

The Shift in Female Genital Mutilation Practice in Southern Somalia*

Background

Women and girls face extreme forms of violations in Somalia; common one being Female Genital Mutilation/Cutting (FGM/C). National statistics estimates over 97% of girls aged 15 to 19 years have undergone FGM/C. To accelerate change towards reduction in tolerance of FGM/C, Norwegian Church Aid (NCA) and Save the Children International (SCI) jointly implemented a 4-year (2016 - 2019) programme in Garbaharey and Belethawa districts in Gedo, Jubaland and Bosaso, Qardo, Garowe and Eyl districts in Puntland, Somalia. The project focussed on addressing social norms perpetuating FGM/C through various initiatives such as advocacy for legal and policy framework, community level sensitization and discussions, and providing medical and psychological supports to the girls facing health problems due to FGM/C. This study presents dynamics of FGM/C from 2016 to 2018 among project communities.

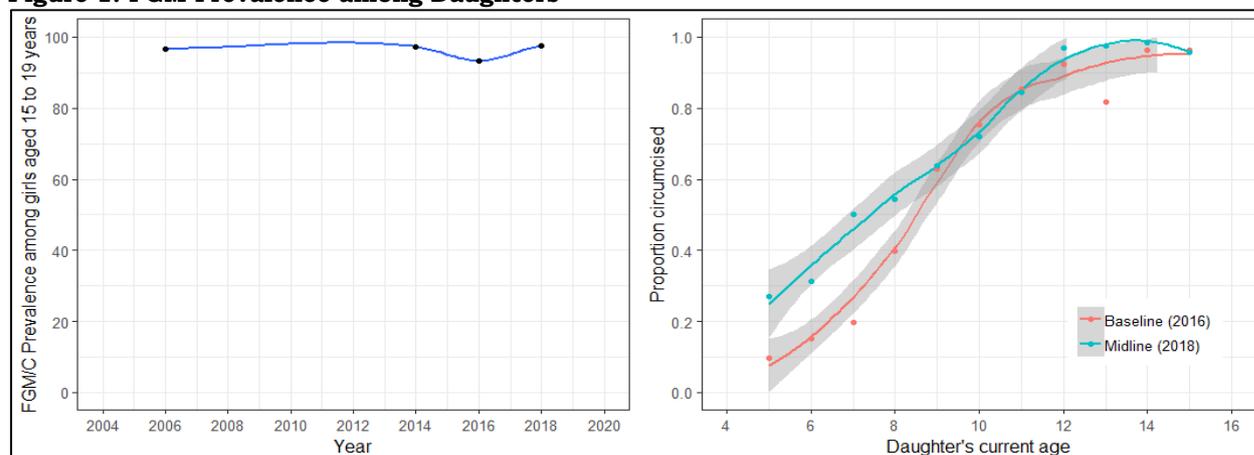
Data and methodology

This factsheet presents findings from a two-wave panel survey among the joint project communities conducted in September-October 2016 and October-November 2018 respectively. At the baseline survey, multi-stage sampling was used to sample five sample groups in each of the 18 project communities spread across the six programme districts. The first group was made up of individuals participating in community level discussions, the second group was of individuals not participating in community level discussions but matching individuals in the first group while individuals in the third and fourth groups were those in the network of the first and second group. Those in the fifth group were a random sample of community members. In total, 1258 respondents were involved at baseline, 1168 of whom were traced and re-surveyed at midline. All daughters were listed at baseline and their FGM/C status recorded as reported by caregivers. Daughters who had not undergone FGM/C at baseline were relisted at midline and status recorded again as reported by caregivers.

Findings

Results show that, at midline, the rate of FGM/C among girls aged above 15 to 19 years was comparable to the rates observed in 2011 (97% [MICS 2011] and 97% at 2018 midline up from 93% at 2016 baseline). Within the two-year window between 2016 and 2018, the few uncircumcised girls beyond the age of 15, all underwent the cut. This is an anomaly as girls in Somalia undergo FGM/C before adolescence mostly between ages five to ten years. The anomaly could be due to age measurement errors; these few uncircumcised adolescent girls could have been younger than reported in the baseline. The joint programme's ultimate aim was to reduce FGM/C prevalence among girls aged 5 to 15 years. On average, FGM/C prevalence increased among girls aged 5 to 15 years from 60% at baseline to 70% at midline. As Figure 1b below shows, beyond age nine, girls of same age in 2016 and 2018 were subjected to the same risk of FGM/C. On the other hand, girls below age 9 were at a higher FGM/C risk in 2018 compared to girls of the same age in 2016. This does not necessarily imply increased FGM/C but depicts actual FGM/C practice which happens mostly between age five and ten years.

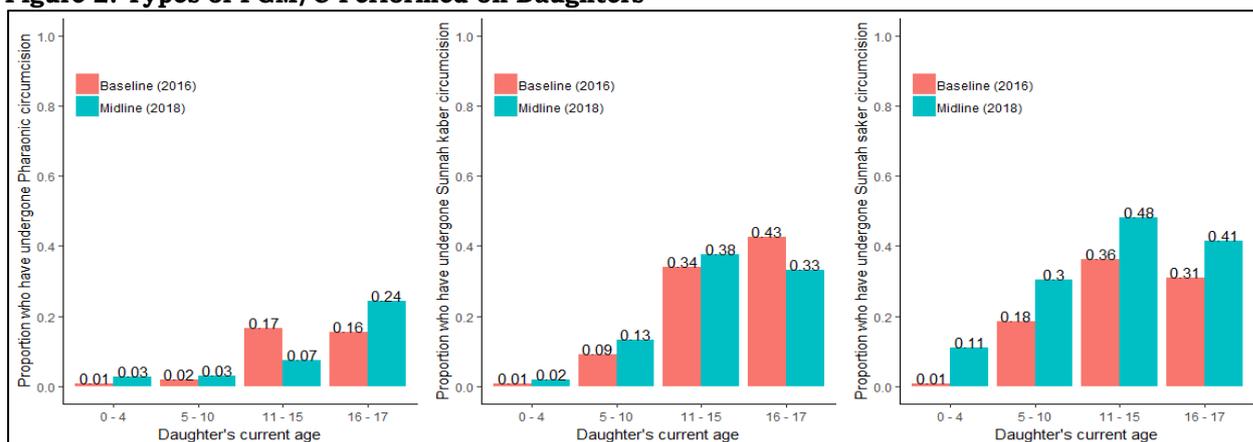
Figure 1: FGM Prevalence among Daughters



* This Fact Sheet, prepared by Elijah Kipchumba and reviewed by Caroline Mwai and Linda Simiyu, is based on a joint SCI/NCA Midterm Review available [here](#). For more information, contact elijah.kipkech@savethechildren.org.

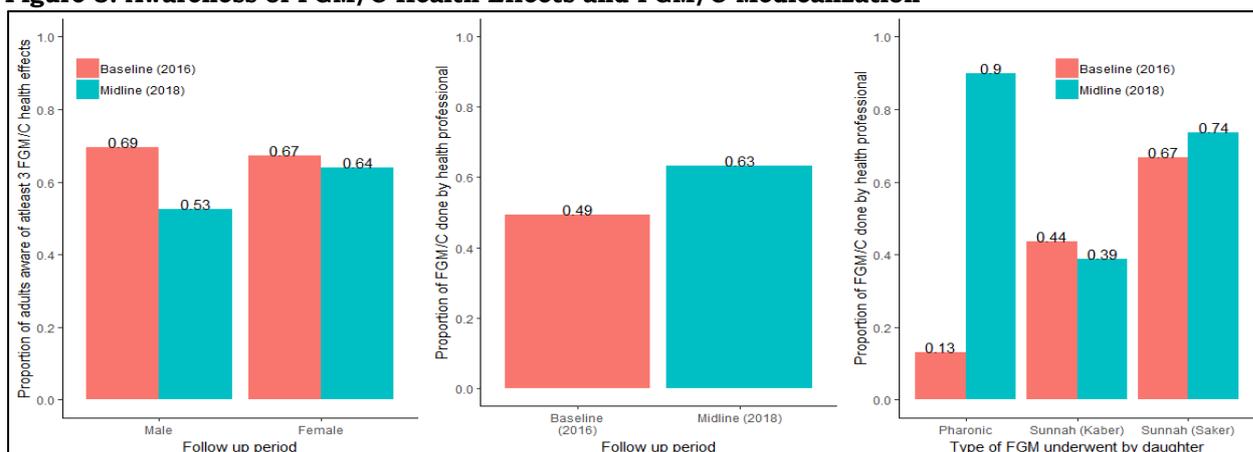
Sunnah Saker and Sunnah Kaber are the most common forms of FGM/C practiced in the study area. For every 10 new FGM/C conducted in the last two years, 6 were of Sunnah Saker type (clitoridectomy), 3 were of Sunnah Kaber (excision) while 1 was of the Pharaonic type (infibulation). As shown in Figure 2 below, the share of Pharaonic (most severe) has been declining with time while Sunnah Saker (least severe) continues to increase in prominence. The shift in FGM/C type practiced in the study area is attributed to awareness of FGM/C health effects, especially Pharaonic. Sunnah is predominantly seen as less harmful and at times deemed harmless. Despite the shift from Pharaonic to Sunnah, there is a contradiction on what the Sunnah type of FGM/C entails. Religious leaders described Sunnah as the only type which does not require stitching while other community members described Sunnah as all the other types of FGM/C that are not classified as Pharaonic FGM/C.

Figure 2: Types of FGM/C Performed on Daughters



The study also documents a shift in the persons performing FGM/C from traditional circumcisers to health professionals mostly driven by awareness of health effects. In 2016 about half of FGM/C cases were reportedly done by a health professional, however, in 2018 this had increased to 63%. In the last two years, 6 out of every 10 new FGM/C incidents were conducted by health professionals. The health professionals claimed to conduct FGM/C out of pressure from mothers or grandmothers or out of their own conviction of harm reduction by performing the procedure in more hygienic conditions and reducing risks associated with traditional cutters. Furthermore, health professionals claimed by performing FGM/C on girls it reduces the likelihood of girls being subjected to the most severe FGM/C forms (Pharaonic). This was contrary to reality since nine out of every ten new Pharaonic FGM/C incidents were conducted by health workers.

Figure 3: Awareness of FGM/C Health Effects and FGM/C Medicalization



Two shifts characterize the FGM/C, first there is a move from the most severe form of FGM/C (Pharaonic type) to the perceived less severe form of FGM/C (Sunnah Saker). Secondly, driven by increased awareness of health concerns, FGM/C is shifting from being done by traditional circumcisers to being done by health professionals. These two shifts may counteract total FGM/C abandonment efforts.