

Changing Social Norms in Somalia: Exploring the Role of Community Perception in FGM/C*

Background

Somalia is one of the most gender unequal countries in the world. The country also has the highest data gaps to measure changes that may have taken place in the last 10-15 years in most indicators. Various reports continue to record extremely high rates of FGM/C in the country. However, available statistics do not show FGM/C dynamics such as the changes in the types of FGM/C or community supports for this practice. This brief presents findings from a baseline survey, conducted as part of evaluation of SNaP project, on current practices of FGM/C in the target districts, and opinion of male and female population and their leaders. We also document the relationships between perception and practices observed from the survey data.

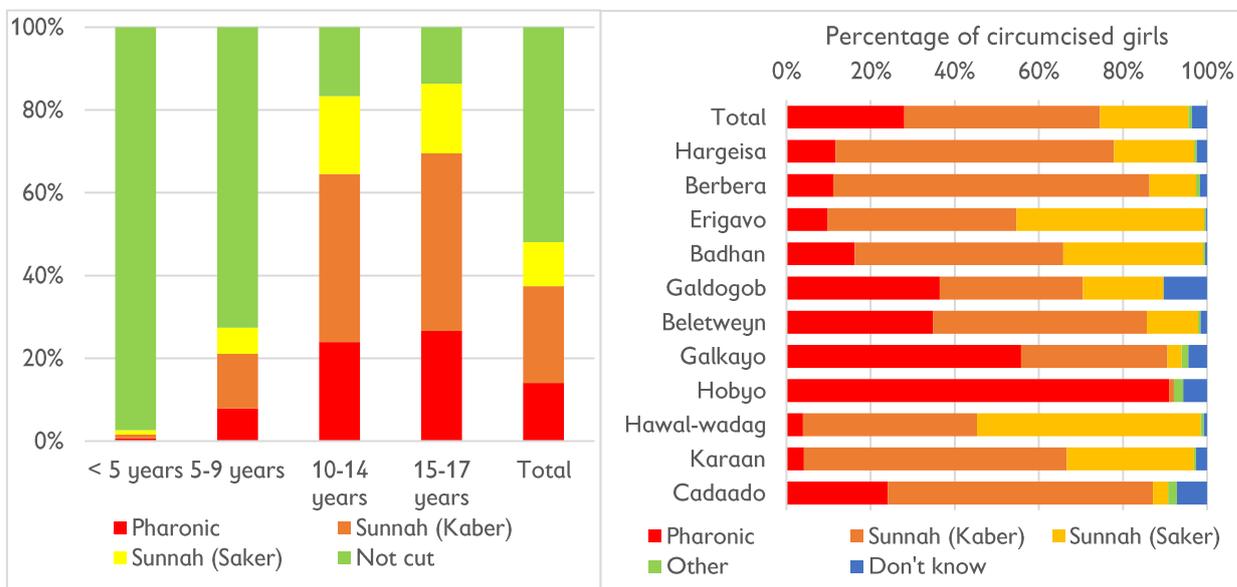
Data

This survey was conducted in Feb-Mar of 2017 covering 2,581 respondents: 430 community leaders, 1,118 female and 1,033 male adults sampled from 55 communities in 11 districts. Each community was divided in to two artificial clusters: the intervention and comparison. Respondents were randomly sampled from each cluster who were then asked to name “opinion leaders” in their respective communities. The five most frequently cited individuals in each cluster were targeted for interviewing as opinion leaders.

Findings

We find that 90% of adolescent girls have been cut, compared to commonly cited 98% FGM/C rate in the country. Since most of the girls undergo cuts at the age of 10-14, the fact that 90% of the 15-17 years old girls are circumcised indicates a decline in overall rate of FGM/C in these districts. The proportion of girls who have undergone the extreme form of cut (*pharonic*) is also on the decline, with 28% of the circumcised girls having undergone this type FGM/C. However, *sunnah kaber* has become the most common type of FGM/C. *Sunnah saker*, also known as “little cut” is also on the rise (Figure 1). There is major variation in the prevalence of different types of FGM/C across districts, and prevalence of the types is largely determined at community level.

Figure 1: Type of Circumcision by age groups and district



The shift from *pharonic* to *sunnah* will pose major challenge to achieving the goal of zero tolerance of FGM/C in the country. In terms of the reasons given by the respondents on why they circumcised their daughters, pharonic cut is primarily justified as ‘culture’ whereas *sunnah* is practiced for ‘religious reasons’ (Figure 2). Moreover, the respondents think *pharonic* circumcision can have several bad health consequences whereas about 80% of the respondents think there is no bad health effect on girls undergoing *sunnah*.

* This Fact Sheet is based on a baseline report for evaluating SNaP project. We thank all the relevant team members of the consortium partners (International Rescue Committee, Care International and Save the Children) for their active supports in data collection and analysis. The SNaP project is supported by UKAID and Norwegian Embassy.

Figure 2: Reasons for practicing FGM/C by type

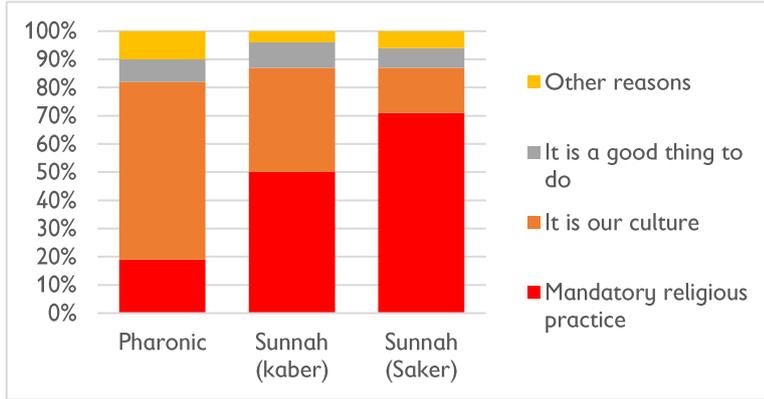
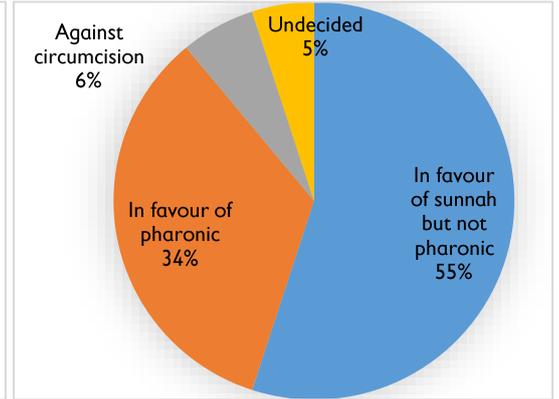


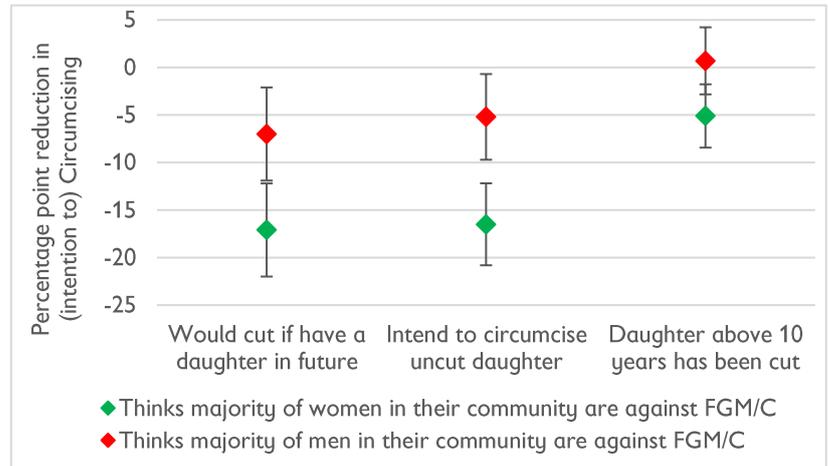
Figure 3: Preference of FGM/C



Consistent with the type of FGM/C practiced, majority of the respondents (55%) expressed their preference of continuing *sunnah*, and one third of the respondents are in favour of *pharonic* circumcision (Figure 2). Very few respondents (only 6%) being against all form of FGM is somewhat in contrast to most people reporting that FGM/C is not mandatory religious practice or not permitted by law, which is explained by the fact that they disconnect *sunnah* from FGM/C.

From social norm perspective, abandonment of FGM/C will require changing individuals' beliefs that others in their community have also changed their perceptions and practice. Consistent with social norm theory, we find that respondents' beliefs about how many of their fellow community members are against FGM/C determine their own preference and practice. For example, respondents who think majority of women of their community are against FGM/C, are 17 percentage points less likely to

Figure 4: Influence of community perception on FGM/C practice



express an intention to circumcise their uncut daughters compared to the rest of the women of their community (Figure 4). Similarly, these respondents are also 5 percentage points less likely to have circumcised their daughter (aged 10 and above). These correlation are much stronger with believes about women members' perception than men member of the community indicating stronger role of women in shaping preference for FGM/C.

Measuring bias in revealed preferences

In measurements of perceptions of social norms, there are possibility of biases if the respondents have a tendency to give more socially 'desirable' answers. In order to assess the level of potential bias in preference related questions, we used randomized list method, where respondents are provided with a number of items and are asked to report how many of those items are true for them. The respondents are then randomly divided into two groups whereby one group receive the control items and the sensitive question is added for the second group. Results showed significant response biases (Figure 5). Female respondents over-reported that they would have preferred not to be circumcised when asked directly compared to their preference measured by list randomized method. Similarly, male respondents were more likely to say that they would prefer their daughters to be not circumcised when asked directly (22%) compared to their 'true preference' (4%). Such 'social desirability' or 'courtesy' biases can be considered as early indication of future changes.

Figure 5: Measuring response bias

