A Hidden Majority:
The public health crisis of Female Genital Mutilation in Somalia

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What is FGM/C?

Female Genital Mutilation or Cutting (FGM/C) is a cultural practice defined by the World Health Organisation (WHO) as the “partial or total removal of external female genitalia, or other injury to the female genital organs” (2020). Figure 1 illustrates the different types of FGM/C.

![Diagram of different types of FGM/C](image)

**Figure 1:** Diagram of the different types of FGM/C (UK Says No More, 2020)

There are no medical benefits to FGM/C and the list of potential complications is extensive. Haemorrhage, infection, and even death have been reported due to the procedure and the long-term impacts include urinary, sexual, and obstetric difficulties, in addition to severe psychological trauma (WHO, 2020).

After decades of campaigning by global actors, the worldwide prevalence of FGM/C has decreased, but there are still over 200 million women who have experienced circumcision and suffer its consequences (UNICEF, 2021). Somalia, a country which has experienced civil war, environmental disaster, and economic collapse, has the highest prevalence of FGM/C worldwide (BBC, 2018)(Federal Government of Somalia, 2020, pp. 212-218). Despite efforts to eradicate this harmful practice, further culturally sensitive yet effective interventions are required to improve the sexual and reproductive health of Somali women (UNICEF, 2016).

What is the status of FGM/C in Somalia?

According to the 2020 *Somali Health and Demographic Survey* (SHDS), 99% of women aged 15-49 have undergone some form of FGM/C, an increase of 1.1% from 2006 (Federal
Government of Somalia, 2020) (UNICEF, 2006). 71% of women were 5-9 years old when they were cut, a shocking statistic indicating that the majority of women do not and cannot consent to the cutting process (Federal Government of Somalia, 2020). Fortunately, the national prevalence of the most severe type of FGM/C (type 3) has decreased by 16% over the past 14 years, suggesting a recent preference for different types of circumcision (ibid.). The SHDS revealed that the second most prevalent type of FGM/C was the ‘Sunna’ type, which is medically less severe than infibulation and involves removal of the clitoral prepuce (ibid.) (Abathun, et al., 2016).

Recent data from the autonomous region of Somaliland found that older women almost exclusively perform FGM/C, often matriarchs of the family or traditional circumcisers (Government of Somaliland, 2020). Demographic surveys from the region also suggest an increased medicalisation of the practice, with traditional birth attendants and midwives being the most likely to perform FGM/C in a medical setting (ibid.). These results only reflect the experiences of less than a fifth of the national female population (ibid.) (Federal Government of Somalia, 2020). However, the trends are supported by the current literature and potentially represent the overall national picture (UNICEF, 2021).

What has been done to address FGM/C in Somalia?
Strategies have been implemented to combat the epidemic of FGM/C in Somalia, but these measures have found varying levels of success (28 Too Many, 2018). FGM/C is strictly prohibited by the Federal Republic of Somalia under Article 15(2), which has been adopted by five of the seven national regions (ibid.). Despite statements from the Human Rights Minister suggesting upcoming nationwide regulations against the practice, unified national legislation criminalising FGM/C in medical and non-medical settings has yet to be designed or executed (Goobjoog News, 2015).

As the 2020 SHDS revealed that over 72% of women believe female circumcision to be a requirement of their faith, religious leaders from the states of Puntland and Somaliland have issued Islamic decrees or ‘fatwas’ banning the practice of Type 3 FGM/C (Federal Government of Somalia, 2020)(28 Too Many, 2018). In January 2020, Somaliland’s Minister of Religious Affairs created a committee of nine clerics dedicated to “dealing with the issue of FGM…in line with Islamic law” (28 Too Many, 2018) (Somaliland Sun, 2020). Despite these efforts, the fatwas have not been implemented since their inception and there are doubts concerning the motivation of the committee, as there are many key figures who still regard FGM/C as a religious tradition rather than an obscene attack on women’s rights (Ali, 2020).
What are the challenges to addressing FGM/C in Somalia?

One of the most difficult challenges in eradicating FGM/C is the perceptions surrounding the practice. Unfortunately, female circumcision is ingrained into the culture of Somalia (Kartal & Yazici, 2021). Uncircumcised women are viewed as ‘unclean’, ‘promiscuous’ and ‘undesirable’ candidates for marriage, and these women may even face discrimination and abuse from others in their community, causing pressure to conform to tradition (Landinfo, 2008).

A 2018 study investigated Somali women’s attitudes towards FGM/C, using a sample of 356 participants (Adigüzel, et al.). Although 52% of women were circumcised, 91% wanted to stop the practice, suggesting a changing cultural landscape among women in Somalia (ibid.). However, these results contradict the reported attitudes of Somali women in other qualitative studies and the 2020 SHDS, which included a much larger sample size and could be considered to have more representative data (Abathun, et al., 2016) (Federal Government of Somalia, 2020). The majority of women in the study by Adigüzel et al. were young, with an average age of 28.76 (SD = 8.77) (2018). However, as established by Somaliland demographic surveys, the decision for a girl to be circumcised is most often made by the matriarch of the household (Federal Government of Somalia, 2020). These older women may still be in favour of continuing the practice, and as they are usually responsible for its initiation, the views of younger women are disregarded (ibid.). This shows that it is key to address not just young but older women when campaigning to end FGM/C (ibid.). These deep-rooted beliefs demonstrate that any attempts to shift social norms must target Somali men and women of all ages.

Finally, Somalia has faced financial hardship for decades and only thirty years ago, the country was classified as a failed state (Fergusson, 2013). Since then, Somalia has focussed on improving its financial indicators whilst health care funding has been somewhat neglected. This is reflected by Somalia’s 2021 Budget Strategy Paper, where only 1.67% of the budget was allocated to the Ministry of Health, a far cry from the 15% target cited in the Abuja Declaration of 2001 (Federal Government of Somalia: Ministry of Finance, 2020) (WHO, 2011). Due to insufficient health care funding, medical staff in Somalia lack adequate training and incentivisation to appropriately support women affected by FGM/C, compelling some health care workers to perform medicalised FGM/C themselves for additional profit (UNFPA, 2020). A cross-sectional study of 20 medical professionals in Somaliland found that most participants had never received any formal training on how to recognise FGM/C and manage its complications (Yussuf, et al., 2020). Staff also cited insufficient protection for women affected by FGM/C at the institutional level, and a lack of funding for facilities (ibid.). The small
sample size of this study could compromise the accuracy and reliability of the results (ibid.). However, there is a dearth of research surrounding Somali healthcare workers’ experience with FGM/C, and this study provides needed insight to the perceptions and concerns of these healthcare workers.

**What needs to be done?**

Somalia needs robust national legislation banning all forms of FGM/C, and it must clearly define all types of the practice. Other African countries with a high prevalence of FGM/C have successfully passed legislation prohibiting circumcision. Sudan, a similarly traditional Islamic nation, can be used as an example, as their national prevalence of FGM/C is 86.6% (UNICEF, 2021). In April 2020, Sudan amended Article 141 of the Criminal Act to penalise anyone found to be practicing FGM/C, with up to 3 years imprisonment (Abbas, 2020). Sudan, like Somalia, is divided into states and before the 2020 amendment, each state had their own laws concerning female circumcision (28 Too Many, 2021). The improvement in Sudan's anti-FGM legislation suggests that through effective social activism and political pressure, even conflicting regions can be united in achieving anti-FGM reform.

Increased investment into the health sector would also lead to several benefits. Firstly, it would allow health care workers to secure a sufficient and stable income, counteracting the financial incentive to perform FGM/C, especially in the economic context of the COVID-19 pandemic (UNFPA, 2020). Secondly, staff could be correctly trained and supported to treat women with FGM/C. A three-day training programme for nurses and midwives in Kenya found that participants’ ability to recognise, treat and counsel women with FGM/C improved from an average of 64.8% to 96.2% (p<0.05) (Kimani, et al., 2018). It is particularly encouraging that such positive results were noted after a short-term intervention, and the effects of current long-term projects delivered to healthcare workers in Somalia are highly anticipated (Ahmed, et al., 2021).

As FGM/C is so intertwined into the culture of Somalia, the use of Alternative Rites of Passage (ARPs) should be considered. ARPs are defined as rituals that celebrate a girl’s transition to womanhood, without the performance of FGM/C (Hughes, 2018). They can also include community education to promote gender equality and empowerment of women (ibid.). ARPs have been trialled throughout Kenya, with one ceremony taking place in a Maasai tribe where elders sprinkled milk on girls, as a blessing and a recognition of their maturity (Xinhua, 2017). One of the benefits of ARPs is that they are externally driven, so they can be designed by communities themselves in order to create a rite of passage of cultural significance (Hughes, 2018). A study in Kajiado County, Kenya found that the introduction of a community led ARP
resulted in a 24.2% reduction in FGM/C prevalence (p<0.10), as well as reductions in child marriage and teenage pregnancy (Muhula, et al., 2021). This study has its limitations; retrospective data from 2003-2014 demographic surveys was used due to a lack of current records, which could be considered outdated and irrelevant to current trends. However, the results echo findings from similar projects such as the ‘Yes I Do Alliance’ by Plan International (Egberts & Demenint, 2018). When combined with education, ARPs offer a realistic approach to reduce the prevalence of FGM/C in Somalia.

There is debate within the literature whether medicalised FGM/C should be considered as a method of harm reduction, a technique which has been used to prevent drug abuse, HIV infection and teenage pregnancy (Sansone, et al., 2021). Proponents of the concept claim that performing a less severe type of FGM/C in a ‘safe’ environment would pose less of a threat to a woman’s wellbeing (Kimani & Shell-Duncan, 2018). This idea was supported by the 2010 policy statement of the American Association of Paediatrics, which permitted the nicking/pricking of the clitoris (ibid.). However, this view of harm reduction is staunchly opposed by all global agencies, including the WHO (2020). FGM/C is a gross violation of human rights and should not be tolerated; the only true harm reduction would result from total abandonment of the practice. Fortunately, after a barrage of protests, the American Association of Paediatrics eventually retracted their policy and now supports other global associations in their view of the practice (Kimani & Shell-Duncan, 2018).

**Conclusion**

FGM/C is a manifestation of gender inequality which has been targeted as a Sustainable Development Goal by the UN. The prevalence of the practice in Somalia is almost universal and is widely accepted as a cultural requirement for women to be able to marry. Due to these social norms and other factors such as a lack of clear legislature, there has been no real progress in banning FGM/C in Somalia. I believe that with such a high prevalence of FGM/C in the country, efforts must be realistic and focused on reduction instead of complete eradication. The notion of harm reduction may seem like a plausible alternative, but I believe promoting this idea would directly violate our duty as health professionals to non-maleficence. If the Somali government is able to pass national legislation, support health workers, and introduce ARPs into communities, the generational chain of female circumcision can be disrupted, and more Somali women will be given the chance to live healthy and fulfilling lives.
References


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