**ABOUT THIS BRIEFING**

This country briefing provides up-to-date and easy-to-use facts and figures about FGM in Somaliland.

It aims to support activists, campaigners and grassroots organisations with their advocacy, education and awareness-raising work, as well as giving a quick overview of the facts for journalists and international organisations working on the issue. It compliments existing information about FGM in Somaliland; and aims to synthesise and bring key information together into one place.

This briefing is an outcome of The Girl Generation’s desk review and consultation with experts and stakeholders in Somaliland, and brings in the latest research available from other sources. Analysis and recommendations reflect the views of stakeholders in Somaliland, not of The Girl Generation alone.

**WHAT IS FGM?**

Female Genital Mutilation (FGM), also referred to as Female Genital Cutting, comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. FGM is a form of violence against women and girls. In 2012, the UN passed a resolution calling for a global ban on FGM. The international community recently resolved to eliminate FGM as part of the Sustainable Development Goals (SDGs Target 5.3).

**WHO classification of the types of female genital mutilation:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type I</td>
<td>Often referred to as clitoridectomy, this is the partial or total removal of the clitoris and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).</td>
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<tr>
<td>Type II</td>
<td>Often referred to as excision, this is the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva).</td>
</tr>
<tr>
<td>Type III</td>
<td>Often referred to 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 clitoris (clitoridectomy).</td>
</tr>
<tr>
<td>Type IV</td>
<td>This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.</td>
</tr>
</tbody>
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**IN THIS BRIEFING**

- Somaliland at a glance
- FGM Classifications in Somaliland
- FGM in Somaliland – the numbers
- Prevalence of different types of FGM
- Who is performing FGM and why
- National laws and policies
- National framework
- Communication on FGM
- Emerging issues and trends
- Gaps and opportunities

**ABOUT THE GIRL GENERATION: TOGETHER TO END FGM**

The Girl Generation is a communications initiative, providing a global platform for galvanising, catalysing and amplifying the Africa-led movement to end FGM, building on what has already been achieved. We seek to inspire organisations and individuals, especially youth, across the most affected countries in Africa and beyond, to end all forms of FGM in one generation.
Somalia signs the Maputo Protocol referred to as “Protocol to the African Charter on Human and People’s Rights on the Rights of Women in Africa,” however it has not yet been ratified. The protocol calls for the provision of targeted support services and creation of awareness campaigns informing the public on the dangers of FGM and other harmful practices.

First move to introduce legislation on FGM in Somalia – Provisional Constitutional decree is introduced stating that the circumcision of girls is prohibited.

National Gender Action Plan is launched by the Government of Somaliland to facilitate the mainstreaming of women and girls’ needs into all areas of policy.

NEARLY EVERY WOMAN & GIRL HAS UNDERGONE FGM

99.4% PREVALENCE

THE HIGHEST PREVALENCE IN THE WORLD

AVERAGE AGE PERFORMED
8YRS

97% WOMEN & GIRLS BETWEEN 4 & 11 YEARS HAVE UNDERGONE FGM

FGM IS DEEPLY ROOTED IN SOMALILAND CULTURE

PREVALENCE OVER TIME

FGM RATES ARE VERY STABLE, WITH LITTLE EVIDENCE OF ANY REDUCTION IN RECENT YEARS.
FGM in Somaliland: Country Briefing

Reasons Given for Practicing FGM

Who is performing FGM?

Medicalisation is increasing...

5% of all FGM is carried out by a trained health professional.
75% of Somaliland women report suffering long term consequences as a result of FGM.

Prevalence of Type III FGM in Somaliland (2016) by age group:
- Women over 25 years: 96%
- Girls aged 12–14 years: 34%

Prevalence of Types of FGM:
- Type III: 38%
- Type II: 33%
- Type I: 27%
- Uncut: 1%

Type III is the most prevalent form of FGM.

Type III has decreased.

Type I has increased.
WOMEN ARE THE MAIN DECISION-MAKERS ABOUT WHETHER TO CUT THEIR DAUGHTERS.

THIS SHOWS THAT ATTITUDES ARE SHIFTING AWAY FROM UNIVERSAL ACCEPTANCE.

62% MEN

84% WOMEN

EXPECT GIRLS IN THE COMMUNITY TO UNDERGO FGM

62% OF GIRLS & WOMEN (15-49YRS) SAY THEY THINK FGM SHOULD END

33%

BUT LESS THAN 10% OF COMMUNITY MEMBERS SUPPORT THE INTRODUCTION OF LEGISLATION TO BAN FGM

THERE IS NO SPECIFIC LEGISLATION OUTLAWING FGM IN SOMALILAND.
FGM is nearly universal in Somaliland.

It is a deeply rooted social norm - part of the invisible rules that govern the behaviour which is acceptable within a community. A variety of drivers uphold the social norms which maintain the practice of FGM with religion the most common reason given for Type I and marriageability and virginity linked most closely with Types II and III.

**Religion**

Religion is the leading reason given for FGM in Somaliland. Although not required by the Quran, many religious scholars in Somaliland support the “sunna cut” (Type I) as a religious rite.

In general, religious leaders are opposed to Type III FGM; and their influence in their communities has led some families to abandon Type III in favour of the “sunna cut”, believing it to be a more religious and less damaging option.

However, surveys indicate that many in Somaliland only consider Type III to be FGM—indeed, the Somali term for FGM translates as ‘pharaonic circumcision’, limiting the definition and discussion of FGM to Type III only. Sunna is not perceived as FGM; and significantly most religious leaders in Somaliland therefore classify sunna as ‘doing no harm’.

**Marriage and Virginity**

There is a general consensus that women are the main decision-makers about whether a girl is cut as well as the type of FGM which she undergoes. Civil Society Organisation (CSO) research has shown that men are involved in decision-making around FGM in less than 20% of households. This is not to say that men are not exerting influence on the process, as marriageability is a major driving force behind the practice. FGM is accepted as proof of virginity and in Somaliland the requirement that women must be virgins to be considered eligible for marriage perpetuates the practice. FGM is also widely referenced as being a deterrent or protection against rape and sexual advances.

**Why FGM is performed**

**Religion**

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**Child and Human Rights**

Recent interventions and approaches have trended towards a Child and Human Rights’ approach - an approach which focuses on how FGM denies a child’s rights to bodily integrity and health. International interventions, including those led by the UNICEF-UNFPA Joint Programme on FGM/C, have focused on girls’ empowerment, peer education and leadership programmes. UNICEF’s ‘Women to Women’ initiative promotes education for girls, peer to peer learning, and household dialogues on FGM.

**Health & Anti-Medicalisation**

Local NGOs and stakeholders have taken a health and anti-medicalisation approach to ending FGM. ‘Medicalisation’ is a slowly increasing trend in Somaliland; it is when FGM is carried out by health personnel or in a health facility. Anti-medicalisation initiatives are targeting healthcare professionals, including nurses, doctors and regional community health workers, providing them with training on identification and counselling, as well as on preventive health education. Somaliland Nursing and Midwifery Association (SLMNMA) is currently leading on Somaliland’s anti-medicalisation policy development, addressing the 5% rate of institutionalized FGM.

**Youth Leadership**

Youth leadership is at the forefront of efforts to end FGM. There are youth networks in Somaliland which work on ending FGM, as well as other forms of gender-based violence and gender issues. These networks are predominantly based in Hargeisa, but members frequently travel to rural communities to engage with their peers and with community elders. Youth networks are using conversation and informal discussion as a relatable and non-threatening way to educate communities.
There is no legislation outlawing FGM in Somaliland

Its neighbours Somalia and Puntland (a region in northeast Somalia which declared independence in 1998) legislated against it in 2012 and 2014 respectively. High levels of political will to introduce legislation exist - with the issue seen as a progressive and positive cause for politicians to be associated with.

The Ministry of Labour and Social Affairs (MOLSA), the lead government agency with the mandate for coordinating the government’s response to FGM in Somaliland, is in favour of a zero tolerance policy which would ban all types of FGM – including the “sunna cut” (Type I). The Ministry of Religious Affairs (MORA) currently supports the banning of all types of cut except the “sunna cut”, which is believed to be religiously required.

MOLSA convene a monthly FGM/C Working Group which is chaired by the Network Against FGM in Somaliland (NAFIS) – a civil society network with over 20 members. The group also collaborates closely with the UN Joint Programme, made up of UNICEF and UNFPA, taking a human-rights based approach towards ending the practice.

Other key initiatives, policies, and interventions include:

- Gender Policy (2009) identifies FGM/C as a harmful cultural practice – “the most predominant forms of violence against Somaliland women are traditional practices such as female genital mutilation/cutting and virginity checks”.
- National Youth Policy (2010-2015) advocates for ending FGM – “[there is a need to] sensitize public about the eradication of Female Genital Mutilation and advocate for laws prohibiting it fully”.
- The government began drafting the ‘National Policy for the Abandonment of Female Genital Mutilations’ in 2009 – however it is yet to be presented to cabinet.
- The Ministry of Health is drafting anti-medicalisation policy in Somaliland, as well as providing training and support to health professionals dealing with medical complications of FGM.

National Framework

A number of government institutions have directly or indirectly contributed to the campaign to end FGM in Somaliland

The Ministry of Labour and Social Affairs (MOLSA) – the main government body for addressing FGM in the country

The Ministry of Heath, Ministry of Education and Ministry of Religious Affairs are all critical for the implementation of policies on FGM. The Ministry of Health, for example, is leading training for health practitioners on treating health complications of FGM.

The UN agencies supporting the abandonment of FGM are the UNFPA, UNICEF and the World Health Organization. The UNICEF-UNFPA Joint Programme on FGM/C is operating in Somaliland.

NAFIS Network is the umbrella for more than 20 CSOs and NGOs working to end FGM in Somaliland

Somaliland Nursing and Midwifery Association (SLNMA): lead anti-medicalisation policy development unit, with critical advocacy to government around policies and laws from a health risk perspective.

Edna Adan University Hospital – research studies on prevalence by age/type/location

Somaliland Family Health Association - provides education and awareness about FGM and other harmful cultural practices through community health engagement.
Media coverage of FGM in Somaliland is limited.

Organisations are increasingly engaging with the media during events and during the opening and closing of workshops. However, in Somaliland, FGM is currently perceived as being “NGO business”, rather than a community or societal issue – therefore the media is reluctant to cover FGM-related stories without payment. In some ways this perception is self-perpetuated, as NGO-sponsored media pieces are typically accompanied by the NGO’s logo.

The media provides an opportunity for framing FGM as an issue for all Somalilanders. UNFPA co-funded a five-year programme, Well Women Media Project, which disseminated messages on FGM and other health issues through the BBC Somali service. Health Poverty Action launched a similar programme on the Somali station, Radio Sahan, which included investigative journalism pieces on challenges facing women in Somalia, Somaliland and Puntland.

FGM IS PERCEIVED AS NGO BUSINESS RATHER THAN A COMMUNITY OR SOCIETAL ISSUE.

Media Sensitisation

Media sensitisation is a key opportunity for engagement in Somaliland. FGM communication in Somaliland mainly occurs in meetings and events, and typically covers a narrow focus on medicalisation and religious leader’s involvement. Training for journalists in how to report on FGM, and indeed on how to understand FGM as a community and societal issue, is essential to improve media engagement.

The NAFIS network is also active in supplying the media with FGM-related information and stories to use in their coverage – they publish frequent press releases on their website and follow up with media houses. nafisnetwork.net/2017/index.php/publications

Emerging Issues & Trends

SUBSTITUTION OF TYPE III FOR THE "SUNNA CUT"

One of the most divisive issues in Somaliland relating to FGM is the debate around the “sunna cut”. Some argue that stakeholders should be pushing for zero tolerance and complete abandonment, whilst others say that supporting the move from Type III cutting (most prevalent in Somaliland) to a lesser form of FGM is a more achievable goal. Some activists see this as the only realistic end point, however other stakeholders describe sunna as a milestone on the path to total abandonment. The trend in Somaliland to date has not been towards abandonment, but to the substitution of Type III for Type I. The Girl Generation is committed to ending all forms of FGM.

SOMALILANDERS TALKING TO SOMALILANDERS

An emerging trend in Somaliland is a clear preference for Somalilander-led initiatives and a general mistrust and rejection of Western-led campaigns and influences. The call is for ‘Somalilanders talking to Somalilanders’, making it essential for INGOs and the UN bodies to partner with local organisations and leaders to ensure that the messages are owned and disseminated by Somalilander initiatives in order to have traction with the community. Relating to this is a call from local stakeholders and activists to allow change to occur at its own pace, and to be dictated by Somalilanders.
GAPS AND OPPORTUNITIES

There is a severe lack of data on FGM in Somaliland – both in terms of the actual prevalence of the different types of FGM, as well as evidence on what interventions have and have not worked over the years. The most significant gaps in existing knowledge and data are arguably around people’s understanding of cutting as a tradition and a social norm, such as why they cut, why they believe they are cut, and what is expected of them by their religious leaders and peers.

Most information to date has been gleaned from small scale assessments and surveys which are often limited in scope and geographic area – and can be discredited or contested due to political sensitivities in the regions.

The Orchid Project, together with Action Aid, has made significant strides in piecing together the picture of FGM in Somaliland. Their 2016 report, “Empowering communities to collectively abandon FGM/C” is one of the most comprehensive studies of FGM in Somaliland ever conducted. ANPPCAN, the Edna Adan University Hospital, and NAFIS have all conducted small yet very meaningful research studies that add to the body of knowledge on FGM in Somalia and Somaliland. Even these studies have grey areas and gaps, however.

Significantly for a country in which religion is the leading reason given for the continuation of the practice, there is little evidence of religious-oriented approaches to ending FGM. It is well understood by communities that in general religious leaders oppose Type III – however 92% of religious leaders support and encourage the “sunna cut” (Type I). We can draw links between this support and with the falling rates of Type III and corresponding increasing rate of sunna (Type I). With the level of influence that religious leaders in Somaliland hold, and with only 16% supporting a zero tolerance/abandonment approach, engagement with religious leaders presents an opportunity for influencing social change.

REFERENCES

HOW TO GET INVOLVED

BECOME A MEMBER AT

www.thegirlgeneration.org

FOLLOW UPDATES ON SOCIAL MEDIA

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