

Support towards Female Genital Mutilation Abandonment in Southern Somalia: A Convolution of Terminologies*

Background

By the time girls reach adulthood, over 97% of girls in Somalia will have undergone Female Genital Mutilation/Cutting (FGM/C). Despite being recognized as harmful; the practice continues unabated. Practised as a matter of deeply held social conventions, it is linked to different socio-cultural perceptions associated with local definitions of gender, sexuality and religion. The Norwegian Church Aid (NCA) and Save the Children International (SCI) jointly implemented a 4-year (2016 - 2019) programme in six districts in Southern Somalia aimed at accelerating support for zero tolerance for FGM. The districts were Garbaharey and Beledhawa districts in Jubaland and Bosaso, Qardo, Garowe and Eyl districts in Puntland. The programme focussed on addressing social norms perpetuating FGM/C through various initiatives such as advocacy for legal and policy frameworks, community level sensitization and discussions, and providing medical and psychological supports to the girls facing health problems due to FGM/C. This study presents opinion dynamics of FGM/C midway through the joint programme.

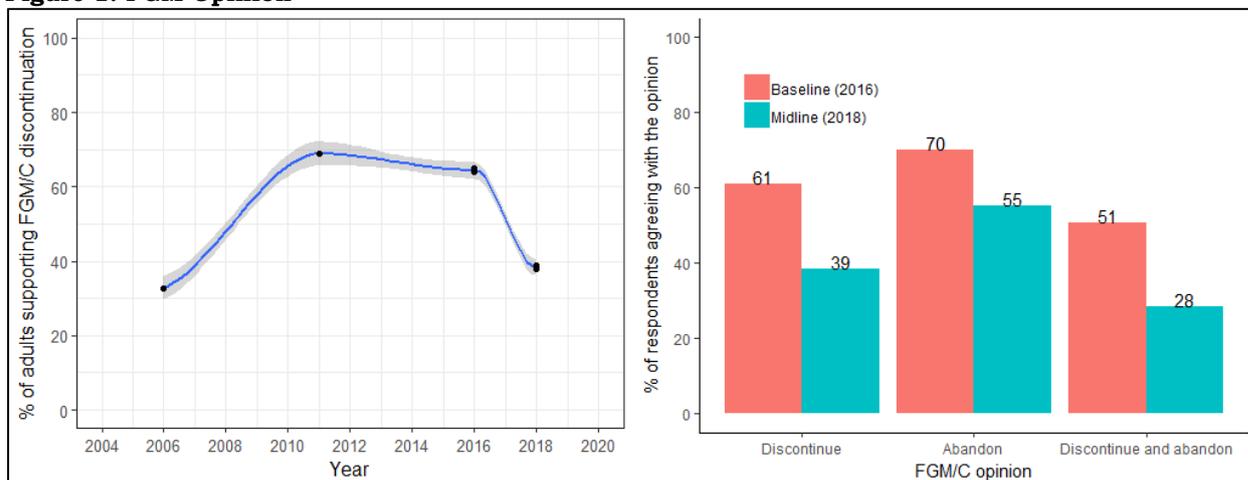
Data and methodology

The findings are drawn from a two-wave panel data of 1168 caregivers surveyed twice in September-October 2016 (baseline) and October-November 2018 (midline). At the baseline survey, multi-stage sampling was used to select five sample groups in each of the 18 communities spread across the 6 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 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. All groups were resurveyed at midline. In addition, caregivers reported midline FGM/C status of daughters who had not undergone FGM/C at baseline.

Findings

The results limit opinion as to whether respondents were of the opinion that FGM/C should be discontinued and whether they support its abandonment. The former has been on an upward trajectory, for instance in 2011 over two-thirds of women supported FGM/C discontinuation. This was twice the number of women of a similar opinion in 2006. In the 2016 baseline survey, 6 in every 10 women were for discontinuation of FGM/C practice, however, two years later, only 4 out of 10 held a similar opinion. Similarly, the proportion of those who supported FGM/C abandonment declined by 15 percentage points. This negative trend was possibly driven by difference in survey terms. At baseline survey, the term used was interpreted as synonymous to Pharaonic FGM/C type, they did not consider Sunnah FGM/C as a type of FGM/C. FGM/C term at midline was however translated to include all FGM/C types. Thus the common local FGM/C term, synonymous with Pharaonic FGM/C type, overestimates FGM/C disapproval rates.

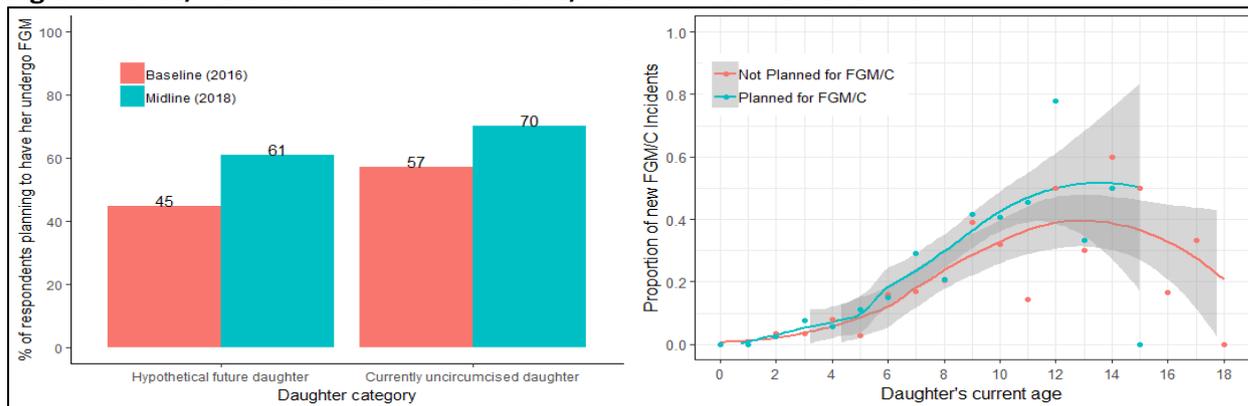
Figure 1: FGM Opinion



* This Fact Sheet, prepared by Elijah Kipchumba 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.

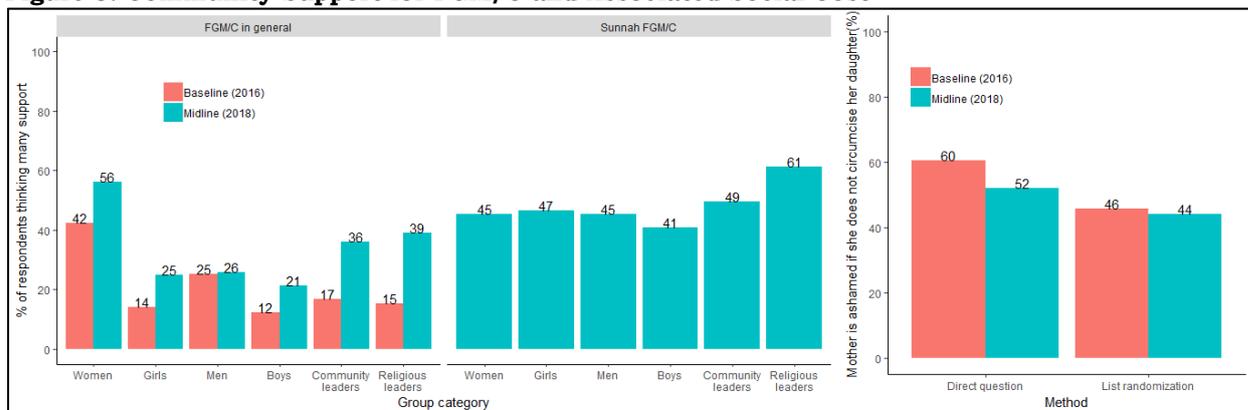
Another avenue to examine support for FGM/C abandonment and discontinuation is whether a caregiver plans not to have his/her daughters undergo FGM/C in future. The study asked respondents if they would subject any of their hypothetical daughters in future to FGM/C, irrespective of their current daughter's status whether they had already undergone the practice or not. In addition, the study participants were asked of their future intentions for existing daughters who had not undergone the practice; if they were planning to subject them to FGM/C. Consistently, results show the hypothetical future daughter underestimates the real future intentions of a current daughter. For instance, 45% intended to circumcise their hypothetical future daughter while in reality 57% were planning to circumcise their yet to-be circumcised daughter at baseline. The caregivers who had indicated not intending to have uncut girls undergo FGM/C two years earlier had same FGM/C incidents rate as those who had indicated that they would subject their daughters to FGM/C.

Figure 2: FGM/C Future Intentions and FGM/C Practice Two Years Later



As a social convention, individual's practices are determined by reference points in their communities. Figure 3 below shows respondents also perceived other community members as supportive of FGM/C especially adult women, community leaders and religious leaders. In addition, there was nearly uniform support for Sunnah FGM/C in the community. Two possible answers explain the disconnect between indicated support for FGM/C or future intentions and actual FGM/C practice two years later. First, it could be due to the local understanding of what the word 'circumcise' means. At the baseline, the local term used was synonymous with only the Pharaonic FGM/C type. When respondents indicated not intending to circumcise they meant not performing Pharaonic FGM/C type. Secondly, it could be due to social desirability biases, where those who indicated not intending to cut daughters were misreporting their intention. Using list randomization approach, the study shows marginal over-reporting of social costs a mother bears if she does not circumcise her daughter, including being shamed by the community.

Figure 3: Community Support for FGM/C and Associated Social Cost



Zero tolerance to FGM/C is far from being accepted by the community. Instead, they support Pharaonic FGM/C abandonment and continuation of Sunnah FGM/C. The few who commit to FGM/C abandonment might not last as there is considerable community expectation to conform as in the case of Sunnah FGM/C. A clear translation reflecting the community understanding of FGM/C terminologies should be maintained.