



# **FGM IN SOMALIA: KEY FINDINGS**

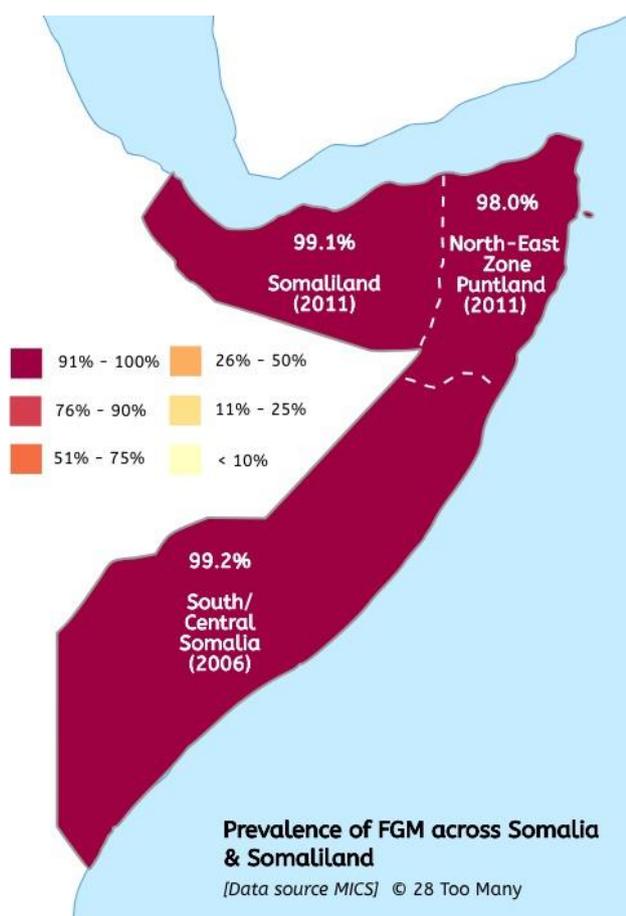
**March 2019**

**The prevalence of FGM among women aged 15–49 in Somalia is approximately 98% – one of the highest in the world.**

# Introduction

Statistics on the prevalence of female genital mutilation (FGM) for Somalia were compiled for Multiple Indicator Cluster Survey (MICS) reports published in 2006 and 2011.

The 2006 MICS report covered the whole of the Somalia/Somaliland region, and the data can be broken down into three zones: North-East (Puntland), North-West (also referred to as Somaliland) and South/Central. By the time of data collection for the 2011 report, the South/Central Zone had become too dangerous to survey due to civil unrest, and no data was collected; however, a report on the North-East Zone of Somalia was published. The 2011 data is comparable with the data from the equivalent zone in the 2006 report.



As for any dataset but particularly for Somalia, it is important to note that some results of these surveys may be based on relatively small numbers of women, particularly when the data is further broken down by, for example, location, age or ethnicity. Self-reporting may also be unreliable due to taboos and misunderstandings. Therefore, in some cases, the trends observed should be treated with caution. However, any limitations of the data sources do not mean that the data is not useful; they simply mean that one should be careful about drawing 'hard and fast' conclusions.

The main **Country Profile** covers both Somalia and Somaliland. A **Key Findings in Somaliland** document is also available at <https://www.28toomany.org/country/somaliland/>.

## FGM Prevalence

*Refer to Country Profile pages 57–62.*

The overall prevalence of FGM in Somalia is among the highest in the world:

**Based on MICS surveys, Somalia is classified as a 'very high prevalence country', having an FGM prevalence of approximately 98% among women aged 15–49.<sup>1</sup> FGM prevalence has remained consistent for some time.**

FGM prevalence is largely consistent across all regions, age cohorts and wealth quintiles, and the data suggests that only a slightly higher number of women in rural areas undergo the practice compared to women in urban areas (more data would be required to confirm this).<sup>2</sup>

# Age & FGM Types

*Refer to Country Profile pages 62–71.*

There is no recent data available on the **average age of cutting** across the whole of Somalia. MICS 2011 data for the North-East Zone of Somalia (Puntland) indicates that the majority of girls (aged 0–14) are now cut between the ages of 10 and 14.<sup>3</sup> News stories in recent years regarding deaths from FGM in Somalia and Somaliland have involved girls aged around 10 or 11.

There are difficulties in recording and reporting on the **types of FGM** practised in Somalia due to variations in definitions and interpretations.

FGM is commonly referred to as either '**Pharaonic**', which is Type III (Infibulation) according to the WHO classifications, or '**sunna**', which many believed to be sanctioned by Islam. However, significant variations in the type of FGM classified as sunna exist across Somalia, from 'pricking' of the clitoris through to more extreme forms that still involve cutting and stitching.

**In 2006 and 2011, Type III (Pharaonic) FGM was overwhelmingly the most common type of FGM self-reported by women.<sup>4</sup>**

In 2006, in the North-East Zone of Somalia (Puntland), 93.2% of women who had been cut had undergone Type III (Pharaonic) FGM, but by 2011 this figure had dropped to 86.7%. This downward trend is due to younger cohorts of women being less likely to have experienced Type III FGM ('sewn closed') and more likely to have had 'flesh removed'.

Anecdotal evidence also confirms that families are moving away from Type III FGM for their daughters and are opting for other types labelled 'sunna'.

The 2011 data for Puntland also suggests that the greater women's **levels of education and wealth**, the lower the percentage of those who have had Type III FGM.<sup>5</sup>

## Practitioners of FGM

*Refer to Country Profile pages 63–65.*

FGM is mostly performed by traditional cutters in Somalia, although medicalised FGM appears to be increasing as more families, particularly in urban and semi-urban areas, take their daughters to healthcare professionals to be cut.

## Why

*Refer to Country Profile pages 79–81.*

FGM is mainly practised in Somalia for both 'traditional and cultural' reasons and because it is believed to be a religious requirement. Frequently, Pharaonic FGM is seen as being culturally inherited, while sunna is seen as being supported by religious teachings, honourable and more 'healthy'.<sup>6</sup>

Preparation for marriage (through the preservation of virginity), protection from rape, improved hygiene, aesthetic appeal and sexual enjoyment for men are also given as reasons.

# Law

Refer to Country Profile pages 33–37.

Many of the **international human-rights conventions and treaties** related to the practice of FGM have been signed and ratified by Somalia. The ratification of these conventions places an obligation on the Government to ensure that FGM, as an international human-rights violation, is eradicated by putting certain provisions in place, such as anti-FGM laws. Somalia has not yet signed the Convention on the Elimination of All forms of Discrimination Against Women (1979) (*CEDAW*).

The Constitution of Somalia (2012)<sup>7</sup> protects **human dignity and equality** under Articles 10 and 11 respectively, and, most significantly in relation to FGM, sets out under Article 15(4) that:

*Circumcision of girls is a cruel and degrading customary practice, and is tantamount to torture.  
The circumcision of girls is prohibited.*

**There is currently no national legislation in Somalia that expressly criminalises and punishes the practice of FGM, and no penalties are set out for the practice or procurement of FGM.**

The 1964 Penal Code, Law No. 05/1962<sup>8</sup> (the Penal Code) is applicable to all jurisdictions in Somalia and makes it a criminal offence to cause ‘**hurt**’ to another that results in physical or mental illness. There is, however, no evidence of the Penal Code being used to prosecute perpetrators of FGM in Somalia.

In 2015, it was reported that work had begun to initiate a **bill to criminalise FGM** across all of Somalia, and in 2016 the prime minister was successfully lobbied by campaigners to sign a petition calling for the passing of an anti-FGM bill.

**28 Too Many understands that the Government of Somalia has now formally instructed legal professionals to draft and consult on national legislation that will ban all types of FGM, and it is possible that the text will be placed before the president for approval by the end of 2019. The draft law is understood to be comprehensive, although definitions and exact content are not publicly available at the time of writing.**

In March 2014, the president of Puntland approved an **official government policy** outlawing all forms of FGM. However, there is no formal implementation plan as yet, and parliamentary legislation to support the work is still not in place.

In November 2013, 18 prominent religious leaders in Puntland signed a *fatwa* (an Islamic law ruling) against FGM, though, to date, no cases have been identified as arising from it.

For further information on the law, see **Somalia: The Law and FGM**.

# Understanding and Attitudes

*Refer to Country Profile pages 79–86.*

FGM has always been a **taboo** subject in Somalia; it was never discussed in public and rarely among families and between couples. Advocacy efforts by civil society and activists has done much to open up the dialogue in recent years, but challenges still remain.

99.4% of women in the North-East Zone of Somalia (Puntland) have heard of FGM, making **knowledge** of it almost universal.<sup>9</sup> There is no comparable statistic available for the rest of Somalia, but it may be assumed that knowledge is equally widespread.

The last available dataset, which is *for the whole of Somalia and Somaliland* (S-MICS 2006),<sup>10</sup> reported that 64.5% of women (aged 15–49) in the entire region who had heard of FGM believed that **the practice should continue**, and 32.8% believed that it should not.

**However, there were distinct regional trends: in the North-East Zone of Somalia (Puntland), 53.1% of women believed that the practice should be continued, while in South/Central Somalia the level of support was much higher, at 79.5%.**

Women who had had FGM were more likely to support its continuation (65.5%) than those who had not (18.5%); women living in urban areas were less likely to support its continuation (53.8%) than women living in rural areas (71.8%); and support for its continuation was highest among women who were less educated and less wealthy.

Attitudes to FGM did not appear to vary much between MICS surveys undertaken in 2006 and 2011.<sup>11</sup>

In general, women make the decisions regarding FGM; however, **men and boys** ‘are influential in creating the social climate within which decision-making about cutting takes place’, as only 4% of unmarried men surveyed prefer to marry a girl who has not undergone FGM.<sup>12</sup>

Several studies and anecdotal reports note that there is a **lack of communication** between men and women on the subject of FGM in general and the types of cutting specifically, which leads to confusion about what men actually want for their wives and daughters. Discussions with men led by community activists that begin with human rights and progress to the health impacts of FGM have proven successful in changing attitudes in Somalia.

Terms such as ‘abandonment’ and ‘FGM’ are often understood to refer only to Type III or Pharaonic FGM (infibulation) in Somalia, thus ignoring other types of FGM such as ‘flesh removed’ or ‘pricking’; therefore, **terminology** that may be misunderstood requires clear definition in work to end FGM.

# Work to end FGM

The leading **government departments** responsible for work to end FGM in Somalia are the Federal Ministry of Women and Human Rights Development (*MOWHRD*) in South/Central Somalia and the Ministry of Women's Development and Family Affairs (*MOWDAFA*) in Puntland. In addition, across all zones, the Ministry for Religious Affairs and Endowment, Ministry of Health and Ministry of Youth all contribute to the work to end FGM.

Although, since 2015, the MOWHRD and the Ministry of Health have co-chaired an FGM taskforce meeting to coordinate anti-FGM work, there has been no evidence to date of a formal government strategy to end FGM. 28 Too Many has been informed that the initial scoping and drafting of a **National Action Plan to end FGM** in Somalia has now been completed by activist Ifrah Ahmed in partnership with government ministries and key stakeholders, and, following consultation, implementation will be sought in 2019.

The Government is generally supportive of the wide range of organisations working to end FGM in the region and has increasingly worked in partnership with them to tackle the issue, from the large international non-government organisations such as UNICEF (through the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting), Save the Children and Care International through to the smaller, community-based organisations and individual activists.

**Progress** is being made in Somalia to bring discussions on the harms of FGM into the public domain. Joint working between government departments and civil society, between community organisations themselves as they forge anti-FGM networks, and between activists and the communities in which they work is demonstrating the power of collaboration to tackle some of the difficult issues still to be overcome. These **challenges** include the continuing support for the sunna cut and the belief that it is a religious requirement, and the continued lack of national legislation criminalising and punishing the practice of FGM.

There are many NGOs, community organisations and activists now working across the region on **anti-FGM programmes**. Advocacy work is often integrated into wider educational, social and economic programmes. Activists have shared experience with 28 Too Many about their work with both religious leaders and men to break down the myths surrounding FGM, especially the ongoing belief that it is a religious obligation sanctioned by Islam. As advocacy and knowledge is shared and understood, stories of success can be seen. More detailed information can be found throughout the full Country Profile.

Implementing a **'community dialogue approach'** and providing facilitated and focussed discussions during which all members of the community have an opportunity to participate has proved successful in many FGM-practising countries, including Somalia. Civil society and community activists are proving that, by providing safe and non-judgmental environments in which participants can share their experiences, programmes are more likely to have an impact on the understanding of, and attitudes towards, FGM.

There has been encouraging progress made in reaching Somali **influencers** – including religious and community leaders – with advocacy messages and training that enable them to take their learning out to the wider community. Many NGOs and community organisations are now providing advocacy and training to health workers, school teachers and universities, too.

Another key approach to tackling FGM is the use of different types of **media**. Radio is an effective way to reach isolated communities with anti-FGM messages. Particularly among young people in urban areas, social media is on the rise and showing great potential for future campaigning and discussion. The Country Profile reports on the work of the Ifrah Foundation in partnership with the Global Media Campaign to equip religious leaders and other stakeholders to advocate for an end to FGM through their Media Training Academies.

## Challenges Moving Forward

*Refer to Country Profile pages 130–136.*

**All FGM, however it is practised, is harmful to women and girls. This message needs to be an integral part of government policy and advocacy initiatives in Somalia moving forward.**

### What challenges remain for Somalia in eliminating FGM?

- Clearing up misunderstandings about types of FGM, including the sunna cut, and terminology used in relation to the practice such as ‘FGM’ and ‘abandonment’
- Enacting and implementing comprehensive anti-FGM laws
- Combatting the idea that FGM is a religious obligation
- Involving men, boys and religious leaders in discussions and activism
- Gathering reliable data
- Obtaining long-term, targeted funding
- Accessing FGM-practising communities in remote rural areas
- Keeping girls in full-time education
- Funding and resourcing alternative forms of livelihood for cutters
- Providing support for FGM survivors
- Raising awareness about the dangers of medicalised FGM
- Continuing to build networks of young people and grassroots activists
- Achieving wide, fundamental social changes in relation to women and their rights

**Ultimately, the total abandonment of FGM will be achieved as part of culture-wide changes on the way that women are viewed, treated and empowered in Somalia.**

- 1 - UNICEF (2013) *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*, pp.26–27. Available at [https://www.unicef.org/publications/index\\_69875.html](https://www.unicef.org/publications/index_69875.html).  
- Calculated from the S-MICS 2006 dataset; SNE-MICS 2011, p.103.
- 2 - S-MICS 2006, p.138.  
- SNE-MICS 2011, p.103.
- 3 SNE-MICS 2011, p.103.
- 4 - S-MICS 2006, p.138.  
- SNE-MICS 2011, p.103.
- 5 - S-MICS 2006, p.138.  
- SNE-MICS 2011, p.103.
- 6 R.A. Powell and M. Yussuf (2018) *Changes in FGMC/C in Somaliland: Medical narrative driving shift in types of cutting*. Evidence to End FGM/C: Research to Help Women Thrive. New York: Population Council. Available at [http://www.popcouncil.org/uploads/pdfs/2018RH\\_FGMC\\_Somaliland.pdf](http://www.popcouncil.org/uploads/pdfs/2018RH_FGMC_Somaliland.pdf).
- 7 *Somalia's Constitution of 2012 (2012) Article 17*. Available at [https://www.constituteproject.org/constitution/Somalia\\_2012.pdf](https://www.constituteproject.org/constitution/Somalia_2012.pdf).
- 8 *Penal Code: Legislative Decree No. 5 of 16 December 1962 (1962)* Available at [http://www.somalilandlaw.com/Penal\\_Code\\_English.pdf](http://www.somalilandlaw.com/Penal_Code_English.pdf).
- 9 SNE-MICS 2011, p.105.
- 10 S-MICS 2006, p.138.
- 11 - S-MICS 2006, p.138.  
- SNE-MICS 2011, p.102.
- 12 Katy Newell-Jones (2018) *Empowering Communities to Collectively Abandon FGM/C in Somaliland*, p.13, ActionAid.

**Cover:** AMISOM Public Information (2012) *UPDF celebrate Tarehe Sita in Somalia 14*. Available at <https://flic.kr/p/bqtUGR> (public domain).

**'S-MICS 2006'** refers to:

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%20MICS\\_English.pdf](https://mics-surveys-prod.s3.amazonaws.com/MICS3/Eastern%20and%20Southern%20Africa/Somalia/2006/Final/Somalia%202006%20MICS_English.pdf).

**'SNE-MICS 2011'** refers to:

UNICEF Somalia and Ministry of Planning and International Cooperation (2014) *Northeast Zone Multiple Indicator Cluster Survey 2011, Final Report*. Nairobi, Kenya: UNICEF, Somalia and Ministry of Planning and International Cooperation. Available at [https://mics-surveys-prod.s3.amazonaws.com/MICS4/Eastern%20and%20Southern%20Africa/Somalia%20%28Northeast%20Zone%29/2011/Final/Somalia%20%28Northeast%20Zone%29%202011%20MICS\\_English.pdf](https://mics-surveys-prod.s3.amazonaws.com/MICS4/Eastern%20and%20Southern%20Africa/Somalia%20%28Northeast%20Zone%29/2011/Final/Somalia%20%28Northeast%20Zone%29%202011%20MICS_English.pdf).

**'SL-MICS 2011'** refers to:

UNICEF Somalia and Somaliland Ministry of Planning and National Development (2014) *Somaliland Multiple Indicator Cluster Survey 2011, Final Report*. Nairobi, Kenya: UNICEF, Somalia and Somaliland Ministry of Planning and National Development, Somaliland. Available at [https://mics-surveys-prod.s3.amazonaws.com/MICS4/Eastern%20and%20Southern%20Africa/Somalia%20%28Somaliland%29/2011/Final/Somalia%20%28Somaliland%29%202011%20MICS\\_English.pdf](https://mics-surveys-prod.s3.amazonaws.com/MICS4/Eastern%20and%20Southern%20Africa/Somalia%20%28Somaliland%29/2011/Final/Somalia%20%28Somaliland%29%202011%20MICS_English.pdf).



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