



## FGM IN SOMALIA AND SOMALILAND: EXECUTIVE SUMMARY

March 2021





## COUNTRY PROFILE UPDATE: FGM IN SOMALIA AND SOMALILAND EXECUTIVE SUMMARY

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Since the publication of 28 Too Many's *Country Profile: FGM in Somalia and Somaliland* in December of 2019, the multiple existing humanitarian crises in Somalia and Somaliland have been exacerbated by climactic shocks and the global COVID-19 pandemic. Additionally, there are concerns over safety and security surrounding the 2021 presidential elections.

In August 2020, the Somalian parliament drafted a **Sexual Intercourse Related Crimes Bill** to replace the 2018 Sexual Offences Bill. The African Union has sent an urgent appeal for amendments, in particular because of provisions in the bill that allow for child and forced marriage, which are in contradiction of international treaties and charters.<sup>1</sup> The bill was widely criticised both within Somalia and by the international community.<sup>2</sup> A similar law was passed in Somaliland by the House of Representatives in August 2020, called **The Rape, Fornication and Other Related Offences Bill**.<sup>3</sup> Critics of the new law say that the definition of rape has been made unclear, making it harder to prosecute.<sup>4</sup>

Female genital mutilation (*FGM*) is defined by the World Health Organization<sup>5</sup> as comprising 'all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.' FGM has been recognised as a harmful practice and a violation of the human rights of girls and women. According to the Somali Health and Demographic Survey 2020 (*SHDS 2020*), recently published by the Federal Government of Somalia, the prevalence of FGM among women aged 15–49 in Somalia and Somaliland is 99.2%.<sup>6</sup> When the survey respondents are broken down into age cohorts, the figures suggest a very minor decrease in the prevalence of FGM over time: 99.8% of women aged 45–49 have undergone FGM, as opposed to 98.8% of women aged 15–19.<sup>7</sup> It should be noted that this very small decrease may be due to statistical fluctuations in the data.

The COVID-19 pandemic has resulted in lockdowns, and cutters are reportedly going door to door to perform FGM. As a result of the increased healing time during school closures and the economic pressures on cutters, there has been a huge surge in the number of girls who have been cut.<sup>8</sup>

The SHDS 2020 breaks down FGM into three types: Sunni, Intermediate and Pharaonic. They are defined as simplified versions of the World Health Organization's classifications.<sup>9</sup> Pharaonic cutting continues to be the **most common type of FGM** self-reported by women, at 64.2%.<sup>10</sup> Younger women are apparently much less likely to have experienced Pharaonic FGM (46.2% of women aged 15–19) than older women (82.4% of women aged 45–49), as are women with higher levels of education and those in higher wealth quintiles.<sup>11</sup> It is necessary to note, however, that there is much confusion in the region over the difference between Sunni and Pharaonic cutting, which may affect these figures.



In general, **support for the continuation of FGM** is strong among women aged 15–49 in Somalia and Somaliland (76.4%).<sup>12</sup> It is stronger than the 64.5% recorded in 2006.<sup>13</sup> Wealthier women and those with higher levels of education are less likely to support its continuation.<sup>14</sup> Almost three-quarters (72%) of women aged 15–49 believe that FGM is a requirement of their **religion**.<sup>15</sup> The trends in belief surrounding FGM and religion strongly mimic the trends in support for the continuation of FGM, suggesting that religion is one of the primary reasons the practice continues in Somalia and Somaliland.<sup>16</sup> Altering this perception by gaining the support of religious leaders may be a route to reducing FGM prevalence.

Access by women to the traditional forms of mass media (newspapers, radio and television) at least once a week is extremely low: 92.7% of women do not access any of them.<sup>17</sup> Likely this is due in part to the extremely low levels of literacy among women in Somalia and Somaliland. This creates a problem when it comes to targeting anti-FGM information towards women. Anti-FGM activists and educators need to consider creative uses of media that circumvent women's inabilities to read and access mass media campaigns.

## Conclusion

It is clear that there is much work to be done in Somalia and Somaliland in relation to the basic rights of women to health, physical integrity and education. These in turn will have an effect on the prevalence of FGM. Natural disasters and the COVID-19 pandemic have had a devastating effect on infrastructure and financial security in the region. The pandemic also appears to have increased the urgency of the practice of FGM and perhaps caused women to fall back on the comfort of tradition and religious beliefs. This is an unfortunate situation that requires the urgent attention of international humanitarian aid organisations.



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- 2 Nita Bhalla and Mohammed Omer (2020) 'Outrage as Somali parliament drafts law permitting child, forced marriages', *Reuters*, 12 August. Available at https://www.reuters.com/article/us-somalia-womenrights/outrage-as-somali-parliament-drafts-law-permitting-child-forced-marriages-idUSKCN257200.
- 3 Republic of Somaliland House of Representatives (2020) *The Rape, Fornication and Other Related Offences Bill (Law No. 78/2020)*. Unofficial English translation by The Horizon Institute. Available at https://www.thehorizoninstitute.org/usr/documents/publications/document\_url/33/horizon-institute-senglish-transation-of-the-bill-on-rape-fornication-and-other-related-offences-3-september-2020.pdf.
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- 7 SHDS 2020, p.220.
- 8 Reuters (2020) 'Huge FGM rise recorded in Somalia during coronavirus lockdown', *The Guardian*, 19 May. Available at https://www.theguardian.com/world/2020/may/18/fgm-risk-in-somalia-heightened-by-coronavirus-crisis.
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- 10 SHDS 2020, p.220.
- 11 SHDS 2020, p.220.
- 12 SHDS 2020, p.223.
- 13 UNICEF Somalia (2006) *Somalia: Multiple Indicator Cluster Survey 2006*. Available at https://mics-surveys-prod.s3.amazonaws.com/MICS3/Eastern%20and%20Southern%20Africa/Somalia/2006/Final/Somalia%202006%20M ICS\_English.pdf.
- 14 SHDS 2020, p.223.
- 15 SHDS 2020, p.219.
- 16 SHDS 2020, p.219.
- 17 SHDS 2020, p.61.



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