



## **Somalia: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)**

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### **Practice:**

The most common form of female genital mutilation (FGM) or female genital cutting (FGC) practiced in Somalia is Type III (commonly referred to as infibulation and in Somalia, the "Pharaonic circumcision"). Eighty percent of all genital procedures for women and girls consist of this form which is the most harmful form. The less radical or Type I (commonly referred to as clitoridectomy and in Somalia sometimes called "sunna") is practiced mainly in the coastal towns of Mogadishu, Brava, Merca and Kismayu. The procedures leave a lifetime of physical suffering for the women.

### **Incidence:**

Virtually all Somali women are subjected to one of these procedures. A recent estimate by the United Nations Children's Fund (UNICEF) places the percentage of the women in Somalia who have undergone this procedure at 90 percent. Earlier estimates had placed the percentage at 96-98 percent. A 1983 national survey by the Ministry of Health found a prevalence of 96 percent. In October 1999, CARE International carried out a safe motherhood survey in Somaliland (northwest Somalia) to determine, among other things, the prevalence of FGM/FGC. It found the practice to be universal in this area of Somalia among the women sampled, with 91 percent undergoing Type III and nine percent Type I. These suggest that it is well established in all areas of the country and in most, if not all, the ethnic groups. It is commonly performed on girls as young as six or seven years of age.

### **Attitudes and Beliefs:**

Many Somalis mistakenly view this procedure as a religious obligation. The concept of family honor is also involved. It is carried out to ensure virginity. Because virginity of daughters and family honor are related, it is believed that the family's honor will also remain intact if the daughters are subjected to this procedure. Women who have not undergone this procedure may be thought of as having loose morals. A girl who has not undergone it will result in less bridewealth for her father and brothers.

There are several other rationales expressed for the practice in Somalia. Some men claim the artificial tightness heightens sexual enjoyment. Some say the smoothness of the scar is esthetically beautiful.

The CARE study showed a difference in attitude toward this practice between rural and urban women. A higher number of urban women than rural women felt there was nothing good about the practice. Forty percent of all women interviewed felt there was nothing bad about the practice. Eleven percent of those interviewed did not want their daughters to undergo this procedure.

### **Type I:**

Type I is the excision (removal) of the clitoral hood with or without removal of all or part of the clitoris. This is the mildest form.

### **Type III:**

Type III is the excision (removal) of part or all of the external genitalia (clitoris, labia minora and labia majora) and stitching or narrowing of the vaginal opening, leaving a very small opening, about the size of a matchstick, to allow for the flow of urine and menstrual blood. The girl or woman's legs are generally bound together from the hip to the ankle so she remains immobile for approximately 40 days to allow for the formation of scar tissue.

In the cities, these procedures generally take place in a medical facility under anesthesia. If the operation is performed in a rural village, an old woman excisor performs the procedure without anesthesia. The excisors in Somalia, unlike in some other African countries, are not highly respected. They do not wield influence or have much status within the traditional power structure.

### **Outreach Activities:**

Despite the fact that the practice is so entrenched in Somali culture and custom, women began working to eradicate the practice as early as 1977. In that year, the Somali Women's Democratic Organization (SWDO) was formed. It became the implementing agency appointed by the now collapsed government of Siad Barre for the abolition of this practice.

To eradicate the dangers and damage caused by this procedure as performed by traditional excisors, the procedure was encouraged to be carried out in a hospital. The government supported an alternative method, which was to prick the clitoris to

obtain a drop of blood. It was hoped that this method would eventually replace the more dangerous Type III. However, this strategy did not work as had been hoped and the practice was eventually banned in all government hospitals.

In 1988, the government launched a campaign to eradicate the practice completely on health and religious grounds. The campaign maintained the operation was dangerous to women's health and not called for in the Quran. It was even pointed out that it would not guarantee virginity.

A center was set up in the Somalia Academy of Arts and Sciences in the early 1980s to conduct studies on this practice. A Swedish Agency, SAREC, funded this. The center carried out research into the physical, psychological and sociological aspects of the practice.

The Institute of Women's Education (IWE) was set up in 1984 by the Department of Non-Formal Education of the Ministry of Education. The Institute focused on improving women's living conditions by improving their income, health and nutrition. It focused on improving female literacy and organizing women's groups among female community leaders. The latter were to encourage activities for rural development that included participation of women.

The IWE commenced activities in the mid-1980s against the practice of FGM/FGC. This was included entirely in a general health program called the Family Planning Project. These activities were not very successful, however, because they did not receive money from the government and the government had not passed any legislation outlawing this practice.

In 1987, SWDO and the Italian Association for Women and Development (AIDOS) founded an eradication project in Somalia. AIDOS provided technical and methodological support and SWDO was responsible for the content and direction of the project. SWDO approached the practice as a health issue. It feared an approach based on female rights (such as that of sexual freedom) would surely fail.

SWDO organized a campaign that produced information packets including audio-visuals for women, young people, religious leaders and medical personnel in the local language. It also provided workshops for trainers and held seminars for women and even organized a poetry contest on why the practice was dangerous to women and girls. An international conference was held in Mogadishu in 1989 on "Female Circumcision: Strategies to Bring about Change." The Somali Revolutionary Party, which was in power at that time, gave moral support to the project.

However, once Siad Barre's Somali Revolutionary Party was overthrown and the country thrown into turmoil in 1991, the technical basis for the campaign was destroyed.

Some international agencies have recently begun anti-FGM/FGC educational campaigns. These campaigns have attempted to enlist women and religious leaders in the fight against the practice. Religious leaders have, in some instances, been persuaded to tell their adherents this practice is a cultural, not a religious practice.

Since 1996, UNICEF in Somalia has supported a series of awareness raising seminars attended by women's grassroots organizations, religious leaders, politicians, health professionals and other representatives of the population. In 1997, the Government of Somaliland, in collaboration with UNICEF and other agencies, organized a National Seminar on FGM/FGC. The outcome was to establish an intersectoral committee at a national level and a regional task force to develop policies on eradication of this practice.

UNICEF sponsored workshops in Mogadishu, Galgaddud and Mudug regions in 1999-2000. At a workshop held in Hargeisa on April 18-19, 2000, the participants developed a Somaliland Declaration calling on the Government and the people of Somaliland to eradicate this practice in the country. In collaboration with Al Azhar University, Cairo, UNICEF organized an FGM/FGC study tour for seven sheiks and two national officers from September 20-October, 2000. UNICEF was then to begin a "training the trainers: anti-FGM/FGC program."

In 2000, the U.S. Embassy provided funds through its Democracy and Human Rights Fund (DHRF) to the Voice of Midwives Association for a campaign to raise public awareness of the harmful effects of this practice. A grant of US\$10,173 was provided for meetings and discussions throughout Somaliland, incorporating the use of drama and other traditional techniques. In 1998, the Embassy provided US\$20,000 from DHRF to UNICEF to assist its project of building consensus against FGM/FGC in four communities in Somaliland.

#### **Legal Status:**

Although the former government's policy on this practice was for its complete eradication, this policy was never translated into law. There is no national law specifically prohibiting FGM in Somalia. There are provisions of the Penal Code of the former government covering "hurt", "grievous hurt" and "very grievous hurt" however, which might apply.

In November 1999, the Parliament of the Puntland administration unanimously approved legislation making the practice illegal. There is no evidence, however, that this law is being enforced.

#### **Protection:**

Prior to the country's relatively recent upheaval, there appeared to be a good beginning at creating some type of relief from this practice with a number of outreach organizations in existence. The work of these organizations, however, was disrupted during the fighting.

There is also no national judicial system or central authority. Some regions have established local courts rendering judgments based on traditional and customary law, Islamic Shari'a law, the Penal Code of the defunct Siad Barre government or some combination of the three. It is unlikely such a system would uphold any anti-FGM/FGC relief given the strong foundation it enjoys in traditional society.

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