research to conduct interviews on behalf of the IFRAH Foundation. The IFRAH Foundation is working about the topic of female circumcision and is currently implementing their "Dear Daughter" Campaign. And so the purpose of the research is to improve understanding about perceptions, beliefs and reasons for the practice of female circumcision. I want to ensure you that all opinions you give are completely confidential. You may refuse to answer any question. You may also leave the discussion at any point without any negative consequences. However, we would greatly appreciate your opinions on these topics, which will contribute to our understanding of the outcomes of the project. Are you willing to participate in this discussion?
<b>Number of participants:</b>	
<b>Age range/ clan:</b>	
<b>Marriage status:</b>	
<b>Occupation:</b>	
Interview part	Research Question
<b>Introduction</b>	Before starting the discussion, I would like to ask you to describe what you associate with FGM. This can be whatever comes to your mind right now and may include emotions, stories you heard from friends or community members, etc.
<b>Practice in community</b>	Now I would like to learn about the FGM practices in your community. Can you explain me what you know about FGM practices in your community? This can be related to the type of practice itself and the people who perform FGM, the locality and circumstances under which that happens, the age at which women get cut, the decision-making process to cut a daughter and regulations about FGM in your community.
<b>Community perceptions: Women</b>	I would like to ask more questions about the attitudes of women of your age from your community related to FGM. Can you tell me how female circumcision is viewed by women in your community?
<b>Decision-making process</b>	I would like to learn more specifically, how women in your community are playing a role in the decision-making process to have their daughters cut. Maybe you can give me an example of a friend or community member.
<b>Community perceptions: Men</b>	Now I would like to change the perspective. I would like to know what you think men in your community believe about FGM. This includes your male relatives, young men of your age, religious and clan elders. How do you think each of these people thinks about FGM?
<b>Personal and daughter's benefits of daughter's (non)circumcision</b>	Let's imagine you become a mother and give birth to a child. I would like you to describe how your daughter's circumcision OR non-circumcision might will affect your role as a mother AND how will it affect your daughter.
<b>Community pressure</b>	Can you describe how the community would react if you have your daughter circumcised OR not circumcised?

<b>Drivers perpetuating FGM practices I</b>	I would like to learn about your opinion about the continuation or discontinuation of the practice. In other words, I would like to ask for your reasons why you think that FGM practices should continue OR not continue.
<b>Drivers perpetuating FGM practices II</b>	Since (some of) you have told me that you would like to change or stop the practice, I would like to ask you: what are the reasons that parents will nevertheless continuing to circumcise their daughters?
<b>Community awareness about physical and mental health consequences of FGM/C</b>	Can you tell me about how circumcision affects women in your community?
<b>Example of health complications</b>	Now that you mentioned these health complications, I would like to ask you whether you can share a story with me, or an example, about a woman who experienced health complications and how that affects her in her daily life.
<b>Available support services and accessibility</b>	Do you know of a woman who needed medical help after being circumcised? Please describe what type of support she needed and where she went to get support!
<b>Knowledge about FGM: unclarities and personal questions</b>	We are almost done with the interview and I asked you questions about FGM practices and your opinions. Now, I would like YOU to tell me YOUR questions about FGM. In other words: When you think about FGM, is there anything related to practices, attitudes, health affects about FGM that you don't understand and would like to learn about? OR is there anything that you have difficulty dealing with when deciding to perform FGM OR when talking about FGM?
<b>Receive information</b>	With these questions in mind, where do you think can you get information about it?
<b>Campaigns in general</b>	Now I would like you to think about people or organizations, whether local, regional or international, that work on the topic of FGM. Please describe me what activities they do and how you participate in them.
<b>Learn</b>	Can you describe three facts that you learned during the campaign and that you found astonishing OR that were new to you? What is your opinion about it?
<b>Affect</b>	How does the information from the campaign might affect you in your future role as a mother?
<b>IFRAH Dear Daughter Campaign</b>	As I told you earlier, I am here on behalf of the IFRAH Foundation and their Dear Daughter campaign. I would like to ask you for your opinion about the project and how you engage with it?
<b>Learn</b>	Can you describe three facts that you learned during the campaign and that you found astonishing OR that were new to you? What is your opinion about it?
<b>Perception of information</b>	How might this information affect you in your future role as a mother?

## FGD Male Youth

FGD with Male Youth	
<b>Names:</b>	<p>Hi, my name is ____ and I am working with GrassRoots Research to conduct interviews on behalf of the IFRAH Foundation. The IFRAH Foundation is working about the topic of female circumcision and is currently implementing their "Dear Daughter" Campaign. And so the purpose of the research is to improve understanding about perceptions, beliefs and reasons for the practice of female circumcision. I want to ensure you that all opinions you give are completely confidential. You may refuse to answer any question. You may also leave the discussion at any point without any negative consequences. However, we would greatly appreciate your opinions on these topics, which will contribute to our understanding of the outcomes of the project.</p> <p>Are you willing to participate in this discussion?</p>
<b>Number of participants:</b>	
<b>Age range/ clan:</b>	
<b>Marriage status:</b>	
<b>Occupation:</b>	
Interview part	Research Question
<b>Introduction</b>	Before starting the discussion, I would like to ask you to describe what you associate with FGM. This can be whatever comes to your mind right now and may include emotions, stories you heard from friends or community members, etc.
<b>Practice in community</b>	Now I would like to learn about the FGM practices in your community. Can you explain me what you know about FGM practices in your community? This can be related to the type of practice itself and the people who perform FGM, the locality and circumstances under which that happens, the age at which men get cut, the decision-making process to cut a daughter and regulations about FGM in your community.
<b>Community perceptions: men</b>	I would like to ask more questions about the attitudes of men of your age from your community related to FGM. Can you tell me how female circumcision is viewed by men in your community?
<b>Decision-making process</b>	I would like to learn more specifically, how men in your community are playing a role in the decision-making process to have their daughters cut. Maybe you can give me an example of a friend or community member.
<b>Community perceptions: women</b>	Now I would like to change the perspective. I would like to know what you think women in your community believe about FGM. This includes your wives, female relatives and maybe midwives or traditional female circumcisers you know. How do you think each of these people think about FGM?

<b>Personal and daughter's benefits of daughter's (non)circumcision</b>	Let's imagine you become a father and give birth to a child. I would like you to describe how your daughter's circumcision OR non-circumcision might will affect your role as a father AND how will it affect your daughter.
<b>Community pressure</b>	Can you describe how the community would react if you have your daughter circumcised OR not circumcised?
<b>Drivers perpetuating FGM practices I</b>	I would like to learn about your opinion about the continuation or discontinuation of the practice. In other words, I would like to ask for your reasons why you think that FGM practices should continue OR not continue.
<b>Drivers perpetuating FGM practices II</b>	Since (some of) you have told me that you would like to change or stop the practice, I would like to ask you: what are the reasons that parents will nevertheless continuing to circumcise their daughters?
<b>Community awareness about physical and mental health consequences of FGM/C</b>	Can you tell me about how circumcision affects men in your community?
<b>Example of health complications</b>	Now that you mentioned these health complications, I would like to ask you whether you can share a story with me, or an example, about a woman who experienced health complications and how that affects her in her daily life.
<b>Available support services and accessibility</b>	Do you know of a woman who needed medical help after being circumcised? Please describe what type of support she needed and where she went to get support!
<b>Knowledge about FGM: unclarities and personal questions</b>	We are almost done with the interview and I asked you questions about FGM practices and your opinions. Now, I would like YOU to tell me YOUR questions about FGM. In other words: When you think about FGM, is there anything related to practices, attitudes, health affects about FGM that you don't understand and would like to learn about? OR is there anything that you have difficulty dealing with when deciding to perform FGM OR when talking about FGM?
<b>Receive information</b>	With these questions in mind, where do you think can you get information about it?
<b>Campaigns in general</b>	Now I would like you to think about people or organizations, whether local, regional or international, that work on the topic of FGM. Please describe me what activities they do and how you participate in them.
<b>Learn</b>	Can you describe three facts that you learned during the campaign and that you found astonishing OR that were new to you? What is your opinion about it?
<b>Affect</b>	How does the information from the campaign might affect you in your future role as a father?
<b>IFRAH Dear Daughter Campaign</b>	As I told you earlier, I am here on behalf of the IFRAH Foundation and their Dear Daughter campaign. I would like to ask you for your opinion about the project and how you engage with it?

Learn	Can you describe three facts that you learned during the campaign and that you found astonishing OR that were new to you? What is your opinion about it?
Perception of information	How might this information affect you in your future role as a father?

### KII Religious Leader

KII with Religious leaders	
Name:	Hi, my name is ____ and I am working with GrassRoots Research to conduct interviews on behalf of the IFRAH Foundation. The IFRAH Foundation is working about the topic of female circumcision and is currently implementing their "Dear Daughter" Campaign. And so the purpose of the research is to improve understanding about perceptions, beliefs and reasons for the practice of female circumcision. I want to ensure you that all opinions you give are completely confidential. You may refuse to answer any question. You may also leave the discussion at any point without any negative consequences. However, we would greatly appreciate your opinions on these topics, which will contribute to your understanding of the outcomes of the project. Are you willing to participate in this discussion?
Gender/ Age/ Clan:	
Role (specify what type of religious leader):	
Marriage status:	
Interview part	Research Question
Personal interaction with FGM	I would like to start by asking you if you can tell me how you come into contact with the topic of FGM in your role as a religious leader.
(Dis)continuation of the practice & reasons (religion)	I would like to learn about your opinion about the continuation or discontinuation of the practice. In other words, I would like to ask for your reasons why you think that FGM practices should <b>continue</b> OR <b>not continue</b> . Please explain how that links or not to your religious belief.
Campaign	Now I would like to hear your thoughts on projects you know of that are working to ban FGM and how you are involved in these initiatives?
Difficulty & challenges	Can you share with me both a situation of difficulty AND a success story?
IFRAH	As I told you earlier, I am here on behalf of the IFRAH Foundation and their Dear Daughter project. I would like to ask you for your opinion about the project and how you engage with it?
Difficulty & challenges	Can you share with me both a situation of difficulty AND a success story?

<b>Exchange with other religious leaders, clan leaders, community members</b>	Now I would like to learn how you engage, if at all, about the topic of FGM with other religious leaders, clan elders, traditional female circumcisers and community members. How does this exchange look like, what is being discussed?
<b>Strategies taken by religious leaders and knowledge/ implementation of Fatwa</b>	In your role as a religious leader, can you explain to me what tools and strategies are available to you to stop/promote the practice? Can you give me specific examples and describe what these strategies look like, what they do, who they target, and what the implementation challenges are?  If the respondent does not mention a Fatwa, let's ask about the Fatwa that was issued in 2013: Are you aware of any fatwa that is in place and seeks to stop FGM practices? If so, can you describe the content of the Fatwa, how you learned about it, and how you might be involved in its implementation?
<b>Success story</b>	After you told me about this strategy/ instrument/ fatwa, can you share with me a success story?
<b>Personal view of FGM in own family (role as religious leader vs. father)</b>	Now we have almost finished the interview and we have talked about your role as a religious leader. Finally, I would like to ask you how your work on FGM as a religious leader is reflected in your role as a father in your family. In other words, how is the topic of FGM addressed in your own family?

**FGD Clan Elder**

KII with Clan elders	
<b>Name:</b>	Hi, my name is ____ and I am working with GrassRoots Research to conduct interviews on behalf of the IFRAH Foundation. The IFRAH Foundation is working about the topic of female circumcision and is currently implementing their "Dear Daughter" Campaign. And so the purpose of the research is to improve understanding about perceptions, beliefs and reasons for the practice of female circumcision. I want to ensure you that all opinions you give are completely confidential. You may refuse to answer any question. You may also leave the discussion at any point without any negative consequences. However, we would greatly appreciate your opinions on these topics, which will contribute to your understanding of the outcomes of the project. Are you willing to participate in this discussion?
<b>Gender/ Age/ Clan:</b>	
<b>Role:</b>	
<b>Marriage status:</b>	
<b>Interview part</b>	<b>Research Question</b>
<b>Personal interaction with FGM</b>	I would like to start by asking you if you can tell me how you come into contact with the topic of FGM in your role as a religious leader.
<b>(Dis)continuation of the practice</b>	I would like to learn about your opinion about the continuation or discontinuation of the practice. In other words, I would like to ask for your reasons why you think that FGM practices should continue OR not continue. Please explain how that links or not to traditional beliefs and practices (Xeer system).

<b>Campaign</b>	Now I would like to hear your thoughts on projects you know of that are working to ban FGM and how you are involved in these initiatives?
<b>Difficulty &amp; challenges</b>	Can you share with me both a situation of difficulty AND a success story?
<b>IFRAH</b>	As I told you earlier, I am here on behalf of the IFRAH Foundation and their Dear Daughter project. I would like to ask you for your opinion about the project and how you engage with it?
<b>Difficulty &amp; challenges</b>	Can you share with me both a situation of difficulty AND a success story?
<b>Exchange with national policy makers, religious leaders, organizations</b>	Now I would like to learn how you engage, if at all, about the topic of FGM with other clan elders, religious leaders, traditional female circumcisers and community members. How does this exchange look like, what is being discussed?
<b>Xeer System &amp; shiir meetings</b>	In your role as a clan elder, can you explain to me what tools and strategies are available to you to stop/promote the practice? Can you give me specific examples and describe what these strategies look like, what they do, who they target, and what the implementation challenges are?
<b>Xeer system vs religious belief</b>	<p>Now I would like to ask, how you think the traditional XEER system and Islam might be complementary OR contradictory to stop/promote FGM?</p> <p>If the respondent does not mention a Fatwa, let's ask about the Fatwa that was issued in 2013:                  Are you aware of any fatwa that is in place and seeks to stop FGM practices? If so, can you describe the content of the Fatwa, how you learned about it, and how you might be involved in its implementation as a clan elder?</p>
<b>Success story</b>	After you told me about this strategy/ instrument/ xeer rule, can you share with me a success story AND a story of a challenging situation?
<b>Personal view of FGM in own family (role as clan elder vs. father)</b>	Now we have almost finished the interview and we have talked about your role as a clan elder. Finally, I would like to ask you how your work on FGM as a clan elder is reflected in your role as a father in your family. In other words, how is the topic of FGM addressed in your own family?

**KII Traditional Female Circumciser**

KII with Traditional Female circumcisers	
<b>Name:</b>	Hi, my name is ____ and I am working with GrassRoots Research to conduct interviews on behalf of the IFRAH Foundation. The IFRAH Foundation is working about the topic of female circumcision and is currently implementing their "Dear Daughter" Campaign. And so the purpose of the research is to improve understanding about
<b>Gender/ Age/ Clan:</b>	
<b>Role:</b>	

<b>Marriage status:</b>	perceptions, beliefs and reasons for the practice of female circumcision. I want to ensure you that all opinions you give are completely confidential. You may refuse to answer any question. You may also leave the discussion at any point without any negative consequences. However, we would greatly appreciate your opinions on these topics, which will contribute to your understanding of the outcomes of the project. Are you willing to participate in this discussion?
<b>Interview part</b>	<b>Research Question</b>
<b>Introduction</b>	I would like to learn about the profession as a traditional female circumciser in general. And therefore, I would like to start by asking you if you can tell me about the profession of a Traditional Female Circumciser. This can be anything related to how women become female circumcisers, the practice itself and stories about the practice that you would like to share.
<b>Becoming a Traditional Female Circumciser &amp; Training</b>	I would like to continue by asking you about the reasons why a woman becomes a Traditional Female Circumciser and how they learn to do it?
<b>Abandon the profession</b>	After talking about how women become a Traditional Female Circumciser, I would like to learn about women who abandon the profession. Can you share the reasons why women might abandon to practice and what difficulties might arise for the traditional female circumciser who stops practicing?
<b>Clients</b>	Now I would like to ask you more specifically about how people, who would like to have a girl or women cut, approach traditional female circumcisers. In other words, can you explain me what happens from the very first contact with the Traditional Female Circumciser until the moment the girl is getting cut?
<b>Main drivers and type of clients</b>	More specifically, in terms of your knowledge of the practice, can you tell me some of the main reasons clients give for having the practice performed and who the clients mainly are?
<b>Practices</b>	Now I would like to ask you about the practice itself. Can you explain me how they perform it and how they make the decision which type of FGM is practiced?
<b>Change of practices</b>	In your own opinion, do you think FGM/C has changed from previous practices? If yes, how has it changed and for what reasons?
<b>Complications &amp; Medicalization</b>	Now I would like to hear about whether traditional female circumcisers think that cutting a woman is associated with risks? PROBE: For better illustration, I would like to ask you if you can tell me a story about a situation where the girl who was circumcised had complications and how the traditional female circumciser dealt with it?
<b>(Dis)continuation of the practice &amp; change of practices</b>	I would like to learn about your opinion about the continuation or discontinuation of the practice. In other words, I would like to ask for your reasons why you think that FGM practices should continue OR not continue.

<b>Campaign</b>	I would like to continue the discussion by asking your opinion on projects you know of that are working about the topic of FGM. What are these projects about and how are you involved in these initiatives?
<b>Difficulty &amp; challenges</b>	Can you share with me both a situation of difficulty AND a success story?
<b>IFRAH</b>	As I told you earlier, I am here on behalf of the IFRAH Foundation and their Dear Daughter project. I would like to ask you for your opinion about the Dear Daughter project. I'm particularly interested in how you engage with it.
<b>Learn</b>	Can you describe in more detail what you are taking away from the Dear Daughter campaign? How do you perceive the information provided and how might this affect your profession of traditional cutting?
<b>Personal view of FGM in own family (role as clan elder vs. father)</b>	Now we have almost finished the interview. Finally, I would like to ask you how the topic of FGM is addressed in your own family? How do family members view your profession as a traditional female circumciser?

**KII District Administration Representative**

KII District Administration Representative	
<b>Name:</b>	Hi, my name is ____ and I am working with GrassRoots Research to conduct interviews on behalf of the IFRAH Foundation. The IFRAH Foundation is working about the topic of female circumcision and is currently implementing their "Dear Daughter" Campaign. And so the purpose of the research is to improve understanding about perceptions, beliefs and reasons for the practice of female circumcision. I want to ensure you that all opinions you give are completely confidential. You may refuse to answer any question. You may also leave the discussion at any point without any negative consequences. However, we would greatly appreciate your opinions on these topics, which will contribute to your understanding of the outcomes of the project. Are you willing to participate in this discussion?
<b>Gender/ Age/ Clan:</b>	
<b>Role (specify the work place of the district administration representative):</b>	
<b>Marriage status:</b>	
Interview part	Research Question
<b>Personal interaction with FGM</b>	I would like to start by asking you if you can tell me how you come into contact with the topic of FGM in your role as a district administration representative.
<b>Campaign</b>	I would like to continue the discussion by asking your opinion on projects you know of that are working to stop FGM. What are these projects about and how are you involved in these initiatives?
<b>Difficulty &amp; challenges</b>	Can you share with me both a situation of difficulty AND a success story?

IFRAH	As I told you earlier, I am here on behalf of the IFRAH Foundation and their Dear Daughter project. I would like to ask you for your opinion about the Dear Daughter Campaign and how you engage with it?
Difficulty & challenges	Can you share with me both a situation of difficulty AND a success story?
(Dis)continuation of the practice	I would like to learn about your opinion about the continuation or discontinuation of the practice. In other words, I would like to ask for your reasons why you think that FGM practices should continue OR not continue.
Local policies & implementation	In your role as a district administration representative, can you explain to me what tools and strategies are available to you to stop/promote the practice? Can you give me specific examples and describe what these strategies look like, what they do, who they target, and what the implementation challenges are?
Puntland legislation	Specifically, I would like to ask you what laws and policies are currently in place to promote ending FGM. Can you explain to me the content, and what are the successes and challenges in implementation?
Local policies vs. Xeer system vs Sharia	Now I would like to ask how you think Garowe/Puntland legislation and the traditional XEER system and Islam/sharia overlap or not to promote or stop FGM?  PROBE for the fatwa that was issued in 2013: Are you aware of any fatwa to stop FGM practices? If so, can you describe how local policies and the fatwa might reinforce OR hinder each other?
Exchange with national policy makers, religious leaders, organizations	Now I would like to know how, if at all, you exchange views on the issue of FGM with other political authorities, clan elders, religious leaders, traditional female circumcisers and organizations. How do you create and maintain these exchanges? What topics are discussed and what successes and challenges do you encounter?
Difficulty & challenges	Can you share with me both a situation of difficulty AND a success story?
Personal view of FGM in own family (role as clan elder vs. father)	Now we have almost finished the interview. Finally, I would like to ask you how your work on FGM as a district administration representative is reflected in your role as a father/mother in your family. In other words, how is the topic of FGM addressed in your own family?

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