



Ministry of Health
Development
Republic of Somaliland

LOOKING BEYOND NUMBERS

Female Genital Mutilation/Cutting
(FGM/C) Study Report

2021



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Email:

Planning.mohd@sldgov.org

Website:

www.somalilandmohd.com

Social media:

www.facebook.com/SomalilandMoHD/

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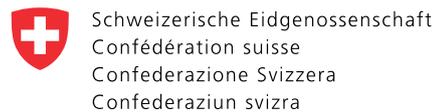
2021



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FOREWORD

It gives me a great pleasure to present this follow up Female Genital Mutilation/Cutting (FGM/C) study report on the recently concluded Somaliland Health and Demographic Survey (SLHDS) with the aim of understanding the drivers of FGM/C practice in Somaliland. FGM/C causes physical, psychological, emotional, sexual and social damage to girls. The practice is globally considered a violation of human rights and a form of violence against women and girls.

The study provides information on the extent of the practice and reasons for its existence as well as the types of the practice. We hope these findings will guide interventions tailored for FGM/C programmes and improve the lives of despaired women and girls in Somaliland.

The findings will assist in understanding the impact of the existing interventions towards ending FGM/C and inform future programmes that would contribute to behaviour change and reduction of FGM/C practice in Somaliland. Finally, it will help the government and partners to formulate appropriate programmes for reaching zero tolerance or an FGM/C abandonment in the future.

We sincerely extend our appreciation to the participants who provided the information, to MoH staff for carrying out the study as well as UNFPA Population and Development Unit for providing the technical support in the realization and production of this critical study for Somaliland and its citizens.



Hon. Omar Ali Abdillahi

Minister,
Ministry of Health Development
Somaliland

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The Somaliland Female Genital Mutilation/Cutting (FGM/C) survey was implemented by the Ministry of Health Development (MoHD). The study was coordinated by Mohamed Hussein (MoHD) supported by a team of 20 KII and FGD facilitators drawn from MoHD and UNFPA. We would like to applaud them for their dedication to the success of this important exercise particularly during fieldwork.

We would also like to acknowledge the following persons who in one way or the other contributed to the drafting of this report: Mohamed Hussein (MoHD), Nasir Mohamed Ahmed (MoHD), Osman Warsame (UNFPA), Ahmed Mihile (UNFPA), Dr. Adam Haibe (UNFPA) and Samda Suleiman (UNFPA).

Our gratitude goes to UNFPA Population and Development (P&D) unit including; Mariam Alwi (Unit Head), Richard Ngetich (Statistician), Felix Mulama (Demographer) and Zena Lyaga (Consultant demographer) for extended discussions, comments and valuable suggestions, which contributed greatly to the improvement of the report. The report also benefited from reviews, comments and suggestions made by Pilirani Semu Banda (UNFPA Communications & Partnerships Specialist), Nkiru Ikbokwe (UNFPA GBV/ Gender Specialist) and Faisa Ibrahim (Assistant Representative/ Head of Office-UNFPA Somaliland). We take this opportunity to thank them.

Felix Warento (UNFPA Graphic Designer) supported the design and layout of this publication. We owe him our gratitude.

Finally, we would like to thank Men, Women, Girls and Boys who participated in the study either as Key Informants or members of the Focus Group Discussions that provided rich information compiled and presented in this report.

EXECUTIVE SUMMARY

The findings of this follow up Female Genital Mutilation/Cutting (FGM/C) study aims to compliment and shed more light on the high prevalence of FGM/C reported in the Somaliland Health & Demographic Survey (SLHDS) 2020. Subsequently, it explored the community perception, knowledge, beliefs and practices related to FGM/C thorough Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) with practitioners, lawmakers, health professionals and community members.

Definition Female Genital Mutilation/Cutting

According to the findings, majority of study participants defined FGM/C as “a cultural practice that is passed from generation to generation, that involves partial or complete removal of the external genitalia of a woman”. Moreover, the participants described it as an act which mothers believe that will protect the dignity and virginity of their daughters. A more detailed discussion on FGM/C description and information can be found in this report.

FGM/C Types

The overwhelming majority of the study participants agreed that there are two types of FGM/C practiced in Somaliland. Type one is *Pharaonic*, in which the external and internal genitalia of a girl is removed and then the skin is stitched together leaving only a small opening for urination and menstruation. Type two is called *Sunni*, and it has two subparts. The first one is where the genitals of a woman have undergone a small cut/incision and then one stitch or two is applied. The other type is where the tissue around the clitoris (prepuce) is nicked by a needle to shed a small amount of blood and no stitches are applied.

Performers of FGM/C

Almost all the participants of FGDs and KIIs agreed that FGM/C is mainly performed by two types of groups. The first group are the traditional women circumcisers who are usually well-known among the community. They usually perform this work as a source of income. The other group are the health professionals who perform FGM/C medicalization mainly in urban areas.

Reasons for FGM/C Practices

The majority of the study participants agreed that FGM/C is practiced to conform to the culture, to preserve the dignity of girls, prevent premarital sex, limit the likelihood of rape, reduce the sexual desire of girls and protect the girl’s virginity. Most of the groups stressed that the *Pharaonic* type is carried out for cultural purposes, while *Sunni* is performed because it is permissible in Islam.

Health Consequences of FGM/C Practices

Most of the participants provided similar responses regarding the health consequences of FGM/C summarised as follows: infection, menstruation problems, vaginal delivery complications, bleeding, loss of or limited sexual feelings, infertility, cysts, urination problems, kidney disease, injury, fistula and even death.

Reasons Behind Motivations for FGM/C Continuation

The commonly shared opinions for the continuation of FGM/C were as follows: It is a cultural practice intended to prevent girls from engaging in sexual activities before marriage and to safeguard her virginity which is used as proof for the future husband. If girls are not circumcised, they face discrimination and are likely to be given bad-nicknames.

Community Intentions on Practicing Circumcision in The Future

Some of the participants were consistently against continuation of *Pharaonic* type of FGM/C practice. However, the participants differed in regards to cessation of *Sunni* type, as the majority of women and some male participants mainly (men above 25, cultural leaders, religious leaders) had a strong support towards the continuation of *Sunni* type of FGM/C as they believe it is culturally, socially and religiously required.

Community Understanding of Zero Tolerance on FGM/C

The understanding of the term of zero tolerance on FGM/C was not consistent across the study participants. However, majority of them understood zero tolerance to mean ending all types of FGM/C.

Reasons for Abandonment

The participants who had abandoned FGM/C said that they did so after they realized that it is not permissible in the religion while others mentioned the awareness raising against FGM/C had changed their perception particularly the inhumane acts and the pain inflicted on girls.

View of Islamic Jurisprudence on FGM/C Practices

The religious leaders participants agreed that all *Mad-habs* (The four Islamic schools of jurisprudence) believe in the existence of female *Sunni* type of circumcision in Islamic practices and vehemently agrees that *Pharaonic* type is completely forbidden and even can lead to sins. However, there were differences among the Islamic schools of thought whether the *Sunni* type of circumcision is *Mustahhab* (recommended), *Mubah* (allowed), *Makroh* (disliked) or *Wajib* (obligatory).

Role of Religious Leaders

All the participants from the surveyed towns agreed that religious leaders should play a key role in averting this practice because the community is more receptive to what the religious leaders say. They proposed that Sheikhs can address the FGM/C topic during the Friday prayer sessions at the mosques or the Muslim festivals where large crowds of people tend to gather.

Has FGM/C Increased During The Covid-19 Lockdown?

Majority of the participants believed that FGM/C of the girls has noticeably increased during the COVID-19. The participants have further reiterated that the type of the FGM/C which had particularly increased is the *Pharaonic* type of circumcision. The *Pharaonic* type of circumcision girls would require more time to recover and therefore, the lockdown had given the mothers an excellent opportunity to circumcise their daughters.

FGM/C Laws in Somaliland

There is a draft legal framework for FGM/C abandonment, which has not passed through the parliament due to strong cultural and religious barriers. However, there is a Fatwa by religious scholars in support of the legal framework which also stipulates partial ban of the FGM/C in favor of *Sunni* type rather than the total abandonment.

ABBREVIATIONS

| | |
|--------------|--|
| FGD | Focus Group Discussions |
| FGM/C | Female Genital Mutilation/Cutting |
| HIV | Human Immunodeficiency Virus |
| KII | Key Informant Interviews |
| SGBV | Sexual Gender Based Violence |
| SLHDS | Somaliland Health & Demographic Survey |
| WHO | World Health Organization |
| UNFPA | United Nations Population Fund |
| INGOs | International Non-Governmental Organisations |
| CBOs | Community Based Organisations |
| MP | Member of Parliament |
| CRC | Convention on the Rights of the Child |
| MOHD | Ministry of Health Development |
| MRE | Ministry of Religion and Endowment |
| MESAF | Ministry of Employment & Social Affairs and Family |
| IEC | Information, Education and Communication |
| BCC | Behaviour Change Communication |
| BCI | Behaviour Change Interventions |

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1

Introduction

1.1 Overview of Female Genital Mutilation/Cutting

Female circumcision, also known as Female Genital Mutilation/Cutting (FGM/C) has been practiced by Somalis for decades. The term “Female Genital Mutilation” (also called “Female Genital Cutting”) refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons (WHO, 2008). The practice, is considered harmful because it poses a potential risk to the health and well-being of women and girls. FGM/C is regarded as a violation of the Convention on the Rights of the Child (CRC) . CRC protects the rights of children in all areas of their life, including their rights to: life, survival and development, freedom from violence, abuse and neglect, expressing their views in matters affecting them, including in legal proceedings (United Nations, 1990).

The majority of circumcisions are carried out by traditional circumcisers, known as *Guddo*. However, there is an increasing number of professional health providers who circumcise girls in major urban cities: They carry out “milder form of circumcisions” in the community for a fee and discourage the *Pharaonic* type. The move towards the health providers started during the colonial period and early independence in days (1965). It is claimed that the move will ease the pain and minimize the damage by reducing the amount of tissue cut and the level of suturing. This led to the move towards intermediate type of infibulation which involves partial clitoridectomy, trimming parts of the labia minora and suturing the labia minora together. In 1997 a joint statement by WHO/ UNFPA/UNICEF was released condemning health providers involvement in any form of FGM as described in their definition (WHO, 1997).

Definition and Terminologies

According to the WHO, FGM/C, often referred to as female circumcision: comprises of the following types

1.1.1 Types of Female Genital Mutilation/Cutting (FGM/C)

WHO classifies FGM into 4 major types.

1. **Type I:** This is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce clitoral hood (the fold of skin surrounding the clitoral glans).
2. **Type II:** This is the partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva).
3. **Type III or Pharaonic:** Also known as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans (Type I FGM).
4. **Type IV or Sunni:** This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area

| Somali FGM/C Terminologies | Description |
|--------------------------------|---|
| Gudiniin | Circumcision (meaning all forms of FGM/C) |
| Halaaleyn | Purification which also means circumcision in all forms |
| Guddo | A Circumciser |
| Gudniinka Fircooniga ah | Infibulation or Type II FGM/C |
| FGM/C | Infibulations or gudniinka fircooniga ah or <i>Pharaonic</i> type (in all forms) |
| Sunna | A variety of operations, ranging from pricking the clitoral hood, partial and total excision of clitoris. |

Source: WHO, 2008

This research therefore, attempts to address the gap in the understanding of why the prevalence of FGM/C remains very high despite anti-FGM/C campaigns and the seemingly shifting patterns among FGM/C types practiced in Somaliland. Further, the study assesses the knowledge, beliefs and attitudes of the community towards FGM/C practice in order to identify the main driving factors for performing the FGM/C and the barriers to ending the practice.

1.2 Respondent characteristics

The research participants were quite different with regard to age category, occupation and roles within the community. Based on the nature of the objectives that the research was looking to find out, most of the groups that exist within the community were purposely selected to be involved in the study. This was because the research was seeking to find out the community knowledge, perception, beliefs and practices on FGM/C. The information was gathered through qualitative approaches to capture people's perceptions and lived experiences on the subject matter.

1.2.1 Diversity

The participants in the research were quite diverse and were based on age, gender, occupation and role. This enabled the teams to collect comprehensive information from different community sources to contribute to meaningful discourse of FGM/C. The findings are expected to provide insights into a lasting solution and way forward to addressing the FGM/C problem.

1.2.2 Age groups

The participants in the FGDs were grouped into age categories in order to facilitate open and free discussions so as to elicit perceptions on different aspects of FGM/C. They were grouped as follows:

- Women 25 years and above
- Young Girls 15-24 years
- Men 25 years and above
- Young men 15-24 years

1.2.3 Expert Interviews

The selection of the participants for the KIIs was based on their expert knowledge and experience in the subject matter or their role in the community. The participants consisted of the following:

- Health professionals (Midwives/Nurses)
- Senior management staff (Ministry officials)
- Cultural leaders
- Religious leaders
- Members of parliament
- Representatives from Women groups
- Representatives from Youth groups

1.2 Research Objectives

The main objective of this study was to provide an in-depth understanding of the observed trend in the FGM/C practice from the findings of SLHDS focusing on the following specific objectives:

1. To understand why community members practice FGM/C.
2. To assess the extent and impact of FGM/C – acceptability, characteristics of those who go for FGM/C and perceptions of community members.
3. To establish why there is a real shift in the types of FGM/C practiced including age of circumcision, type and perceptions.
4. To understand the role of religion and culture in FGM/C practice.
5. To establish the current policies and legislation on FGM/C; the opinion and role of the government and legislature on FGM/C
6. To understand the stigma and discrimination attached to FGM/C through the opinions of the uncircumcised girls/women and men, challenges faced by circumcisers who have abandoned the practice, circumcisers still practicing.
7. To understand the characteristics of abandoners-benefits gained, challenges faced within the community, how they overcome the challenges and mitigation measures against the risk.

1.3 Research methodology

The study adopted a qualitative approach in which descriptive information was collected. The reason for adopting this approach to obtain rich information to be able construct the community perceptions, knowledge, beliefs, practices and experiences on FGM/C. FGDs and KIIs were used as the two main methods to collect the data from the participants which are described in the following sections.

1.3.1 Focus Group Discussions (FGD)

A Focus Group Discussion (FGD) was utilised as part of tools for data collection and consisted of 7-10 participants of similar characteristics. A total of 54 FGDs were conducted in the three regional capital of Maroodijeh, Awdal and Togdheer. Nineteen FGDs took place in Hargeisa, 18 in Borama and 17 in Burao towns respectively. The participants of each FGD session were of a similar age group or profession. Table 1.1 and 1.2 summarizes the total number of FGDs conducted.

Table 1.1 Different cohorts of FGDs participants

| FGD Group | Town | | |
|---|------------|------------|------------|
| | Hargeisa | Burao | Borama |
| Women 25 years and above | 2 | 2 | 2 |
| Young Girls 15-24 years | 2 | 2 | 2 |
| Men 25 years and above | 2 | 2 | 2 |
| Young men 15-24 years | 2 | 2 | 2 |
| Women who have a daughter above 14 years who is not circumcised | 2 | 2 | 2 |
| Circumcisers who have abandoned | 1 | 1 | 1 |
| Health professionals | 2 | 2 | 2 |
| Representatives from women groups | 1 | 1 | 1 |
| Representatives from youth groups | 1 | 1 | 1 |
| Religious leaders-sheikhs and imams at community | 1 | 1 | 1 |
| Cultural leaders | 1 | 0 | 1 |
| Circumcisers | 2 | 1 | 1 |
| Number of People per group | 10 | 10 | 10 |
| Total number of people | 180 | 170 | 170 |

1.3.2 Key Informant Interviews.

Key Informant Interviews (KIIs) were also used to collect information on FGM/C practices from individuals who have in-depth knowledge and information about the subject matter. The KIIs were applied to senior individuals from Ministry of Health Development (MOHD), Ministry of Religion and Endowment (MRE) and Ministry of Employment & Social Affairs and Family (MESAF) and health professionals from health facilities where FGM/C issues are managed as well as Members of Parliament (chairman of the social affairs committee).

The KIIs were conducted face to face. Participants were requested to respond to questions related to the FGM/C and provide their individual expertise on the FGM/C practice. In total, 28 KIIs were conducted in the three study areas. Fifteen KIIs took place in Hargeisa city whereas 7 KIIs took place in Borama city and 6 KIIs in Burao city. The distribution of KIIs conducted are shown in Table 2.

Table 2 - The breakdown of KII

| KIIs | National | Hargeisa | Burao | Borama |
|---|----------------|----------------|----------------|----------------|
| Midwives/Nurses | - | 4 (KII) | 4 (KII) | 4 (KII) |
| Parliamentary | 1 (KII) | - | - | - |
| Islamic Scholars | | 2 (KII) | 1 (KII) | 1 (KII) |
| Anthropologist/cultural | | 1 (KII) | - | 1 (KII) |
| Ministries (MoHD, religious and MOELSA) | 5 (KII) | - | - | - |
| Treatment Centres | | 2 (KII) | 1 (KII) | 1 (KII) |
| Total | 6 (KII) | 9 (KII) | 6 (KII) | 7 (KII) |

1.4 Scope of the study

The FGM/C study covered Hargeisa, Borama and Burao cities respectively to provide an indepth understanding of the reasons behind FGM/C prevalence as reported in the Somaliland Health and Demographic survey.

1.6 Training and Orientation of Survey Staff

The survey teams were given orientation training and preparation sessions for data collection before they embarked on fieldwork. Presentations about the survey objectives, interview methodology and tips on how to conduct a successful interview were presented. Additionally, the semi structured questionnaires for KIIs and FGDs were reviewed and revised appropriately.

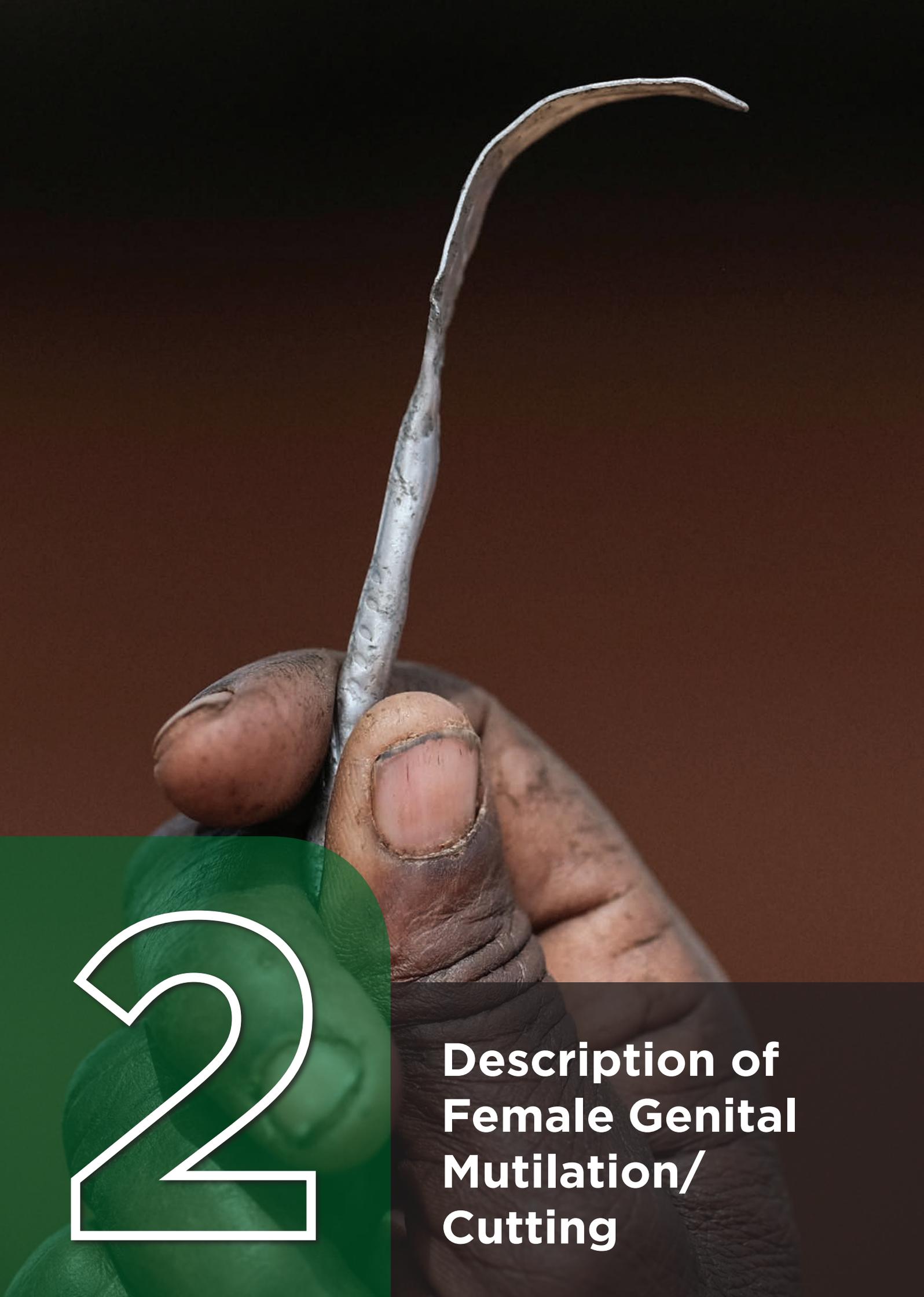


Image 1.1: Teams attending the training session

1.7 Field Data Collection

A pilot study was initially conducted in Hargeisa to test the tools. Four teams consisting of two individuals per team conducted the FGDs and KIIs. FGDs sessions consisted of 7-10 people of similar characteristics or belonging to similar professions.

After the Pilot study, Hargeisa, Burao and Borama data collection process commenced concurrently. The target participants in Burao and Borama were almost similar to those in Hargeisa except they were less in numbers.



2

**Description of
Female Genital
Mutilation/
Cutting**

2.1 Definition of Female Genital Mutilation/Cutting (FGM/C)

WHO defines FGM/C as partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons (WHO, 2008). However, across the communities or geographic locations, the definition of FGM/C might vary due to cultural or religious affiliations. The study participants were asked to define or describe FGM/C in order to establish its understanding among the communities. Generally, the participants described FGM/C as:

“A cultural practice that is passed from one generation to the other which aims to partially or completely remove the genitalia of a girl in order to control her sensation and preserve her virginity until marriage” (Study participants).

Additionally, the participants described FGM/C (*Pharaonic*) as an act which mothers believe will protect the dignity of their daughters but not obliged by Islamic religion. However, some of the groups had described the FGM/C slightly differently based on their gender, background and profession, as shown in the below quotes;

“FGM/C is a practice of cutting part of woman’s genitalia for purification”. (Male participants)

The health professionals explained FGM/C as part of culture;

“The somali culture which the society believes must be preserved for traditional heritage purposes and it is the removal of part of the genitals of the women (usually the Pharaonic type or severe type)”. (Health Professionals)

Interestingly, the circumcisers described FGM/C as following;

A deceptive act because a traditional circumciser might be told by a father to perform a mild Sunni type of circumcision (with one stitch or two), however, when the father leaves, the mother of the girl offers extra money to the circumcisers to perform severe Pharaonic type of circumcision”. (Women Circumcisers)

In general, the understanding of *Pharaonic* type of circumcision across groups in the surveyed towns were similar.

In SLHDS 2020, majority (61%) of Somaliland women had undergone *Pharaonic* type of FGM/C. In this study the participants were asked the types of FGM/C that are commonly practiced in Somaliland.

The overwhelming majority of the participants agreed that there are two types of FGM/C. The first type is the *Pharaonic*, which is the removal of the external genitalia of girls followed by stitching of the foreskins together, allowing a small space for urination. The other type is *Sunni* in which a small cut is done to the external genitalia of the girl and one stitch or two are applied.

Moreover, some groups had provided extra descriptions in addition to the above types as quoted below:

“Type one is Pharaonic which is when the external genitals of the girl are removed, stitched tightly leaving only a small space for urination” (Study Participants).

Additionally, participants also added that;

“The other type is the Sunni, and it has two subparts, the first one is when the genitals of a woman undergo a small cut and one stitch or two are applied. The other type is more gentle and it is when the genitals of the clitoris (prepuce) of girls is pierced by a needle to make it bleed and but no stitches are applied” (Health Professionals and women with uncircumcised 14 years girls in Hargeisa and Borama)

2.3 Performers of Female Genital Mutilation/Cutting

FGM/C is performed by different people among different communities. One of the main study objectives was to find out who are the most common FGM/C performers in Somaliland.

In summary, all the groups who had participated in the study agreed that FGM/C is mainly performed by two groups of people. The first one is the traditional woman circumciser who is usually well known among the community. She is not professionally trained to perform the circumcision exercise but has learned trade or skills by observing from other women in the business and usually performs this work as a source of income. The traditional older woman is usually the preferred option and is called upon when the parents want their daughters to undergo the *Pharaonic* type of circumcision. As per the SLHDS 2020 report, this type is more common in the rural settlements. The other type of circumcisers stated by the participants are the health professionals. The health professionals are new in this practice and are more common in urban settlements. A health professional is called particularly when the parents want their daughters to undergo the Sunni type of circumcision.

2.4 Decision Making on FGM/C Practice

The study participants were asked to state who decides the FGM/C practice in their households or respective communities. According to the study findings, the decision to practice FGM/C is mainly not self-driven. It often lies with the young girls' mother and grandmother.

The following responses were given by the different participants:

The health professionals, circumcisers, abandoners, community leaders, women of 25 and above years have all revealed that

“Mothers are the key decision makers in practicing FGM/C followed by grandmothers who have a big role and influence when it comes to deciding to circumcise the girls”. (Health Professionals, circumcisers, abandoners, community leaders, women above 25 years)

Interestingly, the boys aged 15-24 years viewed that *“in some occasions the girl herself might ask her parents to circumcise her because of peer influence”*. Meanwhile, some women added that *“sometimes it is a joint decision from the father and mother”*.

2.5 Reasons of FGM/C Practices

Globally, there are reasons that push families or communities to circumcise their girls. These reasons might vary depending on the community beliefs, culture, geographical or other factors. The study explored the motives or the reasons behind FGM/C practice in Somaliland. The different participants were asked the main reasons of FGM/C practice. Their responses are summarised below:

The majority of the participants agreed that *“FGM/C is practiced in order to conform to cultural norms or for the preservation of the dignity or virginity of girls”*. They also stated that *“FGM/C is regarded as a preventative mechanism to stop girls from indulging in any sexual activities before marriage”*. It is also viewed to safeguard girls from rape. Most of the groups stressed that *“the Pharaonic type is carried out for cultural purposes, while Sunni is performed because it is believed to be a permissible Islamic practice”*.

In addition, some participant groups or cohorts provided specific responses. For instance, the youth aged 15-24 years underlined that *“FGM/C is carried out due to ignorance within the society”*, while men and women aged 25 reported that *“FGM/C is practiced for medical reasons because it has been noted that circumcision is a prevention of many diseases”*.

Moreover, youth aged 15-24 argued that *“women are circumcised for medical reasons, for example delivery or menstruation or having sex with her husband when woman gets married will be easier for a circumcised woman, and circumcision is also regarded as a sign of recognition indicating the girl’s maturity”*. Further, representatives from women and youth groups in Hargeisa reported that *“FGM/C is carried out because of fear of social pressure and criticism if the girl is not circumcised”*.



“ women are circumcised for medical reasons, for example delivery or menstruation...

2.6 Health Consequences of FGM/C

According to WHO, FGM/C has many negative health consequences which can range from mild to severe. However, some communities might not be equipped with the necessary knowledge to understand the relevant health complications (WHO, 2006). To explore the community knowledge on this subject matter, the study participants were asked to list the health consequence that FGM/C practice might bring to the girls and women.

The intermediate and long term consequences of FGM vary according to the type of severity of the procedure, the experience of the circumciser and the struggle of the little girl. Immediate complications include hemorrhage and infection that might lead to death, severe pain, urine retention, ulceration of the genital and injury to the adjustment tissue. Long term consequences include cysts and abscesses, keloid/scar formation, damage to the urethra resulting to urinary incontinence in some of the cases, dyspareunia (painful intercourse), sexual dysfunction and difficulties with child birth.

The three feminine pains (at the time of circumcision, during the wedding period, and during childbirth) are well known among the Somali women, but are endured as an integral part of womanhood.

Most of the participants provided similar responses in terms of the identified health consequences of FGM/C and quoted as *“causing urine infection, cysts, kidney diseases, loss of sexual appetite, menstruation problems during girlhood, labour complications, bleeding, fistula and even death sometimes”*.

With regards to the types, religious scholars participants provided some additional FGM/C health consequences and quoted as

“Sunni type has no harm, but Pharaonic type is forbidden in Islam as it causes many psychological and health consequences”. They emphasized that “cutting the female genitalia or sex organs is similar to cutting the entire male sex organ” (Women, participants).

Women with a non-circumcised 14 years old girl who advocates for the abandonment of the practice said that;

“FGM/C can cause psychological problems and even growth retardation” (Woman participants).

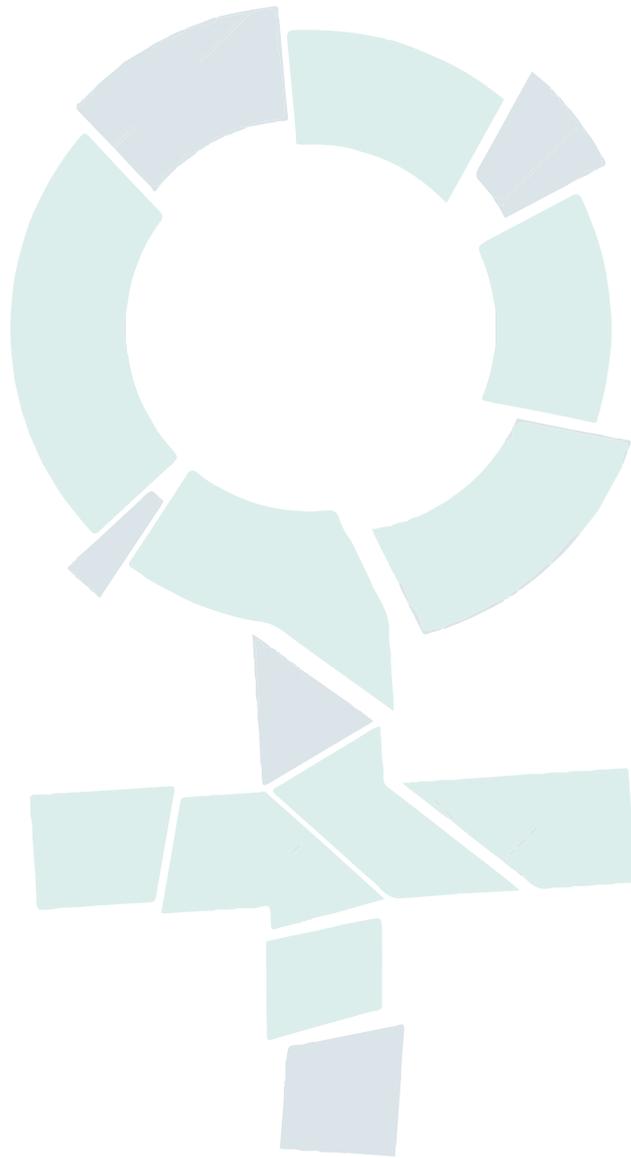
Further, men aged 25 and above reported that FGM/C health consequences include

“Sickness in pregnancy, physical and mental problems”. (Men, Participants)

Additionally, youth aged 15-24 years highlighted

“Restriction of girl’s normal walking and tetanus due to usage of unsterilized tools are among the health implications”.

Unfortunately, most people who are aware of the consequences associate all the complications of FGM/C with Pharaonic type of circumcision and not with all forms of FGM/C, highlighting the lack of clarity of messages and or uncoordinated channels of communications.





3

**Community
Perspectives
on FGM/C
Continuation/
Discontinuation**

3.1 Reasons Behind Motivations for FGM/C Continuation

There are number of reasons for the continuation of FGM/C practice in Somaliland. The prevalence of FGM/C is extremely high in Somaliland as per SLHDS, 2020, which reported that 98 percent of women aged 15-49 were circumcised. The report further showed that, 53 percent of ever married women aged 15-49 years believe FGM/C should be continued. The participants of the study responded to the question on the reason behind the continuation of FGM/C practice.

The participants aged 15 to 24 years, both male and female, did not provide any information on the social and health impact of the FGM/C as they seemed not well informed .

Participants aged 25 years and above including women, men, circumcisers, health professionals, traditional leaders, religious leaders and MPs shared their opinions for the continuation of FGM/C. One of the main reasons is the cultural perception that parents wish to preserve girls' virginity. Additionally, mothers believe that practicing FGM/C shields girls from being subjected to discrimination in a society that sees the practice as normal.

Whereas, the older participants aged 50 years and above, both men and women (circumcisers, traditional leaders and some of religious leaders) are adamant that the FGM/C practice is a religious obligation particularly the Sunni type.

Specifically, the older women aged 50 years and above felt that FGM/C should be continued as it is a form of honor and prestige of clans, ensuring cleanness and preserving virginity of girls. There is a strong believe that girls should be virgin before marriage as mentioned in the below quote;

“When a girl undergoes FGM/C, it is a celebration event, where the family affords sweets and snacks to neighbors; such as an important event marking a new chapter for the girls history” (Women participants of 50 years and above)

Most of the participants agreed that the main underlying reason for the continuation of FGM/C practice is based on the cultural habits, traditions and social norms. Some participants even quoted a Somali proverb of *“Caado lagooyaa cadho Allah ayay leedahay”* which means “abandoning a ritual or cultural habit brings curse or anger from God”. Vast majority of the study participants, specifically women, emphasized that the reason for the continuation of FGM/C in Somaliland is to make the girls behave more maturely. As some of the participants mentioned, there is a belief in Somali culture that removing parts of female genitals and performing some stitches would prevent them from indulging in sexual activities before marriage. While some respondents believe that it is part of the marriage tradition that girls must be circumcised before marriage as this reassures a girl's virginity.

Additionally, some mothers consider the chance of uncircumcised girls getting married is reduced, because of fear of stigma and the discrimination from their male counterparts despite its harmful effects. Another strong ancestral sociocultural reason revealed by some respondents is that uncircumcised women were a shame in Somali culture.

“I have two daughters aged 2 and 8 years and both are circumcised with Sunni type. My daughters were circumcised with the interest of my wife and I also supported my wife's decision. I am happy that my daughters are circumcised because I feel it is healthy for my kids” (A father, study participants)

Some participants believe that FGM/C practice is religious requirement with specific emphasis on Sunni type which is claimed that it is firmly supported in Islam. Hence,

discontinuation of the practice is considered totally immoral. Other participants mentioned that circumcision of girls make Muslim communities to be different from non-Muslim communities who don't circumcise their women. Some even believed that Sunni type of circumcision was initiated first by Messenger Ibrahim (Peace upon him). While, some participants claimed that the practice of FGM/C discontinuity is not agreed upon by religious leaders as it is a highly debated issue. Many religious leaders defend the Sunni type as a religious requirement, harmless and even hygienic to women. Some respondents insisted that FGM/C abandonment is difficult, unless religious leaders take the leadership to fight the practice.

Others reasons for advocating FGM/C practice included; low education among the society to understand health and physiological problems associated with FGM/C as well as social pressure and stigmatization towards uncircumcised women specifically people in nomadic and rural areas. Some respondents argued the lack of coherent laws against FGM/C to restrict the practices and practitioners is a major concern. Moreover, some participants reported that the traditional practitioners of FGM/C earn their daily living from the practice and they subtly encourage the continuation of FGM/C practices. Some participants even suggested the creation of alternative jobs for the local FGM/C practitioners as a way of encouraging them to abandon the practice. In regards to preventative measures, some of the participants suggested that the participation of males in awareness creation for the discontinuity of the FGM/C is minimal as they consider it as women's issue. They emphasized that the involvement of both male and female in the anti-FGM/C campaign should be a priority issue in seeking to abandon FGM/C from Somaliland.

3.2 Reasons Behind Motivations for FGM/C Discontinuation

Almost all of the respondents agreed that the main reasons that FGM/C practice should be stopped is specifically related to health implications, physiological problems and social pressure associated with FGM/C practice from the community. Some respondents emphasized on the continuous awareness programs given to the population in recent years including training, workshops, and seminars that focus FGM/C became good initiations for the discontinuity of FGM/C. While other participants argued that educated and empowered women and girls should take the lead to advocate on the prevention of the practices since the practice directly affects their health and social well being.

Some participants argued that in recent years the community specifically younger generation became free from stigma and discrimination of uncircumcised women. Some mentioned that men are the major supporters of the discontinuation of the practice, citing preference of marrying uncircumcised girls as the reason. This is because, when the woman is cut or circumcised, sex organs are severely damaged. Some women participants mentioned that circumcised women always face pressure and pain during intercourse and even some are afraid to perform the act. Hence, men have understood the issue and preference is shifting to less severe form or no FGM/C at all. This is predominantly in urban areas.

Other reasons mentioned for preference of discontinuation of FGM/C practices, as some participants alluded to are: awareness of people on physical and mental problems of FGM/C, injuries to sensitive parts of girls and that it's problems are greater than it's benefits. However, some participants accused the anti-FGM/C activities as donor-oriented projects.

3.4 Community Intentions on Practicing Circumcision in the Future

Even though the participants indicated that continuation of FGM/C is done due to different reasons, all the participants were aware of the associated health and physiological problems and social pressures specifically women and girls who are victims and mainly suffer directly from this practice. Participants were consistently against certain types of FGM/C practice as they were in agreement on the notion of discontinuity of *Pharaonic* type of FGM/C. Majority of participants anticipated the discontinuity of FGM/C in the future to prevent pain and suffering.

On other hand, the majority of women and elderly participants have a strong support for the continuation of *Sunni* type of FGM/C, as they believe it is a culturally, socially and religiously required practice. Some of them insisted that *Sunni* type is harmless, hygienic and protects the dignity of girls. While, some participants believe discontinuity of FGM/C particularly *Sunni* type is a violation of Islamic religion, others believe that uncircumcision makes a girl become sexually active which could potentially lead to immoral sexual acts. So, they believe that cutting only the tip of the clitoris (*Ka dhijjin*) makes the girl calm and sexually inactive. Some consider the clitoris to be *haram* (forbidden) and should be cut off. Finally, there were some participants that mentioned that the discontinuity of FGM/C will render traditional FGM/C practitioners unemployed as this is sometimes their only source of income.

Globally and locally, significant efforts and interventions have been put in by the international community, including UNFPA, INGOs and CBOs, the government and other interest groups in the community. These efforts have been ongoing for decades.

3.5 Behavior Change Communication

They are elaborated below

Behaviour change is the ultimate goal aimed at elimination of the FGM/C harmful practices. Over time a series of behaviour change theories, has evolved from the traditional information, education and communication (IEC) strategies, behaviour change communication (BCC) and behaviour change interventions (BCI). The evolution in the terminology is a reflection of the increased recognition of the complexities and difficulties of changing behaviour.

Program implementers often through the process of IEC very attempt to cascade the message to audiences and reaching them with information focusing on awareness raising and attitude change rather than behaviour change. This is in some ways, is a response to the length of time it takes to change people's behaviours and the need to focus on short-term awareness raising or increasing knowledge. In addition, IEC materials are often not research based or pretested appropriately; and the production of the materials sometimes becomes an end by itself. The messages, are orchestrated without the involvement of the target audiences, are either directive, like "Stop FGM/C" or neutral and thus hard to understand.

Behaviour change communication goes beyond getting the messages right for any particular audiences to the recognition that behaviour change may also require skill building – for example how to resist pressure to circumcise your daughter, and community support to sustain the change or the decision to reject FGM/C as a mother, grandparent, husband or a girl etc. involves change at different levels, including knowing the harmful effects and the options; to know why such a choice is desirable and reaching the decision to reject the tradition.

There have been very few systematically designed, multi-year and goal oriented anti-FGM projects implemented. Most agencies are involved in a series of activities targeting multiple audiences' multiple sites (urban, IDP camps and rural communities that live around health centres). Activities are mainly ad hoc and limited in nature given the resource constraints.

To accomplish behaviour change goals, it is important to use strategies that are participatory and responsive to the multiple but specific needs of communities targeted. FGM/C is a deeply-rooted practice, it is crucial that interventions aimed for its eradication adopt short-term, medium term and long-term strategies with built in innovative techniques.

Anti-FGM/C Strategies Reported Centred Around:

Workshops and Seminars - mostly for women organizations, youth and to a certain extent the religious leaders to educate them on harmful practices.

Community Outreach - Involves going to IDP camps, communities that live around the MCH centres in rural areas and on many occasions the outreach activities cover more than FGM/C issues.

Occasional Campaigns - Campaigns to raise awareness on the harmful effects of FGM/C and its implications through radio shows, theatre, road shows. It was reported that all campaigns are well known to raise awareness for a short period and therefore, sustained intervention is not initiated.

Walking the Talk - The FGDs participants were asked whether they themselves have stopped FGM/C within their households and extended families. Almost a third responded that they have completely stopped FGM/C. When further probed, almost all of them admitted doing the Sunna and not Pharaonic because of family and community pressure. Very few admitted not touching their daughters saying that they wanted their daughters to become a role model to the society.

3.6 Community Understanding of Zero Tolerance on FGM/C

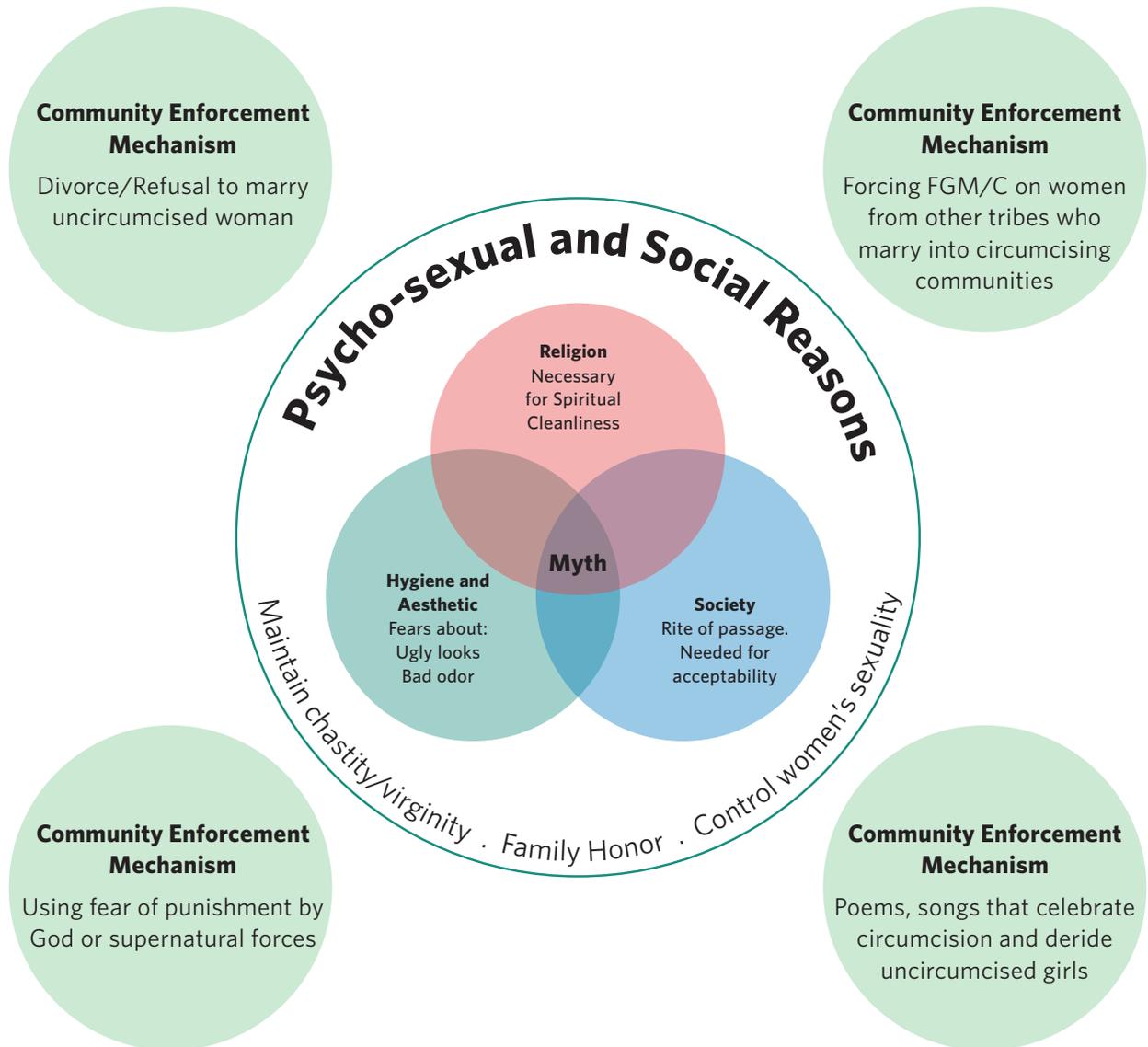
Participants expressed the meaning of zero tolerance on FGM/C differently. Majority of the participants preferred the practice to be stopped regardless of type. Some call for abandonment of *Pharaonic* type of FGM/C and infibulation of girls by abandoning traditional beliefs of FGM/C from the society while other participants also expressed it as to stop violence against girls and women.

3.7 Mental Map Model: Reasons for FGM/C continuation

As the findings indicate FGM/C is a deeply-embedded cultural practice and its elimination requires understanding of the culture, its perceptions, and the belief that have sustained it. Culture is defined as the body of beliefs, customs, traditions, values, preferences and codes of behavior commonly shared among members of a particular community. Taken as a whole, this learned knowledge acts as a "perceptual filter" for information and reality as "a road Map" for surviving in the world. These two aspects of culture determine how a person/and or a community behaves in relation to a certain practice or issue. People within the same culture, generally share similar road/mental maps, but these may vary and evolve according to education, life experiences, exposure to other cultures and isolation or connection with mass communication.

No matter how, where and when FGM was initiated, it is clear that the communities who practice it share a similar road/mental map that presents compelling reasons why the clitoris and other external genitalia should be removed, and what could have happened if they are not removed. As shown in figure 3.1, all the reasons fit into an elaborate belief system that includes different categories of levels all targeting the external genitalia of girls.

Figure 3.1 Why practice of FGM/C continues Road/Mental Map



The above model on mental map pinpoints the reason why FGM/C is continuing. It indicates the strong culture, religion, myths of purification and hygiene issues which are still the main drivers of FGM/C. Somali's have a saying for this *Caado la gooyo, Cadho Allay Leedhay ...* meaning stopping a tradition brings anger of the Almighty God.

Also, available research indicates that the Somali communities' belief systems have been modified to varying degrees on the information campaigns and interventions aimed at them since the pre-war period to date as there is a slight trend observed moving from *pharaonic* to *sunna* practices.



4

**Medicalization
of FGM/C**

Medicalization is defined by the WHO as “situation of FGM/C as practiced by any category of health care provider, whether in public or private, at home or elsewhere” (WHO, 2010). This definition was first adopted by the United Nations in a joint policy statement issued in 1977 (UN, 1977), and reaffirmed in an updated UN inter-agency statement in 2008 (WHO, 2008). However, the term “medicalization” has been used more broadly, ranging from provisioning medical supplies for the surgical procedure to obtaining operations in clinics or hospitals by trained nurses or physicians (Shell-Duncan, 2001).

4.1 Perception of Community on FGM/C Medicalization

Despite the warnings from medical expertise against medicalization of FGM/C, the practice of FGM/C medicalization is taking place in societies where the FGM/C is commonly practiced. Somaliland is among the countries where FGM/C practice is highly prevalent (98 percent) as stated in SLHDS 2020.

Participants views on the topic of medicalization of FGM/C were vastly varied. There was no common consensus among the participants on the concept of medicalization of FGM/C. Some of the groups were pro medicalization of FGM/C whereas others were anti FGM/C medicalization. For instance boys aged 15-24, circumcisers, cultural leaders and women aged 25 years and above have overwhelmingly supported the idea of medicalizing the FGM/C. They have added justifications to their ideas by saying that health professionals are well trained and can perform the procedure with less health risks. However, young girls have opposed the concept of medicalizing the FGM/C. They have said that;

“It is immoral for the health workers to perform such activity while knowing it’s danger and health consequences” (A Young girl, participants).

While, the men aged 25 years and above were very skeptical of the idea; and said that ;

“if the health professionals proceed with this procedure it will be difficult to end this practice and neither health professionals nor women circumcisers should perform this”, (Men aged 25 and above).

The health professionals who were involved in the discussions said that;

“It is damaging work for the health workers to undertake such activities while health professionals themselves are tirelessly working to end this practice”. (Health Workers)

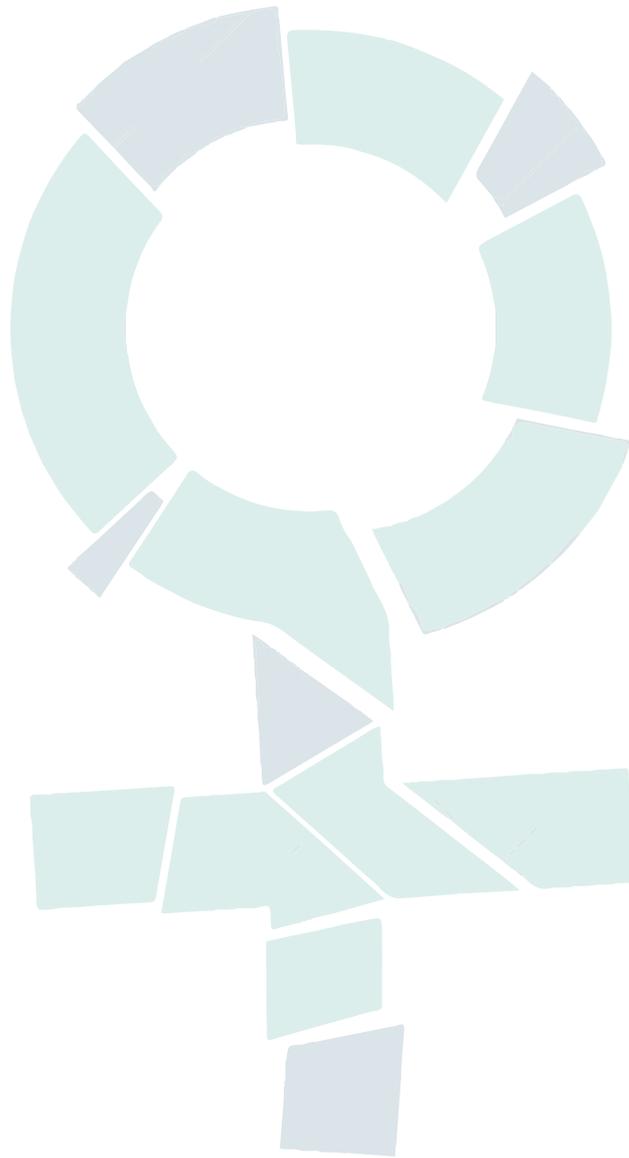
Furthermore, the religious leaders who were involved in the discussions of this topic had different standpoint compared to the other groups. They said:

“We are in favor of the concept of medicalizing the FGM/C when only the procedure of Sunni type of circumcision is involved” (Religious leaders).

4.2 Knowledge of the Community on Health Professional Performing the Circumcision

The concept of medicalization of FGM/C is not officially approved by government. However, the notion of health care providers performing this is increasing in Somaliland. Performing this without approval of the government will be unethical for the health care providers. Therefore, this study has explored the idea of whether the health care professionals are actually performing this or not.

In response to the question of whether the participants have seen or heard that health care providers are performing FGM/C or not, almost all of the participants said they have either heard or seen health professionals perform the circumcision. Interestingly, one of the girls in age group 15-24 years among the study participants said she was circumcised by a health professional.





5

**FGM/C
Abandoners and
Circumcizers**

Female circumcisers are women who perform circumcision of girls as a source of income. These circumcisers are mostly traditional women , who often play central roles in communities, such as attending childbirths events. The female circumcisers perform different types of circumcision, broadly grouped as excision and infibulation, distinguished by whether labial edges are fused or not after the genitalia are incised (the two types discussed earlier).

On the other hand, abandoners are women who used to do female circumcision but no longer perform it due to various reasons.

5.1 Reasons for Abandonment

As stated before, abandoners are the former female circumcisers who have abandoned performing the FGM/C. Former female circumcisers provided various reasons for abandoning the practice of FGM/C which included: abandoning the FGM/C after hearing that it is not permissible by the religion and decided to follow what the religion says which is to stop the practices; a lot of awareness raising against FGM/C that had changed their perception; after realizing performing the FGM/C to girls is inhumane and causes severe injury, cutting and bleeding to girls; encouragement by their educated daughters to stop performing FGM/C practice; managing to find other sources of income or initiating small businesses. And upon realizing that FGM/C can cause death and disability.

“Nowdays, there are a lot of knowledge and awareness about FGM/C and it is problems of both health consequences and human rights aspects, which led me to stop the practice” (Circumcision Abandoner)

One of the female circumcisers said that’

“I have stopped the practice after realizing through awareness that the practice was becoming very controversial and inhumane as cutting causes pain and suffering to young girls” (Female circumciser).

“For me it was the religion aspect that has led me to cease the pharaonic type practice as it is immoral” (Female circumciser)

5.2 Challenges and Benefits by Abandoning FGM/C

The main challenges faced by those who have abandoned FGM/C practice include loss of income and pressure from some of the parents who want them to circumcise their daughters They also said that

“I have lost income from stopping the practice, as it used to provide for the family being a single mother, but I didn’t regret it and I feel it is the right decision” (Female circumciser)

5.3 Reasons of Circumcising

The FGDs and KIs participants provided various reasons for the existence of FGM/C practice. These reasons varied by region, time and socio-cultural factors within families and communities. Some of the reasons stated include that the practice: is a source of income for the women performing FGM/C; is regarded as a way of life, is part of a tradition passed down from one generation to another; is considered an honour for the girls and that it is for their best interest and good for their future, leads to a girl being acceptable in the society because it is a social taboo for a girl to be uncircumcised, makes girls marriageable and chaste, has been a form of social convention and norm for a long time, is part of raising a girl and preparing her for adulthood; ensures pre-marital virginity and marital fidelity.

Some of the participants said when *Pharaonic* type is performed the fear of the pain of opening it, and the fear that this will be found out, serves as a deterrent to engaging in sexual activities. While for others, circumcising is carrying on the lineage torch. Some of the circumcisers said their mothers used to be circumcisers and that is why they are circumcisers also.

“We perform female circumcision to make the girls more feminine and modest and FGM/C makes girls become clean and beautiful after removal of body parts that are unclean and unfeminine (Circumciser, Participant).”

5.4 Benefits Gained by Circumcisers

Circumcisers stated that FGM/C is their only source income. Some of the circumcisers said that they would have stopped performing the FGM/C if they had another source of income. These circumcisers use the money they earn from FGM/C to support their families. Other circumcisers however believe they are carrying out a religious obligation.

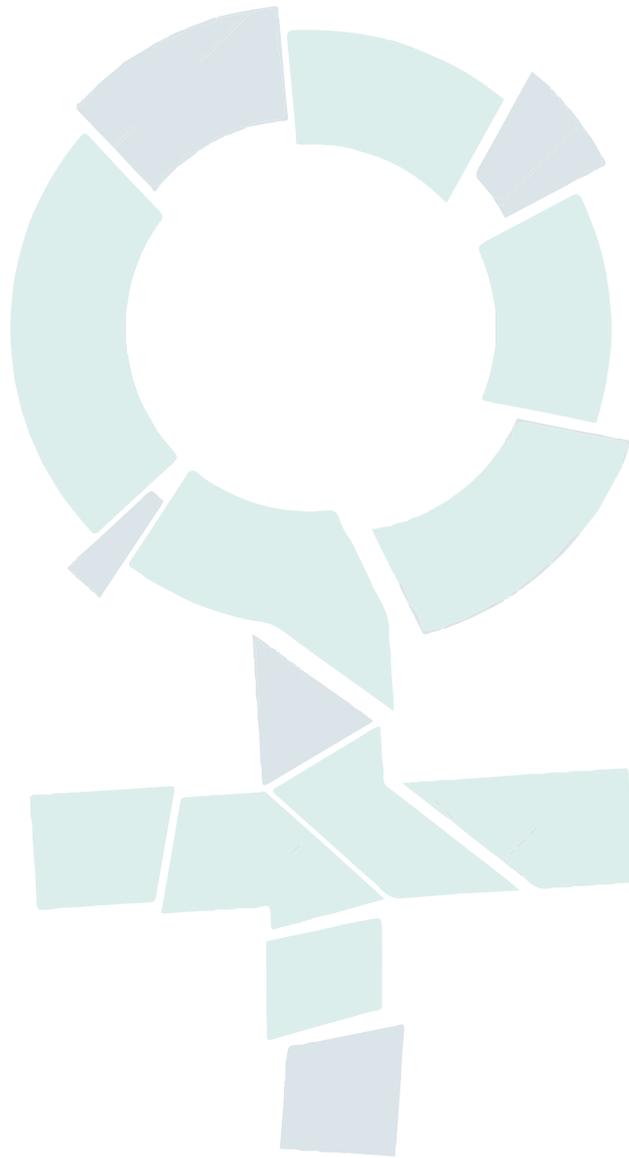
“Circumcision is the only art we know to earn money” (A Circumciser)

5.5 Challenges Faced by Circumcisers

Nowadays, circumcisers face number of challenges which includes the income from the circumcision has reduced because many parents don't prefer FGM/C to their daughters. Circumcisers also said that many people see them as causing harm to girls because people are becoming more aware of the problems of the FGM/C. Furthermore, circumcisers believe their work is no longer seen as important because many parents take their daughters to health care providers to do Sunni type of circumcision.

Circumcisers added that by performing female circumcision, health care providers took the work of circumcisers. Some circumcisers said that sometimes:

“We are labelled as evil and cruelsince we are not medically trained. Some people may risk the lives of girls” (Circumcisers, Participants).”





6

Religion Perception on FGM/C Practices

6.1 Views of major Islamic school of jurisprudence on FGM/C practices

FGM/C is one of the controversial subjects which is highly debated among the community, some advocate it through the culture and norms perspectives, while others consider it as a religious obligation. Additionally, the old and new Islamic scholars have been opposite directions when it comes to the FGM/C and the topic has been contentious for long time period.

The religious leaders in Somaliland have been expressing different standpoints on this issue. This part of the study explored the view of Islamic schools of jurisprudence on FGM/C practices.

In summary, responses are that the religious leaders have agreed that all Madhabs (The four Islamic school of jurisprudence) believe the existence of female *Sunni* type of circumcision in Islamic practices and vehemently agree that *Pharaonic* type is completely forbidden and even can lead to sins. However, there is a difference among the Islamic school of thoughts whether the *Sunni* type of circumcision is *Mustahhab* (recommended), *Mubah* (allowed), *Makroh* (disliked) or *Wajib* (obligatory).

The Shafi'i school of thought who the majority of Somalis follow, mostly believe that it is *Wajib* "obligatory" based on a hadith of the Prophet (peace and blessings of Allah be upon him) which says that "when a man and a woman have intercourse, the two circumcised organs reach each other". This proves that *Sunni* circumcision is obligatory. However, the other madhabs for example, Hanafiya madhab believes that it is *Mubah* (allowed) and can be left out and if one performs, female *Sunni* circumcision can be rewarded in here after.

Unfortunately, the religious leaders did not provide enough information on the views of other Islamic school of jurisprudence related to FGM/C in Islam.

6.2 Role of religion leaders on FGM/C prevention

Religious leaders play an important role in preventing the FGM/C practice. All the religious leaders from the three cities agreed that leaders should play an important role in averting this practice because the communities are more lenient in listening to what the religious leaders say or perceive. However, they have emphasised that the religious leaders can only take part when it comes to the ending of *Pharaonic* type of circumcision but cannot advocate for abandoning of FGM/C as whole including the *Sunni* type. Moreover, the religious leaders have agreed that the role of religious leaders was weak in the past.. They have proposed that sheikhs can address the FGM/C topic during the Friday sessions at the mosques or Muslim festivals which attracts large gatherings .

"I believe the Ulama or religious scholars can play an important role in preventing the FGM/C if given the platform. We are often sidelined by politicians and community elders when it comes to this issue" (A religious leader)



7

**FGM/C and
COVID-19
Lockdown**

7.1 Has FGM/C Increased During the COVID-19 Lockdown?

There is general sentiment aired by participants that circumcision of girls has increased during the COVID-19 lockdown. As the situation provided parents an opportunity to perform circumcision on girls since they are often at home. To explore more on this situation, the participants were asked whether they think the FGM/C has increased during the lockdown or not.

Majority of the respondents believed that circumcision of the girls has noticeably increased during the lockdown due to COVID-19. The respondents further explained the Pharaonic type of circumcision has increased. The reason being is that this type of circumcision requires more time to heal the wounds and since girls are found at home due to the lock down, this presents a perfect opportunity for parents to have their girls circumcised with the worst of FGM/C.

“My feelings is that the circumcision has increased during the Covid-19 lockdown because parents can easily get it down and provides girls with more resting and healing times” (Community worker)

7.2 FGM/C and the Sexual Gender-Based Violence (SGBV)

FGM/C is considered as a form of violence against women and girls (UN Women, 2017). There are some people who link the circumcision status of the woman and sexual gender-based violence (SGBV). Some people associate and perceive that uncircumcised women are more likely to suffer SGBV or rape compared to circumcised women. However, the argument has no legitimate evidence to prove. Therefore, the study participants were asked whether they think uncircumcised women are more likely to suffer from SGBV or not.

The participants have overwhelmingly agreed that SGBV has no association with circumcision. They said circumcised and uncircumcised women have similarly been affected by the SGBV and they have no evidence to say uncircumcised women are more likely to suffer SGBV.

“Nowadays, sadly SGBV crime against girls is on the increase and men do not care if the girl is circumcised or not” (Professional health worker)

7.3 FGM/C Personal Experiences

The participants were asked to provide some personal stories or events that they have witnessed or heard in relation to FGM/C. Some horrifying stories have been revealed by some of the participants as described in the following events.

Event 1

One of the participants an elderly man said;

"We used to live in the rural area, I had a daughter and did not want her to undergo FGM/C, but the mother wanted her daughter to be circumcised. When my daughter was nine years old without my knowledge or consent, the mother brought a female circumciser to the house and my daughter got circumcised". I remember my daughter cried loudly in horror because she could not bear the pain of the circumcision. He further said: my young son was near the house at that time and he ran away in panic after hearing the screaming of his sister. Sadly as he was running away in horror he was hit by a male sheep and he died instantly at the scene". The man added, "my daughter kept screaming for help and she died because of excessive bleeding". The old man concluded, "I never forget that tragic event which happened to me and the way I lost my daughter and my son at the same time". (An elderly man, participant)

Event 2

There was an educated mother, and she decided not to circumcise her daughters. However, every day when her daughters go to school, her friends keep on pressuring them to get circumcision done. So everytime the girls comes home they ask their mother to arrange circumcision, and ask when they will be circumcised. The mother did not want to circumcise her daughters but at the same time the girls pressurized their mother to circumcise them because all their friends at the school were circumcised. The mother told her daughters that they will be circumcised during the next school holiday. In order to persuade her daughters and make them happy, the educated mother took her daughters to a health provider and asked them to make a fake circumcision by just injecting the girls with a fake anesthesia and to spill some blood over the genital areas of the girls. To make the girls believe that they were circumcised, the educated mother kept her daughters at the house and cared for them as the circumcised girls are cared for. The girls believed that they were circumcised and when they went back to school, they told their friends about their circumcision news. That educated mother managed to avoid doing FGM to their daughters and at the same time succeeded to overcome the pressure from her daughters and from the society as well. (A Woman, Participant)

Event 3

A woman said, "I was 9 years old when I got circumcised, and I was circumcised by a female circumciser who was well known in that area". The woman added, "after a few days the sutures got opened and the female circumciser did the sutures to me again". She said, "the sutures opened up a second time and the female circumciser did the sutures to me a third time". The woman said, "it took around six months for the wounds of the FGM/C to heal". The woman added, "I suffered a lot during my circumcision and the pain is still fresh in my mind". The woman concluded, "I know the trauma of the FGM/C, and I did not circumcise my daughters". I also advise the parents not to do FGM/C to their girls because it is an inhuman act. (A Woman, Participant)

7.4 Discussions with Female Health Workers

The findings from this FGM/C study showed that it was complimentary to the earlier discussions held in Borama with female enumerators (SLHDS) who assisted with the SLHDS data collection. The workshop with the female's data collectors provided a good platform for females to discuss thoroughly about their actual beliefs, experience and perception of FGM/C. Since this was a sensitive topic to discuss, female enumerators had to approach the topic carefully, in the absence of men. Some of the key issues are highlighted below:

General health and psychological experiences

- Due to FGM/C some mothers experience difficulties during labour as well as period pains
- The experience of FGM/C had impacted some mothers psychologically. Unfortunately, during the interviews, some female respondents were not willing to talk about FGM/C experience due to the pain it had caused them.
- Those who were able to recollect the FGM/C events said that they suffered infections and formation of a cyst around the wound and other complications.
- One of the vivid quotes by participants "FGM/C please don't remind me," was a common phrase heard when trying to gather information about FGM/C.
- The other problem was that most women experience recurrent urinary tract infections after FGM/C.
- The other excruciating experience is that women always undergo 're-cutting' during the night of wedding to initiate intimacy with their husbands.

Community, cultural and religious beliefs:

- Communities have strong cultural beliefs that women are obliged to undergo FGM/C and this is usually driven by males but usually implemented by female heads.
- In most areas in Somaliland, unfortunately mothers still believe that if their daughters are not circumcised, their dignity in the community will be lost and it may even affect their likelihood of getting married.
- Mothers also believe that if they do not circumcise their daughters, they may become less respected. Culturally, Somali men used to prefer to marry women who had undergone FGM/C, because they believe if a woman is not sutured, her girlhood might not be intact.



8

**FGM/C legislation
in Somaliland**

8.1 Laws and Legal Frameworks

There is a draft legal framework concerning FGM/C abandonment in Somaliland, but it has not been successfully passed through the parliament, as there are strong cultural and religious barriers. However, there is a Fatwa by religious scholars in support of the legal framework which also stipulates partial ban of the FGM/C in favor of Sunni type rather than total abandonment. Therefore, the Fatwa has no legal significance or basis without supporting legislation and does not outlaw all types of FGM/C. In terms of the Constitution of Somaliland, it does not refer specifically to FGM/C, but rather Article 8 addresses Equality of Citizens and provides at (2) that 'programmes aimed at eradicating long lasting bad practices shall be a national obligation'. Also, Article 24 states that everyone shall have the right to security of his person, that injury to the person is prohibited, and that crimes 'against human rights' such as torture and 'mutilation' shall have no limitation periods.

Of particular relevance to FGM/C, Article 36 of Somaliland's Constitution sets out the Rights of Women, and confirms that:

1. The rights, freedoms and duties laid down in the Constitution are to be enjoyed equally by men and women save for matters which are specifically ordained in Islamic Sharia
2. The Government shall encourage, and shall legislate for, the right of women to be free of practices which are contrary to Sharia and which are injurious to their person and dignity. There is currently no legislation in Somaliland that expressly criminalizes and punishes the practice of FGM/C.

8.2 Challenges to legislate FGM/C law in Somaliland

There are a number of challenges that inhibit the full establishment of legal instruments that can support total abandonment of the practice. These include:

- Strong cultural beliefs of the practice by majority of the population in particular in rural and nomad settings
- There is a religion dimension or groups that are advocating for the acceptance of Sunni type which also hinders efforts to enforce abandonment of the practice
- Lack of understanding by law makers of the issue as it's always pushed aside since it is a women related issue
- There is no common consensus or coordinated efforts by civil society, community leaders, religious leaders and government stakeholders to lead the process from a common platform.



Conclusion

9.1 Conclusion

Majority of the participants have described FGM/C as part of cultural practices that has existed for generations supposedly aimed at protecting the dignity of girls. There is a view that FGM/C is part of religious obligations particularly the Sunni type. The most common types of FGM/C that are practiced in Somaliland were identified as Pharaonic and Sunni. Although, some groups have further subdivided the Sunni type into two. It has been revealed that two groups of people perform the circumcision. The first group is the traditional women circumcisers who are more dominant in the rural and nomadic settings. The other group is the health professionals who are mainly based in urban settlements. The decision-making process of circumcising the girls is usually not a self-driven decision. But rather a parent's decision particularly the mother as revealed by the participants. It has been said that grandmothers also play a critical role in the decision making process. As revealed by the participants the key reasons that motivates the continuation of FGM/C is the cultural practice that parents intended to prevent girls from indulging sexual act before marriage and to safe guide the girl's virginity. Regarding the Islam vs circumcision, the religious leaders have agreed that all *Madhabs* (The four Islamic school of jurisprudence) believe the existence of female Sunni type of circumcision in Islamic practices and vehemently agrees that Pharaonic type is completely forbidden and even can lead to sins.

Finally, research on FGM/C has been expanding since the early 1990s. Studies have shed light on the scale of this phenomenon and its effects on women's sexual and reproductive health. Recognition of the adverse effects of genital mutilation on obstetric health is the main factor behind world-wide efforts to eradicate these practices and to place them on the international agenda of women's and children's rights (UNFPA, 2014). The most recent studies have focused more specifically on the consequences of these practices for women's health and on the social dynamics at work around their persistence or abandonment, and have examined changes over time in social and family practices in a context of continuous reinforcement of anti-FGM/C policies. Among ongoing research priorities, four themes can be identified. Two concern the analysis and production of data on the topic: first, further exploration of the determinants of the practice and of resistance to its abandonment, and second, a better understanding of the globalization of the phenomenon through more accurate measures in countries where it is not widely recognized and in countries with migrant populations. The third, more medical theme is the advancement of knowledge on the health consequences of FGM/C. The fourth and final theme concerns public action, and the appropriation and definition of international policies by the women concerned.

9.2 Remedies

Based on the findings from the participants, the study recommends that there is need for urgent widespread government led actions to be undertaken to intervene the issue of FGM/C. The actions are as follows :

- Increase awareness of dangers of FGM/C using campaigns and influencers such as community elders, prominent personnal and healthofficials to inform mothers, grandmothers or women that FGM/C is not a religious obligation.
- Specific awareness campaigns targeting men and elderly women should be organised
- Engage respective line ministries (e.g. interior, justice, social affairs and health) in advocating against the practice of FGM/C.
- Develop and enforce laws banning FGM/C.
- Create income generating activities for women who work to administer FGM/C.
- Introduce a rehabilitation centre for FGM/C victims.
- Integration of FGM/C messages into the Behavioral Change sessions related to other health programs such as Breastfeeding, ANC, and Family Planning etc, that are given to the mothers at the Health Centers by the health workers.
- In collaboration with the Ministry of Education, intermittent sessions or subject in the curriculum of health determinants including FGM/C can be developed which targets the school aged students and subsequently to increase the awareness of students on FGM/C problems.
- Engaging of Traditional Women Circumcisers who have abandoned circumcision in the activities of FGM/C ending.

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