



Discussion Paper

FGC Perception and Practices
among young Mothers in Hargeisa,
Somaliland

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NAFIS Network and International Solidarity
foundation (ISF)*



October 2018 Hargeisa, Somaliland

List Of Abbreviations

FGC: Female genital cutting

FGC: Female Genital cutting

FGC: Female genital cutting/ cutting

FC: Female Cutting

WHO: World Health Organization

WB: World Bank

UNICEF: United Nations International Emergency Fund

FGDs: Focus Group Discussions

TBA: To be assigned or to be arranged. A TBA was described as someone who is medically skilled and makes use of medical equipment).

TOR: terms of references

NGOs: Non-Governmental organizations

NAFIS: Network Against FGC in Somaliland

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Executive Summary

This study examined the perceptions and the type of FGC preference among young mothers in Hargeisa, considering the effects of the factors that frame the aggregate perception of the society towards the subject understudy. These variables general stem from the religion, culture, social norms and values which after they interplay result the preferences and perceptions of young mothers towards the FGC.

The main objective of this study was to investigate the preferences of the young mothers in relation to the different types of FGC and their attitudes towards it. Using a qualitative approach, the study interviewed almost a dozen young mothers. The in-depth interviews were held with follow clarifying interviews to get the lived experiences of those women on FGC and their perceptions of it. the transcribed data was analyzed using a thematic analysis.

After the analysis, the Study found out that the interviewed young mothers had a difficult in understanding the different types of the Female genital cutting recognized by the World Health organization. The study also found that the study respondents were familiar in the more traditional categorization of the FGC in to Sunni and pharaonic.

Added to this, the study revealed that the perception of the interviewed young mothers towards the FGC was a mixed. The mothers welcomed one type of FGC and disagreed with the other. However, none of the young mothers endorsed a total abandonment of the FGC.

The study thus recommended a more effort to be directed to the transfer of the knowledge related to the Female genital cutting to the society from awareness programs to adding it in the formal curriculum of the schools.

1 SECTION ONE: LITERATURE REVIEW

1.1 Introduction

Female genital cutting/cutting consists of procedures that fully or partially remove external female genitalia, causing injury to the women's reproductive organs without any medical advantage¹.

In addition to the above definition, WHO (World Health Organization) classifies FGC into four major parts. Type I: clitoridectomy is the partial or total removal of the clitoris and/or the prepuce. Type II: Excision is the partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora. Type III: Infibulation is the narrowing of the vaginal orifice with a creation of a covering seal by cutting and repositioning the labia minora and/or the labia majora, with or without excision of the clitoris. Type IV: All other harmful procedures to the female genitalia for nonmedical purposes (e.g., pricking, piercing, incising, scraping and cauterization).²

With all the harms and obstacles, this practice of Female genital cutting (FGC), also known as Female Genital Cutting (FGC), or Pharaonic circumcision is still considered as a traditional practice in many countries including Sub-Saharan Africa, Malaysia, Indonesia, and Arab countries. UNICEF estimates that, worldwide, 125 million women are subjected to FGC while 3.3 million girls are at risk of undergoing the practice each year³.

The FGC/FGC qualification age varies from one African country to another. It ranges from infancy in Eritrea, Ethiopia and Mali to seven-month pregnant women in Nigeria. In Somaliland/Somalia, it was traditionally performed in adolescence as initiation into womanhood. However, unlike other parts of Africa, circumcision in Somaliland/Somalia is no longer considered a rite of passage. Girls are now circumcised between the ages of five and eight, often within the privacy of their homes. A recent baseline study conducted by Health Unlimited in Awdal, Somaliland and Mandera District in Kenya, confirms five to eight years as the circumcision age range.⁴

1 (WHO, 2016)

2 (Abdi Ali Gelle, Assrasesh Abathun, Johanne Sundby, 2016)

3 Ibid

4 (World Bank, 2004)

1.2 Community Attitudes towards FGC

Regarding the drivers of FGC social norms has become a prominent framework for understanding health behaviors, locating human relationships within communities at their centre. It contends that the perpetuation of harmful practices, and the creation of beneficial new ones, may be attributable to social motivations that can involve an entire community's beliefs and actions rather than simply individuals and their families. Beliefs about what others do ('typical' behavior) and what others think people should do ('appropriate' behavior) often guide a person's actions.⁵

In this sense, looking down the attitudes of the community towards FGC in general and specifically the kind of FGC they like to perform is very important as this determines the continuation or discontinuation of FGC in the future. Studies from the Somali regional state of Ethiopia show that the majority of female participants strongly supported the continuation of the practice of FGC. Some discussants from the Somali region reasoned why they prefer the continuation of the practice, although they understand harmful effects of it, that they don't want to find their daughters left unmarried due to this existing culture⁶.

Unlike the Somali participants in Ethiopia a study conducted Oslo, Norway shows that respondents believed that uncircumcised girls are not only healthier than the corresponding group of circumcised girls, but also have a higher chance of being married to a Somali man. Thus, the noticeable indication during the FGDs was the fact that young girls who were uncut and those with milder forms of FC⁷ repeatedly and superciliously proclaimed their circumcision status, thereby confirming their better health status, while circumcised participants acknowledged that the uncut participants were luckier and healthier than they were. Another revelation was that, with the exception of one, all the male members expressed their admiration for uncut women. The reasons put forth were that uncircumcised women have a sexual desire and are healthier. Similarly, the vast majority of female participants acknowledged that cut girls had little attraction to the current male generation. In support of this, three female participants reported that they are often asked about their circumcision status by men, and when they state that they are circumcised, the men never come back to them again.

A Study by (Gele, A. 2013) in Hargiesia and Galkacyo reports a pervasive resistance to the total abandonment of FC in Somaliland/Somalia. The majority of the partic-

⁵ (Bapu et al. 2017; Mackie et al. 2015).

⁶ (International Journal of Women's Health, 2006)

⁷ Female circumcision

participants in this study supported the continuation of Sunna circumcision, while few people supported the continuation of Pharaonic circumcision. The Sunna may involve anything different from the Pharaonic cut, and behind the support of the Sunna circumcision lies the belief that Sunna circumcision is a religious requirement. The study revealed that the supporters of Sunna circumcision used a single Hadith as a justification for their argument. The hadith says, "Do not cut too severely, as that is better for a woman and more desirable for a husband." However, many religious scholars regarded this passage as having little credibility or authenticity.

Even so, the Koran clearly rejects an alteration of the human body from the way God has created it. Female circumcision is therefore a controversial topic within Muslim circles; still, the important point to note is that Islam safeguards women's rights to sexual enjoyment and health, and if female circumcision violated those rights it would automatically be considered as being forbidden. The participants who supported the continuation of Pharaonic circumcision used its importance for the virginity and marriageability of girls as a justification for the continuation of FC though it is unfortunate that the practice designed to make girls reproductive (marriageable) may ultimately cause them to serious health effects. While being fully aware of the health consequences of the practice, as mothers themselves have gone through the adverse consequences of the practice, they still subject the same procedure on their daughters. In a country where almost all the women have been circumcised, being uncut has become a social stigma.⁸

The aforementioned differences of attitudes between the Somalis in the Somali region of Ethiopia and those living in Norway can be justified as the exposure of Norwegian Somalis to a social norms and values very distant from those in the Horn of Africa. There are no expectations from the society they are living requiring them to perform the practice. This is also coupled by an increase in the awareness and knowledge of those Diaspora communities which may also help them to abandon this practice.⁹

Moreover, research shows that there are gender differences regarding the attitudes of the continuation of FGC. Men are more likely than women to advocate against FGC, and thus promoting prevention of the practice. Men who fully comprehend the negative health consequences of FGC are said to be at the forefront in prevention efforts. Also, education of men has been a significant indicator of men's support for abandonment of the practice. Programs that encourage men's advocacy and engage men and women in discussions about the negative consequences of FGC on women's

8 Abdi A. Gele, Bente P. Bø and Johanne Sundby, 2013

9 (International Journal of Women's Health, 2012)

health also facilitate abandonment.¹⁰

In the context of Somaliland, the studies in this area are mostly more interventionist and action-oriented researches in a sense that the attitudes of the community towards this practice are not given the required attention. The few Studies conducted in this area show dynamism of the attitudes of the community considering the type of FGC they would prefer their daughters to be cut. In a study conducted in Hargeisa, Somaliland participants explained that in the past it was the norm for FGC to take place in the family home. However, nowadays there are other options and many now choose for the procedure to be undertaken at a hospital or other medical facility. Several participants claimed that FGC was usually carried out by a nurse, a midwife or a TBA (A TBA was described as someone who is medically skilled and makes use of medical equipment). This is termed in the recent Studies of FGC as the (Medicalization of FGC).¹¹

On the other hand, other research suggests that there has been a trend towards milder forms of FGC in countries where medicalization is apparent. In Somaliland more recent research also indicates that there has been a move towards milder forms something that may be evidenced by the fact that girls are more likely to undergo the procedure in a medical facility where the staff have received at least some medical training. Nevertheless, those working to stop FGC need to take seriously the meanings that come to reside in key concepts and how these relate to practice. Whether by design or not, efforts to eliminate FGC in Somaliland have focused on the elimination of pharaonic circumcision, rather than all forms of FGC.

This study is therefore addressing the attitudes of young mothers in Hargeisa towards FGC and their preferences of the different types of the cuttings, in an attempt to better understand the ground-breaking surroundings of the practice.

1.3 Objectives of the Study

1.1.1 General Objectives of the Study

The general objective of this Study is to investigate the perception and type of FGC preference among young mothers in Hargeisa.

1.1.2 Specific objectives of the Study

The Study will specifically look in to:

1. Understanding the perceptions of young mother in Hargeisa towards the FGC

¹⁰ (Mohamed F.,2016)

¹¹ Ibid

2. Finding the general understanding of young mothers about the different types of FGC
3. Investigating the type of Female genital cutting that young mothers prefer their daughters to go under.
4. To formulate recommendations to policy makers, Civil society organizations and academic centers in their areas of endeavor.

2 SECTION TWO: METHODS AND TOOLS

2.1 Research Design and Procedures

Following these lines of thinking, a qualitative study of (the perception and type of FGC preference among young mothers in Hargeisa.) was proposed, using semi-structured interviews as the primary research approach. It was proposed to begin the interviewing process in the date provided in the TOR.

It was anticipated that interviews will end up to the saturation point of the information required to answer the questions proposed in the TOR, and any necessary follow-up interviews were conducted before the paper was finalized. In addition, follow-up clarifying interviews were conducted with at least a half of these interviewees during the last days of the research, after completing some data analysis and obtaining a beginning understanding of the findings. All interviews were intended to be tape-recorded but some respondents requested to not record their voices, and the study enumerators transcribed during the interview.

The researcher also wrote field notes in conjunction with the interviews, follow-up interviews, observations, and casual encounters with subjects. A memorandum will be written while listening to interviews, typing transcripts, and reflecting upon a particular interview. In addition to the interviews and follow-up interviews, other data were obtained throughout the study, such as comments from community Workers, academicians, and ongoing literature review.

Ongoing data analysis took place throughout the study. All of the transcribed interviews, memoranda, and field notes were entered into computer files. A scheme of numbers and letters were used to designate major categories and subcategories.

“Hard copies” of all computer files of data were coded using colored pens to mark the margins with the appropriate numbers and letters. Connections between categories and themes were used to further the understanding of the study of: the perception and type of FGC preference among young mothers in Hargeisa.

2.2 Data Analysis Strategies and validating findings.

First, the researchers read all participants' transcribed answers and the data collected from the interviews to get a general sense of the whole and ideas presented. Next, the researcher extracted significant statements and phrases pertaining to the phenomenon being studied from each transcript. Then the researcher formulated meanings from the significant statements, which the researcher organized the information into themes, and these themes evolve into theme clusters, and eventually into theme categories. The researcher used a color-coded system to highlight specific themes/categories to perform a preliminary analysis. Then, a rich and exhaustive description of the lived experience was developed and from this the essential structure of the phenomena formulated. Validation was solicited from the participants to compare my descriptive results with their lived experiences. Triangulation from different data sources will be used to build a coherent justification for the themes. This description will be presented in the findings/expected outcomes section.

3 SECTION THREE: DATA ANALYSIS, INTERPRETATION, FINDINGS AND CONCLUSION

3.1 The perception and attitudes of young Mothers towards FGC

The analysis of the transcribed data shows that the perceptions and attitudes of young mothers towards the female Genital cutting has many folds. This means that the attitudes of mothers on FGC is qualitatively very distant from one another. There were some of the study interviewees who were very sympathetic for the continuation of this practice and others who were against Some types of the FGC. Ironically, the respondents never supported the total abandonment of the Female genital cutting.

To start with, there is widespread ambiguity of the study respondents of the different types of FGC recognized by the World Health Originations (WHO) namely clitoridectomy, Excision, Infibulation and any other procedures to the female genitalia for nonmedical purposes. The study, in line with its prior studies, found that the respondents were not clear of the different types of FGC other than the conventional Sunni and “Fircooni”¹²/ pharaonic classification, which their demarcation was not so clear to them as this respondent says:

I didn't hear any other type of FGC except the Pharaonic circumcision which we used to our girls for centuries as part of our culture. But these days there is another cutting that organizations lobby for called Sunni 13. The Sunni is not a cutting by its nature it is rather just cutting off the filthy organs from the girl.¹⁴

Similar to that, there were other respondents holding the same view with the above respondent and a confusion on the matters. On a different level some respondents emphasized that there is no any other type of Female cutting except the pharaonic one as Rahma says:

¹² “Fircooni” is A Somali term used to refer anything relating to the pharaohs of Egypt, and by the fact that infibulation was either firstly used or transferred by the pharaohs it's commonly known as ‘Fircooni’.

¹³ A term borrowed Somalis from Arabic which means “referring to the teachings of prophet Muhammad” this practice is of cutting the clitoris or more scientifically clitoridectomy.

¹⁴ Amina Ismail, A mother of two young Girls, lives in Hargeisa and has graduated from an elementary School

There is no any other type except the pharaonic circumcision that exist. The only one we received from our ancestors and we know is the one I have just mentioned. The sunni is not a cutting. I believe it's leaving the girls with no cutting or whatsoever because when parents are cutting their girls in to a Sunni way they just touch/cut a little bit of their genitalia and nothing is done to the girls.¹⁵

This, However, shows that there is widespread ignorance on the side of the respondents to the forms and the types of the female genital cutting which in turn may effect on whatever perceptions of young mothers have on the FGC. this means that mothers having an opposing stance on the FGC still don't know what type they are opposing or don't agree with, which will make the goal of "Zero tolerance" more difficult to attain. This is due to absence of such knowledge provided to the society while efforts to address these matters emphasize on the abandonment of the practice in general. In addition to this, efforts also need to consider to make aware of the community that all types of female cutting are against the basic rights of girls and should come to an end.

Moreover, the study found out that the attitudes of the study respondents to the FGC, as illustrated above, vary a lot in a sense that respondents agreed in one of the categories that are currently practiced in the country and don't consent with the other one for reasons deeply rooted in the cultural norms of this society. The following mother firmly believes the continuation of the Female genital cutting for the sole purpose of protecting girls from rape, and she continues to say:

To protect the privilege of the girl, she needs to be circumcised. A girl who has under gone some sort of cutting is not having the same privilege in the society with a girl who was not circumcised. The later cannot socialize with the other girls of her age and is seen as having a lower status than the others. Her family is blamed for not cutting their girl. Cutting is very beneficial to the girls, in a way it protects them from those who want to disgrace her by raping her.¹⁶

In contrast to Safia there are other respondents who agree with that infibulation "Fircooni" as they call it in Somali should be stopped and instead the milder form of cutting of should be practiced. This is-as they believe- a conformation with the religious teachings and hence the FGC cannot be abandoned at all. The believe that the "Sunni"- as its name shows - is a religiously supported form of

¹⁵ Rahma Farah is a young mother who lives in Hargiesa, the mother of three young Girls and has no any education background.

¹⁶ Safia Ibrahim, a mother of five daughters lives in Hargeisa and doesn't have a formal education

Female genital cutting was common among the respondents. Thus, the total abandonment of the practice may not be realized in the current state of knowledge of the respondents. As Najma¹⁷ illustrates in her interview:

I know that the “fircooni” puts the girls in a dangerous position during the cutting, and when she is married. When the girl gets married she needs to go under a minor operation for opening the infibulated area. I understand this makes the girls’ health much worse and that she suffers through her life time. In Labour and during the delivery she faces the challenge between life and death, and when she doesn’t get medical attendants some mothers pass away.

However, the “sunni” is very easy and don’t cause any problem to the girl, she enjoys her life. You see the girl happy, leading her life and more enthusiastic about her future including her marriage.

In line with Safia, other studies show that Sunni is becoming more popular form of cutting in the Somali society, and in an attempt of understanding why it’s taking the position of infibulation the study found out that this cutting is perceived as having relatively less harms, it is also attached to a religious root which makes it to be fulfilled as a religious obligation. Moreover, culturally it is seen that a girl should at least go under some sort of cutting and if not, she is not Halal/pure, and this is what Ruqiya Sheik Muhammad¹⁸ Argues:

We cannot totally abandon the cutting. The girl needs to be purified “Xalaalyn”¹⁹ and in doing so, she should go the minimal form of cutting which is Sunna. With the problems that I understand the FGC exerts to the girls’ life, but still I believe we cannot leave it and if we leave we are going against the religion and the culture both.

The above narrative of Ruqiya and Safia shows that parents, are eager to continue the FGC with a shift from the more harmful type of infibulation to the less harmful type of clitoridectomy.

In Addition to the above analysis, decisions about the preferences of the young mothers on the type of cutting they like with their girls was also analyzed. Those decisions are found out to be framed by the perception that young mothers have on the FGC in

17 Najma Yonis, a mother of 6-year-old girl lives in Hargeisa, and has an educational background of up to university level.

18 Ruqiya Sheik Muhammad is a mother of four daughters and has attended a religious school

19 A Somali term used to refer the circumcision of both genders. The term having an Arabic origin means “purifying or removing the filth attached to something”

general. the study found that parents were very Sympathetic to the continuation of the FGC preferred with their daughters to go through circumcision and is obligatory. They asserted that they would like to see their girls to be infibulated.

As the above analysis shows, Amina Ismail didn't even recognize any other type of FGC except infibulation which she thinks as an appropriate practice and protection habit for the girls. She says:

When the girl is very young and cannot defend herself from the attackers who take advantage of her young age, the FGC is protection for the girl, and the FGC safeguards the pride of the girl and their female. If the girl loses her virginity any time before her marriage, she may lose her chance of becoming a mother as no man wishes to marry.

In contrast to this, the majority of the respondents had the feeling that FGC harms the girls' all aspects of life. They agreed that girls suffer after they had been circumcised and that their day to day life activities is disrupted by this action and rather agreed the practice need to come to an end except the Sunna type which is a symbol of the culture and the religion- as they believe. Hence the respondents preferred that Sunna is the appropriate type of cutting, as this respondent asserts:

My older daughters were pharaonic and the younger ones are Sunni because now I understand its essence. My view has changed for the last years.²⁰

3.2 Findings and Conclusion

The study findings with respect to its objectives are presented here. The objectives of the study set out initially are respectively Understanding the perceptions of the young mothers in Hargeisa towards the FGC, Finding the general understanding of young mothers about the different types of FGC and Investigating the type of Female genital cutting that young mothers prefer their daughters to go under.

In regard with the first objective, which is Understanding the perceptions of the young mothers in Hargeisa towards the FGC, the study found that young mothers in Hargeisa showed a mixture of perceptions towards the FGC. The interviewed young mothers in Hargeisa mostly disagreed with what they called the "pharaonic circumcision"/infibulation and in exchange said that Sunni is preferred to them.

²⁰ Sahra Dhimbil lives in Hargiesa and has a university level education

The study found out, with respect to the second objective which Finding the general understanding of young mothers about the different types of FGC, that young mothers living in Hargeisa had a widespread confusion on the different types of FGC that exist. The only two types that the young mothers identified are the two extremes of the practices; the clitoridectomy and infibulation. This is also coupled by that the interviewed young mothers were also un aware of the border line between the other forms of the female genital cutting.

Lastly, the study investigated the type of cutting that young mothers prefers their daughters to go under and found out that the majority of the respondents consented with “clitoridectomy as their choice when it comes circumcising the girls. With smaller number of the interviewed young mothers preferred to the infibulation type as their choice of cutting.

3.3 Recommendations

After finalizing the analysis and interpretation of the transcribed data, the study recommends the following steps to be implemented to the government and the civil society originations:

1. Expanding the frontiers of advocacy and awareness and including the elements of advocacy ‘How the FGC reality exists’ or happens by teaching the community the types and forms the female genital cutting.
2. Introducing the zero tolerance and the total abandonment philosophy to the community including the “Sunni” type.
3. Inclusion of the “Ulumma”/religious scholars to clarify to the community that there is no any form of FGC that in Islam as a religion teaches.
4. Criminalizing the practice as the other countries in the region by the government in all it is forms.
5. Establishing grass root units/ groups in each of the villages of the city to advocate against the practice on their day to day interaction with their families and neighbors.
6. Expanding the awareness to the university level students by including the abandonment goal in the curriculum through guest lectures and trainings so that Students can act as an ambassador for anti FGC movements.
7. Spreading the message through the social media networks that FGC causes minimal harm in all its forms.

Bibliography

Adan, E. (2009). *Female genital cutting Survey in Somaliland. Hargiesa, Somaliland : Edna Adan Maternity and teaching Hospital .*

Asresesash demessei, Johanny sundby and Abdi gelle. (2016). *Attitudes towards FGC among the Somalis and herari in eastern Ethiopia . Harar, ethiopia : international journal of women's health.*

World Bank (2010). *Female genital cutting in Somalia . Mogadishu, Somalia : World bank .*

Centre, L. I. (2008). *Female genital cutting in Sudan and Somalia . Storgata: landinfo.*

DES. (2016). *Thematic Paper:South Central Somalia - Female genital cutting or Cutting. Copenhagen: Danish emigration services .*

Ingvild Bergom Lunde and Mette Sagbakken. (2014). *Female genital cutting in Hargeisa, Somaliland. is. Reproductive Health Matters, 11-14.*

Mastuuke, E. (2015). *Female Genital Mutiltation and it's future among the Somalis Living in Finland. University of Tampare .*

Mohamed, F. B. (2016). *Assessing the Knowledge and Attitude among Somali Men in King County. Seatle: University of Washington.*

Newell-Jones, K. (2017). *Female genital cutting in Somaliland:baseline Study. Hargeisa : Somaliland Family Health Association (SOFHA).*

Ogalleh, a. A. (2014). *FINAL EVALUTION OF COMMUNITY EDUCATION ON FEMALE GENITAL CUTTING (FGC) IN SOMALILAND. Hargiesa, Somaliland : international solidarity Fund.*

RezaeeAhan, F. (2013). *Female genital cutting Experiences of Somali women living in Sweden. Goteberg, Sweden : Goteberg Universitat.*

TUKALE, A. S. (2017). *Female genital cutting practice and its effects on women's reproductive health in barwaqo ward, warta nabada district, mogadishu somalia. Nairobi, Kenya: Kenyatta University .*

