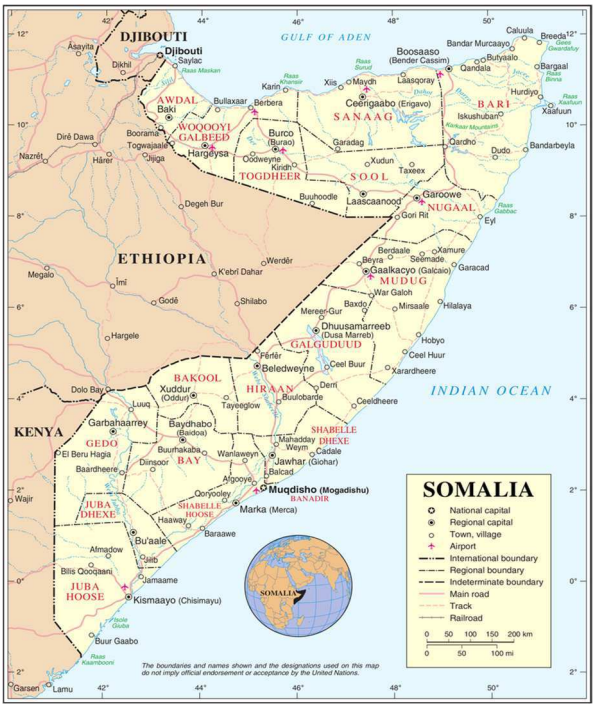
Somalia

Female Genital Mutilation (FGM)



Ministry of Immigration and Integration

The Danish Immigration Service

newtodenmark.dk

This brief report is not, and does not purport to be, a detailed or comprehensive survey of all aspects of the issues addressed. It should thus be weighed against other country of origin information available on the topic.

The brief report at hand does not include any policy recommendations. The information does not necessarily reflect the opinion of the Danish Immigration Service.

Furthermore, this brief report is not conclusive as to the determination or merit of any particular claim to refugee status or asylum. Terminology used should not be regarded as indicative of a particular legal position.

The Danish Immigration Service
Farimagsvej 51A
4700 Næstved
Denmark

Phone: +45 35 36 66 00
newtodenmark.dk

February 2021

Map: UN Geospatial, Somalia, Map No. 3690 Rev., 10 December 2011, url

Executive summary

Female Genital Mutilation (FGM) is almost universally practiced in Somalia and most sources agree that prevalence only varies little when observing geography and socioeconomic status. The practice is deeply rooted in the Somali culture and tied to notions of morality and ideals of the female body as well as health beliefs. FGM is undertaken as a way of preparing the girl for adult life and marriage.

Girls in Somalia are generally circumcised when they are between 10 and 14 years old, marking a shift from the previous generation where girls were circumcised between the ages of five and nine. However, circumcision of girls above the age of 14 does occur in Somalia.

The two most common types of FGM in Somalia are infibulation and *sunna*. Traditionally, infibulation has been the most common type but in recent years, *sunna* has become increasingly practiced mainly due to its perceived connection to Islam. Women and girls who are infibulated require a re-opening of the vaginal opening, or de-infibulation, before the first wedding night, during pregnancy or during childbirth and in cases of health complications. In some cases, women are re-infibulated for different reasons.

Social structures in Somalia are traditional and collective. Marriage is seen as a social obligation, which is central to the individual's position in society. A girl who is not circumcised is associated with shame and stigma, and this limits her ability to get married. The marriageability of a girl becomes the concern of her family as her reputation affects that of her entire family. The extended family of an uncut girl will pressure the girl and her parents to have her circumcised in order to prevent the stigmatisation and marginalisation of both the girl and her family. These structures make it challenging to evade FGM. There are, however, different attitudes towards FGM depending on geographic location and socioeconomic conditions.

Generally, Somalis do not expect girls returning from the West to have undergone FGM due to its illegal status in western countries. This means that there is extra attention paid to this issue by the surrounding society and this makes it challenging for returnees to evade FGM. Uncut girls returning from the diaspora may be subjected to circumcision or social pressure to undergo circumcision upon return.

There is no national legislation that prohibits FGM in Somalia. In Somaliland and Puntland religious leaders have issued fatwas banning infibulation but the practice still continues.

Within al-Shabaab controlled areas, the prevalence of FGM is as high as 98 %, and the organisation has no official stance on the issue as they regard FGM as a private matter.

Table of contents

Introduction

This brief report is part of a series on Female Genital Mutilation (FGM) in Somalia. So far, the following reports have been published: *South Central Somalia – Female Genital Mutilation/Cutting Country of Origin Information for Use in the Asylum Determination Process* (January 2016)[1] and *FGM/Kvindelig omskæring Baggrund, tal og tendenser* (January 2019).[2] As such, this report seeks to bring forward updated Country of Origin Information (COI) on the prevalence of FGM across Somalia with focus on the cultural and religious reasons behind the phenomenon, the possibility to evade the practice and the situation for Somalis returning from the West regarding FGM.

This report is based on relevant written public sources supplemented with information collected through e-mail and Skype interviews with sources selected based on their expertise on the topics of this report.

Statements from all interviewed sources are used in the report and all statements are referenced. The interviewed sources were briefed about the purpose of the gathered information and informed that their statements would be included in a publicly available report. Minutes were written from each communication. These were forwarded to each source for their approval, giving them the possibility to amend, comment or correct their statements. All sources approved their statements, which can be found in Annex 1.

The sources consulted have used different terminologies on the subject of FGM. Throughout this brief report, the terms *circumcision, FGM, Female Genital Cutting (FGC)* and *cutting* are used interchangeably all referring to the WHO definitions described in Section 1 of this report.

For the sake of reader-friendliness, transparency and accuracy, paragraphs in the minutes of the interviews in Annex 1 have been given consecutive numbers, which are used in the report when referring to the statements of the sources in the footnotes. The Terms of Reference (ToR) are included in Annex 2.

The report has been peer reviewed by the Belgian Office of the Commissioner General for Refugees and Stateless Persons, in accordance with the EASO COI Report Methodology.[3] The research and editing of this report was finalised on 24 February 2021.

Finally, attention should be called to the volatile situation in Somalia which makes reliable data collection challenging. Data collection on the topic of FGM is further complicated as this is a sensitive issue.

Owing to this, the sources consulted also included lived experiences in the statements. Sources were often not able to answer very specific questions, especially regarding FGM in al-Shabaab controlled areas. Furthermore, the consulted sources had no information on the situation of specifically failed asylum seekers but rather on the diaspora returning to Somalia in general.

[1] Denmark, DIS, *Thematic Paper: South Central Somalia – Female Genital Mutilation/Cutting*, January 2016, url
[2] Denmark, DIS, *FGM/Kvindelig omskæring, baggrund, tal og tendenser [Female circumcision, background, figures and trends]*, January 2019, url
[3] EASO, *Country of Origin Information (COI), Report Methodology*, June 2019, url

Abbreviations

COI	Country of Origin Information
DIS	Danish Immigration Service
DRC	Danish Refugee Council
EASO	European Asylum Support Office
FGC	Female Genital Cutting
FGM	Female Genital Mutilation
FGS	Federal Government of Somalia
HEART	Health & Education Advice & Resources
MICS	Multiple Indication Cluster Surveys
NGO	Non-governmental Organisation
SHDS	Somali Health and Demographic Survey
UN	United Nations
UNFPA	United Nations Population Fund Somalia
UNICEF	United Nations Children's Fund
WHO	World Health Organization

1. Defining FGM

The World Health Organization (WHO) defines FGM as all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for reasons that are not medical. Accordingly, WHO has classified FGM into four major types:

- *"Type 1: 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).*
- *Type 2: 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).*
- *Type 3: 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 glans (Type I FGM).*
- *Type 4: This includes all other harmful procedures to the female genitalia for non-medical purpose, e.g. pricking, piecing, incising, scraping and cauterizing the genital area."*[4]

WHO and other UN agencies recognise any type of FGM as a harmful practice and a violation of the human rights of girls and women.[5]

1.1 Types in Somalia

According to the non-governmental organisation (NGO) 28TooMany, it is difficult to record and report on types of FGM practiced in Somalia due to variations in definitions and perceptions.[6]

Generally, there are two types of FGM, which are widely practised in Somalia: Type 3 (commonly referred to as infibulation or *pharaonic* circumcision) and Type 2 (commonly referred to as *sunna* circumcision).[7]

A situation analysis of FGM in Somalia by the Health & Education Advice & Resources Team (HEART)[8] in 2015 stated that there are different perceptions of what FGM entails. According to HEART, the term FGM is interpreted in Somalia to only refer to one type of FGM, which is Type 3 (infibulation*).* Nevertheless, in all regions in Somalia the term *sunna* can refer to Type 1, 2 or 3.[9]

Elise Johansen, a Norwegian based researcher consulted by DIS in January 2021, advised that the term *pharaonic* is generally equivalent to type 3 or infibulation, while *sunna* circumcision is a general term that

[4] WHO, *Female genital mutilation, Key facts*, 3 February 2020, url
[5] UN, *Ending Female Genital Mutilation by 2030*, January 2021, url; WHO, *Eliminating female genital mutilation – an interagency statement – OHCHR, USAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO*, 2008, url, p. 8
[6] 28TooMany, *FGM in Somalia Key Findings*, March 2019, url, p. 3
[7] Sweden, Lifos, *Somalia – Kvinnlig könsstympning, (version 1.1) [Female Genital Mutilation]*, 27 August 2019, url, p. 5; 28TooMany, *FGM in Somalia Key Findings*, March 2019, url, p. 3
[8] HEART is a consortium, which consists of a number of organisations working with international development and supporting the use of evidence and expert advice in policymaking. HEART, *About HEART*, 2020, url
[9] HEART, *Situation analysis of FGM/C stakeholders and interventions in Somalia*, November 2015, url, p. 4; Sweden, Lifos, *Somalia – Kvinnlig könsstympning, (version 1.1) [Female Genital Mutilation]*, 27 August 2019, url

describes any type of FGM, from type 1 to 4, including type 3 or infibulation.[10] A source from UNFPA Somalia noted that many Somalis do not perceive the *sunna* circumcision as FGM.[11]

According to Lifos (2019), many communities in Somalia define infibulation *(pharaonic*) as composed of three subtypes in which the mildest form of infibulation is equivalent to the worst form of *sunna*. The *sunna* circumcision is divided into subcategories, namely "big *sunna*" (*sunna kabir)* and "small *sunna*" (*sunna saghir*). The term *sunna* literally means "tradition" in Arabic and is linked to the actions of the Prophet Muhammed. As a result, many Somalis regard the *sunna* circumcision as a religious obligation.[12]

2. Prevalence and trends

According to the recently published data by the Somali Health and Demographic Survey (SHDS) (2020),[13] the overall prevalence of FGM in Somalia remains among the highest in the world – 99.2 % of all women aged 15-49 have undergone FGM.[14]

Infibulation is traditionally the most common form of FGM in Somalia. According to the Multiple Indication Cluster Surveys (MICS) reports published in 2006, infibulation was overwhelmingly the most common type of FGM self-reported by women. 79.3 % of women were infibulated and 15.2 % underwent *sunna* circumcision.[15]

According to the SHDS (2020), 64.2 % of the respondents said that they underwent infibulation. In addition, the survey illustrates that 12.3 % of women reported to have undergone the intermediate type, while 21.6 % have undergone *sunna*.[16]

With reference to the SHDS (2020), consulted sources mentioned that the support for infibulation has declined in recent years, while the support for *sunna* is reported to be increasing.[17] Elise Johansen argued that this recent rise is linked to the increased justification of FGM through religion with *sunna* circumcision as an Islamic concept. She further stated that *sunna* circumcision is widely considered harmless and therefore not understood as counter to Islamic teachings.[18] Another source stated that religious leaders advocate for the *sunna* type and, as a result, many Somalis opt for this type of FGM, subsequently becoming resistant to abandoning the practice of genital mutilation.[19] Similarly, a report by the United States' Department of State (2019) noted that many women in Somalia are seemingly undertaking the less invasive of type of FGM.[20]

[10] Elise Johansen: 5
[11] Maternal and Reproductive Health Specialist, UNFPA: 63
[12] Sweden, Lifos, *Somalia – Kvinnlig könsstympning, (version 1.1) [Female Genital Mutilation]*, 27 August 2019, url, pp. 13-14; Asmani et al., *De-linking Female Genital Mutilation/Cutting from Islam*, 2008, url, pp. 2-3
[13] The Demographic and Health Surveys (DHS) are comparable nationally representative household surveys on health and demography. FGS – DNS, *The Somali Health and Demographic Survey 2020,* April 2020, url
[14] FGS – DNS, *The Somali Health and Demographic Survey 2020*, April 2020, url, p. 213, table 10.2
[15] MICS, *Somali MICS/PAPFAM 2006 Tables from final report*, 2006, url, p. 68
[16] FGS – DNS, *The Somali Health and Demographic Survey 2020*, April 2020, url, p. 213, table 10.2
[17] Anonymous source: 81; Maternal and Reproductive Health Specialist, UNFPA: 55
[18] Elise Johansen: 7
[19] Anonymous source: 86
[20] USDOS, *Country Report on Human Rights Practices 2019 – Somalia*, 11 March 2020, url

2.1 Attitudes towards FGM

In the assessment of the attitude towards FGM, the SHDS asked women whether the practice should stop or continue. While 76.4 % of women believe that FGM should continue, 18.9 % believe that the practice should end. According to the survey, the percentage of women who wish to uphold the practice is almost similar among women in urban areas (70.3 %) and in rural areas (76.3 %), and highest among nomadic women (83.2 %).[21]

Furthermore, the SHDS assesses the correlation between wealth and women's attitude towards FGM. According to the survey, there is a correlation between the opinion of FGM and wealth. The majority of women (81.1 %) from the poorest households wish the practice to continue, compared to 64.2 % of women from households with the highest income.[22] Regarding the level of education and support of FGM, the survey shows that 78.3 % of women with no education believe that circumcision of women should continue, while 43.7 % of women with higher education[23] than secondary school wish that the practice should stop.[24]

2.2 Geography

According to Lifos (2019), the geographical distribution of FGM do not differ between the regions in Somalia.[25]

The correlation between place of residence and prevalence of FGM is outlined in the SHDS (2020). The survey covers all of Somalia's 18 pre-war geographical regions. According to the SHDS, 98.8 % of women in urban areas have undergone FGM, while 99.3 % of women in rural areas and 99.7 % of women in nomadic areas have undergone circumcision.[26] Furthermore, the SHDS assesses the prevalence of type of FGM in relation to the place of residence. Most women aged 15-49 in urban (63.2 %), rural (64.9 %) and nomadic (62.3 %) areas underwent the most invasive type of female circumcision (Type 3). Similarly, more than 20 % of women in the same geographical distributions have undergone the *sunna* type (Type 2). [27] Hence, according to the figures, there are no regional differences in the prevalence of FGM and the distribution of type of FGM practiced in Somalia.

A gender adviser to the Government of Somalia[28] interviewed by the Danish Refugee Council (DRC) in September 2020 stated to have no knowledge of geographical differences in the protection against FGM in Somalia.[29]

---

[21] FGS – DNS, *The Somali Health and Demographic Survey 2020*, April 2020, url, pp. 215, 223, table 10.5
[22] FGS – DNS, *The Somali Health and Demographic Survey 2020*, April 2020, url, pp. 215, 223, table 10.5
[23] While more than 40 % of the women with a higher education than secondary school who were asked about their attitude toward the continuation of FGM believed the practice should be stopped, only a very small proportion of women in Somalia have this level of educational attainment. According to the SHDS, 47.8 % of all women in Somalia are without any education, 5.4 % have some secondary education and 3.9 % have higher education than secondary school. FGS – DNS, *The Somali Health and Demographic Survey 2020*, April 2020, url, p. 24, figure 2.3
[24] FGS – DNS, *The Somali Health and Demographic Survey 2020*, April 2020 url, pp. 215, 223, table 10.5
[25] Seden, Lifos, *Somalia – Kvinnlig könsstympning (version 1.1) [Female Genital Mutilation]*, 27 August 2019, url, p. 21
[26] FGS – DNS, *The Somali Health and Demographic Survey 2020*, April 2020 url, p. 220, table 10.2
[27] FGS – DNS, *The Somali Health and Demographic Survey 2020*, April 2020, url, pp. 212, 220, table 10.2
[28] Ifrah Foundation, *About Ifrah Foundation*, February 2020, url
[29] DRC, *Somalia, Udbredelsen af kvindelig omskæring (FGM) i Somalia [Prevalence of female genital mutilation (FGM) in Somalia]*, December 2020, url, p.12

In an email interview, UNICEF Somalia noted that there are a few communities in Somalia, residing in parts of lower Shabelle and some districts in the Banadir-region, who do not practice FGM at all or perform the less invasive type.[30]

2.3 Age

In the SHDS (2020), women were asked, among other questions, the age at which FGM was performed. Similarly, mothers with daughters were asked when their daughters underwent FGM.[31] Figures compiled by the survey show that the age pattern reported for daughters differs from that of their mothers. The majority of mothers underwent female circumcision at ages five to nine years and, in contrast, the daughters were circumcised at an older age ranging from 10 to 14.[32]

All the consulted sources each referred to the SHDS (2020) regarding the question of when FGM is performed on girls in Somalia.[33] A source stated that, based on personal observations and understanding of the tradition of early marriage in Somalia where many are married at the age of 12 or 13, the circumcision may take place prior to the marriage. The belief is that circumcision should be performed on girls before they enter adolescence and have their menstruation.[34]

Elise Johansen noted that female circumcision is usually performed on girls between ages four to nine. The age can vary depending on the context. Furthermore, the source had heard of cases of three-year-old girls being circumcised prior to emigration, as families were aware of the legal restrictions on FGM in European countries.[35]

According to the SHDS (2020), mothers reported the prevalence of FGM among girls aged 10-14 was 74.1 % in urban areas, 74.7 % in rural areas and 79.2 % in nomadic areas.[36]

In the case of the Somali diaspora,[37] two sources advised that regarding the question of when the circumcision would take place, it becomes less about the age of the girl and more about when it is practically possible. Somali girls undergo circumcision as preparation for marriage. Hence, girls from the diaspora are sometimes older than 14 years when the circumcision is performed, as FGM is illegal in Western countries.[38]

[30] Representative of UNICEF: 70
[31] FGS – DNS, *The Somali Health and Demographic Survey 2020*, April 2020, url, p. 212
[32] FGS – DNS, *The Somali Health and Demographic Survey 2020*, April 2020, url, p. 215
[33] Representative of UNICEF: 64; Maternal and Reproductive Health Specialist, UNFPA: 38-39; Anonymous source: 81
[34] Maternal and Reproductive Health Specialist, UNFPA: 38
[35] Elise Johansen: 13
[36] FGS – DNS, *The Somali Health and Demographic Survey 2020*, April 2020, url, pp. 215, 222, table 10.4; Representative of UNICEF: 64
[37] The consulted sources had no specific information on the situation of failed asylum seekers returning to Somalia.
[38] Elise Johansen: 14; Anonymous source: 83

2.4 Socio-economic conditions

According to the SHDS (2020), there is little difference in prevalence of FGM amongst women from households with high-income (98.6 %) compared to women from low-income households (99.3 %).[39]

Regarding education, 99.3 % of women with no education have undergone FGM. The prevalence among women who had completed primary or secondary school is 99.7 % and 97.7 % respectively whereas the prevalence among women with a higher education than secondary school is 96.3 %.[40]

Sources argued that in order to sustain the pressure from society, the family needs to be very resourceful and well-educated. Further, they mentioned that a family as well as the girl, needs to have a resourceful network with a similar attitude towards FGM, because much of the pressure comes from networks.[41] As an example, researcher Elise Johansen informed that, based on anecdotal knowledge, the prevalence of FGM in the Somali community in Eastleigh[42] in Nairobi is about as high as in Somalia[43] due to the fact that the social dynamics that exist here are the same as in Somalia. Whereas in other areas in Nairobi with middle class communities and less concentration of Somalis, the prevalence was less than in Somalia. This is because members of these communities had a more international network, which provided them with a sort of escape route, as many in their network do not practice FGM.[44]

2.5 Religion

Three sources stated that FGM has in recent years gained legitimacy through Islam.[45] According to Landinfo (2015), virtually all Somalis are Sunni Muslims and there is no religious difference between the clans.[46] According to one source, Somali women believe FGM is a religious requirement and that both men and women should undergo circumcision.[47] Three sources stated that religious leaders in Somalia do not oppose the practice and some advocate for the *sunna* circumcision. This development is visible in the increase of the *sunna* circumcision, which many Somalis regard as a religious obligation.[48]

According to the SHDS (2020), 72.0 % of women believe that FGM is a religious requirement. The survey observed a minor variation in women's beliefs by age. 76.4 % of the age group 15-19 believe that FGM is religious requirement, compared to 73.4% of those in age group 45-49. Similarly, minor variations on beliefs around FGM according to the respondent's place of residence were observed. However, there was a notable variation in the attitude towards FGM among women in terms of education: 73.5 % of women with no education believe that it is a religious requirement compared to 44.1 % of those with higher education who hold the same belief. According to the survey, wealth plays a role in shaping women's beliefs about female

[39] FGS – DNS, *The Somali Health and Demographic Survey 2020,* April 2020, url, pp. 220, 223, table 10.5
[40] FGS – DNS, *The Somali Health and Demographic Survey 2020,* April 2020, url, p. 220, table 10.5
[41] Maternal and Reproductive Health Specialist, UNFPA: 23; Representative of UNICEF: 13; Elise Johansen: 22, 24
[42] Eastleigh is a neighbourhood in Nairobi, Kenya. The neighbourhood is almost uniquely inhabited by Somalis, UNHCR, *protracted displacement and remittances: the view from Eastleigh, Nairobi*, August 2007, url, pp. 4-5
[43] Statistically speaking, the overall prevalence of FGM among Somalis in Kenya is 94 %. Population Council, *Evidence to end FGM/C, Tracing change in female genital mutilation/cutting: Shifting norms and practices among communities in Narok and Kisil counties in Kenya*, February 2019, url
[44] Elise Johansen: 24
[45] Elise Johansen: 6-8; Anonymous source: 86; Maternal and Reproductive Health Specialist, UNFPA: 32
[46] Norway, Landinfo, *Temanotat Somalia: Klan og identitet [Somalia: Clan and identity]*, 10 January 2015, url, p. 13
[47] Maternal and Reproductive Health Specialist, UNFPA: 32
[48] Elise Johansen: 6-8; Anonymous source: 86; Maternal and Reproductive Health Specialist, UNFPA: 55

circumcision. 77.3 % of women from poor households believe FGM is a religious requirement compared to 58.8 % of women from the wealthiest households who hold the same belief.[49]

2.6 Clan affiliation

According to Lifos (2019), no information was found on variation of prevalence of FGM between the different clans and/or between clans and minority groups in Somalia.[50]

A UNFPA source informed that FGM is a cultural phenomenon all across Somalia and that the clan structures are a political phenomenon. This implies that there is no difference in the attitudes towards FGM amongst the different clans.[51]

According to the researcher Elise Johansson, minority clans residing at the coastal areas have traditionally practiced a less invasive form of FGM. Nevertheless, the source advised that different terminology concerning FGM is being applied across the county which makes comparisons difficult.[52]

3. De-infibulation and re-infibulation

Women and girls, who have undergone infibulation, have narrowed vaginal opening with only a small opening for urine and menstrual blood to pass. It requires the incision of the scar tissue of the labia to enlarge the vaginal opening before intercourse and/or birth.[53] This procedure is called de-infibulation. According to the study on FGM in Somalia conducted by HEART (2015), de-infibulation occurs in all parts of the country and happens in the following cases:

- Before the first night of marriage
- During pregnancy or during childbirth
- To treat health complications[54]

According to Elise Johansen, the custom in southern Somalia is that the husband opens the girl himself as a sign of his virility. Whereas, in the northern parts of the country it is more common that a midwife or the traditional circumciser de-infibulates the girl prior to the first night of marriage.[55]

Re-infibulation is another procedure, in which the infibulation scar is partially or completely stitched together again after having been de-infibulated, so that the vaginal opening is as narrow as in the original infibulation. Hence, re-infibulation is performed on women who have been infibulated and later de-infibulated.[56]

[49] FGS – DNS, *The Somali Health and Demographic Survey 2020,* April 2020, url, pp. 212-213, 219, table 10.1
[50] Sweden, Lifos, *Somalia – Kvinnlig könsstympning, (version 1.1) [Female Genital Mutilation]*, 27 August 2019, url, p. 24
[51] Maternal and Reproductive Health Specialist, UNFPA: 59
[52] Elise Johansen: 26
[53] UNFPA, *Top 5 things you didn't know about female genital mutilation*, 5 February 2019, url; Gele, A. et al., *Attitudes toward Female Circumcision among Men and Women in Two Districts in Somalia: Is It Time to Rethink Our Eradication Strategy in Somalia?*, April 2013, url
[54] HEART, *Situation analysis of FGM/C stakeholders and interventions in Somalia*, November 2015, url, pp. 75-76
[55] Elise Johansen: 10
[56] Barnawi, N. et al., *Facilitating Birth for Women Who Have Experienced Genital Cutting,* 2015, url, p. 32; HEART, *Situation analysis of FGM/C stakeholders and interventions in Somalia*, November 2015, url

Regarding the prevalence of re-infibulation, a UNFPA source informed that re-infibulation is very common in Somalia and it usually happens after childbirth.[57] An anonymous source advised that there are no figures on the prevalence of re-infibulation in Somalia. However, re-infibulation does happen.[58] According to UNICEF Somalia, the prevalence of re-infibulation is difficult to obtain. In addition, the same source stated that since the majority of women (64 %) who undergo FGM have been infibulated, these women would undergo de-infibulation, especially during childbirth. All deliveries require an inverted circumcision to open the infibulation at childbirth, as the circumcised vaginal opening is too small to allow for the passage of a baby. Hence, in most cases, subsequent repairs are required whereby women undergo re-infibulation.[59]

Other reasons why some women practice re-infibulation is the belief that it will make them virgin again, and this happens when they remarry a husband. Others re-infibulate their daughters if they have been raped in order to protect their dignity of marital status.[60]

According to HEART (2015), many women choose to be re-infibulated, as "(….) the sensation of living with an opened scar, after living so many years with fused labia, feels uncomfortable and abnormal."[61]

A UNFPA source stated that, in most cases the midwife (including traditional birth attendances) convinces the patient that re-infibulation would make them look "neat and beautiful" again to their husbands. Another motivation for re-infibulation is the idea that the procedure would prevent the women's husband from taking another wife. In the case of children and young women who lose their virginity due to either rape or a secret relationship, the decision to re-infibulate is usually made by either the parents or other close relatives. However, the same source informed that this type of cases of re-infibulation are very rare compared to those practiced at childbirth.[62]

The same source explained that usually the midwife or birth attendance carries out the re-infibulation, though this is against the code of ethics and a violation of human rights.[63] Another source informed that the woman giving birth usually requests the midwife to re-infibulate her. If the midwife refuses or do not perform the re-infibulation, the task is carried out by a traditional cutter.[64]

[57] Maternal and Reproductive Health Specialist, UNFPA: 43
[58] Anonymous source: 88
[59] Representative of UNICEF: 67
[60] Representative of UNICEF: 67; Maternal and Reproductive Health Specialist UNFPA: 43-46
[61] HEART, *Situation analysis of FGM/C stakeholders and interventions in Somalia*, November 2015, url, p. 76
[62] Representative of UNICEF: 68
[63] Representative of UNICEF: 69
[64] Maternal and Reproductive Health Specialist, UNFPA: 43-46

4. Evading FGM

FGM in Somalia is a custom, entrenched in Somali society due to economic, cultural, religious and social factors.[65] Because the ritual is imbued with such significance to society, the individual is met with a variety of expectations from the broader family, the clan and others, and this makes it difficult for the parents to shield the individual from undergoing FGM.[66] Available data has over time shown a universal practice of FGM in Somalia, with a 97.9 % prevalence in 2006 and 99.2 % prevalence in the 2020-study from the SHDS.[67]

4.1 FGM as a religious and cultural phenomenon

FGM has been practiced in Somalia for generations as a way of preparing the girl for adult life.68 According to Lifos, FGM is viewed as a tradition that "purifies" young girls.69 As such, FGM is undertaken for a variety of reasons relating to the ideal of the female body, morality and health beliefs.[70] These include the notion that FGM dampens sexual desire, increases morality as well as the belief that FGM helps the girl maintain good health and keeps her clean.[71] Hence, living up to these criteria ensures that the girl is accepted by the surrounding society as she is now being perceived as being a morally proper female, innocent and clean, and this is central to a girl's future and marriageability.[72]

Additionally, it is widely believed that FGM is required by Islam and thus for many, rejecting FGM is the same as disobeying your religion.[73] According to the SHDS, 72 % of the respondents believes that FGM is a religious requirement.[74] For instance, the interviewed Norwegian based researcher Elise Johansen advised that cleanliness is attached to the conduct of the Islamic prayer. Thus, girls who have not undergone circumcision are not considered clean enough to pray or perform other religious activities.[75]

FGM in Somalia has in recent years been increasingly associated with Islam due to the rise in *sunna* cuttings.[76] Elise Johansen argued that this coupling with religion has made some religious scholars reluctant to speak out against FGM due to fear of losing followers.[77]

---

[65] USDOS, *Somalia: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)*, 2001, url; Denmark, DIS, *Thematic Paper, South Central Somalia – Female Genital Mutilation/Cutting Country of Origin Information for Use in the Asylum Determination Process,* January 2016, url, p. 6

[66] Finland, FIS, *Somalia, Fact-finding mission to Mogadishu and Nairobi*, January 2018, url, p. 30; Denmark, DIS, *FGM/Kvindelig omskæring Baggrund, tal og tendenser [Female circumcision, background, figures and trends]*, January 2019, url, p. 8

[67] MICS, *Somali MICS/PAPFAM 2006 Tables from final report*, 2006, url, p. 68; FGS – DNS, *The Somali Health and Demographic Survey 2020,* April 2020, url, p. 220

[68] Sweden, Lifos, *Somalia – Kvinnlig könsstympning (version 1.1) [Female Genital Mutilation],* 27 August 2019, url, p. 16; DRC, *Somalia: Udbredelsen af kvindelig omskæring (FGM) i Somalia [The prevalence of female genital mutilation (FGM) in Somalia]*, December 2020, url, p. 7

[69] Sweden, Lifos, *Somalia – Kvinnlig könsstympning (version 1.1) [Female Genital Mutilation],* 27 August 2019, url, p. 8

[70] Morris, I. R., *Female genital Mutilation: Perspectives, Risks, and Complications*, March 1999, url, p. 15; Elise Johansen: 5

[71] Sweden, Lifos, *Somalia – Kvinnlig könsstympning (version 1.1) [Female Genital Mutilation],* 27 August 2019, url, p. 16;

[72] Sweden, Lifos, *Somalia – Kvinnlig könsstympning (version 1.1) [Female Genital Mutilation],* 27 August 2019, url, p. 16; Maternal and Reproductive Health Specialist, UNFPA: 32; Elise Johansen: 1, 9, 12

[73] Maternal and Reproductive Health Specialist, UNFPA: 1; FGS – DNS, *The Somali Health and Demographic Survey 2020,* April 2020 April 2020, url, p. 213

[74] FGS – DNS, *The Somali Health and Demographic Survey 2020,* April 2020, url, p. 219

[75] Maternal and Reproductive Health Specialist, UNFPA: 33

[76] Elise Johansen: 5; Sweden, Lifos, *Somalia – Kvinnlig könsstympning (version 1.1) [Female Genital Mutilation],* 27 August 2019, url, p. 5

[77] Elise Johansen: 7

4.1.1 Family structure and social commitment

The organisation of family life in Somalia remains traditional. Marriage is not seen as an individual choice but rather as a social commitment.[78] In the Somali tradition, marriage is often set up through negotiations and agreements between families and this means that pressure from the surrounding community to form marriage is strong.[79] As a girl who has not undergone FGM is associated with shame and stigma, this matter becomes an issue for the family and even the broader clan.[80]

Owing to this, many women defend FGM by arguing that it will improve their daughter's chance of getting married and thus fulfilling their social obligations to their community as well as being accepted by her surroundings.[81] In a survey conducted in Puntland in 2018, 55 % of the women stated that they had undergone FGM due to social pressure.[82]

4.2 Role of the parents in evading FGM

There is no uniform perception of the decision-making process in a family regarding whether a girl should undergo FGM among the interviewed sources. Some sources stated that the father has the final say, while others argue that it is mainly the mother.[83] The UNFPA maternal and reproductive health specialist pointed out that grandparents' attitude towards FGM also affects the decision.[84]

According to the Finnish Migration Service, it is the mother who is able to make the decision not to cut the girl. It is, however, very difficult to withstand the pressure from the surrounding network without the support of the father.[85] The UNFPA maternal and reproductive health specialist shares this point of view and adds that it is hard to go against the will of a father, as head of the household, in Somali culture.[86] He further advised that evading FGM is ultimately about commitment from both parents and the willingness to withstand the pressure for a long time.[87]

The interviewed Norwegian based researcher Elise Johansen argued that there is no standard answer to this question because it will vary depending on the family, age difference of parents, their personality and their position in society as well as their views on FGM.[88]

Researcher Elise Johansen and a report by DRC (2020) stated that even if both parents are committed to sustain the pressure, the girl still risks being cut. Other family members can have the girl cut despite her

[78] Norway, Landinfo, *Somalia: Ekteskap og skilsmisse [Somalia: Marriage and divorce],* 14 June 2018, url, p. 6
[79] Nuune, R., *Forced Marriage a Way of Life in Somali Culture – Families Claim Forced Marriages Give Girls Better Lives,* 28 May 2011, url
[80] Sweden, Lifos, *Somalia – Kvinnlig könsstympning (version 1.1) [Female Genital Mutilation],* 27 August 2019, url, p. 24
[81] Elise Johansen: 22; Sweden, Lifos, *Somalia – Kvinnlig könsstympning (version 1.1) [Female Genital Mutilation],* 27 August 2019, url, p. 16
[82] PMPICDS, *Women and Men – Facts and Figures 2018, Puntland State of Somalia*, 2018, url, p. 72
[83] Sweden, Lifos, *Somalia – Kvinnlig könsstympning (version 1.1) [Female Genital Mutilation],* 27 August 2019, url, pp. 24-25; Finland,
FIS, *Somalia: Fact-finding mission to Mogadishu and Nairobi*, January 2018, url, p. 30; DRC, *Somalia: Udbredelsen af kvindelig omskæring (FGM) i Somalia [The prevalence of female genital mutilation (FGM) in Somalia]*, December 2020, url, p. 7
[84] Maternal and Reproductive Health Specialist, UNFPA: 34
[85] Finland, FIS, *Somalia: Fact-finding mission to Mogadishu and Nairobi*, January 2018, url, p. 30
[86] Maternal and Reproductive Health Specialist, UNFPA: 56
[87] Maternal and Reproductive Health Specialist, UNFPA: 43
[88] Elise Johansen: 17

parents being against it. This is done in order to relieve the girl of shame and it is often done out of love and concern for the girl[89] but also because an uncut girl affects the reputation of the entire family.[90]

In a similar vein, the UNFPA maternal and reproductive health specialist source explained that his own mother had told him that she might have his daughter cut against his will because FGM is so important to her.[91] He further expanded on this arguing that, to his knowledge, it is primarily the grandmothers who seek to preserve the tradition. Thus, they are often exercising the most pressure to ensure that FGM is undertaken.[92] They will often go against the will of the parents and have the granddaughter cut.[93]

This source also argued that he has only so far been able to sustain the pressure from his family because of his specialist position/profile as health expert with intricate knowledge of the physical harm caused by FGM. He believed that other resourceful persons or families in Somalia without such expert knowledge would not be able to sustain the pressure.[94]

In this relation, several sources argued that in order to sustain the pressure from society, the family needs to be resourceful and well educated. Furthermore, the family as well as the girl, needs to have a resourceful network with a similar attitude towards FGM because much of the pressure comes from that network.[95]

4.3 Consequences of evading FGM

As mentioned above, girls who have not undergone FGM run the risk of being marginalised by the surrounding society, because they are perceived as being unclean and immoral.[96] Relatives and members of the clan will keep on exerting pressure on both the girl and her parents to undergo FGM in order to relieve them of the stigma. Information about a girl not being cut will spread to relatives, members of the clan and even schoolmates and the girl risks being labelled as a shameful person.[97]

Moreover, as noted above, being stigmatised or labelled as a shameful person will impede the girl's ability to get married, which further marginalises her.[98] Somalis depend on their social network for security and protection, responsibilities and rights, as well as economic support and this leaves marginalised Somalis who have been excluded from their network in a vulnerable position.[99]

Information on whether a girl has undergone FGM is common knowledge in the local community.[100] Elise Johansen argued that this is partly due to family and settlement structure where relatives live close to one another. In addition, groups of girls in the same neighbourhood and family are often cut together and spend much time together during the healing, which takes about six weeks. Due to the pain caused by the cutting,

[89] DRC, *Somalia: Udbredelsen af kvindelig omskæring (FGM) i Somalia [The prevalence of female genital mutilation (FGM) in Somalia]*, December 2020, url, p. 8; Elise Johansen: 18
[90] Sweden, Lifos, *Somalia – Kvinnlig könsstympning (version 1.1) [Female Genital Mutilation],* 27August 2019, url, pp. 5-6
[91] Maternal and Reproductive Health Specialist, UNFPA: 43
[92] Maternal and Reproductive Health Specialist, UNFPA: 33
[93] Maternal and Reproductive Health Specialist, UNFPA: 34
[94] Maternal and Reproductive Health Specialist, UNFPA: 55
[95] Maternal and Reproductive Health Specialist, UNFPA: 55; Representative of UNICEF: 76; Elise Johansen: 22, 24
[96] Maternal and Reproductive Health Specialist, UNFPA: 32; Elise Johansen: 9
[97] Finland, FIS, *Somalia, Fact-finding mission to Mogadishu and Nairobi*, January 2018, url, p. 30; Sweden, Lifos, *Somalia – Kvinnlig könsstympning (version 1.1) [Female Genital Mutilation],* 27 August 2019, url, p. 24
[98] Finland, FIS, *Somalia, Fact-finding mission to Mogadishu and Nairobi*, January 2018, url, p. 30; Sweden, Lifos, *Somalia – Kvinnlig könsstympning (version 1.1) [Female Genital Mutilation],* 27 August 2019, url, p. 24
[99] Denmark, DIS, *South and Central Somalia: Security Situation, forced recruitment, and conditions for returnees*, July 2020, url, p. 16
[100] Finland, FIS, *Somalia: Fact-finding mission to Mogadishu and Nairobi*, January 2018, url, p. 30; Elise Johansen: 9

their new status is observable, and after undergoing FGM, girls are able to socialise with older and already circumcised girls.[101]

According to Lifos (2019), in the end, this pressure might lead the girl herself to wish to undergo FGM in order to put an end to the harassment and abuse and to be accepted by her surroundings.[102]

5. Women and girls returning from the West

It should be noted that none of the consulted sources has worked systematically with women or girls returning to Somalia from the West in relation to FGM. On this subject, the sources did not provide information on the situation faced by specifically failed asylum seekers returning to Somalia, but rather on the diaspora returning to Somalia in general.

According to two of the consulted sources, Somalis living in Somalia are well aware that FGM is illegal in many western countries and therefore girls living in the diaspora are not expected to have undergone FGM in the West.[103]

Consequently, the family and wider network in Somalia are likely to bring up this topic when the family returns because they assume that returning girls are not cut.[104]

Furthermore, because FGM is such a profound procedure, it can alter a girl's physical appearance and behaviour such as difficultly walking, sitting or standing and spending longer time in the bathroom due to difficulties urinating.[105] Hence, if there is a suspicion among family members or network that a returning girl has not been cut, people will sometimes observe her behaviour by for example listening to her urinating in the bathroom, because this indicates how narrow she is sown together.[106]

Additionally, there is a belief among some Somalis that people returning from the West need to undergo cultural rehabilitation (*Dhaqan Celis)* because they have lost their Somali culture. For women this can include FGM. As a result, this concept further increases the attention as to whether the returning girl is cut.[107]

The belief among some local Somalis that people returning from the diaspora have lost their Somali culture also makes it harder for the returnees to change the attitude of their families regarding FGM. This is because it is perceived as a cultural practice and returnees are expected to undergo *Dhaqan Celis*.[108]

[101] Elise Johansen: 9; Finland, FIS, *Somalia: Fact-finding mission to Mogadishu and Nairobi*, January 2018, url, p. 30
[102] Sweden, Lifos, *Somalia – Kvinnlig könsstympning (version 1.1) [Female Genital Mutilation],* 27 August 2019, url, p. 24; Elise Johansen: 22
[103] Elise Johansen: 14; Maternal and Reproductive Health Specialist, UNFPA: 49
[104] Maternal and Reproductive Health Specialist, UNFPA: 49
[105] Representative of UNICEF: 75
[106] Elise Johansen: 29
[107] DRC, *Somalia: Udbredelsen af kvindelig omskæring (FGM) i Somalia [The prevalence of female genital mutilation (FGM) in Somalia]*, December 2020, url, p. 15; Elise Johansen: 15
[108] DRC, *Somalia: Udbredelsen af kvindelig omskæring (FGM) i Somalia [The prevalence of female genital mutilation (FGM) in Somalia]*, December 2020, url, p. 16

If a returning girl is indeed exposed as not being cut, she will be treated no different than if she had lived all her life in Somalia.[109] This means that she will face condemnation and social pressure from her family and network and that she risks being stigmatised and labelled as an outcast.[110]

6. Legal framework and actors of protection

Somalia's provisional constitution describes FGM as being cruel and degrading and likens the practice to torture,[111] but there is no national legislation in place that provides a clear definition of the phenomenon nor criminalises the performance of FGM.[112] Despite the intentions articulated in the provisional constitution, the capacity of the state apparatus in Somalia is very limited and this means that Somalis rely on their clan for protection.[113]

The UNFPA maternal and reproductive health specialist argued that the lack of a legal framework has weakened the Federal Government of Somalia's (FGS) ability to change the perception of the public as there are no consequences for the people upholding the tradition.[114]

None of the consulted sources knew of any protection or support measures by neither NGOs nor clan authorities for people that fear FGM.[115] The UNFPA maternal and reproductive health specialist argued that such measures could in theory be problematic in a clan-based society because the girls usually are underage when they would need the protection.[116]

According to two sources, the religious leaders are divided when it comes to the topic of FGM.[117] As mentioned above, fatwas against FGM have been issued in Somaliland and Puntland but the increased perceived connection between FGM and Islam makes it difficult for the religious leaders to speak out against the practice. None of the sources consulted knew of any support measures or initiatives promoted by Islamic scholars.[118]

According to the consulted source from UNFPA, this means that the girl ultimately must rely on her immediate family for protection.[119]

[109] Maternal and Reproductive Health Specialist, UNFPA: 51
[110] Anonymous source: 89; Maternal and Reproductive Health Specialist, UNFPA: 51
[111] USDOS, *Somalia 2019 Human Rights Report*, March 2020, url
[112] 28TooMany, *Somalia: The Law and FGM*, July 2018, url, p. 2
[113] Norway, Landinfo, *Somalia: Klan, familie, migrasjon og bistand ved (re)etablering [Somalia: Clan, family, migration and support when (re)establishing]*, 25 June 2020, url, pp. 2-8
[114] Maternal and Reproductive Health Specialist, UNFPA: 61
[115] DRC, *Somalia: Udbredelsen af kvindelig omskæring (FGM) i Somalia [The prevalence of female genital mutilation (FGM) in Somalia]*, December 2020, url, p. 20; Maternal and Reproductive Health Specialist, UNFPA: 62
[116] Maternal and Reproductive Health Specialist, UNFPA: 62
[117] Maternal and Reproductive Health Specialist, UNFPA: 1; Elise Johansen: 6-8
[118] Maternal and Reproductive Health Specialist, UNFPA: 31; Elise Johansen: 8
[119] Maternal and Reproductive Health Specialist, UNFPA: 62

7. Al-Shabaab and FGM

According to sources, accessing credible data from within al-Shabaab controlled territory can pose a challenge.[120] As a result, there is conflicting information regarding FGM in al-Shabaab controlled areas as well as their stance on the issue.

According to Lifos, the prevalence of FGM in al-Shabaab controlled areas is supposedly as high as 98 %.[121]

The UNFPA maternal and reproductive health specialist argued that al-Shabaab has no official stance on FGM. The Islamic scholars associated with the organisation neither encourage nor discourage FGM and they view the practice as a private rather than a religious matter.[122] This means that families with al-Shabaab members face the same issues of peer pressure from their family or network because they cannot rely on the organisation for support.[123]

This view was echoed by the interviewed representative of UNICEF Somalia, who added that al-Shabaab is not a homogenous entity.[124] The organisation has shown a willingness to manipulate religious beliefs to suit its hegemonic intentions. To the extent that the subjugation of women is aligned with the operational, strategic objectives of the organisation, they would support acts that subordinate women or girls.[125]

On the other hand, Lifos argues that infibulation is banned by al-Shabaab, whereas *sunna* is accepted.[126] Along these lines, one anonymous source consulted by DIS argued that the organisation encourages *sunna*.[127]

Because al-Shabaab operates largely in rural areas where pastoralist and nomadic communities reside, the prevalence of FGM is likely high in these areas, according to the representative of UNICEF Somalia.[128]

According to the same source, it is impossible for al-Shabaab to issue a fatwa against FGM as there is no mufti[129] within the organisation.[130]

[120] Sweden, Lifos, *Somalia – Kvinnlig könsstympning (version 1.1) [Female Genital Mutilation],* 27 August 2019, url, p. 8; Maternal and Reproductive Health Specialist, UNFPA: 9; Anonymous source: 87
[121] Sweden, Lifos, *Somalia – Kvinnlig könsstympning (version 1.1) [Female Genital Mutilation],* 27 August 2019, url, p. 22
[122] Maternal and Reproductive Health Specialist, UNFPA: 40-41
[123] Maternal and Reproductive Health Specialist, UNFPA: 42
[124] Representative of UNICEF: 65
[125] Representative of UNICEF: 65
[126] Sweden, Lifos, *Somalia – Kvinnlig könsstympning (version 1.1) [Female Genital Mutilation],* 27 August 2019, url, p. 23
[127] Anonymous source: 87
[128] Representative of UNICEF: 65
[129] According to Oxford Islamic Studies online a mufti is a 'Jurist capable of giving, upon request, an authoritative although nonbinding opinion (fatwa) on a point of Islamic law. These opinions are generally based on precedent and compiled in legal reference manuals. […] In some contexts, muftis are appointed by the state and serve on advisory councils.' Oxford Islamic Studies Online, *Mufti,* n.d., url
[130] Representative of UNICEF: 66

Bibliography

Oral Sources

Anonymous source, Nairobi, Kenya, 22 January 2021

Maternal and Reproductive Health Specialist, UNFPA – United Nations Population Fund Somalia, 17 January 2021

R. Elise B. Johansen, PhD in Medicinal Anthropology, Norwegian Centre for Violence and Traumatic Stress Studies, 21 January 2021

Representative of UNICEF – United Nations International Children's Fund, Somalia, 24 November 2020

Written Sources

Asmani et al., *De-linking Female Genital Mutilation/Cutting from Islam*, 2008, https://www.unfpa.org/sites/default/files/pub-pdf/De-linking%20FGM%20from%20Islam%20final%20report.pdf**,** accessed 2 February 2021

28TooMany, *Somalia, The Law and FGM*, July 2018, https://www.28toomany.org/static/media/uploads/Law%20Reports/somalia_law_report_(july_2018).pdf, accessed 2 February 2021

28TooMany, *Country Profile, FGM in Somalia and Somaliland*, March 2019, https://www.28toomany.org/static/media/uploads/Country%20Research%20and%20Resources/SomaliaSomaliland/country_profile_somalia_and_somaliland_v1_(march_2019).pdf, accessed 2 February 2021

28TooMany, *FGM in Somalia Key Findings*, March 2019, https://www.28toomany.org/static/media/uploads/Country%20Research%20and%20Resources/SomaliaSomaliland/somalia_country_profile_key_findings_v1_(march_2019).pdf, accessed 8 February 2021

Barnawi, N. et al., *Canadian Journal of Midwifery Research*, *"Facilitating Birth for Women Who Have Experienced Genital Cutting"*, 2015, https://www.cjmrp.com/files/facilitating-women-with-history-of-genital-cutting.pdf, accessed 8 February 2021

Denmark, DIS (Danish Immigration Service), *Thematic Paper: South Central Somalia – Female Genital Mutilation/Cutting Country of Origin Information for Use in the Asylum Determination Process,* January 2016, http://evida.inkit.local/EvidaDocuments/FGMnotat2016.pdf, accessed 2 January 2021

Denmark, DIS (Danish Immigration Service), *FGM/Kvindelig omskæring Baggrund, tal og tendenser [Female circumcision, background, figures and trends],* January 2019, https://nyidanmark.dk/-/media/Files/US/Landenotater/COI_notat_FGM_januar_2019.pdf?la=da&hash=650C9C09B9894DE6BA558202C8922D5A78EAF55A, accessed 22 January 2021

Denmark, DIS (Danish Immigration Service), *South and Central Somalia: Security Situation, forced recruitment, and conditions for returnees,* July 2020, https://nyidanmark.dk/-/media/Files/US/Landenotater/South-and-Central-Somalia--Security-Situation-Forced-Recruitment-and-

Conditions-for-Returnees.pdf?la=da&hash=40C768AC5F2EF82AC0DD7158B3D9CFD28DBE9615, accessed 2 February 2021

DRC (Danish Refugee Council), *Somalia: Udbredelsen af kvindelig omskæring (FGM) i Somalia [The prevalence of female genital mutilation (FGM) in Somalia]*, December 2020, https://drc.ngo/media/eq4paf0y/drc-temarapport-somalia_fgm_dec2020.pdf, accessed 19 January 2021

FGS – DNS (Federal Government of Somalia – Directorate of National Statistics), *the Somali Health and Demographic Survey*, April 2020, https://somalia.unfpa.org/sites/default/files/pub-pdf/FINAL%20SHDS%20Report%202020_V7_0.pdf, accessed 20 January 2021

Finland, FIS (Finnish Immigration Service), *Somalia: Fact-finding mission to Mogadishu and Nairobi*, January 2018, https://migri.fi/documents/5202425/5914056/Somalia_Fact_Finding+Mission+to+Mogadishu+and+Nairobi+January+2018.pdf/2abe79e2-baf3-0a23-97d1-f6944b6d21a7/Somalia_Fact_Finding+Mission+to+Mogadishu+and+Nairobi+January+2018.pdf.pdf, accessed 2 February 2021

Gele, A. et al., *Attitudes toward Female Circumcision among Men and Women in Two Districts in Somalia: Is It Time to Rethink Our Eradication Strategy in Somalia?*, April 2013, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3654358/, accessed 8 February 2021

HEART (Health & Education Advice & Resource Team), *Situation analysis of FGM/C stakeholders and interventions in Somalia*, November 2015, www.heart-resources.org/wp-content/uploads/2015/11/Situational-analysis-if-FGM-stakholders-and-interventions-somalia-UN.pdf, accessed 8 February 2021

Ifrah Foundation, *About Ifrah Foundation*, February 2020, https://www.ifrahfoundation.org/about accessed 1. February 2021

Norway, Landinfo, *Somalia: Ekteskap og skilsmisse [Somalia: Marriage and divorce],* 14 June 2018, https://landinfo.no/wp-content/uploads/2018/06/Somalia-temanotat-Ekteskap-og-skilsmisse-13062018.pdf, accessed 25 January 2021

Norway, Landinfo, *Somalia: Klan, familie, migrasjon og bistand ved (re)etablering [Somalia: Clan, family, migration and support when (re)establishing]*, 25 June 2020, https://landinfo.no/wp-content/uploads/2020/06/Respons-Somalia-Klan-familie-migrasjon-og-bistand-ved-reetablering-25062020.pdf, accessed 19 January 2021

Norway, Landinfo*, Temanotat Somalia: Klan og identitet [Somalia: Clan and identity]*, 10 January 2015, https://landinfo.no/wp-content/uploads/2018/03/Somalia-temanotat-Klan-og-identitet-01102015.pdf, accessed 8 February 2021

Sweden, Lifos, *Somalia – Kvinnlig könsstympning (version 1.1) [Female Genital Mutilation],* 27 August 2019, https://lifos.migrationsverket.se/dokument?documentSummaryId=43493, accessed 2 February 2021

MICS (Multiple Indicator Cluster Surveys), *Somali MICS/PAPFAM 2006 Tables from final report*, 2006, file:///C:/Users/B039095/Downloads/Final_Tables.pdf, accessed 8 February 2021

Morris, I. R., *Female genital Mutilation: Perspectives, Risks, and Complications*, Urologic Nursing, vol. 19, no. 1, March 1999, https://www.suna.org/sites/default/files/download/members/unjarticles/1999/99mar/13.pdf, accessed 18 January 2021

Nuune, R., *Forced Marriage a Way of Life in Somali Culture – Families Claim Forced Marriages Give Girls Better Lives,* 28 May 2011, https://piracyreport.com/index.php/post/778/Forced_Marriage_A_Way_of_Life_in_Somali_Cultur, 25 January 2021

Oxford Islamic Studies Online, *Mufti*, n.d., *http://www.oxfordislamicstudies.com/article/opr/t125/e1572*, accessed 20 January 2021

Population Council, *Evidence to end FGM/C, Tracing change in female genital mutilation/cutting: Shifting norms and practices among communities in Narok and Kisil counties in Kenya*, February 2019, https://knowledgecommons.popcouncil.org/cgi/viewcontent.cgi?article=1569&context=departments_sbsr-rh accessed 1.February 2021

PMPICDS (Puntland Ministry of Planning and International Cooperation Department of Statistics), *Women and Men – Facts and Figures 2018, Puntland State of Somalia,* 2018, http://pl.statistics.so/wp-content/uploads/2018/10/Gender-Puntland-booklet-fa.pdf, accessed 20 January 2021

Reuters, *Somaliland issues fatwa banning female genital mutilation,* 7 February 2018, https://www.reuters.com/article/us-somalia-fgm-fatwa-idUSKBN1FR2RA, accessed 20 January 2021

UN (United Nations), *International Day of Zero Tolerance for Female Genital Mutilation Ending Female Genital Mutilation by 2030*, January 2021, https://www.un.org/en/observances/female-genital-mutilation-day, accessed 8 February 2021

UNFPA (United National Population Fund), *Top 5 things you didn't know about female genital mutilation*, 5 February 2019, https://www.unfpa.org/news/top-5-things-you-didnt-know-about-female-genital-mutilation, accessed 8 February 2021

UNHCR (United Nations High Commissioner for Refugees)*, protracted displacement and remittances: the view from Eastleigh, Nairobi*, August 2007, https://www.unhcr.org/research/working/46ea519d2/protracted-displacement-remittances-view-eastleigh-nairobi-anna-lindley.html accessed 1 February 2021

UNHCR (United Nations High Commissioner for Refugees), *Report of the Independent Expert on the situation of human rights in Somalia*, 6 September 2017, https://reliefweb.int/sites/reliefweb.int/files/resources/A_HRC_36_62.pdf, accessed 1 February 2021

USDOS (United States Department of State), *Somalia: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)*, 2001, https://2001-2009.state.gov/g/wi/rls/rep/crfgm/10109.htm, accessed 2 February 2021

UDSOS (US Department of State), *Somalia 2019 Human Rights Report*, March 2020, https://www.state.gov/reports/2019-country-reports-on-human-rights-practices/somalia/, accessed 19 January 2021

WHO (World Health Organization), *Eliminating female genital mutilation – an interagency statement – OHCHR, USAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO*, 2008, https://apps.who.int/iris/bitstream/handle/10665/43839/9789241596442_eng.pdf;jsessionid=D4E0AA2B6B7874BA8A6BB340808C3F6A?sequence=1, accessed 8 February 2021

WHO (World Health Organization), *Female genital mutilation, Key facts*, 3 February 2020, https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation, accessed 8 February 2021

Annex 1: Meeting Minutes

R. Elise B. Johansen, PhD in Medicinal Anthropology

Norwegian Centre for Violence and Traumatic Stress Studies

Skype interview, 21 January 2021

Cultural and religious motives behind Female Genital Mutilation (FGM)

1. With reference to the recently published Somali Health and Demographic Survey (SHDS) 2020, the source was asked about the cultural and social reasons as to why FGM sees is so widespread in Somali society. The source underlined that she has not worked on the ground in Somalia, but that she works with Somali migrants in Norway and keeps up with the academic literature on this topic.
2. The source stated that the answer to why FGM is so widespread in Somalia is at least threefold: There is a religious component, a moral-cultural component, and the unstable security situation which makes it very challenging to spread information on FGM and educate the population.
3. The moral-cultural component is closely tied to notions about being a proper female, about virtue, morality and virginity as well as male virility. As such, FGM is also a physical manifestation because the female virginity is created by closing the girl, and this becomes the physical evidence that the girl is morally proper and reasonable person.
4. The educational interventions on FGM in Somalia have mostly focused on reducing the prevalence of type III/pharaonic in favour of sunna circumcision, a type of FGM which is very loosely defined. Part of this desire for change is because these interventions have been centered around the health risks that FGM, particularly pharaonic, poses and have largely ignored the moral-cultural reasons for the practice of FGM.
5. The term pharaonic is generally equivalent to type III or infibulation according to the WHO typology. Sunna circumcision, however, is a general term that describes any type of FGM, from type I to IV, including type III infibulation. In the cases where sunna circumcision is almost equal to infibulation, the main difference would be in the size of the remaining vaginal opening, which is expected to be a bit larger in sunna circumcision than in infibulation (the size of a pencil rather than a match stick).
6. The religious component seems to have changed over time. When the source started working on this issue in 1997, Islamic religion was rarely provided as a motivation for FGM. However, the recent rise in the prevalence of sunna FGM, it has become increasingly linked with religion because sunna is an Islamic concept. This trend is also reflected in the SHDS 2020. When the source was in Somalia in 2003, people were convinced that type III/infibulation was *haram,* according to Islamic belief, but that sunna circumcision was accepted.
7. One of the reasons that type III is viewed ad *haram* is because of the teachings of the health risks it poses. Sunna is widely considered harmless and therefore not understood as counter to Islamic teaching.
8. Writings on FGM in the Hadith and the Quran are subject to various religious interpretations, but to the sources knowledge, it is very few Islamic scholars who have actively spoken out against sunna. Circumcision is neither demanded by Islamic scholars nor rejected. Furthermore, religious leaders in Somalia are dependent on their followers and this could make some reluctant to speak out against FGM due to a fear of losing followers. This increased association with religion makes it harder to change the attitude toward FGM.

9. Regarding infibulation, it is very important to close up the girl so that she cannot have sexual intercourse without this closure being torn or cut open. The closure of infibulation is understood as a culturally constructed hymen that protects and proves virginity, and thus provides the evidence that she is a morally virtuous woman. If a girl has behaved deviantly in any way, other girls can request to see that she is in fact infibulated as proof that she is not immoral. Thus, FGM is not a private matter as it is the physical manifestation of your morality. The tighter the closure, the more proper you are. According to the source, culture of settlement in the Somali society where close relatives and clan members commonly live in the same neighborhood the FGM status of young girls are known. Often, groups of girls in the same neigbourhood and family are circumcised together, and spend much time together during the healing period. During this period, that lasts about 6 weeks or more, their legs are tied together, and when they after about a week may start walking around with a little reduced tying and sticks to keep their balance to go the bathroom, their newly cut status is observable. Girls who are not yet cut are harassed, and after undergoing FGC, girls are able to socialize with older and already circumcised girls. Thus, a girls FGM status is common knowledge. Neither is FGM considered a private matter. Also, when a girl/woman marries, she is expected to be rejected unless she is still infibulated. Moreover, she is expected to walk oddly due to genital pain in the days, weeks and for some months after marriage. Again, her FGM status would be observable. At other times, mothers or other guardians can listen to the sound and length of a girls pee to assess whether she is still infibulated and thus proper.
10. Infibulation is expected to ensure that a girl stays virgin before marriage because penetration is so painful for both parts. In the south of Somalia, it is the custom that the husband is supposed to open the girl himself as a sign of his virility. In the north, it is more common that a midwife or the traditional circumciser (often the same person) opens the girl prior to marriage/at the time of the wedding.
11. The source listed a variety of social and cultural reasons for continuing FGM, including protection of virginity and better marriage prospects. Furthermore, the source stated that if a girl has not undergone FGM, prior to first marriage, the husband is expected to seek divorce or annulment of the marriage. Sex before the first marriage is interpreted as a sign that the girl has no self-control and is not able to say no. This would be interpreted as providing a risk also for extra-marital affairs.
12. Among Somalis in Norway, the source found women who had married non-Somalis, were suspected by other Somalis of having had to do so failing to be virgins/be infibulated.

Age of FGM

13. The source stated that the cutting usually takes place between age four to nine. The age can vary depending on the context, however. The source has heard of cases of three year olds having been cut before the family migrated out of Somalia, because they were aware that FGM is illegal in European countries. Moreover, this can be done as a moral insurance of the girl if the parents view Europe as a place lacking morality.
14. In the case of the Somali diaspora in Europe, the source stated that the question of when the cutting should take place becomes less about the age of the girl and more about when it is possible. After all, the cutting is done to prepare the girl for marriage and sometimes the cutting can take place even at the age of 18 as long as it is before the girl is married.
15. Girls in the European Diaspora can be send to Somalia for cultural rehabilitation (*daqan celis*). Young Somali girls living in Europe feel that there is a big risk of being cut by relatives in Somalia (or neighboring countries such as Kenya, Ethiopia, Djibouti) associated with these rehabilitation visits. This is an under-researched area, and scholars do not yet know the full scope of the risk and extent

of girls from the diaspora being subjected to FGM during longer stays, being left behind temporarily or until adult age or later.

16. There has also been documented cases where girls were cut by parents who did not initially believe in FGM. Nevertheless, because the girls displayed immoral behavior, the parents decided to send the girls Somalia to be cut as a way of correcting their behavior.

Role of relatives

17. Asked whether parents have different roles when trying to shield the girl from the surrounding pressure, the source stated that there is not a standard answer to this. It will vary with the family, age difference of parents and their position. Some informants have told the source that their fathers had managed to argue their relatives from cutting them, others that the mothers had ensured FGM when the fathers were out. In some cases fathers have threatened with divorce to force the not-cutting of their girls, others have said no, but not put any strong pressure behind, others again leave it up to the women to decide, as has been the tradition.
18. The source stated that it is not just the parents who has a say in deciding whether a girl should be cut. Commonly other female family members influence this decision and they can even decide to have the girl cut against her parents' wish. According to the source, this done because they think it is the best for the child. It is done out of care and compassion as they believe it will help the girl to a better, happier life. Girls in Somalia who are not cut experience harassment and abuse.
19. As an example of this, the source mentioned that she talked to Somali NGO-workers during a trip to Somalia in 2003. Here, they all mentioned that they had their girls cut to prevent them from becoming outcasts and to shield them from harassment from the rest of society. Thus, FGM is both about making sure the girls behaves morally, but also to ensure that she finds her way in society.
20. The girls do not decide for themselves. According to the sources own studies, the girls sometimes feel that it is their own decision because they themselves asks to be cut after a long period of harassment from the surrounding society. Social pressure is an extremely important factor in this.
21. In the diaspora, very few infibulated girls want to be de-infibulated before marriage because this is associated with not being a virgin. They are in a limbo, because they do not know what is expected of them from society.

Possibility to resist FGM

22. The source stated that it is very difficult to resist FGM in Somalia. As an example of this, the source referred to a Somali family from Norway who moved to Somalia to work for an NGO. However, they had to move back to Norway after a while, because the girls were subject to so much harassment and abuse from the society because they were not cut that they begged their mothers to undergo FGM. To avoid this, the family moved back to Norway.
23. According to the source, you would need to be a very resourceful, well-educated and a very committed family with a very resourceful network in Somalia and Europe in order to sustain the pressure. Furthermore, the daughters would also need to have similar network.
24. The source found that in a Somali community in Nairobi, the prevalence is about as high as in Somalia due to the social dynamics. In a more middle class community in Nairobi, however, the prevalence was less than in Somalia because this community had a more international network, which provided them with a sort of escape route, as many in their network were not cut.
25. The source advised that the parents often undertake FGM out of necessity, and even if the parents are against it, the girl can be subjected to so much pressure that she asks to be cut herself. This means that even if the parents change their view on FGM, the girl can still go against the parents' wish due

to pressure from society. In this relation, the new religious component plays as crucial role, because it is more difficult to go against.

26. According to the source, minority clans residing at the coastal areas traditionally practiced the lesser/mild form of FGM. Furthermore, the source advised that different terminology of FGM is applied across the county and the traditional cutters are from the Midgan clan, called *goboryoe* in the north. There has been a policy initiative in Somaliland to help with these clans with education and employment, as they often are very poor, as a measure against FGM .
27. There is a gap in the knowledge of the different clans' role in the practice of FGM and how these FGM-related services affects the broader clan or community.
28. The source advised that she has only read a few studies on the conditions for returnees regarding FGM. She has herself worked with Somalis from the diaspora who has gone to Somalia for the holidays or vacation. These tend to stay within diaspora network when they are visiting Somalia, and they are recognized by the Somalis as being different due to their appearances.
29. The source found that Somali girls would sometimes compete with each for being the most proper girl by showing to each other how much they have been closed. To the sources knowledge, however, this is not a common practice in diaspora. There is also a more indirect checking taking place, where others for example would listen to a girl urinate in the bathroom, because this could indicate how narrow they are sown together.
30. Some of the women interviewed by the source stated that they would be very proud as a young girl, if they had a really small opening, whereas others would be ashamed of themselves if they had to be opened up for one reason or another, or if they had a bigger opening than others.
31. Regarding the consequences of rejecting FGM in Somalia, the source advised that to her knowledge, the girl would be harassed by society and that she would risk not getting a proper man. In 2003, the source met a Somali NGO-worker, whose daughter was harassed because she was not cut. The source also spoke to a girl from the diaspora who had been to Somalia on vacation. She was shivering because she was cold, but her surroundings said that she was shivering because of her great sexual urges. This was said in a jokingly manner, but it says a lot about how the Somali society view this issue. It is said that uncut women are running after men due to their sexual cravings.

Maternal and Reproductive Health Specialist, UNFPA – United Nations Population Fund Somalia

Skype Interview, 17 January 2021

General remarks on FGM Somalia

32. With reference to the recently published data by the Somali Health and Demographic Survey (SHDS) 2020, the source was asked about the reasons for why FGM sees such a widespread support in Somali society. Throughout his practice as a medical doctor working on FGM, the source has encountered many people and asked them why they conduct FGM. Women believe that FGM is a religious requirement and that both men and women should undergo circumcision. This without providing arguments from the Quran or the Hadith (religious scripts) to support their beliefs and actions. Furthermore, religious leaders are split in their view of circumcision. As such, it is often believed that FGM is an obligatory requirement. Therefore, the main reason is religion.
33. Moreover, FGM is considered a good practice because it preserves the girl's virginity and prevents her from doing bad things such as sex before marriage or having many sexual relations. Therefore,

FGM is also considered a way of protecting the girl. In summary, the source stated that the belief is that by conducting FGM the girl will maintain her virginity and refrain from sexual activities until marriage. In addition, the source stated that women also believe that FGM brings cleanliness to girls and women. For instance, this cleanliness is attached to the conduct of the Islamic prayer. Thus, girls who have not undergone circumcision are not clean enough to pray or do other religious activities.

34. The cultural practice of FGM is maintained by the grandmothers or the older women in the family and thus not by neither the father nor the mother. Grandmothers consider the practice to be grounded in Somali culture, which should be preserved. The source stated that even if the mother and the father are well-educated, the grandmother would try to overrule their decision. Furthermore, the source stated that he personally finds it difficult to resist the pressure of FGM. He stated that one would struggle to make them understand that you have the right to your children and that FGM should not be done. Grandmothers are assertive and insist on upholding the culture of FGM. They will use enforcements and whatever pressure they have to push into doing FGM.
35. The source gave a personal example to illustrate the pressure that comes with trying to resist FGM. His own daughter is six years old. His own mother and mother-in-law are pushing them to have their daughter circumcised. The pressure began recently as their daughter has reached the age of FGM (5 -10 years). The source stated that it is a constant battle to convince your family – even your extended family - that your daughter is not undergoing FGM.
36. A study conducted in Puntland, showed that over 50 % of the interviewed women stated that they underwent FGM due to pressure from society. When asked about the fear connected with rejecting FGM, the source informed that in the case of his family nothing would happen to him, his daughter or his wife. However, peer pressure from schoolmates and pressure from families does exist. For example, when a girl undergoes FGM and returns to the school, she will tell the other children that she has undergone FGM and that she is now clean and able to pray. The source explained that his daughter experienced peer pressure from her classmates, and they talked about it. The tries to explain to his daughter that she does not need to be cut.
37. In addition, as mentioned previously, there is also the pressure from the family, mainly the older women in the family, who wish to uphold this conservative tradition. The source was not aware of any cases of pressure from the wider society. In this relation, he stated that FGM is most often considered a private matter, which is not discussed with colleagues or persons outside of your family.
38. According to the source, girls undergo FGM during the age of five to ten. After turning ten, girls enter adolescent and some start having their period. The belief is that FGM should be done before girls enter puberty and have their period. Furthermore, early marriages are common in Somalia – girls in the age 12 or 14 get married - and therefore FGM should be done prior to marriage. Girls who undergo FGM are considered mature and clean women who are ready for marriage. Girls who do not undergo circumcision are considered irresponsible, unclean and not ready for marriage.
39. Asked about the data from the SHDS (2020) that indicates that FGM is undertaken when girls are between 10 and 14, the source stated that his statement is based on personal observations and his understanding of the culture of early marriage in Somalia, where many are married in the age 12 or 13. However, the source underlined that information from the SHDS is good for reference, as the survey had access to large data.

FGM in al-Shabaab controlled areas

40. Asked about the prevalence of FGM in al-Shabaab-controlled areas, the source stated that he has limited information about FGM in al-Shabaab controlled areas. However, the source was not of the understanding that FGM is a matter that al-Shabaab is concerned with.

41. Al-Shabaab follow the Salafi branch of Islam and they neither encourage nor discourage FGM. As such, al-Shabaab and the Islamic scholars associated with the organisation have no official position on FGM and they view it as a private matter.
42. Families with al-Shabaab members face the same issues as other families because of the fact that the organisation does not have an official stance on FGM. As with all other families, FGM is matter of relations and if the mother is pushing for FGM, it does not matter whether or not there is an al-Shabaab member in the family.

Re-circumcision/re-infibulation

43. Re-infibulation is very common in Somalia, and it usually happens in relation to delivery. As many women undergo FGM, de-infibulation naturally occurs during delivery. After the delivery, many women often want to be re-infibulated because of the idea that she will stay attractive to her husband and because she believes it will make her more beautiful. The source informed that women from the age of 30 and above are the ones requesting re-infibulation. There is no pressure from society for the women to be re-infibulated because she is already married and no longer a virgin. It is hard to collect solid data on this topic, because of its very private nature.
44. Re-infibulation is usually carried out by midwifes because it is requested by the mothers after the delivery. If the midwifes refuses or does not perform the re-infibulation, the task is carried out by a traditional cutter.
45. Re-infibulation occurs all across Somalia. There is no consequences from society if the women is not re-infibulated as this is an issue between the women and her husband. Oftentimes, women are re-infibulated voluntarily, they believe that re-infibulation is a way to maintain the husband's sexual desire towards them. The source stated that the Somali culture is a conservative one where issues regarding sexual behavior are not talked about openly.
46. Asked whether re-infibulation occurs on occasions other than delivery, the source stated that he has no such knowledge.
47. The source stated that there are no geographical difference when it comes to re-infibulation.

Women and girls returning from Europe and other Western countries

48. Asked if girls who return from Western countries are subject to any physical checks upon return to investigate where they have undergone FGM or not. The source informed that such measures do not exist.
49. People in Somalia know that FGM is illegal in Europe and the US, and this means that there is an expectation that girls in the right age living in the West have not yet been cut. Therefore, other family members will bring up this topic when families return to Somalia from the West.
50. Returning families who want to shield their daughters from FGM do not speak about the topic, and this means that it is very difficult to obtain information on this matter.
51. If the rest of the family manages to find out that the girl returning from the West is in fact not circumcised, there will be no consequences as such. The family will just keep on pushing and pushing for the cutting to be done. She will not be an outcast, but the family will want the tradition to continue.
52. The source stated that he had no knowledge of cases, where an uncut girl was subject to FGM as she returned from a Western country. Because, people who return will hide themselves to avoid the cutting, and this makes it hard to collect data.

Possibility to resist FGM

53. It is very difficult to resist FGM in Somalia and it requires a lot of commitment from both parents. As a personal example, the source stated that his family is under immense pressure from his mother for his daughter to be cut. The source further stated, that his mother has told him that she might have the daughter cut one day while he is away on travel because it is so important to her.
54. Asked if resourceful and well-educated people are in a better position to resist the pressure. The source stated yes, and further explained that he personally is able to resist the pressure of FGM because of his profession as a medical doctor who is able to provide medical explanations as to why FGM is a harmful practice. However, a person with another profession not related to FGM would not have the resources to withstand the pressure.
55. There has been a shift in attitude towards FGM in the last 20 years. Previously, most Somali women had type III or IV performed, but in recent years type I or *sunna* has been increasingly more common.
56. According to the source, the commitment of the father not to have the daughter circumcised is very important in relation resisting FGM. Even a very committed mother can give in to the pressure from the family, but it becomes easier when the father is also committed because most people will not argue with the father.
57. The source stated that when an uncircumcised girl reaches 15, it is no longer the parents who will be pressured, but the girl as she is now viewed as a grown-up who can be her own decisions.
58. There is been a change in the attitude towards FGM amongst the young and well-educated in the bigger cities where FGM I no longer viewed as a necessity in relation to marriage. But it is still viewed as a necessity in the rural parts of Somalia.
59. FGM is a cultural phenomenon all across Somalia, and the clan structures are a political phenomenon. This means that there is no difference in the attitudes towards FGM amongst the different clan. FGM is a Somali culture, not a clan culture.

Legal and institutional framework

60. The change in attitude towards FGM has primarily been brought about by the civil society because of the weak government.
61. There is no legal framework in place and this hampers the government's ability to change the perception in the public because there are no consequences to taking part in this culture at the moment.
62. Neither NGO's nor traditional authorities are able to provide a structure of protection for the girls as it would be seen as wrong to remove an underage girl from her parents. The idea of removing underage girls from their family has the potential to cause conflict between clans. Religious leaders are split on FGM, and to the sources knowledge, there has been no support initiatives from the religious community. Ultimately, it is only the immediate family who has the power to protect the girl from FGM.

Regarding the available data on FGM in Somalia

63. FGM is a chronic condition, but opinions on FGM can be subject to change. This means that a woman who was cut in her youth can change her mind later in life, but she will still be a part of the statistic as being cut. This means that the data on this topic needs to be more nuanced. Many Somalis does not perceive type I/Sunna as being FGM, but it is being listed as such in the statistics. This hides the fact, that there has been a shift in the perception of FGM among Somalis in recent years. Somalis still needs to be educated on FGM because many still do not perceive type I as FGM.

Representative of UNICEF – United Nations International Children's Fund, Somalia

Email interview, November 24. 2020

Epidemiology

64. For ethical reasons, a study of the prevalence of FGM among girls under the age of 14 is not feasible. The best proxy indicator we have for this is the Somali Health and Demographic Survey 2020 (SHDS) where women are asked whether they cut their daughters. The answer to that question is on page 215 of the SHDS. Mothers reported the prevalence of FGM/C among girls aged 10- 14 was 74 percent in urban areas, 75 percent in rural areas and 79 percent in nomadic areas. The age pattern reported for daughters differs from that of their mothers. In fact, the majority of mothers underwent FGM/C at ages 5-9 years and in contrast, the daughters were circumcised at slightly older ages of 10-14.
65. Al-Shabaab (AS) does not have a stated position on FGM one way or the other, and AS is not a homogenous entity. According to most respondents AS do not support nor make any attempt to stop FGM. AS has shown a willingness to manipulate religious beliefs to suit its hegemonic intentions, in the manipulation of zakat through extortion of taxes from impoverished families, the killing of other Muslims, the physical and sexual abuse of women and children and other routine violations of Sharia. To the extent that the subjugation of women is aligned with the operational, strategic objectives of the group, which is primarily the establishment of a state with power consolidated in a group of Wahhabi men, they would support acts that subordinate women or girls. Note that AS operates largely in rural areas where pastoralist and nomadic communities reside, it is likely that FGM is universally practiced in these areas.
66. Note that it is impossible for AS to issue a Fatwa, as there is no Mufti within the organisation as far as we are aware. Thus, a fatwa would be extremely controversial. However, there has been a few stories mentioning that AS discourage the infibulation type of FGM as this is heavily associated with male sexual desire.

Re-circumcision/Re-infibulation

67. A good estimate of the prevalence of re-infibulation is difficult to obtain. However, with 64 % of Somali women having undergone the infibulation type of FGM [Pharaonic, see SDHS]. This type is known to increase maternal and perinatal mortality. All deliveries required an inverted Y incision to open the infibulation at childbirth (because the vaginal opening is too small to allow for the passage of a baby) with subsequent repairs in all cases (known as Re-infibulation procedure in medical terms). This puts the woman at risk if she delivers again and makes sexual relations difficult. And with the fact that Somali women often has multiple births, meaning they could be re-infibulated half a dozen times, these women continue to stitch up again after giving birth for the first 2 – 4 babies. Hereafter, her muscles will allow to have a normal delivery without cut. Another reason some women practice re-infibulation is the belief it will make them virgin again, and this happens when they remarry a new husband. Others re-infibulate their daughters if they are raped to protect her dignity of marital status.

68. In most of cases midwife (including traditional birth attendances) convinces the patient that re-infibulation would make them look "neat and beautiful" again for their husbands. Likewise, there have been multiple cases where the mothers themselves are asking to stitch up again due to several reasons including the fear that her husband would take another wife if she did not keep him happy, a belief that it will make her more clean and hygienic by limiting the path of urine etc. In the case of children and young women who lose their virginity due to either rape or a secret relationship, the

decision to re-infibulate is usually made by either the parents or close relatives. However, this type of cases of re-infibulation are very rare compared to those practiced at childbirth.

69. Usually, the midwife or birth attendances carries out the re-infibulation, though this is against the code of ethics and a violation of human rights. The problem is that community midwives, who do not receive a salary, but are paid by each woman they assist, rely on the money they earn from FGM to boost their income.
70. Re-infibulation is heavily practiced to those who undergone FGM, especially those are infibulated. However, there are a few communities in Somalia, residing in parts of lower Shabelle and some districts in the Banadir region who don't practice FGM at all or perform a mild type. These communities also don't practice the re-infibulation at birth as their women are more safe to in delivery without needing to undergo the de-infibulation procedure.

Young women and girls returning from the West

71. The Somali diaspora has mixed attitudes towards FGM. Some are still attached to their original culture and still applying FGM by bringing their daughter back to Somalia or countries with limited restrictions. However, there are many in the diaspora who decided to discontinue the practice ball together, and even those who apply it perform the mild type of FGM such as type I. There are a couple of country-based qualitative studies (e.g. a qualitative survey on Somalis in Oslo, Norway) on Somalia immigrants' attitudes towards FGM, which have shown a shift towards discontinuation.
72. In fact, the diaspora communities has proven that the practice is associated with culture. Cultural arguments cannot be used to condone violence against people, and culture is not static, but constantly changing and adapting. A behaviour can change when people understand the hazards of certain practices and when they realize that it is possible to give up harmful practices without giving up meaningful aspects of their culture Having said that, a behavioral change programs by the practicing communities has the best chance to successfully and sustainably eliminate this practice. FGM prevention programs also require a behavioral surveillance that monitors the process of change.
73. There have been a few cases reported, where a girl has been subject to FGM during holidays or visits back home. However, the majority of these families are the ones who decided not go back for various reasons.
74. The mothers and grandmothers play vital role in deciding whether a girl should undergo FGM. Other relative also influence the decision, because they compare their daughters. Male family members also influence the decision by creating a social climate within which decision-making about the cutting takes place.
75. When a girl returns to Somalia from another country, the following signs might indicate that the girl have already undergone FGM:

- Difficultly walking, sitting or standing.
- Spending longer than normal in the bathroom or toilet due to difficulties urinating.
- Soreness, infection or unusual presentation noticed by practitioner when changing a nappy or helping with using the bathroom.
- Spending long periods away from the classroom during the day with bladder or menstrual problems.
- Having frequent unusual menstrual problems.
- Prolonged or repeated absence from school or college.
- A prolonged absence from school or college with personal or behaviour changes e.g. withdrawn, depressed.
- Being particularly reluctant to undergo normal medical examinations.

- Asking for help or advice but not being explicit about the procedure due to embarrassment or fear.

Possibility to resist FGM

76. The ability to resist FGM is beyond an individual view, and there is a significant difference in the personal belief and the social norms regarding FGM. (See the social norm change project UNICEF funded in Somalia [using communities care toolkit]). Even those who speak against FGM face both family and public rejections.
77. The major challenge when trying to change people in Somalia's attitude is that people believe it is associated with religion, particularly the Sunnah type. There has been a big shift from infibulation to the Sunnah type in recent years. No religion promotes or condones FGM. Still, more families saw FGM as a religious requirement.
78. And although FGM is often perceived as being connected to Islam, perhaps because it is practiced among many Muslim groups, not all Islamic groups practice FGM, and many non-Islamic groups do, including some Christians, Ethiopian Jews, and followers of certain traditional African religions. FGM is thus a cultural rather than a religious practice. However, the major challenge here is religious leaders are not de-linking this practice form the religion in public.
79. Ones position in society influences their attitude towards FGM. According to the Somali 2020 SHDS, there is a notable variation in the opinion of FGM among women in terms of education—74 percent of women with no education believe that it is a religious requirement, compared with 44 percent of those with higher levels of education who hold the same belief.
80. Wealth status also plays a role in shaping women's beliefs about female circumcision: 77 percent of women from the lowest wealth quintile or poorest households believe female circumcision is a religious requirement, compared to 59 percent from highest wealth quintile or wealthiest households who hold the same beliefs.

Anonymous source Nairobi, Kenya

Telephone interview, 22 January 2021

General remarks on Female Genital Mutilation (FGM) in Somalia

81. Somalia has the highest global prevalence (98 %) of FGM, despite efforts to abandon the practice. With reference to the Somali Health Demographic Survey (2020), the source stated that the support for *Pharaonic* (type III) has declined in recent years, while the *Sunna* (type I) is increasing.
82. According to the source, FGM is often performed on girls in Somalia between the age of 6 and 14. The age of cutting can vary according to place of residence – some girls in rural areas undergo FGM at age of six, and in other areas, it might be different.
83. Asked about the age of cutting in the Somali diaspora, the source informed that it depends on when the cutting is possible. Hence, girls from the diaspora are sometimes older than 14 years, as FGM is illegal in many Western countries.
84. The source informed that the practice of FGM is deeply rooted in the Somali culture. Those who adhere to the practice are more accepted in their communities, while those who do not, will face condemnation, harassment and exclusion from age-mates, neighbors and family. Thus, ensuring that a daughter undergoes FGM is a way to promote integration into her culture. Not undergoing FGM may result in a long-lasting stigma and shame on the girl and her family.

85. FGM is seen as a fundamental part of female identity and as a social obligation. Many boys and men expect to marry a girl who has been circumcised, and girls fear social exclusion and lack of marriage prospects if they do not undergo FGM.
86. Asked if FGM, in recent years, has gained increased legitimacy through the religion (Islam), the source stated that religious leaders advocate for the *Sunna* type, which is perceived as mild. As a result, many Somalis opt for this type, subsequently becoming resistant to abandoning the practice of FGM.

FGM in al-Shabaab controlled areas

87. Asked about the prevalence of FGM in al-Shabaab-controlled areas and the organization's position on FGM, the source stated that she has limited information about FGM in al-Shabaab-controlled areas. The source, however, is of the understanding that al-Shabaab encourages the *Sunna* type.

Re-circumcision/re-infibulation

88. Asked about the prevalence of re-infibulation, the source stated that no figures exist on prevalence of re-infibulation in Somalia. However, re-infibulation does happen.

Women and girls returning from Europe and other Western countries

89. According to the source, returning girls who has not undergone FGM will face condemnation and peer pressure from local girls as well as from aunts/mothers/grandmothers. Eventually, the girls and their families will succumb to the pressure and undergo FGM.
90. Asked about the consequences of refusing FGM, the source informed that girls who do not undergo FGM would not get married.

Annex 2: Terms of Reference (ToR)

Prevalence and trends

- Overall prevalence and general trends
- Types
- Variations (geographic, age, socioeconomic, education, clans)
- The decision-making process
- Motives for FGM

Al-Shabaab controlled areas

- Al-Shabaab's stance on FGM
- Prevalence in al-Shabaab controlled areas

Re-circumcision/re-infibulation

- Prevalence
- Motives for re-infibulation

Possibility to evade FGM

- Cultural and religious background for FGM
- Role of family members (mother, father, grandparents)
- Family vs single parents
- Factors enabling families to evade
- Geographical variations

Women and girls returning from Europe and other Western countries

- Perception of returnees regarding FGM
- Ability to conceal FGM-details from society upon return
- Consequences of being exposed

Legal and institutional framework and actors of protection

- State
- The role of NGOs
- The role of religious and traditional authorities