28 TOO MANY
FGM...
let's end it.

FGM IN SOMALILAND: KEY FINDINGS

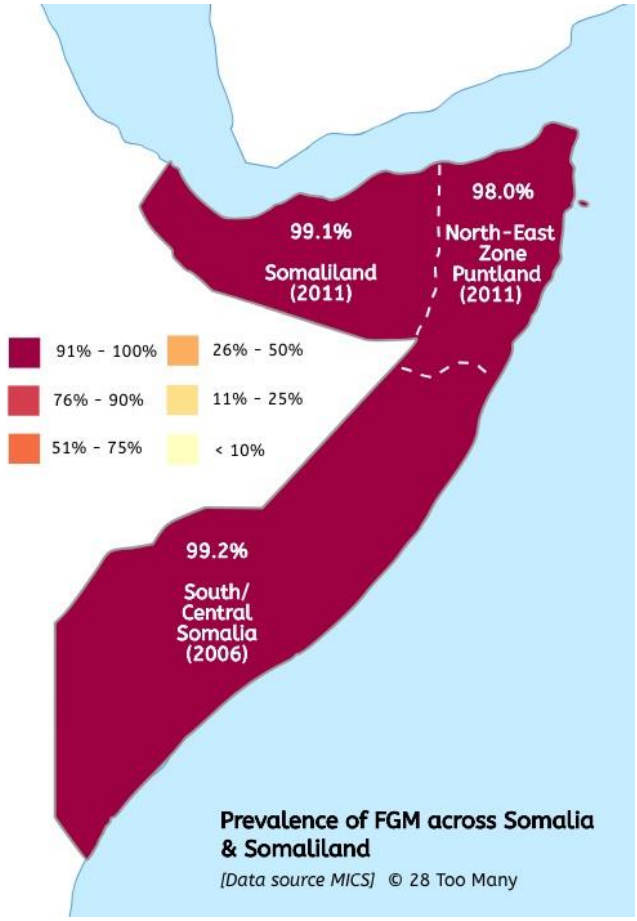
March 2019

The prevalence of FGM among women aged 15–49 in Somaliland is 99.1% – 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 (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 was published alongside one on Somaliland. The 2011 data is comparable with the data from the equivalent zones in the 2006 report.



As for any dataset but particularly for Somaliland, 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 Somalia** document is also available at **https://www.28toomany.org/country/somalia/**.

FGM Prevalence

Refer to Country Profile pages 57–62.

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

Based on MICS surveys, Somaliland is classified as a 'very high prevalence country', having an FGM prevalence of 99.1% among women aged 15–49.

From the available data, FGM prevalence appears to have increased in Somaliland since 2006; more data collection would be required to confirm this.

FGM prevalence is largely consistent across all regions and age cohorts, 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). Women and daughters in richer wealth quintiles are less likely to undergo FGM.[1]

Age & FGM Types

Refer to Country Profile pages 62–71.

The **average age of cutting** in Somaliland is between the ages of 10 and 14.[2] 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 Somaliland 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 Somaliland, 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.[3]

In 2006, 91.6% of women who had been cut had undergone Type III (Pharaonic) FGM, but by 2011 this figure had dropped to 84.9%. 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 also suggests that the greater women's **levels of education and wealth**, the lower the percentage of those who have had Type III FGM.[4]

Practitioners of FGM

Refer to Country Profile pages 63–65.

FGM is mostly performed by traditional cutters in Somaliland, 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.

For detailed information about the medicalisation of FGM, please see 28 Too Many's report, which is available at **https://www.28toomany.org/thematic/medicalisation/**.

Why

Refer to Country Profile pages 79–81.

FGM is mainly practised in Somaliland 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'.[5]

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 40–43.

Somaliland has committed to comply with many of the **international human-rights conventions and treaties** related to the practice of FGM. These conventions place 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. Somaliland has not yet signed the Convention on the Elimination of All forms of Discrimination Against Women (1979) (*CEDAW*).

The Constitution of the Republic of Somaliland 2000[6] does not specifically refer to FGM, but protects **equality** under Article 8, and Article 36 sets out the rights of women:

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 national legislation in Somaliland that expressly criminalises and punishes the practice or procurement of FGM.

The 1964 Somali Penal Code, Law No. 05/1962[7] (the Penal Code) was adopted by Somaliland and makes it a criminal offence to cause '**hurt'** to another that results in physical or mental illness.

In February 2018, the Ministry of Religious Affairs in Somaliland issued a ***fatwa*** (an Islamic law ruling) banning the most severe type of FGM, Type III (Infibulation).

There is, however, no evidence of the Penal Code or the *fatwa* being used to prosecute perpetrators of FGM in Somaliland.

28 Too Many understands that a new anti-FGM bill has been drafted in Somaliland, which will criminalise and punish the practice of FGM. The bill has now entered the consultation stage with the Ministry of Social Affairs, and the challenge moving forward is to ensure it is comprehensive and bans all types of FGM, including those labelled 'sunna'.

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

Understanding and Attitudes

Refer to Country Profile pages 79–86.

FGM has always been a **taboo** subject in Somalia and Somaliland; 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.

99.8% of women in Somaliland have heard of FGM, making **knowledge** of it almost universal.[8]

The last available dataset, which is *for the whole of Somalia and Somaliland* (S-MICS 2006),[9] 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.

In Somaliland, 28.9% of women who had heard of FGM believed that it should be continued.

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.[10]

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.[11]

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 Somaliland.

Terms such as 'abandonment' and 'FGM' are often understood to refer only to Type III or Pharaonic FGM (infibulation) in Somaliland, 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.

> *When I first started speaking out against FGM, many people in my community were critical, but things are changing. More people are speaking out against FGM in Somaliland.*
>
> *~ Doctor Mariam Dahir, Chair of the Youth Anti-FGM Network in Hargeisa, Somaliland*[12]

Work to end FGM

The leading **government department** responsible for gender issues, including work to end FGM in Somaliland, is the Ministry of Labour and Social Affairs (*MOLSA*). The Ministries of Health, of Justice and of Religion also have responsibility. The Government has highlighted the challenge of ending FGM in several national documents in recent years. As of 2016, however, the Government of Somaliland did yet not have an agreed national policy or strategy in place to end FGM.

The Government is generally supportive of the wide range of organisations working to end FGM in the region and has increasingly worked to tackle the issue in partnership with both large, international non-government organisations and smaller, community-based groups. There are also several important human-rights and **anti-FGM networks** operating across the region, including the NAFIS and Nagaad Networks in Somaliland.

Progress is being made in Somaliland 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 and organisations (such as the Somaliland Family Health Association) have shared experience with 28 Too Many about their work with government representatives, religious leaders and men to break down the myths surrounding FGM, especially the ongoing belief that 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 Somaliland. 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 key **influencers** in Somaliland – including through training religious leaders on their responsibility to change social norms and promoting their role in the advocacy process. They are then empowered to explain to the wider community the religious teachings against gender-based violence and FGM from the perspective of Islamic principles. Many NGOs and community organisations are also providing advocacy and training to health workers, school teachers and universities, too (including dissemination of anti-FGM messages through the use of sports and 'child rights clubs' for parents and students).

The development of **youth networks,** as young activists increasingly bring discussion around sensitive topics like FGM into the public domain, combined with the use of different types of

media are also proving essential in the work to end the practice in Somaliland. While radio is an effective way to reach isolated rural communities with anti-FGM messages, in urban areas, particularly among young people, social media is on the rise and showing great potential for future campaigning and discussion.

Key **health and support services** for FGM survivors are provided in Somaliland through facilities such as the Edna Adan Hospital in Hargeisa and support centres set up by individual and NGO networks (such as the NAFIS Network).

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 Somaliland moving forward.

What challenges remain for Somaliland 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
- Continuing to involve 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 widespread and ongoing 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 Somaliland.

1 SL-MICS 2011, pp.100–101.
2 SL-MICS 2011, pp.100–101.
3 SL-MICS 2011, p.100.
4 SL-MICS 2011, p.100.
5 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.
6 *Constitution of the Republic of Somaliland 2000* (2001) Available at http://www.somalilandlaw.com/Somaliland_Constitution_Text_only_Eng_IJSLL.pdf.
7 *Penal Code: Legislative Decree No. 5 of 16 December 1962* (1962) Available at http://www.somalilandlaw.com/Penal_Code_English.pdf.
8 SL-MICS 2011, p.100.
9 S-MICS 2006, p.138.
10 - S-MICS 2006, p138.
- SL-MICS 2011, p.102.
11 Katy Newell-Jones (2018) *Empowering Communities to Collectively Abandon FGM/C in Somaliland*, p.13, ActionAid.
12 Mariam Dahir cited in Lousie Lap (undated) 'Want to End FGM in Africa? Pay Attention To These Young Africans', *Bright*, 29 January. Available at https://brightthemag.com/want-to-end-fgm-in-africa-pay-attention-to-these-young-africans-gender-human-rights-womens-health-1b82ada51258.

***Cover*:** Free Wind 2014 (2010) *ARGEISA, SOMALIA - JANUARY 12, 2010:Unidentified Somalis in the streets of the city of Hargeysa. City in Somalia, capital of unrecognized state of Somaliland. Much of the population lives in poverty.*. Shutterstock ID 184760276.

'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**.

'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**

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