



COMMUNITY KNOWLEDGE, ATTITUDES AND PRACTICES ON FGM:

CASE STUDY TO INFORM THE
DEAR DAUGHTER CAMPAIGN

KISMAYO, JUBALAND

**GRASSROOTS
RESEARCH**



Legal Notice and Disclaimer

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means without prior approval in writing from GrassRoots and Ifrah Foundation.

This report is not a legally binding document. It is a collaborative informational and assessment document and does not necessarily reflect the views of any of the contributing partners in all of its contents. Any errors are the sole responsibility of the authors.

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

Copyright © 2022 GrassRoots and Ifrah Foundation.

COMMUNITY KNOWLEDGE,
ATTITUDES AND PRACTICES ON FGM:

CASE STUDY TO INFORM THE
DEAR DAUGHTER CAMPAIGN

KISMAYO, JUBALAND



April 2022

Contents

Abbreviations	vi
Executive Summary	1
Introduction	4
Background Information	5
Definition of and Somali terms for FGM	5
FGM as a practice and its prevalence	6
FGM and religion	9
Health implications of FGM	9
Campaigns and legal frameworks against FGM	10
Research Methodology	13
Research Objectives	13
Study design	13
Interview content	15
Data quality assurance and analysis	15
Study Findings	16
Awareness about physical and mental health consequences of FGM/C	18
Community perceptions, practices, and pressure	19
Awareness of anti-FGM campaigns, legislation, and religious interventions and their perceived effects	22
Continuation or abandonment of the practice	25
Conclusion and recommendations	28
Bibliography	33
Primary data sources	33
Secondary Sources	34
Annexes	36

List of Tables

Table 1: Somali words related to FGM used by interviewees	6
Table 2. Types of FGM undergone by women aged 15-49 in Somalia/Somaliland, by type	8
Table 3. Health risks of FGM	9
Table 4. Research questions	13
Table 5. Interviews conducted for the case study	14

Abbreviations

CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
IWE	Institute of Women's Education
KAP	Knowledge, Attitudes and Practices
KII	Key Informant Interviews
MICS	Multi Indicators Cluster Survey
MOH	Ministry of Health
SWDO	Somali Women's Democratic Organization
WHO	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.¹ The World Health Organisation (WHO) classifies four different types of FGM in terms of the degree of tissue removed and infibulation.² In Somalia, the main cuts used for FGM are the Pharaonic form, which is considered the more severe form and a type of infibulation, and the milder Sunnah form. FGM causes lifelong physical, psychological, and reproductive health problems for the woman, but practicing communities uphold the practice as a social norm and religious duty. Somalia, including Jubaland, 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 medicalisation of the practice, while the high prevalence rates remain unchanged.³

The Mogadishu-based 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 and contribute to long-term behavioural change toward the practice, and advocates for zero tolerance of FGM at the government level. The Dear Daughter Campaign was launched in Kismayo in December 2021, and this case study aims to inform the Ifrah Foundation of the current knowledge, attitudes, and practices with respect to FGM in Jubaland. The study employed a qualitative research design, which included five key informant interviews with key stakeholders (clan elders, religious leaders, and a district administration representative), and 14 focus group discussions with mothers, fathers, and youth from majority and minority clans, and traditional cutters.

The case study found that community members were aware of the consequences of practicing FGM, particularly the Pharaonic form. They considered the Pharaonic form as an extreme type of circumcision and promoted the Sunnah form instead. This finding is in line with the literature review conducted, where more people are practicing the Sunnah form instead of the Pharaonic form of FGM. The study also found the shift in perspectives on decision-making on when and what form of FGM daughters will undergo. Men are starting to be more involved by engaging in conversations with their wives on the type of cut the girls should undergo. However, ultimately, the mother still makes the decision. This brings up conversations around FGM no longer being solely a maternal duty but as a joint parental responsibility. Despite knowing the risks involved in undergoing FGM, study participants explained that the continued practice of FGM is driven by culture, tradition, and religion, ensuring social acceptance, purity and marriageability of daughters, and bringing honour to the family. Traditional cutters continue to perform circumcision on girls because it is also a source of income, although some of them have explicitly refused to perform the Pharaonic circumcision.

Study participants were aware of anti-FGM campaigns. Respondents were generally opposed to information on completely renouncing FGM, but favoured a less extreme form of circumcision. One of the religious leaders highlighted that campaigns may not be effective because they do not relate the information to practical and lived experiences of women and girls in the community, as well as the traditions that have been passed on from one generation to the next. Other gaps in anti-FGM campaigns include lack of resources to conduct campaigns, messages not being tailored to specific audiences such as mothers and traditional elders, and limited reach to rural and more traditional areas where FGM is likely prevalent.

¹Crawford, S. & Ali, S. (2015). A Situational Analysis of FGM Stakeholders and Interventions in Somalia. Health and Education Advice and Resource Team (HEART).

²World Health Organisation (2016). WHO guidelines on the management of health complications from female genital mutilation.

³Crawford, S. & Ali, S. (2015)

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

1. Follow an inclusive and targeted approach to anti-FGM campaigns: While more respondents support the discontinuation of the Pharaonic form and recommend the Sunnah form instead, culture, tradition, and religion continue to be their justification for practicing FGM.

a. Inclusion and participation: The Dear Daughter Campaign should ensure the inclusion of minority clan members and active outreach in various rural communities. The campaign should aim to be participatory to encourage community buy-in, engaging people in two-way communication and conversations instead of simply distributing information. Identify creative ways of discussing FGM that are appealing to individuals who are illiterate or have low levels of education. Consider using different communication channels, such as social media sharing practical and real-life stories of women who have undergone FGM and highlighting the negative ways of FGM.

b. Targeted messaging and approach: Messages promoting the abandonment of the practice should be tailored to the target audience, particularly those who arrange the girls' FGM and individuals who have a strong influence in their respective communities. The approach to communicating information to different groups of individuals should also be audience specific. An important consideration is the demographic characteristics of communities, such as urbanity and levels of education. The campaign should target communities that are often not reached and may be more traditional than others, and campaign educators should be well-equipped to address the different topics surrounding the cultural and religious aspects of FGM.

c. Sources of information: Some of the respondents highlighted the importance of incorporating discussions on FGM in different sectors. Some of them suggested including FGM in the school curriculum and enhancing

health centres' capacity to offer life-saving information relating to FGM.

2. Design topic-specific campaign approaches: Dear Daughter Campaign's approach to changing attitudes and behaviours toward FGM should be designed based on the different entry points to create change, such as conversations on the physical and mental health consequences of the practice and debunking the relationship between FGM and religion.

a. Health-related information: Findings indicate that respondents have experienced or heard about the risks involved in undergoing FGM, including associated medical complications resulting from the Pharaonic form. The shift of preference for the Sunnah form is an indication of awareness of the risks of the Pharaonic form and that more people do not want to pass on this harmful practice to the younger generation of women, but respondents saying that the Sunnah form is harmless may also be an indication of limited experience and understanding of the effects of the Sunnah form because the shift to this practice may still be new. The Dear Daughter Campaign should educate communities about the different types of FGM, and inform them that the Sunnah form, which is generally perceived as harmless, can also inflict harm, and should be reconsidered.

b. Initiate discussions about religion and FGM: The results of the study show how respondents draw on the Qur'an, hadiths, and statements by religious scholars to justify the Sunnah form over Pharaonic practice. While there had been no consensus of scholars on whether the Sunnah form should be discontinued as well, there are individual fatwas prohibiting FGM and emphasising the negative effects of FGM including damaging the girl's health and that it is a major sin. There was no clear agreement between religious leaders over whether Islam itself endorses or rejects the Sunnah form. Identify areas where FGM is prevalent, including rural and pastoral communities, and discuss the negative consequences of FGM to

women's health and the perceptions on the cultural and religious basis of the practice. The Dear Daughter Campaign should tailor their messages to specific audiences when discussing religion and the various forms of FGM and should consider practical experiences and knowledge of the Qur'an and religious teachings.

3. Shift discussion from FGM as a maternal duty to a joint parental responsibility: Some men believed that decision-making regarding their daughters' circumcision is a women's issue and should therefore be discussed with the mother, but others also shared their experiences about the conversations they had with their wives about the procedure and the type of cut. There appears to be some interest in being involved in the decision-making process about their daughters' circumcision over simply being informed about the upcoming procedure. Some of the respondents mentioned that sometimes fathers are not aware because the circumcision is kept secret. 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 expected from both parents. Treating FGM as a topic of parenthood may promote shared responsibility and joint decision-making to protect their daughters from harm and to prevent marital disputes resulting from lack of open communication between parents.

4. Lead discussion about undergoing FGM as a means of meeting social norms: The interviews demonstrated that girls undergo FGM to ensure social acceptance and fulfil social expectations in women's various roles as a responsible mother, wife and 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 dishonour the family and lead to their discrimination. Moreover, if a girl is not bikro on the wedding night, then the husband may perceive that she married an impure woman, and this will bring shame to the family. Some of the men who participated in the study noted that the type of circumcision that a woman has experienced may have implications on romantic relationships because it affects intimacy, as well as finances to cover medical services that the woman might need as a result of the circumcision done years earlier. The Dear Daughter Campaign should discuss the community's expectation of women's different roles in society and how women can fulfil these roles through other activities without having to subject their daughters to harmful practices. Moreover, there should be conversations around perceptions on how FGM affects women's marriageability and the marriage itself.

Introduction

Globally, an estimated 200 million women and girls are affected by female genital mutilation/cutting (FGM/C), with 80% of cases reported to occur in Africa.⁴ FGM is the procedure of partial or total removal of female external genitalia, narrowing of the vaginal orifice, or causing other injury to female genital organs without medical reasons. It is typically practiced as part of tradition, for social acceptance, and/or for ensuring virginity and therefore marriageability.⁵ In Somalia, this is also practiced in line with religion; however, there had been discussions about the practice contradicting Islam.^{6,7} The procedure causes lifelong physical, psychological, and reproductive health problems for women, such as heavy bleeding and problems with urination and menstruation, infections, and fistula, among others. Pregnant women may also experience complications during labour and delivery.⁸

Somalia, including Jubaland, has the highest prevalence rates of FGM in the world, with nearly 98% of women and girls affected,⁹ but communities continue to practice FGM as a social norm and religious duty.¹⁰ Previous studies associated with anti-FGM interventions found that people do not support the abandonment of the practice, but instead prefer the performance of FGM in the Sunnah form over the Pharaonic form.^{11,12} There have also been calls for consideration of medicalisation of the practice

to reduce harm among girls, where girls are cut in hospitals with supposedly improved hygienic conditions rather than by traditional cutters with tools that may not have been sterilised and are not safe for use.¹³ Most people are not opposed to medicalised cutting as long as it aligns with their religion, and religious leaders are key players in medicalising the practice.¹⁴ However, parties campaigning against FGM and health practitioners perceive this as a deceptive step toward total elimination of FGM.¹⁵ Abandonment of the practice may likely be possible “only if supported by religion.”¹⁶

International and regional conventions, such as the *Convention on the Elimination of all Forms of Discrimination against Women (CEDAW)* and the *African Charter on Human and Peoples’ Rights (the Banjul Charter)* and its *Protocol on the Rights of Women in Africa* support the abandonment of the practice and encourage governments to take action against FGM, in recognition of FGM as a harmful practice and a violation of the rights of women and girls.¹⁷ Somalia has ratified the *Convention on the Rights of the Child* in 2015, but it currently does not have a national legal framework for enforcing anti-FGM policies, which may have been influenced by differences in views on FGM among leaders.¹⁸ Jubaland has also been making strides in eliminating the practice of FGM. For example, the

⁴Ifrah Foundation. FGM Factsheet.

⁵WHO (2016).

⁶ibid.

⁷Asmani, I. L. & Abdi, M.S. (2008). De-linking Female Genital Mutilation/Cutting from Islam.

⁸Crawford, S. & Ali, S. (2015); Ifrah Foundation. FGM Factsheet.

⁹UNICEF (2006); UNICEF, MNPD (2014).

¹⁰Crawford, S. & Ali, S. (2015); Ifrah Foundation. FGM Factsheet.

¹¹Save the Children and Norwegian Church Aid (2019). Accelerating Change towards Zero Tolerance to Female Genital Mutilation and Cutting: Effects of Community Dialogues on FGM/C and Child Marriage.

¹²Powell, R.A., Yussuf, M., Shell-Duncan, B., & Kabiru, C. (Feb 2020). Exploring the Nature and Extent of Normative Change in FGM/C in Somaliland. UK AID/Population Council: Nairobi

¹³Crawford, S. & Ali, S. (2015).

¹⁴Powell, R.A., Yussuf, M., Shell-Duncan, B., & Kabiru, C. (Feb 2020).

¹⁵Crawford, S. & Ali, S. (2015).

¹⁶Powell, R.A., Yussuf, M., Shell-Duncan, B., & Kabiru, C. (Feb 2020).

¹⁷WHO (2008).

¹⁸Save the Children and Norwegian Church Aid (2019).

Jubaland FGM bill that aims to criminalise FGM had been approved by the state cabinet and is awaiting adoption and enactment into law.¹⁹

The Ifrah Foundation, founded in 2010 by Ifrah Ahmed, actively campaigns for the total abandonment of FGM in Somalia and one of the outcomes of their work is the development of a National Action Plan for the eradication of FGM in Somalia.²⁰ Ifrah Foundation conceptualised interventions based on its “Model of Systemic Change”, which was developed in close cooperation with key stakeholders such as government agencies and civil society organisation and amplifies the foundation’s three pillars of action –awareness raising, advocacy, and community empowerment.

The Ifrah Foundation has been implementing the Dear Daughter Campaign, a joint initiative with UNFPA that aims to increase knowledge of communities and girls on the long-term consequences of FGM. Moreover, it aims to contribute to long-term changes in attitudes and behaviours, specifically discouraging members of the community from circumcising their own daughters.

The campaign was launched in Kismayo, Jubaland in December 2021.²¹

The objective of this case study is to gather information on the knowledge, attitudes, and practices of communities in Jubaland, specifically Kismayo, regarding FGM to inform the campaigns. Qualitative interviews were conducted with parents, young men and women, traditional cutters, religious and clan leaders, and a district administration representative to gain a contextualised and detailed understanding of underlying social dynamics, factors of change and perpetuation, and communities’ exposure to the Dear Daughter Campaign and other campaigns against FGM. Primary data from the interviews is complemented by a desk review of existing research and grey literature on FGM in Somalia, and specifically in Jubaland wherever possible. This report will first provide background information on the Somali context of FGM and describe the practice in more detail to provide context to help in understanding the subsequent research focus and the study’s findings.

Background Information

Definition of and Somali terms for FGM

FGM refers to the social practice of cutting, removing, and infibulating the external genitalia of girls and women for non-medical reasons. According to the World Health Organisation (WHO), there are four different categories or types of FGM based on the level of removed tissue and infibulation.²² Somalis differentiate between two major types, namely the Pharaonic form, or *Gudniinka Fircooniga*, and the Sunnah form, which Somalis have distinguished as *Sunnah Kabiir*, the harsher Sunnah form, and the milder

form called *Sunnah Saqiir*.²³ A form of infibulation practiced in Somalia is the Pharaonic form, which involves sewing the lateral flesh together and leaving a small opening for the passage of urine and menstrual blood. The Sunnah forms are considered milder and harmless forms of cutting and sewing, with fewer stitching involved. *Sunnah Saqiir* is believed to cause light bleeding as a result of the removal of parts of the woman’s genitals without suturing, while the *Sunnah Kabiir* may involve stitching.²⁴

¹⁹UNFPA (December 24, 2021). Dear Daughter Campaign Launch in Jubaland.

²⁰Ifrah Foundation. FGM Factsheet.

²¹UNFPA (December 24, 2021).

²²WHO 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, piercing, scraping. WHO (2016).

²³Crawford, S. & Ali, S. (2015).

²⁴Ibid

It is a misleading assumption that FGM is an umbrella term for all types of female circumcision. For example, in Somali, FGM is commonly translated into *Gudniinka Fircooniga*, but this Somali term only refers to the Pharaonic form of FGM.²⁵ For example, Somalis may explain how they think undergoing FGM, or *Gudniinka Fircooniga*, is detrimental to the health and

well-being of their daughters, so they should instead undergo circumcision through the Sunnah form.²⁶ In a similar study conducted by GrassRoots Research in Puntland, other Somali words for FGM included *Dhufaanid* (castrating) or *Tolid* (stitching).²⁷ In this study in Jubaland, the following Somali terms were used in relation to the practice of FGM.

Table 1: Somali words related to FGM used by interviewees

Somali words for FGM	Translation
Buuryaqab	Uncircumcised
Fircooni	Pharaonic (FGM)
Guudniga fircooniga ah	Female genital mutilation
Sunni	Sunnah/tradition of the Prophet Mohamed

FGM as a practice and its prevalence

Community members said that the practice is performed on Somali girls between 6 and 15 years of age by traditional cutters or midwives at home or by a doctor at a hospital. The mother is typically the decision-maker when it comes to arranging their daughters' circumcision, while the father oversees the sons' circumcision. However, male and female interviewees perceived a shift in the decision-making process where fathers are consulted and are more vocal about the type of cut their daughters should undergo. Despite this shift, interviewees felt that mothers still ultimately decide on when the daughter undergoes FGM and what type, and mothers often keep the circumcision secret. Women sometimes invite other women from their family or in the community during the procedure. The traditional practitioners either approach the mothers themselves, or vice versa. During the peak of COVID-19 when girls were just at home, some of the traditional cutters conducted door-to-door visits to perform FGM.²⁸

Traditional cutters said that daughters undergo FGM to prevent sexual intercourse and unwanted pregnancies before they get married. Mothers believed that this is a way to protect their child's dignity or prevent them

from losing their virginity prematurely, and they often relied on traditional cutters if they do not have access to a nearby hospital or the doctors and nurses there do not want to perform FGM. Mothers sometimes do not take into consideration the consequences of FGM, especially infibulation. They think that the Sunnah form is an inadequate measure to prevent their girls from losing their virginity, which may be due to having less stitches than the Pharaonic form. However, traditional cutters are aware that infibulation is detrimental to the health of girls and some of them refuse to perform infibulation on girls. They said that more and more women are becoming aware of the risks involved in infibulation and the Sunnah form is becoming more common. Access to medical services following the circumcision, especially in cases where a wrong cut had been made leading to excessive bleeding, is difficult. This is especially true in rural villages, which in some instances may lead to death.

There was a woman who had a child in Kenya and was pregnant with her second child. She came back over here (Jubaland) and I was called while she was in the last couple of days of her pregnancy. I checked her and noticed she

²⁷GrassRoots Research (2021). FGDs with Fathers in Community Knowledge, Attitudes, and Practices on FGM: Case Study to Support the Dear Daughter Campaign. Garowe, Puntland.

²⁸Plan International. (May 2020). Girls in Somalia Subjected to Door-to-Door FGM.

was not circumcised at all, but since the baby was close to being born it was risky to do so. Then the father told me that his daughter got pregnant in Kenya by some Kenyan man, and he wanted her circumcised and for the baby to be aborted while in her stomach. I said no, she should give birth first and in a hospital. I refused to do the FGM [due to] risk [to] the mother's health and danger to the baby. (Respondent 1, INT 018, FGD with traditional cutters 1)

Traditional cutters typically learn how to perform FGM through mentors, as it was a culture and practice that was passed on to them by an older generation. All the traditional cutters interviewed said that they did not undergo any formal training backed by scientific or medical knowledge.

It is the parent that brings the child to us and tells us which kind of female circumcision they want. Just [a] couple of days ago a woman brought her daughters to us so they could [undergo] clitoridectomy just like the Sunnah. The girls [underwent the] procedure and immediately after resting for the night left in the morning to take their flight without any complications whatsoever. This is the most common one people ask these days and which we provide. We generally believe that since men's circumcision does not have long-term effects, then the women's one should be similar... It is a culture, and we need people who can carry on our tasks when we get older or die. My daughter, for example, had been taught how to circumcise both men and women by me. (Respondent 1, INT 018, FGD with traditional cutters 1)

No one among the cutters has undergone an education course for [performing FGM], just taking a razor blade and cutting someone's body parts just [requires] the self-courage to do [it] but there is no reference that they are referring to [when they are doing it]. (Respondent 3, INT 019, FGD with traditional cutters 2)

Traditional cutters interviewed for this study explained the procedure. Practitioners sterilise razors, knives, or scissors by boiling them in hot water before use. They perform the agreed cut on the girl and sew the

opening shut. After doing so, the practitioner applies a mixture of the herb mal mal and eggs to the opening to help in the healing process, although it could cause further infection, and the girl's legs are kept closed for seven days to ensure that the stitches stay in place. On the eighth day, the traditional cutter conducts a follow-up visit to compare the opening to a grain of sorghum to ensure that the opening is small enough to prevent penetration.

When we used to do the FGM (Pharaonic form), we used to remove the clitoris. The inner and outer parts are cut off and [we apply] a mixture of mal mal and eggs for sealing [the opening] and the legs of the girl are tied with a rope for seven days. The legs will be [untied] on the eighth day from the circumcision and the vagina is checked [using] a [grain of] sorghum or maize to confirm that the opening is so small. If it is seen that the opening is bigger than the size of a [grain of] sorghum, then the circumcision [had to be] repeated. Mothers scold the girls when [they see that] the opening is bigger than the size of a [grain of] sorghum by saying, "Why do you writhe [in pain] during sleeping time and walk back and forth during the day, you should have permanently [sat] all day to keep the hole closed and tight." This is all a belief to keep the girls safe from unwanted pregnancies and intercourse. (Respondent 2, INT 019, FGD with traditional cutters 2)

FGM is a practice that is harmful. I used to assist my grandmother when she circumcised [girls] to learn from her. The girl is tied with a rope by the strongest person in the family to [keep] her flat [on the bed] and [ensure easier access to] the vaginal opening with the razor blade for cutting. I used to assist my grandmother to crush the tea leaves, mix the mal mal with the eggs and apply [them to] the vagina for sealing. It is really a job that pays us for the day, there is no specific price for the circumcision, but the family of the girl has to pay for it. (Respondent 3, INT 019, FGD with traditional cutters 2)

In the mid-term review of the Save the Children/ Norwegian Church Aid Joint Programme (2016-2018) implemented in Gedo, Jubaland and in Puntland, they found that communities perceive the Sunnah type as lawful and more acceptable than Pharaonic and that communities are reluctant to abandon the FGM practice as they perceive that the Sunnah type could be maintained. Respondents were asked about the legality of Pharaonic and Sunnah circumcisions and their continuation, and most of them (81%) think that Pharaonic circumcision should not be permitted by law, while only 17% were against the continuation of the Sunnah circumcision.²⁹ A study by the Population Council published in 2020 reported similar findings, where most respondents (85%) supported the continuation of Sunnah circumcision because it is deemed to be less harmful and results in fewer to no complications, and only 10% were for the continuation of Pharaonic circumcision.³⁰ Most

young women who participated in this case study in Jubaland did not refer to Sunnah being less harmful as they believe that the Sunnah circumcision is safe and does not cause any harm to their bodies.³¹

In the Somalia Health and Demographic Survey (SHDS) 2020 found that most girls in Somalia undergo FGM between the ages of five and nine. Older women were more likely to have experienced the Pharaonic form of FGM than younger women, which is an indication of the shift in the form of FGM used despite continuation of FGM as a practice. Moreover, women with higher levels of education and wealth are less likely to undergo Pharaonic FGM, which shows a correlation between the form of FGM and wealth and education. In the same report, FGM was categorised into three types and were defined in line with the WHO definition as follows.^{32,33}

Table 2. Types of FGM undergone by women aged 15-49 in Somalia/Somaliland, by type

Type	Definition ³⁴	% women that underwent FGM
Type I: Sunnah	“Excision of the clitoral hood (prepuce), with or without excision of part or all of the clitoris.”	21.6%
Type II: Intermediate	“Excision of the clitoris with partial or total excision of the labia majora.”	12.3%
Type III: Pharaonic	“Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening; or all other procedures that involve pricking, piercing, stretching; or incising of the clitoris and/or labia; introduction of corrosive substances into the vagina to narrow it.”	64.2%
Don't know		1.9%

Source: 28 Too Many (March 2021)

²⁹Save the Children and Norwegian Church Aid (2019).

³⁰Powell, R.A., Yussuf, M., Shell-Duncan, B., & Kabiru, C. (Feb 2020).

³¹FGDs with young women.

³²Somalia Health and Demographic Survey (2020), pp. 212-220.

³³28 Too Many. (March 2021). FGM in Somalia and Somaliland: Country Profile Update.

³⁴28 Too Many (March 2021), p. 21; WHO (2016), pp.2-4.

FGM and religion

The Somali term Sunnah is related to a tradition of the Prophet Mohamed that is preserved by his followers, creating the link between the Sunnah form of FGM and Islam and making Sunnah circumcision a religiously permitted and socially accepted form. On the other hand, the religious basis and the relationship of the Pharaonic circumcision to Islam continue to be debated.³⁵

Religion is one of the major determinants for practicing FGM in Somalia because women and communities believe that the practice is rooted in Islam.³⁶ Moreover, it is believed to align with the teachings of Islam on promoting an important attribute among Muslims – chastity. Failure to undergo FGM may lead to women and girls being “sexually uncontrollable” and may make them less suitable for marriage.³⁷ According to SHDS 2020, 72.1% of women across Somalia and Somaliland have undergone FGM because they believed it was required by religion. However, individuals with higher levels of education and who reside in urban area were less likely to believe that the process is a requirement under Islam.³⁸

There have been studies presenting evidence that the Qur’an does not contain any verse supporting the practice of FGM, but instead talks about male circumcision. Moreover, none of the Islamic sayings (*ahadith*) justifies FGM and the Qur’an condemns acts that cause bodily harm that unnecessarily interferes with Allah’s creation.^{39,40} Shariah also does not permit the practice of FGM because it aims to “protect life and safeguard humanity,” which does not align with the bodily harm that FGM causes. In this case, any permissible practice (*mubaah*) that poses risks to health and sexual pleasure in marriage is prohibited (*haram*).⁴¹

Health implications of FGM

Practicing FGM does not offer benefits to women and girls. Instead, it results in trauma and other physical, psychological, and reproductive health concerns that are often recurrent and stay with them for the rest of their lives. Type III FGM is considered more dangerous compared to Types I and II.⁴² Table 3 below summarises some of the most common health problems that women and girls experience as a result of undergoing FGM.

Table 3. Health risks of FGM

Health risks of FGM	
Immediate risks	Haemorrhage, pain shock; genital tissue swelling due to inflammatory response or local infection; genital, reproductive, and urinary tract infections; urination problems such as acute urine retention or painful urination; death due to excessive bleeding
Obstetric risks	Postpartum haemorrhage; prolonged labour; difficulty delivering the baby normally, thus requiring caesarean birth or episiotomy; stillbirth and early neonatal death; extended maternal hospital stay
Sexual functioning risks	Pain or decreased satisfaction during sexual intercourse; reduced sexual desire, arousal, and frequency of orgasm
Psychological	Post-traumatic stress disorder (PTSD), anxiety, depression
Long-term risks	Genital tissue damage; vaginal discomfort due to itching and discharge due to infections; menstrual problems such as dysmenorrhea, irregular periods, and difficulty passing menstrual blood; reproductive tract and chronic genital infections; recurrent urinary tract infections; painful urination

Source: WHO (2016), pp. 6-7

³⁵Crawford, S. & Ali, S. (2015); Asmani, I. L. & Abdi, M.S. (2008).

³⁶Asmani, I. L. & Abdi, M.S. (2008); Le Roux, E. & Bartelink, B. (2017). No More ‘Harmful Traditional Practices’: Working Effectively with Faith Leaders.

³⁷Asmani, I. L. & Abdi, M.S. (2008).

³⁸Somalia National Bureau of Statistics (2020), p. 219; 28 Too Many (March 2021)

³⁹Asmani, I. L. & Abdi, M.S. (2008).

⁴⁰Islamic Relief. (2016). One Cut Too Many: Policy Brief on Female Genital Mutilation/Cutting.

⁴¹The study also cited that the Qur’an and hadith emphasises that sexual pleasure in marriage is a God-given right. Islamic Relief (2016).

⁴²WHO (2016), p. 5.

The pain that women endure was encapsulated in Somali poet Dahabo Ali's poem "Feminine Pain," which she also refers to as feminine sorrow. In her poem, she described the lifelong recurrence of pain and the psychological trauma and physical wounds developed from three specific events in a woman's life –circumcision, wedding night, and childbirth.⁴³ Women may experience excessive bleeding during circumcision and are at risk of infections due to unsanitary conditions during the process, leaving women with ingrown scar tissue, and making menstruation painful and impeding menstrual flow due to the infibulated vaginal opening. Women also experience pain during sexual intercourse, causing dissatisfaction or lack of interest to engage in sexual activities. Pregnancy and childbirth also become difficult for women.⁴⁴

Despite the health complications, practicing communities consider it a tradition and a religious duty and it is expected to promote social acceptance of the circumcised girl, her mother, and her entire family. Undergoing FGM aims to preserve a girl's premarital virginity, control her sexual desire, and ensure her marriageability. The practice is intended to ensure the girls' purity and cleanliness to be perceived as *halal*.⁴⁵

The performance of FGM without any medically supported reasons and the amount of immediate and long-term harm it causes to women and girls that undergo the procedure have been the key drivers among international organisations and individual activists to campaign against its elimination. Medicalisation of the procedure, whereas a healthcare provider performs FGM, does not support the elimination of the practice

but only directs people to practitioners who supposedly offer better hygienic conditions and will expose the girl to lesser risk of complications. Regardless of who performs the procedure, a traditional cutter or a healthcare practitioner, it remains an unethical and harmful practice that violates the human rights of women and girls.⁴⁶

Campaigns and legal frameworks against FGM

Campaigns against FGM in Somalia started in the 1980s, when FGM was seen primarily as a family health and planning issue.⁴⁷ The nature of anti-FGM campaigns continue to evolve over time, from awareness-raising approaches to behaviour change communication strategies aimed. FGM used to be considered as a health issue exclusively, but perspectives on this issue may have shifted, with FGM being seen as a human rights concern.⁴⁸ Some also present this issue from the perspective of religion, with emphasis on FGM contradicting the teachings of Islam, which highlights the role religious leaders play in the changing perspectives on the practice.⁴⁹

In 1984, a nationwide USAID-funded health project called *Family Health Services Project* engaged government institutions such as the Ministry of Health (MOH), the Somali Women's Democratic Organisation (SWDO), and the Institute of Women's Education (IWE) in conducting health campaigns and literacy programs. The campaigns included health messaging around the consequences of practicing FGM, as well as providing training for local community stakeholders such as district leaders and nurses and incorporating information on FGM in school textbooks.⁵⁰ However, despite the project's efforts

⁴³"Feminine Pain," Poem by Dahabo Ali Muse, Somalia; Raqiya D. Abdalla (2013).

⁴⁴GrassRoots (2021).

⁴⁵Crawford, S. & Ali, S. (2015)

⁴⁶WHO (2016), p.8

⁴⁷USAID (1989a). Final Evaluation, Family Health Services Project; USAID (1989b). Project Data Sheet, Family Health Services Project; Delancey, V.H., Lindsay, D.E., Spring, A. (1987). Somalia: An Assessment of SWDO and of the Social and Economic Status of Women in Lower Shebelle. ARIES, USAID.

⁴⁸Leye, E., Bauwens, S., & Bjaklander, O. (2005). Behaviour change towards female genital mutilation: lessons learned from Africa and Europe; Crawford, S. & Ali, S. (2015).

⁴⁹Asmani, I. L. & Abdi, M.S. (2008). De-linking Female Genital Mutilation/Cutting from Islam.

⁵⁰USAID (1989a); USAID (1989b);

to engage with communities, encourage action across various political institutions, and spark public discussions among government and religious leaders, enforcement of related policy appears to have been lacking.⁵¹

The Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), the African Charter on Human and Peoples' Rights (the Banjul Charter) and its Protocol on the Rights of Women in Africa, and the Convention on the Rights of the Child are key international conventions and frameworks calling for the elimination of FGM. These aim to ensure that harmful practices such as FGM do not interfere with women and girls' enjoyment of their rights and that appropriate policies, interventions, protective measures, services, institutional structures, and an enabling environment for the prevention of FGM are in place.⁵²

FGM is considered one of the significant concerns across all the Federal Member States in Somalia, and is prohibited under the Constitution's Article 15(4), "Circumcision of girls is a cruel and degrading customary practice, and is tantamount to torture."⁵³ Maltreatment of family members or persons under the age of 14 resulting in serious harm or death is punishable by law across all regions of Somalia.⁵⁴

Moreover, the 2019 Somali Child Rights Bill prohibits practicing FGM on children, but it is still awaiting approval.⁵⁵ However, despite the introduction of these policies and efforts to enhance child protection, their enforcement and effectiveness vary across regions and require support and endorsement of religious and clan leaders.⁵⁶ While the constitution prohibits FGM, there is no national legislation that clearly defines FGM and criminalises the procurement, arrangement, assistance in the conduct, and performance of FGM.⁵⁷ There have been efforts pushing for the passage of the FGM bill criminalising all types of FGM in South-Central Somalia, and UNICEF and UNFPA have been calling for the revival of this process.⁵⁸ In June 2021, Puntland passed the FGM Zero Tolerance Bill, which was driven by the efforts of UNFPA, the Ministry of Justice, Constitution, Religious Affairs, and Rehabilitation, the Ministry of Women Development and Family Affairs, and the Ministry of Health.⁵⁹

Efforts to curb the practice of FGM was worsened by the COVID-19 pandemic as traditional cutters were reported to conduct door-to-door visits to perform FGM at home. Aside from seeing FGM as a traditional practice that Somali girls undergo, traditional cutters were motivated to continue their livelihood despite the lockdown due to the economic impact that they have experienced as a result of

⁵¹USAID (1989a); USAID (1989b); Delanceyl, V.H., Lindsay, D.E., Spring, A. (1987); Crawford, S. & Ali, S. (2015). WHO (2008); WHO (2016).

The Federal Republic of Somalia Provisional Constitution (2012). Article 15.4.

Somalia Penal code (1963). Article 432.1 and 432.2.

UNICEF (2020). UNICEF and partners call for the passage of the Child Rights Bill.

Vraalsen, P. (April 2021). Case Study on Ending Female Genital Mutilation in the Federal Republic of Somalia. UNICEF Eastern and Southern African Regional Office (ESARO)

28 Too Many (July 2018). Somalia: The Law and FGM.

United Nations Somalia (February 2021). UNICEF and UNFPA call on the government of Somalia to commit ending FGM by passing law prohibiting the practice.

UNFPA Somalia (June 2021). UNFPA Somalia congratulates Puntland for passing a bill that prohibits Female Genital Mutilation (FGM). Plan International. (May 2020).

COVID-19 restrictions.⁶⁰ One of the traditional cutters explained the economic incentives of practicing FGM below, particularly the Pharaonic form.

I used to like the FGM circumcision type (Pharaonic)... I still like it because if a lady is raped, I can understand that there is penetration, but [for] those who [did] not undergo [Pharaonic], [we] cannot identify if they [were] raped because [the vagina was] already open. Men who are 45 to 70 years [old] like to marry ladies who [underwent FGM] while men of 30 years [of age] like to marry ladies who [had a] Sunnah circumcision. Old men have [more] money than young men, that is why they marry the [infibulated] ladies because they are safe from any other sexual intercourse due to keeping their integrity, but [for] the ones who are not circumcised in FGM form, [we] cannot [determine] whether they have faced sexual intercourse with any other person, so they are only married by those who do not have enough money. I like the [Pharaonic cut] because my lady will [pay] me [more] money due to her circumcision. Girls are paid a hundred camels and AK47 when they are sealed from intercourses, and some are paid fifty camels depending on their virginity. When a lady I circumcised is seduced for marriage, I get money because she is [a] virgin, so it is my interest to get that money and keep the integrity of my friends (mothers of the ladies). (Respondent 3, INT 019, FGD with traditional cutters 2)



Research Methodology

Research Objectives

The purpose of this study is to inform the Ifrah Foundation of the current knowledge, attitudes, and practices with respect to FGM in Jubaland. Specifically, the research seeks to address three research questions geared towards understanding community perceptions on FGM as a practice, knowledge gaps on health consequences of FGM, and awareness of FGM campaigns. These key questions and related sub-questions are outlined below.

Table 4. Research questions

<p>Research question 1: What are the community perceptions of FGM practices?</p> <p>Sub-questions:</p> <ul style="list-style-type: none"> • 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? <p>Objectives: This set of questions aimed to gather information on community perceptions of the practice, including its benefits, negative effects, and drivers for continuation and change, to understand how community expectations, cultural identity, and religious beliefs influence the perpetuation of the practice, or present an avenue for change.</p>
<p>Research question 2: What are the knowledge gaps on FGM-related health consequences among community members/other targeted individuals?</p> <p>Sub-question: To what extent are communities aware of the physical and mental health consequences of FGM?</p> <p>Objectives: The objective of the second research question and its sub-question was to determine the extent of knowledge and awareness of health-related consequences of FGM, which will provide insights to the knowledge gap on the topic. This included understanding how adverse health effects may have been considered in their reasoning about support for the practice's continuation or abandonment.</p>
<p>Research question 3: To what extent are communities in Jubaland aware of FGM campaigns (especially the Dear Daughter campaign)?</p> <p>Sub-questions:</p> <ul style="list-style-type: none"> • Which FGM campaigns are community members aware of? • Which parts of their programming have interacted with? <p>Objectives: These questions sought to assess the extent to which participants had been exposed to and have participated in anti-FGM educational campaigns, and to help in understanding respondents' perception of the information received and engagement with it outside the campaign context; for example, with their friends and family at home.</p>

Study design

The study was carried out between March to April 2022 and interviews were conducted in Kismayo, Jubaland. A qualitative approach was employed, which included the key informant interviews (KII) with various stakeholders and focus group discussions (FGDs) with six to nine participants each. 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 women

and men without children, and traditional cutters participated in FGDs in an effort to explore their knowledge, perceptions, and reasoning for supporting the discontinuation/abandonment of the practice or the continuation of the practice with preference for a specific form of FGM. Individual interviews were conducted with clan elders, religious leaders, and a district administration representative who shared their views of and engagement with the topic through the lens of a particular social role and/or profession. FGDs with women and men from different clan

identities (i.e., from majority clans and minority clans) as these groups may provide insights on any similarities or differences in knowledge, attitudes, and perspectives on FGM.

Interview tools were developed in English and translated into Somali (Af-Mahatiri), which was the native language of the participants and interviewers. The interviews were conducted in Af-Mahatiri, with the exception of one respondent who spoke Bantu. Two enumerators, one male and one female, were hired to conduct the interviews in Kismayo. 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. Interviews were conducted separately by gender. The female interviewer conducted the interviews with female participants and the male interviewer conducted the interviews with the men. With the consent of the interview participants, all interviews were audiotaped and subsequently transcribed into English.

In total, the study carried out 14 FGDs and five KIIs. All interviewees resided in Kismayo at the time of data collection and were thus living in an urban setting. Table 5 below provides an overview of the interview respondent type, number of participants, majority or minority clan affiliation, and age range of respondents.

Table 5. Interviews conducted for the case study

Interviewees	Number of interviews	Minority/ majority clan members	Age range
Mothers	2 FGDs	Minority	27-45 years old
Mothers	2 FGDs	Majority	28-32 years old
Fathers	1 FGD	Minority	30-65 years old
Fathers	1 FGD	Majority	27-62 years old
Young women	2 FGDs	Minority	15-25 years old
Young women	2 FGDs	Majority	15-25 years old
Young men	1 FGD	Minority	16-26 years old
Young men	1 FGD	Majority	16-30 years old
Traditional cutters	2 FGDs	Minority/majority	
Clan leaders	2 KIIs	Minority/majority	55-57 years old
Religious leaders	2 KIIs	Minority/majority	49-63 years old
District representative	1 KII	Majority	33 years old

Interview content

The development of the interviews was guided by the research questions described in Table 4 above and was based on the tools designed as part of the similar study on FGM in Garowe, Puntland conducted by GrassRoots Research for Ifrah Foundation (2021). The interviews started with respondents sharing personal associations or stories about the topic to allow them to get comfortable with exploring the topic themselves without a designated category of questions. Subsequent research questions were more purpose-driven and differed slightly by respondent type. In the FGDs, questions were asked about men and women's individual and community perceptions of the practice; addressed the benefits to the circumcised girl, mother, family, and wider community, the decision-making process, and reasons for the (dis)continuation of the practice; and asked about possible health effects of FGM. The interviewers closed the interviews with questions about respondents' involvement or awareness of anti-FGM campaigns, the lessons they have learned, and how the campaigns affect them in their daily lives.

Key informants were interviewed about campaigns and their thoughts on factors that may influence the 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 policymakers, religious leaders, clan elders, or organisations about the practice and to advocate for its continuation or abandonment. Traditional cutters 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.

The interview and discussion guides used during data collection are available in the Annex.

Data quality assurance and analysis

Part of the data collection process is ensuring the quality of the interviews conducted and the respective interview transcriptions. A team of audio quality control staff listened to all the audio files to ensure that interviews were conducted correctly and to confirm that the notes submitted matched what transpired during the interviews.

Upon completing the quality assurance process, the researcher started the analysis by reading the interviews guided by the three main research questions. During this process, the researcher identified common themes, opinions, and recommendations across interviews to identify general trends and overlaps or variations in knowledge, attitudes, and practices. The findings are reported in the subsequent section, organised in four subsections on awareness of the physical and mental health consequences of FGM; community perceptions, practices, and pressure; awareness of anti-FGM campaigns, legislation, and religious interventions and their effects; and community perspectives on the continuation or abandonment of FGM.



Study Findings

All study participants demonstrated awareness of the practice of FGM, and they noted that girls undergo FGM at 6-15 years old. However, most of them only consider the Pharaonic form as FGM while the Sunnah form is often referred to as “normal circumcision.” Respondents demonstrated awareness of the risks of the Pharaonic form of FGM, but they believed that the Sunnah form does not cause girls any harm. Some of them were also able to explain the different types of FGM practiced in Somalia.

Though I have not been to rural villages surrounding Kismayo, I have heard stories that they practice three modes of circumcision. First the clitoris is cut and left without sewing. It is called Sunnah Kabiir. The second method is full FGM where the clitoris is fully cut and then stitched with very small opening left. In this method the girl finds it very difficult during her menstruation. It retains the ovulation blood and causes infections. The third one is combination of Sunnah Kabiir and full FGM. It is a normal Sunnah. It involves small cutting or piercing to split blood. (Respondent 5, INT 007, FGD with young men 2)

Moreover, all respondents noted that the Pharaonic form of FGM is typically performed by traditional midwives/cutters who are ill-equipped and endanger the health of the girl. One of the women interviewed said that the only equipment they have is a razor blade and even the venue of the operation is not clean. All of the study participants were able to share stories that have happened to them or someone they personally knew in their family or in the community about the risks involved in conducting FGM, particularly during menstruation, sexual intercourse especially on their wedding night, and delivery of a baby.

When I was giving birth, it was during a conflict in the region. I was living in and at the time I was giving birth for about six hours and had mixture of urine and all sort of stuff flowing but no baby, then they checked why there was no baby coming out and they noticed that I have a blood blockage due to a piece of cotton left in me from a long time ago. Then they put warm

water for quite some time, which eventually removed the cotton and blood flowed normally and I was able to give birth after eight and more hours. (Respondent 2, INT 016, FGD with young women 3)

There was a girl that had been brought from a nearby rural village who was subjected to FGM (Pharaonic)... Whenever she is [menstruating], she undergoes excruciating pain [and] menstrual blood [does not] come out, she has a swollen abdomen. It reached to a point where the girl was hospitalised and operated on [and] a lump of hardened congealed blood was removed from her. (Respondent 1, INT 010, FGD with mothers 1)

Qualitative data also indicates that agreement with performing infibulation of daughters is often a decision made by mothers, although other respondents have explicitly mentioned that they have heard of parents divorcing after their daughters have experienced complications as a result of FGM. Mothers are typically closer to their daughters and make the decision on whether their daughter will undergo FGM and which type, while fathers make decisions related to their sons. In cases where the daughter has no mother, the primary caregiver (e.g., aunt or grandmother) makes the decision. Men often stay out of the decision-making related to FGM to avoid conflict with their wives, but some of them have started speaking up against allowing their daughters to undergo the process. In some instances where the father is consulted, the final decision is still made by the mother regardless of the father’s view on the type of cut that the girl should undergo. Moreover, some of the fathers interviewed think that decision-making on FGM should be made by both parents, but several fathers mentioned that even when men disagree with the Pharaonic infibulation and prefer the Sunnah form, they avoid conflict with their wives by agreeing with her decision. Mothers, on the other hand, also shared that even when men are aware of the risks of infibulation, they care about saving face and do not want their daughter to bring shame to the family. Ultimately, they want to ensure the marriageability of their daughters.

This is a bad tradition which we practice. It worries the father, the mother, and the girl forced into circumcision. The tradition puts pressure on the mother to circumcise her daughter and it is possible that the father does not agree to circumcise their daughter, [and] finally this can [lead to] a divorce. (Respondent 5, INT 012, FGD with mothers 3)

Though fathers are the head of the family, the issue of circumcising girls lies with mothers. The Fircooni FGM is secret always and is not easy to be known by the fathers. Traditional midwives (cutters) make an effort to make mothers believe that FGM is for the best interest of their daughters. The reason is that they make money from it. (Respondent 4, INT 007, FGD with young men 2)

I remember a story while I was in Dadaab refugee camp back in 2011. At that time the campaign against FGM was very active. Those who were involved in FGM were searched for action against them. There was this mother of two girls who was our neighbour. The grandmother of the girls who is the mother of the lady came to her and said girls must undergo FGM, but the mother of the girls refused citing the existence of organisation after it notably Save the Children and associated risk. The father said he is neutral about the issue between his wife and mother-in-law. They conflicted over the issue and grandmother finally won it. The girl underwent the FGM and one of them had a deep cut of a vein that caused excessive bleeding. She had to be taken to hospital and the issue got out of hand. The police came and both the parents and grandmother were arrested. So, most of the times mothers and grandmothers are the sole decision makers on the performance of FGM practice. (Respondent 5, INT 007, FGD with young men 2)

On who makes the decision, I concur with my friends who said that it is the mother but there is some change in perception. Personally, I have a daughter and I have informed her mother about my decision to not touch my daughter at all whether Sunnah or Fircooni. There is no sin in Shariah even if she is left the way God created her and that is why I want her to remain natural. The family is headed by two persons, that is mother and father. They share the decisions and consult each other. It might happen that while the father is away, the girl may reach the age of circumcision and the mother may relay this information to the father who would in turn advise Sunni mode, but the mother can proceed with her own plans. So, is that a holistic decision? I strongly believe women should be educated enough for FGM to stop. (Respondent 2, INT 009, FGD with fathers 2)

When it comes to the Sunni (clitoridectomy) type of FGM at most the woman stays in bed for three days but when it is the infibulation type of FGM you can spend up to 15 days in bed. Such as my case and younger sister, my mum said to do infibulation on the elder one and Sunni (clitoridectomy) for the younger one, I spent 15 days in bed and once I got better and I started playing around I ended up falling from a tree which caused a vessel to get cut and had to get stitched again, leading to me staying in bed for another 15 days, ever since then every time I carry a heavy object, have my period or wash clothes I feel extreme pain in my kidney and had to take medicine for it. This decision was made by my mother. She chose to do infibulation on me while my dad was away. (Respondent 2, INT 017, FGD with young women 4)

Awareness about physical and mental health consequences of FGM/C

Young women demonstrated awareness of the consequences of undergoing FGM, particularly the Pharaonic form, and the primary consequences they mentioned were difficulty in giving birth and in passing blood during the menstruation. Some of them mentioned that due to the trauma that girls have already experienced from undergoing FGM, they develop a fear of getting married after they heard that they would have to be cut again, usually during childbirth. Other challenges that they mentioned included lack of interest in and pain during sexual intercourse, cramps, back pain, infections, excessive bleeding, and depression. Both young men and fathers that participated in the FGDs also mentioned the negative physical effects of FGM on women, including excessive bleeding, pain during sexual intercourse, lack of intimacy, fistula, difficulty in passing blood during menstruation, pain during urination, infections, unsafe delivery at the end of pregnancy, disability, and even death. One of the fathers even mentioned that sometimes girls drop out from school due to pain and difficulty managing their menstruation.

I can relate two cases which happened in my neighbourhood. One case is even related to me [because] it happened to my in-laws. [A girl] was circumcised by [Pharaonic form] but the girl bled heavily and the traditional midwife could not stop the excessive bleeding. The girl was taken to a nearby hospital... In the same week another girl faced difficulties in urination [because of blockage]. She had to be taken to the hospital to loosen the stitches. (Respondent 1, INT 006, FGD with young men 1)

When the girl is sewn (severe mode of FGM), she cannot menstruate normally [and] she feels pain and associates with different infections. Also, when she delivers [her baby], most of the time she needs an operation because the birth canal was sewn tightly and [cannot] open naturally. (Respondent 6, INT 009, FGD with fathers 2)

Mothers talked about the problems with delivering babies due to the cuts and stitches received during the FGM procedure. They said that midwives sometimes refer births to the hospital when they see that it will be unsafe for them to deliver the baby due to complications resulting from FGM. However, qualitative data gathered indicated that sometimes midwives proceed with delivering the baby even though referring them to the hospital would be the safer option. Moreover, there had been instances where midwives deliver babies in unsanitary conditions, including not using gloves. Some of the mothers have explicitly expressed that they believe that all deliveries should be done in hospitals.

Some of the mothers emphasised that their daughters lose agency over their own bodies when girls undergo FGM. Throughout the discussions conducted with mothers, some of them expressed their desire to prevent their girls from experiencing the same hardships and health consequences that they had to deal with as a result of Pharaonic FGM, thus resulting in mothers, including fathers, promoting the Sunnah circumcision instead.

By subjecting my daughter to FGM, I am denying the right of my daughter on what should not or should happen to her body. (Respondent 2, INT 011, FGD with mothers 2)

Women are at risk of dying due to bleeding during childbirth because it is necessary to cut a passage open so that the baby can come through... Most of the women who have undergone FGM [experience having] tumours grow in their genital and urethra. Speaking for myself, a tumour grew in my genital, which hurt me the most during the childbirth and later. After I birthed three sons, I went to a hospital and the doctors recommended [that I undergo] an operation. Praises to Allah the operation was a success and they [removed] the tumour. In addition, when the girl [is not] married yet, she suffers badly when she is in her menstrual cycle. (Respondent 1, INT 013, FGD with mothers 4)

Men said that even though they do not undergo FGM, they are also affected by it. During sexual intercourse, some men may not experience satisfaction depending on the type of FGM performed on their wives, which may result in disagreements and even divorce. Moreover, some of them said that they incur costs when their wives are sick due to the effects of FGM, and this also takes a toll on them psychologically.⁶² Caring for the women after circumcision affects the family due to the resources required to help them recover.

Community perceptions, practices, and pressure

Men and women said that Pharaonic circumcision puts girls at risk and brings with it an array of negative social and health consequences, while performing Sunnah circumcision was perceived to be harmless.⁶³ Qualitative data implies that there is a generational divide when it comes to supporting infibulation, whereas younger generations suggest discontinuing it and adopting the Sunnah form. Moreover, respondents referred to infibulation as FGM and the Sunnah form as a separate type of circumcision but not as a form of FGM. Due to the negative health consequences, young women are calling for the discontinuation of infibulation and they recommend that girls undergo the Sunnah circumcision instead.

It affects women badly and we are still suffering its complications so we would circumcise our daughters according to Sunnah. In addition, I would like to recommend the community to circumcise their daughters according to the Sunnah. (Respondent, INT 015, FGD with young women 2)

The effects of circumcision for women are numerous... The only way to stop this from happening in the community is by talking to mothers and relatives and making them aware in a detailed and scientific manner [about] the negative effects of FGM and how it is very detrimental [to health] when a woman reaches adulthood. (Respondent 2, INT 017, FGD with young women 4)

Young men discussed the point at which they realised that FGM was a harmful practice and most of them said that the youth do not support the Pharaonic form, which is in line with the findings from the SHDS 2020 where women of younger age are more likely to practice Sunnah than Pharaonic. Moreover, young men interviewed for this study prefer to marry a girl who underwent the Sunnah circumcision, but they will still consider marrying a woman who has undergone the Pharaonic form of FGM and support them in managing the effects of FGM, noting that dignity and character of the women they will marry matter.

Previously, I did not know the difference between Fircooni and Sunna type ladies until I came across a close friend of mine who married a girl. After some time from the wedding night, the guy came to me and told me a shocking story [about not being able] to penetrate his wife. The best thing I could do was to refer him to a doctor that could operate [on] the wife. The friend, his wife, and I visited the doctor. It was in a foreign country and the doctor [was surprised about] what we told them. He asked the husband, "Who is behind this and stitched this girl. Was it you?" The husband replied, "No." The wife explained that she was circumcised at age of ten as per the traditional norm. The doctor said that he will [perform] two operations to repair the genital of the wife and open it up. After that incident, I did not support FGM. (Respondent 5, INT 006, FGD with young men 1)

Men see it as something bad and prefer the Sunni mode. Personally, I would go for a girl who was circumcised by Sunni type because the pain of your partner who is circumcised on FGM mode is also yours, be it during her menstruation, during honeymoon, or her life at a later stage. (Respondent 4, INT 007, FGD with young men 2)

I have seen men from abroad asking their mothers to find them a girl who is circumcised according to the Sunna so they can marry her. (Respondent 1, INT 012, FGD with mothers 3)

⁶²FGDs with young men.

⁶³FGDs with fathers.

Young men believed that women support circumcision due to tradition, Islamic faith, and the general belief of Somalis that FGM promotes the dignity of the girl. Similarly, some of the fathers emphasised that Islam supports the Sunnah form and not infibulation. However, as discussed in an earlier section of this report, there is no mention in the Qur'an and Islamic teachings that FGM, including Sunnah, is required.

I think majority of the women are against the FGM except a few ones who are holding [on to] old customs or are pressured by their parents. It is hard to change the minds of old people especially when its norms that existed [for] generations. Even if jailed, once they finish the term, they return to it, but the good thing is people are educated about it. (Respondent 4, INT 007, FGD with young men 2)

The Islamic religion commands for the circumcision of Sunni mode and not FGM (Pharaonic). [Infibulation] is even associated with the foreign "Pharaoh" who was not a Muslim. But because some women do not have sufficient knowledge, they keep the practice, and it is hard to change their perception. While those who have an understanding of Islam, whenever told they immediately apply and stop the practice. (Respondent 1, INT 009, FGD with fathers 2)

Young men and women expressed that they feel that the older generation holds on to traditions regardless of the harm that it causes. Fathers and mothers said that older men and women tend to have more varied opinions on FGM, specifically infibulation, with some of them being staunch supporters of the traditional culture and others promoting the adoption of the Sunnah form due to their awareness of the risks of infibulation. One of the fathers said that older men who live in rural areas tend to prefer the Pharaonic type of FGM, and younger fathers who are more educated think of infibulation as a bad social norm. Moreover, fathers think that the younger generation of women have been exposed to more information on the risks

of practicing FGM that they are moving away from undergoing infibulation and considering the Sunnah form instead. This indicates that increased exposure to evidence-based information on FGM can change attitudes and practices related to FGM.

Women are also divided on the issue of FGM. Young women do not support FGM (Pharaonic) at all. For example, the likes of my wife who is young do not support Fircooni type. However, old people and those who recently came from [a] rural area hold the Fircooni FGM and the reason is they associate [it] with traditional custom. (Respondent 6, INT 008, FGD with fathers 1)

With increased [exposure to] education, the practice has reduced, and more women are embracing the idea not to cut their daughters [using the] FGM mode (Pharaonic). However, those mothers whose mothers are still living, they force [their] daughters [to undergo] FGM (Pharaonic). So, the grandmothers are the actual perpetrators of the FGM practice. (Respondent 1, INT 008, FGD with fathers 1)

Among mothers and fathers that support infibulation, they believe that it controls their daughters' sexual desires and ensures the virginity of their daughters before marriage. They create an environment of fear where girls could be shamed by their parents or their new husband if they do not undergo infibulation. Mothers also discussed that some parents believe that girls who do not undergo infibulation are vulnerable to committing adultery and to having an unwanted pregnancy, which will bring shame to their families. Women also have different beliefs associated with the type of cut that a woman receives. One of the mothers said that women have undergone the Sunnah circumcision are more interested in getting intimate and often jealous compared to women who have undergone the Pharaonic form. However, some women think otherwise.

There is a woman in my neighbourhood, just next door. That woman was circumcised according to the Sunnah while I was circumcised in FGM (Pharaonic). When I was comparing myself to this woman, there is a big difference between us when it comes to sexual desires. This woman's sexual desire is alert, and she feels jealousy when her man goes out and thinks that her man went to another girl. Furthermore, she needs her man casually for sexual desire. In contrast, for myself all of those things do not make sense for me. If my husband is away for a long time, I will not miss him. Even if he got married to other women, let alone for [meeting their] sexual desires. (Respondent 2, INT 012, FGD with mothers 3)

Women who are circumcised according to pharaoh's circumcision do not have any sexual desires for men at all, and men do not want a woman who does not share a mutual desire. So, men prefer women who are circumcised according to the Sunnah. (Respondent 4, INT 012, FGD with mothers 3)

Aside from tradition and religion, economic incentives may also be drivers of practicing FGM.

There are economic/income benefits in FGM for mothers who cut their girls. The women folk who supports FGM contribute money. Mothers invite her [female] friends during the FGM circumcision and everyone [who comes] brings some cash, probably 1,000 Somali Shillings. Therefore, some women relate to that small incentive. (Respondent 2, INT 009, FGD with fathers 2)

Those doing this act [are] traditional old women who, in my perspective, are looking for their daily bread and source of income. Suppose those mothers involved in such activities[are] given training and awareness, they will abandon those activities. (Respondent 1, INT 010, FGD with mothers 1)

Another interesting finding is the concept of bikro, where there is honour in husbands having difficulty penetrating their wives on their wedding night as it indicates purity or virginity. If women were found to not be bikro, then the family feels shame. In summary, the key drivers of continuing the practice of FGM in any form include tradition, religion, social acceptance, economic incentives, and belief of some that FGM is for the protection of girls.

I believe there is common understanding between fathers and mothers to continue the FGM practice and the reason is "bikro" perception where they believe on the wedding nights the husband finds difficult to penetrate which they associate an honour. There is no other aim. And root cause of FGM is Pharaoh who introduced in order to curb the Israel's women to give birth to a male child especially for fear of Prophet Moses birth. All women were cut and stitched and those with pregnancies were put into guard in order to monitor the gender of their baby. (Respondent 6, INT 009, FGD with fathers 2)

[In the past], the Fircooni circumcision was the major type. People had less knowledge about the issue but these years the practice has changed. When looking at in the rural areas the FGM practice is still rampant due to limited information and their nature of lifestyle which is in constant motion. Nonetheless, there is reduction but within the city the Sunnah type is taking shape. The awareness of society has increased. When it comes to who makes the decision there are still differences [between] rural and city. In the city, dwellers there increased [their] awareness and both father and mother [consult with each other on decision-making] on how their girls will be circumcised but in rural areas, the mothers are having the ultimate decision on how the girl is circumcised because the tradition has remained there. The main type of circumcision that the city dwellers adopt is a Sunnah Saqiira type which shares some characteristics with Fircooni FGM. (Respondent 1, INT 008, FGD with fathers 1)

Only one of the young women who participated in the study explicitly said that she will refuse any form of FGM on her daughter, both Pharaonic and Sunnah forms.⁶⁴ Some young men said that they will have their daughters circumcised the Sunnah way in a sanitary and medically equipped environment. However, community pressure may continue to drive the practice of FGM, especially views that non-circumcision is an indication of impurity. Those who are not circumcised face discrimination, including members of the Somali diaspora returning to Kismayo. As a result, some of the girls fall into depression, anxiety, or feel obligated to undergo FGM, or in some instances are forced by their parents or husbands to undergo the procedure. The community encourages the early circumcision of girls because they believe that girls are more likely to refuse to undergo FGM when they are older. Even some girls who have undergone the Sunnah form are still subject to discrimination because they are sometimes seen by some communities as still unclean and unable to control their sexual urges.⁶⁵ However, some of the young women interviewed said that no one have criticised them or that their community did not care about them not being circumcised, emphasising that it is an old tradition and that women should be able to make decisions about their bodies.⁶⁶

Awareness of anti-FGM campaigns, legislation, and religious interventions and their perceived effects

Respondents were asked about their exposure to campaigns against FGM and what they took away from those interactions. Most of the respondents said that a number of local and international organisations and community-based organisations lead periodic, small-scale campaigns that discuss the risks of FGM, how the practice is not linked to religion, and referral or reporting of FGM cases. One of the organisations mentioned was the Ifrah Foundation. These campaigns are often complemented by efforts

of the local administration, Somali scholars, religious leaders, and clan elders. However, limited resources prevent these campaigns from extending their reach. Reception of the campaigns vary, with some willing to listen to the discussions and others refusing to abandon the practice because they believe that FGM is a sacred custom that should continue.

We may lack the resources but if other actors contribute, it is well needed and that is what happens. For now, I know the negative consequences of FGM and its general bad impact but due to limited resources I may not reach a wider audience but those with resources can reach a wider audience and their intervention is very important. (Clan elder 1)

I am involved in those projects as a religious leader. To stop something which is not permissible, Allah gives an Ajr (reward). The girls are saved. If one girl is killed it is as if all people killed her and if we save one girl from FGM it is as if we have saved the whole humanity. If anyone works in a good cause, he will get his reward and those who follow it, and if anyone works in a bad cause, he gets his punishment and those who follow it. So, it is my duty to work on this. (INT 005, KII with religious leader 2)

We need the campaign to be strong, especially to target the midwives [traditional cutters] and the wider public. They should be sensitised about the benefits of Sunni circumcision. In addition, we need trained people at the village level who can undertake this campaign continuously. (Respondent 6, INT 009, FGD with fathers 2)

Most of the respondents said that they shared what they learned from the campaigns with their family

⁶⁴Respondent 2, INT 017, FGD with young women 4.

⁶⁵FGDs with young men, fathers, young women, and mothers.

⁶⁶Respondents 1 and 4, INT 017, FGD with young women 4.

and friends in the community but no indication of change in behaviour as a result of campaigns could be gleaned from their responses. Men were not able to relate the campaigns to experience because they did not go through the same procedure as women and their exposure to the risks of FGM is primarily second hand and based on stories they have heard or observed in the community or within their households.

Women, especially mothers, have expressed that infibulation is a harmful practice that they have experienced and have been discussed during campaigns. Some of the mothers interviewed emphasised that they do not want their children to go through the same hardships and effects of undergoing FGM and that they care about the welfare of their daughters. This is an important finding because mothers' knowledge and attitude toward FGM is critical to preventing further practice of FGM because they are typically the ones that arrange their daughters' FGM with traditional cutters or healthcare providers.

This program has taught me to consider the happiness of my daughters and let them live a happy marriage and not let them go through what I have experienced, which was a bad tradition. Furthermore, I have learned to pass the message that I learned to my neighbours and inform them [about] the risks of FGM in order to prioritise the future of their daughters and let them live the life they deserve. (Respondent 1, INT 013, FGDs with mothers 4)

Nowadays it seems that the practice of FGM is decreasing after many NGOs' deliberations on community-based awareness on FGM health complications. (Respondent 3, INT 011, FGD with mothers 2)

Young women also expressed concern about the practice of FGM, and they said that exposure to campaigns gave them a better understanding of its risks and encouraged them to report cases of FGM in their community. However, they considered Pharaonic the form of FGM with the highest risks and performance of the Sunnah form of FGM was believed to be more favourable.

These campaigns made me understand that for there to be change doctors and nurses should be heavily instructed on not to carry out any type of FGM except Sunni one, as a mother and a woman who went through infibulation and dealt with the negative side effects, I don't wish that for anyone, therefore health officials shouldn't allow any mother to do infibulation except the minor Sunni at most. (Respondent 2, INT 016, FGD with young women 3)

As mother-to-be in the future, since I have seen the many consequences and negative health effects of FGM, I would not allow my daughter to go through it nor would I let anyone convince me to do it. (Respondent 2, INT 017, FGD with young women 4)

I have [learned] good things from the campaign. I wanted to subject my four daughters to FGM since it was what I went through myself, but after the awareness reached me, I circumcised them the normal way. (Respondent 2, INT 010, FGD with mothers 1)

Religious leaders said that there is a need to invest in educating communities and creating awareness on the risks associated with FGM, and this limited knowledge on FGM, religion, and general education is what perpetuates the FGM practice. One of the religious leaders said that he does not attend anti-FGM campaigns because he is often in the mosque delivering sermons or teaching religious texts. He thinks that the approach of the campaigns is not creating any change in perceptions or behaviours towards the practice.

On the side of those campaigns, I believe they do not work the way [that was] intended and do not press the weight needed to eliminate this practice. They normally hold short-period seminars or select few persons who cannot articulate the subject very deeply but are interested in the small incentives provided while the practice continues to be of the same magnitude. So, I would conclude that those working in this topic are not honest about it. (INT 004, KII with religious leader 1)



The district administration representative interviewed believes that the root of the FGM practice is the lack of awareness by the population on the risks involved, which they aim to address by conducting awareness-raising campaigns. The district administration spreads community awareness on FGM, bringing together women from all over the district and engaging them on the topic. They also celebrate the international day of zero tolerance for FGM, celebrated on February 6 every year. Some of the challenges that they face in delivering awareness messages include logistics and security, particularly when reaching out to rural villages, which are the hotspots for this practice. Within the city, resources are still limited to sustain awareness.⁶⁷ The district administration has also been putting effort into creating alternative livelihoods for traditional midwives that rely on FGM as a source of income, including offering training on practical skills such as garment-making (tailoring), computers, beauty salon, etc. Some of the case study participants shared some of their success stories related to the campaign against the practice of FGM.

I remember two years back I came across six girls including a daughter of mine being brought together in a house in preparation for the Fircooni circumcision. I called the mothers of the girls and the traditional midwife who was to carry out the operation. I asked them how they want to circumcise the girls and they responded, "We are circumcising the way we were circumcised, which is Fircooni." I asked them, "So you want to cut and mutilate their genitals?" They responded, "Yes." I said then that the Shariah of Allah does not permit it, leave alone the health risks associated with it. What will you do? I told them. After a lengthy discussion, I was successful in changing their minds to circumcise the respective girls on Sunnah type. (INT 003, KII with clan elder 2)

We faced many risks, like some days ago there was a lady in Dalhis village who passed away during a circumcision of FGM (Pharaonic). That is the reason why the campaign was increased. The Ministry of Endowments and Religion Affairs also talked about the FGM and stopped it. The two most serious risk cases were the one who died and the one who bled a lot, and the bleeding could not be managed for an hour. The Ministry of Endowments and Religion Affairs announced that if anyone is seen circumcising a girl [by Pharaonic form] will be fined for that. The [traditional birth attendants] who used to do FGM were frustrated when they heard about the death cases due to FGM and the campaign of the Ministry warning the TBAs to avoid FGM. (Respondent 3, INT 019, FGD with traditional cutters 2)

A clan elder interviewed believes that it is common knowledge that FGM is a bad practice, with communities witnessing the risks involved in undergoing FGM, specifically the Pharaonic form. Moreover, he emphasises that FGM contradicts Islam as the religion bans infibulation and permits the Sunni type, which is a minor circumcision. He added that using media is a good strategy for spreading awareness on FGM as it reaches more people. However, eliminating it requires resources such as security, transport, and incentives, among others. According to the clan elder, the government should also make a legislation and involve religious leaders, elders, and women as eliminating FGM as a practice requires concerted efforts.⁶⁸ Another clan elder noted that mothers are often difficult to convince to stop practicing infibulation despite the consequences of the FGM, and highlighted that it is prohibited under the Shariah.⁶⁹ A religious leader also noted that it is his duty as a Muslim to talk about the risks involved in practicing FGM, but ultimately the development and implementation of laws should be led by the government.⁷⁰

⁶⁷KII with the district administration representative.

⁶⁸INT 002, KII with clan elder 1.

⁶⁹INT 003, KII with clan elder 2.

⁷⁰INT 005, KII with religious leader 2.

From the perspective of Shariah, Pharaonic FGM is prohibited, and the Sunnah form is recommended. Moreover, the constitution of the state and administration agrees with the Shariah on almost all aspects of the FGM issue. The only difference that the district administration representative pointed out is that the constitution stipulates that the girls should not be touched at all while the Shariah recommends the Sunnah type, which is harmless and optional. Previously, clan elders regarded FGM as a women's issue and did not interfere but nowadays they also view it as a harmful practice that is incompatible with the Xeer system.

The district administration representative also said that there is no existing fatwa on FGM released by a consensus of religious scholars, but there are individual scholars who discuss issues on the practice of FGM and promoting the prohibition of the practice. This was confirmed by one of the religious leaders interviewed. He said that he is not aware of any consensus on a fatwa but individual fatwas prohibiting FGM had been made. Those fatwas emphasise the negative effects of FGM including damaging the girl's physical and mental health, morale, personality, and dignity, and that the major sin is carried by those who committed it.

According to clan elders and religious leaders, Sheikhs have been speaking with the government on eliminating FGM and it is also discussed in the mosques, but they said that the implementation of any fatwa is the difficult part. Moreover, clan elders believe that they share the same views as the *Ulamaa* (traditional leaders) but there is no coordination on efforts to curb FGM. One of the religious leaders interviewed also discussed that there is no official forum that brings together all the sides and views of the *Ulamaa* on FGM.

With resistance from the community on the elimination of FGM, including parents and traditional cutters, some religious leaders may have already opted out of the discussion. As religious leaders, they provide awareness to the parents on the risks of FGM and how the practice does not align with the Shariah.⁷¹

Mothers are also the leading factors for FGM to remain within the society despite knowing its negative impact to the health of girls. They argue that girls cannot be controlled so FGM is taming them. Mothers hide information from the fathers and Sheikhs to prevent them from knowing when carrying out the FGM. The elders, Sheikhs, and general menfolk are in agreement on the negative effects of FGM... So, my duty as a Muslim is I have to tell and warn against it. It is the government that is required to implement the law. (INT 005, KII with religious leader 2)

It seems they (fatwa) do not have a great impact as people are drawn to the traditional norm. It requires [a lot of discussions] ... I cannot exactly relate to a particular story, but I would suggest the campaigns be expanded and include the Shariah perspective to those campaigns in order for people to be convinced that it is religiously prohibited, too. (INT 004, KII with religious leader 1)

Continuation or abandonment of the practice

Religious and clan leaders interviewed support the abandonment of the practice of FGM, specifically the Pharaonic form, citing its negative effects on the health, dignity, and morale of girls and noting that it is against religious ascriptions. Moreover, the district administration representative said that they are also making efforts to fight this harmful practice.

There is no doubt that discontinuation of FGM is important. FGM has been existing and still is a bad social norm that people inherited... This should be stopped at all costs as it is a religious duty, and it is for the benefit of the health, character, and morale of the girls. There is work being done to stop [FGM] and there is more to be done to stop it. When a girl is circumcised [by Pharaonic] FGM, she is damaged and becomes an injured person. It is a transgression against the girls and has no basis in Islam. (Clan elder 1)

⁷¹INT 004, KII with religious leader 1.



Culture and religion are not in agreement on how FGM is administered. I do not know where Somalis brought it from, but Shariah does not permit FGM at all. It recommends Sunnah type, which is a minor cut or [bleeding]. (Clan elder 2)

However, they are aware that eliminating FGM would take time because it is a deeply rooted practice that has been passed on for generations and would require more targeted awareness campaigns. Traditional cutters reported that infibulation is not as prevalent as in the past because they refuse to do it in recognition of the risks involved, including excessive bleeding and death. They also shared that some traditional cutters do not take accountability for making wrong cuts leading to excessive bleeding of the girl. Traditional cutters support the discontinuation of infibulation but agree with the continued practice of Sunnah.

Full elimination of this practice takes generations as it has existed for so many generations before. People have made a culture to it as a girl who did not undergo FGM is shamed. Therefore, it requires relentless awareness campaigns to stop it. In my opinion on whether to continue or discontinue this practice, it cannot be compared. It has to be stopped at all costs as it is against good social values, religious ascriptions, and morale of the girls. (INT 004, KII with religious leader 1)

I have seen a lot of people requesting the wrong type of FGM such as infibulation and have seen the consequences of such extreme FGM. These days if someone comes to me to ask for that I refuse outright, [unless it is] the first type of FGM (clitoridectomy). Since the infibulation that people want is extremely dangerous and risky for the girl, I believe FGM should be stopped unless it is clitoridectomy which is relatively safe. (Respondent 2, INT 018, FGD with traditional cutters 1)

In my opinion, FGM should be stopped and the Sunnah [should be] practiced. We know the risks and problems that FGM brings to our girls and the community should be [mobilised] about FGM and its risks. It is a man-made disaster that causes bleeding, death, and family problems.

Traditional cutters ignore any complications that come after the process of the practice, they just refer the issue to family customs like when a lady brings heavy bleeding during or after the process, they say it is a heritage from her mother or grandmother that bled the same when they were circumcised. (Respondent 2, INT 019, FGD with traditional cutters 2)

FGM is typically done in secret and often at home instead of a clinic. Most of the male FGD participants said that information on the procedure is withheld because girls and their mothers are aware of the risks and take into the consideration the shame or guilt associated with practicing FGM, on the part of the mother, especially in the event that they experience complications during the process. There are also instances where other women are present during the circumcision and contribute a small amount of money.

The FGM practice is always secretive. The traditional midwives are connected to the mothers, and she enters the house without the knowledge of anybody. [When] girls [are] feeling the risks, the parents may not report due to shame associated. (Respondent 1, INT 006, FGD with young men 1)

FGM is a culture held onto by women and men [do not have] any influential role in its continuation. Women do not consult with their husbands or men when they are doing the practice. FGM could only be stopped in a massive awareness campaign. (Respondent 5, INT 009, FGD with fathers 2)

When the situation gets out of hand, the midwife tries to remedy the situation instead of referring the girls to a hospital. Similarly, mothers try to manage their daughters' healing and any complications are often addressed at the household level. Seeking medical help is influenced by the parents' level of education, proximity to a health facility. Moreover, FGM support services are generally not available in Kismayo.

For those who seek medical help, it depends on the level of education of the parent. If it is within the town, they normally take [the girl to a] nearby hospital but if it is in the rural area or the mother was hiding it, it is possible they [would] not take [the girl] to the hospital. Just some months ago, I heard of a similar case where a mother had taken her girl to a traditional midwife and the girl bled. When the father learned [about] the issue, he divorced the wife because of lack of consultation and risking the life of their daughter. The girl has received medical help [from] the main hospital. (Respondent 2, INT 008, FGD with fathers 1)

When I was in Kenya, I used to see police, NGOs, and specialised clinics [for] FGM but since I came back to Somalia six years ago, I have not seen those services. (Respondent 1, INT 007, FGD with young men 2)

Some of the mothers interviewed said that girls who have undergone “normal circumcision” (Sunnah) do not experience complications like those experienced by girls who have undergone the Pharaonic circumcision.⁷² Some young men interviewed said that circumcision is rooted in Shariah and is part of the social norm, and there should be no discussion on whether this practice should be discontinued, but rather the conversation should be around what is the correct and acceptable form of FGM in relation to religion.⁷³ Moreover, some of them believe that FGM, specifically the Pharaonic form, should be stopped because it has no religious or scientifically proven benefits for the girls. Despite knowing the risks and long-term health effects of undergoing FGM, especially the Pharaonic form, community members, including traditional cutters, continue the practice.

I have witnessed two girls who were operated on by traditional midwives for FGM. The midwife cut veins of the two girls and they both bled heavily. One of the girls succumbed to the bleeding while the other one could be assisted, and bleeding stopped. Both cases were brought to Kismayo General Hospital. The traditional midwives have no knowledge about human anatomy and how risky the operation is. (Respondent 1, INT 008, FGD with fathers 1)

My daughter has died because of FGM. My mother was alive at that time, and she lived with her. That is why I have refused FGM outright. I even believe that girls should not be touched. Let them be the way God created them. (Respondent 6, INT 009, FGD with fathers 2)

I already know everything about the practice and health consequences of FGM and most people do as well, but the reason for the continuation of FGM to this day surprises since it does not have any Islamic literature backing or evidence to support but rather some fiction people started believing in on their own. (Respondent 1, INT 017, FGD with young women 4)

The above findings are summarised in the next section, specifically answering the three main research questions, and formulating recommendations for future campaign activities.

⁷²FGDs with mothers.

⁷³Respondent 5 and 2, INT 006, FGD with young men 1.

Conclusion and recommendations

In this section, the findings from the qualitative interviews conducted for this study are summarised according to the three overarching research questions (see Table 4). 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 of FGM and related anti-FGM campaigns that have been conducted by local and international NGOs in the area. Most of the respondents support the abandonment of the Pharaonic form of FGM in recognition of the lack of religious basis for the practice, but they suggest continuing the practice of the Sunnah form as they believe that it does not cause any harm to the girls. This finding is in line with the literature review conducted, where more people are practicing the Sunnah form instead of the Pharaonic form of FGM. In addition, there had been sentiments about how the different views of parents, as well as their knowledge of the negative health consequences of the Pharaonic FGM, have led to conflict between parents who do not agree on the cut that should be done, psychological trauma for both the women and their husbands due to the frequent need for medical attention, and disagreements between husband and wife due to lack of intimacy resulting from the pain that women experience during intercourse.

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

Qualitative data indicates that all study participants are aware of the negative health consequences of FGM. However, people referred to infibulation or the Pharaonic form as FGM and the Sunnah form as normal and harmless circumcision. Study participants were able to discuss the long-term health effects of undergoing FGM, specifically the Pharaonic form, including post-procedure, during first sexual intercourse

on the wedding night, and pregnancy and delivery. Interviewees did not mention any health consequences of the Sunnah form. During the interviews, they shared stories of their own experiences, or those of their friends and relatives.

Findings indicate that despite knowing the health physical and mental health consequences of FGM, parents continue to lean toward having their children undergo the Sunnah circumcision as they perceived it as a minor cut that does not have harmful effects to their children. Parents claimed that it is a cultural and religious tradition meant to protect the dignity of their children by preventing premarital sex and unwanted pregnancies. Moreover, it appears that the practice promotes social acceptance in the community and brings honour to the family if the girl is found to be bikro on the night of the wedding, where the husband has a difficult time penetrating the wife during sexual intercourse. However, some of the parents explained that preference for a certain type of cut (i.e., Pharaonic vs Sunnah) depends on the level of education of the women and their family, whether they are from an urban or rural area, and the extent of their knowledge of the risks involved in undergoing infibulation or the Pharaonic form of FGM. Moreover, there has been an increasing shift in decision-making where fathers are becoming more vocal about the form of FGM that their daughter should undergo, but ultimately it is still typically the mother who makes the final decision.

Younger men and women seem to be more drawn to the Sunnah form of FGM because they appeared to be cognizant of the risks and to care about the long-term effects of FGM and how those effects could negatively affect their relationship as husband and wife, with some of the interviewees highlighting that the burden of the wife is also the problem of the husband. Some of the young women interviewed expressed that they will refuse to undergo the procedure because they believed that it was not medically necessary and not required by their religion. Younger men tend to

cite the health consequences as arguments against practicing the Pharaonic form and even suggesting preference to marry someone who has undergone the Sunnah form instead.

What are the community perceptions on FGM practices?

Most of the older study participants (i.e., mothers, fathers, and traditional cutters) highlighted that FGM is a cultural practice that has been passed down through generations and should be continued. However, references to religion were used to justify the discontinuation of the Pharaonic form and recommendation of practicing the Sunnah form. Moreover, discussions with study participants as well as findings from the SHDS 2020 show that there has been a shift in the practice of FGM where more people are practicing the Sunnah form than the Pharaonic form, with variation depending on level of education, wealth, and urbanity of the location.

The constitution of the state and administration agrees with the Shariah on almost all aspects of the FGM issue, but the district administration representative pointed out that the constitution stipulates that the girls should not be touched at all while the Shariah recommends the Sunnah type, which is believed to be harmless and optional. Previously, clan elders regarded the FGM as a women's issue and did not interfere but nowadays they also view it as a harmful practice that is incompatible with the Xeer system.

Women tend to be the decision-makers for the practice and appear to have an important role in affirming a female body image of purity and ensuring marriageability of their daughters through preservation of their virginity. Thus, regardless of their knowledge of the negative health consequences of practicing FGM, women strive to live up to social expectations placed on them by the community. In particular, mothers and grandmothers want to ensure the social inclusion of their daughters/granddaughters, their family, and themselves in the community, and may be perceived by others as perpetuating the practice of the Pharaonic form in line with social expectations. Similarly, young girls do not want to be ostracised by feeling different from their peers because they did not undergo FGM. Men used to frame FGM and its

consequences solely as women's concern, but some of them have expressed that husband and wife should share the burden of the negative health effects of FGM as both of them are affected in terms of low levels of sexual intimacy or satisfaction due to pain that women experience during sexual intercourse and financial implications due to frequent need for medical support, among others.

Fathers are also speaking up against the practice of the Pharaonic form of FGM and supporting the Sunnah form, adding that they should be part of the decision-making about the practice and the type of circumcision that will be performed on their daughters. Some of the respondents noted that mothers hide the circumcision of their daughters from their husbands so that they cannot intervene. This was supported by statements from traditional cutters saying that the practice is often kept secret. However, there had been instances where a newlywed woman is asked by the husband to undergo his preferred form of FGM.

There had been calls for the government to make a legislation against FGM and to criminalise the practice of the Pharaonic form. Some of the fathers and young men interviewed suggested identifying people who were found to practice or perpetuate FGM and putting them in jail for at least six months. Moreover, community members called for the expansion of the scope of awareness campaigns to reach rural and pastoralist areas with more traditional populations that perpetuate the practice of FGM. One of the religious leaders interviewed emphasises that his duty as a Muslim is to discuss the risks involved in practicing FGM, but ultimately the development and implementation of laws should be led by the government. Community members recognised the value of collective responsibility of religious leaders, clan elders, and the government in close collaboration with communities where they are encouraged to report cases of FGM or that helps deter the practice. They specifically highlighted abandoning the Pharaonic form of FGM due to lack of medically supported reasons and non-alignment with religion.

Community expectations around social acceptance and purity of women as well as commitment to upholding traditions and religious beliefs are key factors to

the continued practice of FGM. Traditional cutters continue to practice FGM as a source of income and to support mothers in protecting their children's purity. However, most of them support the shift to practicing the Sunnah form. A potential pathway to change is discussing FGM from the perspective of religion and spreading awareness about the long-term effects of FGM on women's health and how that could also affect their relationship with their future husbands.

To what extent are communities in Jubaland aware of FGM campaigns (especially the Dear Daughter Campaign)?

Some of the interviewees had participated in educational campaigns, such as those led by Ifrah Foundation, local and international NGOs, the Ministry of Endowments and Religion Affairs, and the District Social Affairs Office's campaigns. Religious leaders have also led campaigns through their teachings or sermons at the mosque. Religious leaders and clan elders appear to share the same views on FGM, saying that the Pharaonic form should be abandoned but girls should continue undergoing the Sunnah circumcision. Exposure to these educational campaigns complemented by religious teachings surrounding the practice of FGM can lead to discussions within

families that may eventually decided to abandon the Pharaonic form and support the Sunnah form. There was very little indication from the study that discontinuation of circumcision of girls is supported by the community.

This suggests a shift toward the less strict form of FGM, but findings from this study did not indicate the extent to which participants receive and educators convey the correct information about the abandonment of any form of FGM. Respondents were generally opposed to information on completely renouncing FGM and therefore think that campaigns are religiously and culturally misleading. One of the religious leaders highlighted that campaigns may not be effective because they do not relate the information to practical and lived experiences of women and girls in the community, as well as the traditions that have been passed on from one generation to the next. Other gaps in anti-FGM campaigns that had been identified included lack of resources to conduct campaigns; poor audience targeting where messaging is directed to a general audience instead of tailoring messages to specific groups such as mothers and traditional elders; and limited reach to rural areas, which often have little to no access to radio and social media.

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

1. Follow an inclusive and targeted approach to anti-FGM campaigns:

All respondents demonstrated awareness of the long-term health consequences of FGM. While more respondents support the discontinuation of the Pharaonic form and recommend the Sunnah form instead, culture, tradition, and religion continue to be their justification for practicing a form of FGM.

- a. Inclusion and participation:** The Dear Daughter Campaign should ensure the inclusion of minority clan members and active outreach in various rural communities. The campaign should aim to be participatory to encourage community buy-in, engaging people in two-way communication and conversations instead of simply distributing information. Identify creative

ways of discussing FGM that are appealing to individuals who are illiterate or have low levels of education. Consider using different communication channels, such as social media sharing practical and real-life stories of women who have undergone FGM and highlighting the negative ways of FGM.

- b. Targeted messaging and approach:** Messages promoting the abandonment of the practice should be tailored to the target audience, particularly those who arrange the girls' FGM and individuals who have a strong influence in their respective communities. The approach to communicating information to different groups of individuals should also be audience specific. An important consideration is the demographic characteristics of communities,

such as urbanity and levels of education. The campaign should target communities that are often not reached and may be more traditional than others, and campaign educators should be well-equipped to address the different topics surrounding the cultural and religious aspects of FGM.

c. Sources of information: Some of the respondents highlighted the importance of incorporating discussions on FGM in different sectors. Some of them suggested including FGM in the school curriculum and enhancing health centres' capacity to offer life-saving information relating to FGM.

2. Design topic-specific campaign approaches:

According to Le Roux & Bartelink⁷⁴ who studied approaches to working with faith leaders, *“Two approaches stood out as critically important and effective in working with faith leaders on [harmful traditional practices] – a public health approach and a theological approach.”* This could be considered in the Dear Daughter Campaign's approach to changing attitudes and behaviours toward FGM.

a. Health-related information: Findings indicate that respondents have experienced or heard about the risks involved in undergoing FGM, including associated medical complications resulting from the Pharaonic form. The shift of preference for the Sunnah form is an indication of awareness of the Pharaonic form and that more people do not want to pass on this harmful practice to the younger generation of women, but respondents saying that the Sunnah form is harmless may also be an indication of limited experience and understanding of the effects of the Sunnah form because the increasing number of people shifting to this practice may still be new. The Dear Daughter Campaign should educate communities about the different types of FGM, and inform them that the Sunnah form, which is generally perceived as harmless, can also inflict harm, and should be reconsidered.

b. Initiate discussions about religion and FGM:

The results of the study show how respondents draw on the Qur'an, hadiths, and statements by religious scholars to justify the Sunnah form over Pharaonic practice. While there had been no consensus of scholars on whether the Sunnah form should be discontinued as well, there are individual fatwas prohibiting FGM and emphasising the negative effects of FGM including damaging the girl's health and that it is a major sin. There was no clear agreement between religious leaders over whether Islam itself endorses or rejects the Sunnah form. Identify areas where FGM is prevalent, including rural and pastoral communities, and discuss the negative consequences of FGM to women's health and the perceptions on the cultural and religious basis of the practice. The Dear Daughter Campaign should tailor their messages to specific audiences when discussing religion and the various forms of FGM and should consider practical experiences and knowledge of the Qur'an and religious teachings.

3. Shift discussion from FGM as a maternal duty to a joint parental responsibility:

Some men believe that decision-making regarding their daughters' circumcision is a women's issue should therefore be discussed with the mother, but others also shared their experiences about the discussion they have had with their wives about the procedure and the type of cut. There appears to be some interest in being involved in the decision-making process about their daughters' circumcision over simply being informed about the upcoming procedure. Some of the respondents mentioned that sometimes fathers are not aware because the circumcision is kept secret. 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 expected from both parents. Treating FGM as a topic of parenthood may promote shared responsibility and joint

⁷⁴Le Roux and Bartelink (2017).

decision-making to protect their daughters from harm and to prevent marital disputes resulting from lack of open communication between parents.

4. Lead discussion about undergoing FGM as a means of meeting social norms: The interviews demonstrated that girls undergo FGM to ensure social acceptance and fulfil social expectations in women's various roles as a responsible mother, wife and 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 dishonour the family and lead to their discrimination. Moreover, if a girl is not *bikro* on the wedding night, then the husband may perceive that she married an impure woman,

and this will bring shame to the family. Some of the men who participated in the study noted that the type of circumcision that a woman has experienced may have implications on romantic relationships because it affects intimacy, as well as finances to cover medical services that the woman might need as a result of the circumcision done years earlier. The Dear Daughter Campaign should discuss the community's expectation of women's different roles in society and how women can fulfil these roles through other activities without having to subject their daughters to harmful practices. Moreover, there should be conversations around how FGM affect women's marriageability and the marriage itself.



Bibliography

Primary data sources

KII with district administration representative, majority clan, INT 001.

KII with clan elder 1, majority clan, INT 002.

KII with clan elder 2, minority clan, INT 003.

KII with religious leader 1, majority clan, INT 004.

KII with religious leader 2, minority clan, INT 005.

FGD with young men 1, majority clan, INT 006.

FGD with young men 2, minority clan, INT 007.

FGD with fathers 1, majority clan, INT 008.

FGD with fathers 2, minority clan, INT 009.

FGD with mothers 1, minority clan, INT 010.

FGD with mothers 2, minority clan, INT 011.

FGD with mothers 3, majority clan, INT 012.

FGD with mothers 4, majority clan, INT 013.

FGD with young women 1, minority clan, INT 014.

FGD with young women 2, minority clan, INT 015.

FGD with young women 3, majority clan, INT 016.

FGD with young women 4, majority clan, INT 017.

FGD with traditional cutters 1, minority clan, INT 018.

FGD with traditional cutters 2, majority clan, INT 019.

Secondary Sources

- 28 Too Many (July 2018). [Somalia: The Law and FGM](#).
- 28 Too Many. (March 2021). [FGM in Somalia and Somaliland: Country Profile Update](#).
- Asmani, I. L. & Abdi, M.S. (2008). [De-linking Female Genital Mutilation/Cutting from Islam](#).
- Crawford, S. & Ali, S. (2015). [A Situational Analysis of FGM Stakeholders and Interventions in Somalia. Health and Education Advice and Resource Team \(HEART\)](#).
- Delanceyl, V.H., Lindsay, D.E., Spring, A. (1987). [Somalia: An Assessment of SWDO and of the Social and Economic Status of Women in Lower Shebelle](#). ARIES, USAID.
- GrassRoots Research (2021). FGDs with Fathers in Community Knowledge, Attitudes, and Practices on FGM: Case Study to Support the Dear Daughter Campaign. Garowe, Puntland.
- Ifrah Foundation. [FGM Factsheet](#).
- Islamic Relief (2016). [One Cut Too Many: Policy Brief on Female Genital Mutilation/Cutting](#).
- Le Roux, E. & Bartelink, B. (2017). [No More 'Harmful Traditional Practices': Working Effectively with Faith Leaders](#). Research report.
- Leye, E., Bauwens, S., & Bjaklander, O. (2005). [Behaviour change towards female genital mutilation: lessons learned from Africa and Europe](#)
- Plan International. (May 2020). [Girls in Somalia Subjected to Door-to-Door FGM](#).
- Powell, R.A., Yussuf, M., Shell-Duncan, B., & Kabiru, C. (Feb 2020). [Exploring the Nature and Extent of Normative Change in FGM/C in Somaliland](#). UK AID/Population Council: Nairobi.
- 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.
- Save the Children and Norwegian Church Aid (2019). [Accelerating Change towards Zero Tolerance to Female Genital Mutilation and Cutting: Effects of Community Dialogues on FGM/C and Child Marriage](#).
- Somalia National Bureau of Statistics (2020). [Somalia Health and Demographic Survey](#).
- UNFPA Somalia (June 2021). [UNFPA Somalia congratulates Puntland for passing a bill that prohibits Female Genital Mutilation \(FGM\)](#).
- UNFPA (December 24, 2021). [Dear Daughter Campaign Launch in Jubaland](#).
- UNICEF (2006). [Somalia Multiple Indicator Cluster Survey \(MICS\) 2006](#).
- UNICEF, MNPD (2014). [Northeast Zone, Somalia Multiple Indicator Cluster Survey 2011](#). Final report.
- UN Somalia (February 2021). [UNICEF and UNFPA call on the government of Somalia to commit ending FGM by passing law prohibiting the practice](#).
- USAID (1989a). [Final Evaluation, Family Health Services Project](#), April 2, 1989.
- USAID (1989b). [Project Data Sheet, Family Health Services Project](#).

Vraalsen, P. (April 2021). [Case Study on Ending Female Genital Mutilation in the Federal Republic of Somalia](#). UNICEF Eastern and Southern African Regional Office (ESARO).

WHO (2008). [Eliminating female genital mutilation: an interagency statement UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNIFEM, WHO](#).

WHO (2016). [WHO guidelines on the management of health complications from female genital mutilation](#), pp. 1-8.

Annexes

Before beginning the interviews or focus group discussions, informed consent was obtained from the respondents.

Hi, my name is ____ and I am working with GrassRoots Research to conduct interviews on behalf of the IFRAH Foundation. The IFRAH Foundation is conducting research on the topic of female circumcision and is currently implementing the Dear Daughter Campaign. The purpose of the research is to improve understanding about perceptions, beliefs and reasons for the practice of female circumcision. I assure you that all opinions and your identity will be kept confidential. Your participation is voluntary, and you may refuse to answer any question. You may also leave the discussion at any point without any consequences. However, we would greatly appreciate hearing your opinions on this topic, which will help us better understand the practice of FGM and the outcomes of the project. Are you willing to participate in this discussion?

FGD with Mothers	
Introduction	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.
Practice in community	Now I would like to learn about the FGM practices in your community. Can you explain to 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.
Community perceptions: Women	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?
Decision-making process	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.
Community perceptions: Men	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?
Personal and daughter's benefits of daughter's (non)circumcision	After talking about community attitudes, I would like you to describe how your daughter's circumcision OR non-circumcision might affect your role as a mother AND how it will affect your daughter.

Community pressure	Can you describe how the community reacts if you have your daughter circumcised OR not circumcised?
Drivers perpetuating FGM practices I	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.
Drivers perpetuating FGM practices II	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?
Community awareness about physical and mental health consequences of FGM/C	Can you tell me about how circumcision affects women in your community?
Example of health complications	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.
Available support services and accessibility	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!
Knowledge about FGM: unclarities and personal questions	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?
Receive information	With these questions in mind, where do you think you can get information about it?
Campaigns in general	Now I would like you to think about people or organisations, whether local, regional or international, that work on the topic of FGM. Please describe to me what activities they do and how you participate in them.
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?

Affect	How does the information from the campaign might affect you in your role as a mother?
IFRAH Dear Daughter Campaign	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 role as a mother?
FGD with Fathers	
Introduction	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.
Practice in community	Now I would like to learn about the FGM practices in your community. Can you explain to 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.
Community perceptions: Men	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?
Decision-making process	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.
Community perceptions: Women	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 cutters you know. How do you think each of these people think about FGM?
Personal and daughter's benefits of daughter's (non)circumcision	After talking about community attitudes, I would like you to describe how your daughter's circumcision OR non-circumcision might affect your role as a father AND how it will affect your daughter.

Community pressure	Can you describe how the community reacts if you have your daughter circumcised OR not circumcised?
Drivers perpetuating FGM practices I	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.
Drivers perpetuating FGM practices II	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?
Community awareness about physical and mental health consequences of FGM/C	Can you tell me about how circumcision affects women in your community?
Example of health complications	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.
Available support services and accessibility	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!
Knowledge about FGM: unclarities and personal questions	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?
Receive information	With these questions in mind, where do you think you can get information about it?
Campaigns in general	Now I would like you to think about people or organisations, whether local, regional, or international, that work on the topic of FGM. Please describe to me what activities they do and how you participate in them.
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?

Affect	How does the information from the campaign might affect you in your role as a father?
IFRAH Dear Daughter Campaign	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?
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 role as a father?
FGD with Young Women	
Introduction	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.
Practice in community	Now I would like to learn about the FGM practices in your community. Can you explain to 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.
Community perceptions: Women	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?
Decision-making process	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.
Community perceptions: Men	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?
Personal and daughter's benefits of daughter's (non)circumcision	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 affect your role as a mother AND how it will affect your daughter.

Community pressure	Can you describe how the community would react if you have your daughter circumcised OR not circumcised?
Drivers perpetuating FGM practices I	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.
Drivers perpetuating FGM practices II	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?
Community awareness about physical and mental health consequences of FGM/C	Can you tell me about how circumcision affects women in your community?
Example of health complications	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.
Available support services and accessibility	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!
Knowledge about FGM: unclarities and personal questions	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?
Receive information	With these questions in mind, where do you think you can get information about it?
Campaigns in general	Now I would like you to think about people or organisations, whether local, regional or international, that work on the topic of FGM. Please describe to me what activities they do and how you participate in them.
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?

Affect	How does the information from the campaign might affect you in your future role as a mother?
IFRAH Dear Daughter Campaign	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 mother?
FGD with Young Men	
Introduction	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.
Practice in community	Now I would like to learn about the FGM practices in your community. Can you explain to 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.
Community perceptions: men	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?
Decision-making process	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.
Community perceptions: women	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 cutters you know. How do you think each of these people think about FGM?
Personal and daughter's benefits of daughter's (non)circumcision	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 affect your role as a father AND how it will affect your daughter.

Community pressure	Can you describe how the community would react if you have your daughter circumcised OR not circumcised?
Drivers perpetuating FGM practices I	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.
Drivers perpetuating FGM practices II	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?
Community awareness about physical and mental health consequences of FGM/C	Can you tell me about how circumcision affects men in your community?
Example of health complications	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.
Available support services and accessibility	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!
Knowledge about FGM: unclarities and personal questions	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?
Receive information	With these questions in mind, where do you think you can get information about it?
Campaigns in general	Now I would like you to think about people or organisations, whether local, regional, or international, that work on the topic of FGM. Please describe to me what activities they do and how you participate in them.
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?

Affect	How does the information from the campaign might affect you in your future role as a father?
IFRAH Dear Daughter Campaign	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?
FGD with Traditional Cutters	
Introduction	I would like to learn about the profession as a traditional cutter in general. And therefore, I would like to start by asking you if you can tell me about the profession of a cutter. This can be anything related to how women become cutters, the practice itself and stories about the practice that you would like to share.
Becoming a cutter & Training	I would like to continue by asking you about the reasons why a woman becomes a cutter and how they learn to do it?
Abandon the profession	After talking about how women become a cutter, I would like to learn about women who abandon the profession. Can you share the reasons why women might abandon the practice and what difficulties might arise for the traditional cutter who stops practicing?
Clients	Now I would like to ask you more specifically about how people, who would like to have a girl or woman cut, approach traditional cutters. In other words, can you explain to me what happens from the very first contact with the cutter until the moment the girl is getting cut?
Main drivers and type of clients	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?
Practices	Now I would like to ask you about the practice itself. Can you explain to me how they perform it and how they make the decision which type of FGM is practiced?

Change of practices	In your own opinion, do you think FGM/C has changed from previous practices? If yes, how has it changed and for what reasons?
Complications & Medicalisation	Now I would like to hear about whether traditional cutters 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 cutter dealt with it?
(Dis)continuation of the practice & change of practices	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.
Campaign	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?
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 Dear Daughter project. I'm particularly interested in how you engage with it.
Learn	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?
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 the topic of FGM is addressed in your own family? How do family members view your profession as a traditional cutter?
KII District Administration Representative	
Personal interaction with FGM	I would like to start by asking you if you can tell me how you came into contact with the topic of FGM in your role as a district administration representative.
Campaign	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?

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 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?
Jubaland 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 Shariah	Now I would like to ask how you think Kismayo/Jubaland legislation and the traditional Xeer system and Islam/Shariah overlap or not to promote or stop FGM? 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, organisations	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 cutters, and organisations. 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?
KII with Clan Elders	
Personal interaction with FGM	I would like to start by asking you if you can tell me how you came into contact with the topic of FGM in your role as a religious leader.
(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. Please explain how that links or not to traditional beliefs and practices (Xeer system).
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?
Exchange with national policy makers, religious leaders, organisations	Now I would like to learn how you engage, if at all, about the topic of FGM with other clan elders, religious leaders, traditional cutters, and community members. What does this exchange look like, what is being discussed?
Xeer System & shiir meetings	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?

<p>Xeer system vs religious belief</p>	<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>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>
<p>Success story</p>	<p>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?</p>
<p>Personal view of FGM in own family (role as clan elder vs. father)</p>	<p>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?</p>
<p>KII with Religious Leaders</p>	
<p>Personal interaction with FGM</p>	<p>I would like to start by asking you if you can tell me how you came into contact with the topic of FGM in your role as a religious leader.</p>
<p>(Dis)continuation of the practice & reasons (religion)</p>	<p>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 your religious belief.</p>
<p>Campaign</p>	<p>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?</p>
<p>Difficulty & challenges</p>	<p>Can you share with me both a situation of difficulty AND a success story?</p>
<p>IFRAH</p>	<p>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?</p>
<p>Difficulty & challenges</p>	<p>Can you share with me both a situation of difficulty AND a success story?</p>

<p>Exchange with other religious leaders, clan leaders, community members</p>	<p>Now I would like to learn how you engage, if at all, about the topic of FGM with other religious leaders, clan elders, traditional cutters, and community members. What does this exchange look like, what is being discussed?</p>
<p>Strategies taken by religious leaders and knowledge/ implementation of Fatwa</p>	<p>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?</p> <p>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?</p>
<p>Success story</p>	<p>After you told me about this strategy/ instrument/ fatwa, can you share with me a success story?</p>
<p>Personal view of FGM in own family (role as religious leader vs. father)</p>	<p>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?</p>

**GRASSROOTS
RESEARCH** 

