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This query was drafted by ACCORD and peer-reviewed internally by EUAA.

Introduction

Methodology and research challenges

The information gathered in this query is a result of desk research until 21 April 2023. This query is produced in line with the EUAA COI Report Methodology (2023)¹ and the EUAA COI Writing and Referencing Style Guide (2023).²

Collecting information

The information gathered results from extensive desk research using predominantly public specialised electronic sources until 21 April 2023. All sources used are referenced in the [Bibliography](#). Wherever information could not be found after carefully consulting a range of sources, this is stated in the query.

Research challenges

The present study has encountered a number of research challenges, including: the extreme sensitivity of the subject, the scarcity of information and reporting on some of the topics addressed in the terms of reference, and the difficulty to extend research findings of global studies on FGM/C to the Somali context. About a dozen oral sources were contacted. However, most of them did not respond within the research and drafting period of this query. Those who responded either provided links to relevant public reports, contact details of other oral sources, or information that was either not relevant or too general to be included. Notably, information on the prevalence and trends of FGM/C was scarce among all sources consulted within the limited timeframe for researching and drafting this COI query.

Sources

In accordance with the EUAA COI methodology, a range of different published documentary sources have been consulted on relevant topics for this query. These included: academic publications, think tank reports, and specialised sources covering Somalia; COI reports by governments; information from civil society and NGOs; reports produced by various bodies of the United Nations; Somali media. However, there was a scarcity of information of recent date. Most of the data on the prevalence of FGM/C in Somalia was taken from the Somali Health and Demographic Survey (SHDS) 2020.

Structure

The query includes a general introductory part, which approaches the overall prevalence of FGM/C in its different forms. This is followed by a main part addressing the forms, factors, and prevalence of repeated FGM/C, with a focus on re-infibulation and the various contexts in which it occurs.

¹ EUAA, EUAA Country of Origin Information (COI) Report Methodology, February 2023, [url](#)

² EUAA, Country of Origin Information (COI) Reports: Writing and Referencing Guide, February 2023, [url](#)

1. Prevalence of FGM/C in Somalia

Female Genital Mutilation/Cutting (FGM/C) is ‘almost universally practiced throughout the country’,³ and there is no legislation that explicitly criminalises this practice.⁴ Puntland, however, adopted an FGM Zero Tolerance Bill in 2021,⁵ which is still to be passed into law.⁶ In Somaliland, the Ministry of Religious Affairs issued in 2018 a religious *fatwa* banning the practice of female genital mutilation.⁷

The Federal Government of the Republic of Somalia in its 2020 Somali Health and Demographic Survey⁸ reported that 99.2 % of Somali women aged 15–49 had been subjected to FGM/C.⁹ The same source describes three different forms of FGM/C that are conducted in Somalia:

- ‘Sunni’ FGM/C: excision of the clitoral hood, with or without partial or total removal of the clitoris;
- ‘Intermediate’ FGM/C: removal of the clitoris with partial or total removal of the labia minora; and
- ‘Pharaonic’ FGM/C: partial or total removal of the external genitalia and narrowing/stitching of the vaginal opening, as well as other procedures.¹⁰

While the Pharaonic form - also known as infibulation¹¹ - is equivalent to Type III of the WHO classification of FGM/C, the Sunni form can correspond to Type I, Type II or Type III. Indeed, the term *Sunnah* can be used to refer to any type of circumcision which communities believe is required/permitted by Islam.¹²

Within the practice of Sunni circumcision in Somalia, there are two subtypes:

- *Sunnah Kabiir* (‘greater *Sunnah*’), a form of infibulation that involves cutting the labia majora and/or the labia minora, with or without removal of the clitoris, followed by stitching that leaves an opening larger than in the case of ‘Pharaonic’ circumcision;
- *Sunnah Saqiir* (‘lesser *Sunnah*’), which involves removal of parts or all of the clitoris and/or the prepuce.¹³

The above-mentioned 2020 survey found that the most commonly experienced form of FGM/C was the Pharaonic type: 64.2 % of surveyed women between ages 15 and 49, reported having

³ USDOS, 2022 Country Reports on Human Rights Practices: Somalia, 20 March 2023, [url](#), p. 28

⁴ UNCAT, Concluding observations on the initial report of Somalia, CAT/C/SOM/CO/1, 2 December 2022, [url](#), para. 29

⁵ UNOCHA, Somalia Humanitarian Bulletin, January 2022, 10 February 2022, [url](#), p. 4

⁶ UNFPA, UNFPA Somalia congratulates Puntland for passing a bill that prohibits Female Genital Mutilation (FGM), 10 June 2021, [url](#)

⁷ VOA, Somaliland Fatwa Forbids FGM, 6 February 2018, [url](#)

⁸ The survey was conducted from 2018 to 2019. The Lower Shabelle and Middle Jubba regions, as well as the rural and nomadic populations of Bay region were excluded from the survey due to security concerns. Somalia, SNBS, The Somali Health and Demographic Survey 2020, April 2020, [url](#), pp. V, 5

⁹ Somalia, SNBS, The Somali Health and Demographic Survey 2020, April 2020, [url](#), p. 220

¹⁰ Somalia, SNBS, The Somali Health and Demographic Survey 2020, April 2020, [url](#), p. 212

¹¹ RFI, The truth about Female Genital Mutilation in Egypt and beyond, 9 December 2019, [url](#)

¹² Crawford, S. and Ali, S., Situational Analysis of FGM/C Stakeholders and Interventions in Somalia, HEART, 2015, [url](#), p. 4

¹³ Crawford, S. and Ali, S., Situational Analysis of FGM/C Stakeholders and Interventions in Somalia, HEART, 2015, [url](#), pp. 66-67

experienced it. The prevalence was highest among nomadic populations (71.6 %) and lowest among urban residents (57.6 %). Meanwhile, 21.6 % of the surveyed women had undergone the Sunni type circumcision and 12.3 % the Intermediate type. Lower educational/wealth status correlated with higher rates of Pharaonic FGM/C.¹⁴

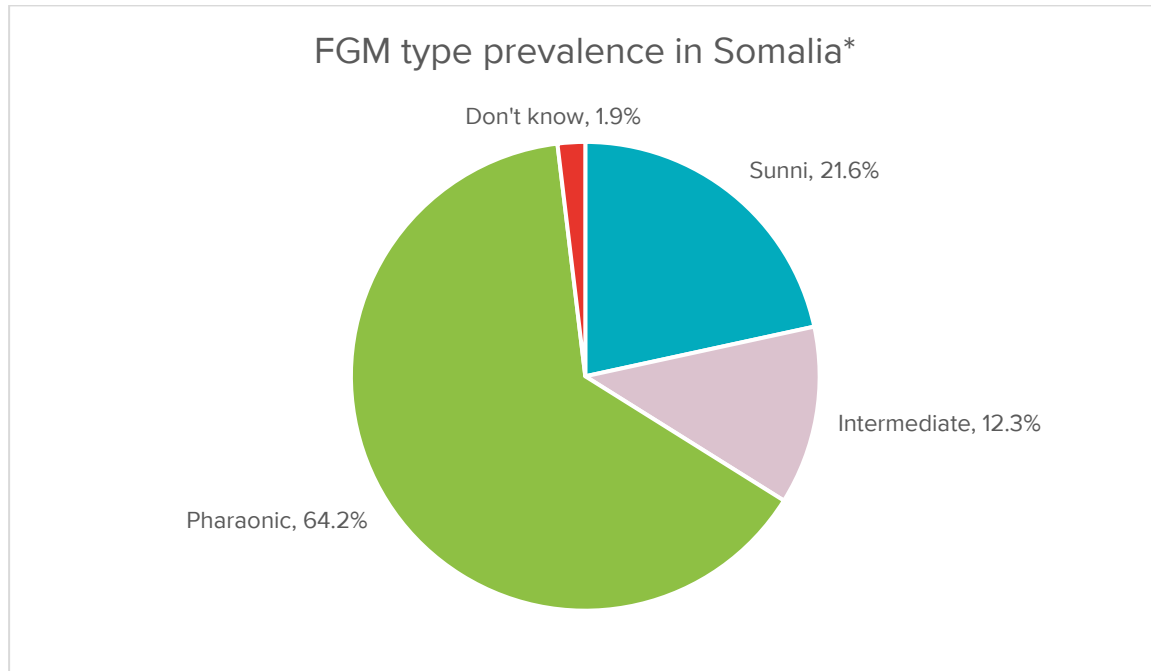


Figure 1 Source: The Somali Health and Demographic Survey 2020. *Out of the 99,2 % of women who have undergone FGM/C in Somalia.

More than two-thirds (70.9 %) of the women aged between 15 and 49 who participated in the 2020 Somalia Health and Demographic Survey and had experienced FGM/C had been subjected to the practice when they were 5-9 years old. Nearly all others (27.7 %) were circumcised between the ages of 10 to 14.¹⁵ Similarly, in a study conducted by GrassRoots and Ifrah Foundation in Kismayo in March and April 2022,¹⁶ interviewees (community members) stated that the practice of FGM/C was carried out on girls aged 6-15.¹⁷

It was noted that, while there has been no decrease in the overall prevalence of FGM/C, the degree of severity of FGM/C was decreasing, as communities are beginning to abandon the Pharaonic type but continue practicing the Sunni type.¹⁸ Indeed, the 2020 Somali Health and Demographic Survey showed that a much higher percentage of older women experienced Pharaonic FGM/C (e.g., 82.4 % of women aged between 45 and 49) compared to younger women (e.g., 46.2 % of women aged between 15 and 19).¹⁹ Countering this decrease in the Pharaonic type, there was a strong increase in the prevalence of the Sunni type among younger

¹⁴ Somalia, SNBS, The Somali Health and Demographic Survey 2020, April 2020, [url](#), p. 220

¹⁵ Somalia, SNBS, The Somali Health and Demographic Survey 2020, April 2020, [url](#), p. 221

¹⁶ GrassRoots and Ifrah Foundation, Community Knowledge, Attitudes and Practices on FGM: Case Study to inform the Dear Daughter Campaign - Kismayo, Jubaland, April 2022, [url](#), p. 13

¹⁷ GrassRoots and Ifrah Foundation, Community Knowledge, Attitudes and Practices on FGM: Case Study to inform the Dear Daughter Campaign - Kismayo, Jubaland, April 2022, [url](#), p. 16

¹⁸ GrassRoots and Ifrah Foundation, Community Knowledge, Attitudes and Practices on FGM: Case Study To Inform the Dear Daughter Campaign - Garowe, Puntland, 2021, 14 April 2022, [url](#), p. 9

¹⁹ Somalia, SNBS, The Somali Health and Demographic Survey 2020, April 2020, [url](#), p. 220



age groups²⁰ (e.g., 37.2% of women between 15–19 years of age vs. only 8.5 % of women aged 45–49).²¹ Within this context, between 2016 and 2018, among the new FGM/C cases surveyed by Elijah Kipchumba and other researchers, in two districts of Gedo region and four districts of Puntland, 6 % were of the full Pharaonic type, 65 % were *Sunnah Saqiir* (see above) and 28 % were *Sunnah Kabiir* (still a form of infibulation).²²

Societal attitude

Overall, 76.4% of women aged between 15 and 49 surveyed in the 2020 Somali Health and Demographic Survey responded that the practice of female circumcision should continue.²³ Most participants of the March/April 2022 GrassRoots and Ifrah Foundation study in Kismayo only perceived the Pharaonic type as FGM, often referring to the Sunni form as ‘normal circumcision’. While the respondents showed awareness of the risks of the Pharaonic form - usually performed by traditional cutters/midwives - most held the view that the Sunni type was not harmful to girls.²⁴ A similar picture could be gathered from the above-mentioned study conducted in two districts of Gedo region (Jubbaland) and four districts of Puntland in the years 2016–2018.²⁵ Awareness regarding FGM/C was specifically reported as low among pastoralist communities.²⁶

The number of Somalis completely opposed to any form of FGM/C was believed to be very small.²⁷ Among participants of a study conducted by GrassRoots and Ifrah Foundation in Garowe (Puntland) in May and June 2021,²⁸ only a few declared that they intended to leave their daughter uncircumcised. The majority reported that they had decided to have their daughters undergo a Sunni-type circumcision.²⁹ According to the results of a study on FGM/C in Somaliland published in early 2020, the Sunni type was generally endorsed by the younger generation. Elderly persons (especially women) preferred the Pharaonic type, believing that women undergoing the Sunni cut were left ‘open’ and were thus uncircumcised and immoral.³⁰

²⁰ 28 Too Many: FGM in Somalia and Somaliland – Country Profile Update, March 2021, [url](#), p. 21

²¹ Somalia, SNBS, The Somali Health and Demographic Survey 2020, April 2020, [url](#), p. 220

²² Kipchumba, E. et al., Accelerating Change towards Zero Tolerance to Female Genital Mutilation/Cutting: Effects of Community Dialogues on FGM/C and Child Marriage, Norwegian Church Aid and Save the Children, June 2019, [url](#), pp. 10-11

²³ Somalia, SNBS, The Somali Health and Demographic Survey 2020, April 2020, [url](#), p. 223

²⁴ GrassRoots and Ifrah Foundation, Community Knowledge, Attitudes and Practices on FGM: Case Study to inform the Dear Daughter Campaign - Kismayo, Jubaland, April 2022, [url](#), p. 16

²⁵ Kipchumba, E. et al., Accelerating Change towards Zero Tolerance to Female Genital Mutilation/Cutting: Effects of Community Dialogues on FGM/C and Child Marriage, Norwegian Church Aid and Save the Children, June 2019, [url](#), p. ii

²⁶ Somalia Protection Cluster et al., Quarterly Joint Analysis Workshop (JAW) – South West State (online) Somalia Protection Monitoring System, Quarter 1; January-March 2022, 13 April 2022, [url](#), p. 2

²⁷ Sweden, Swedish Migration Agency (Migrationsverket), Somalia - Kvinnlig könsstympning [Somalia – Female genital mutilation] (version 1.1) [source: Tadamun Social Society], 27 August 2019, [url](#), p. 14

²⁸ GrassRoots and Ifrah Foundation, Community Knowledge, Attitudes and Practices on FGM: Case Study To Inform the Dear Daughter Campaign - Garowe, Puntland, 2021, 14 April 2022, [url](#), p. 10

²⁹ GrassRoots and Ifrah Foundation, Community Knowledge, Attitudes and Practices on FGM: Case Study To Inform the Dear Daughter Campaign - Garowe, Puntland, 2021, 14 April 2022, [url](#), p. 16

³⁰ Powell et al., Exploring the nature and extent of normative change in FGM/C in Somaliland, UK AID and Population Council, February 2020, [url](#), pp. 22-23

Impacting circumstances

In early 2022, FGM/C was also reported to be on the rise in the context of drought and ongoing clan conflicts in Sool, Sanaag and Togdheer regions (Somaliland).³¹

According to a survey conducted by Plan International in Hargeisa and Burao in 2020, 61 % of respondents stated that they believed that FGM/C had increased during the pandemic.³² Still for 2020, it was noted that media were reporting an ‘alarming increase’ of FGM/C incidents due to school closures during the Covid-19 pandemic,³³ with the economic downturn compelling circumcisers to go from ‘door to door’ to carry out FGM/C.³⁴

For more information regarding the types, prevalence and legal framework of FGM/C in Somalia, see the September 2021 EUAA COI report [Somalia: targeted profiles](#), section 2.4. FGM/C.

³¹ Plan International, Summary Report: Rapid Gender Assessment in Somalia, April 2022, [url](#), p. 4

³² Plan International, Submission to the Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 10 June 2021, [url](#), p. 4

³³ UNFPA, Overview of Gender Based Violence in Somalia, 5 March 2021, [url](#), p. 7

³⁴ Plan International, Girls in Somalia subjected to door to door FGM, 18 May 2020, [url](#)

2. Forms and prevalence of repeated FGM/C

2.1. Types and factors for repeated FGM/C

2.1.1. De-infibulation

De-infibulation (or defibulation) is a procedure performed on women who previously underwent infibulation (type III FGM/C). It involves opening up the vulvar scar tissue by means of a vertical incision along the infibulation.³⁵ It can be carried out prior to sexual intercourse – either by a health professional or by the husband – to avoid tearing of tissue/vaginal injury during penetration. It can also be performed before giving birth³⁶ or for medical reasons related to FGM/C,³⁷ including complications during menstruation.³⁸

A situational analysis of FGM/C published in 2015 found that de-infibulation of unmarried virgins was considered ‘shameless’ in areas studied in South-Central Somalia and Puntland. In Somaliland, de-infibulation of a girl as preparation for the wedding night was seen as more socially acceptable than in other parts of Somalia.³⁹

2.1.2. Re-infibulation

Re-infibulation is the process whereby an infibulated woman who was later de-infibulated is infibulated again.⁴⁰ It entails stitching together the vulvovaginal opening to close it after it was opened due to de-infibulation/childbirth,⁴¹ and thereby reapproximating their original scar.⁴²

(a) Re-infibulation after childbirth

According to a UNICEF representative quoted in a February 2021 report by the Danish Immigration Service (DIS), when de-infibulation is performed on women who underwent infibulation-type FGM - as a precondition for childbirth, as the circumcised vaginal opening does

³⁵ Ibe, C. and Johnson-Agbakwu, C., Female Genital Cutting: Addressing the Issue of Culture and Ethics, August 2011, pp. 29-30

³⁶ Crawford, S. and Ali, S., Situational Analysis of FGM/C Stakeholders and Interventions in Somalia, HEART, 2015, [url](#), pp. 75-76

³⁷ Ibe, C. and Johnson-Agbakwu, C., Female Genital Cutting: Addressing the Issue of Culture and Ethics, August 2011, p. 29

³⁸ Sweden, Swedish Migration Agency (Migrationsverket), Somalia - Kvinnlig könsstympning [Somalia – Female genital mutilation] (version 1.1) [source: Nafisa Yusuf Mohamed (Nagaad Network)], 27 August 2019, [url](#), p. 32

³⁹ Crawford, S. and Ali, S., Situational Analysis of FGM/C Stakeholders and Interventions in Somalia, HEART, 2015, [url](#), p. 76

⁴⁰ Sweden, Swedish Migration Agency (Migrationsverket), Somalia - Kvinnlig könsstympning [Somalia – Female genital mutilation] (version 1.1), 27 August 2019, [url](#), p. 35

⁴¹ Barnawi, N. et al., Facilitating Birth for Women Who Have Experienced Genital Cutting, 2015, [url](#), p. 32

⁴² Ibe, C. and Johnson-Agbakwu, C., Female Genital Cutting: Addressing the Issue of Culture and Ethics, August 2011, p. 30



not allow for the passage of a child - subsequent repairs of the ‘inverted circumcision’, which are required, are made in a re-infibulation procedure.⁴³

According to the same UNICEF expert, this procedure is repeated each time infibulated women – who have undergone ‘Pharaonic’ FGM/C - give birth for the first 2-4 babies.⁴⁴ Another health specialist working for UNFPA – Somalia, and quoted by DIS, states that ‘re-infibulation is very common’ and naturally takes place during delivery.⁴⁵ Similarly, a source quoted by the Swedish Migration Agency stated that re-infibulation constituted a part of the delivery process and was carried out immediately by the traditional midwife after a woman had given birth.⁴⁶ At the same time, undergoing re-infibulation generally becomes less relevant once a woman has been pregnant,⁴⁷ or is already married and no longer a virgin.⁴⁸ An international expert quoted in a Landinfo report on FGM in Somalia is of the opinion that, in the absence of comprehensive studies on the issue, it cannot be concluded that ‘reinfibulation systematically occurs after giving birth or divorce in Somalia’.⁴⁹

In rural settings, after giving birth, women may be re-infibulated by a midwife. This procedure is performed as part of the midwife’s routine to carry out deliveries from start to finish. In other cases, the woman may be left open because the midwife lacks sufficient knowledge on how to restitch the woman.⁵⁰ However, if the midwife either refuses to carry out the re-infibulation or does not perform the procedure, it may be performed by a traditional cutter.⁵¹

A local source quoted by the Swedish Migration Agency indicates that after childbirth women are usually re-stitched to some extent, not fully re-infibulated.⁵²

Decisions about undergoing re-infibulation

The Swedish Migration Agency pointed out that there were differing views among sources regarding how decisions on re-infibulation were made.⁵³

A source quoted by the Swedish Migration Agency stated that it may be difficult for women to speak up against the midwife and aunts who are present during child delivery. The same source pointed to examples of women being re-sewn despite having asked not to be stitched together

⁴³ Denmark, DIS, Somalia: Female Genital Mutilation (FGM) [source: Representative of UNICEF], February 2021, [url](#), p. 29

⁴⁴ Denmark, DIS, Somalia: Female Genital Mutilation (FGM) [source: Representative of UNICEF], February 2021, [url](#), p. 29

⁴⁵ Denmark, DIS, Somalia: Female Genital Mutilation (FGM) [source: Representative of UNICEF], February 2021, [url](#), p. 27

⁴⁶ Sweden, Swedish Migration Agency (Migrationsverket), Somalia - Kvinnlig könsstympning [Somalia – Female genital mutilation] (version 1.1) [source: Nasra Islan], 27 August 2019, [url](#), p. 36

⁴⁷ Sweden, Swedish Migration Agency (Migrationsverket), Somalia - Kvinnlig könsstympning [Somalia – Female genital mutilation] (version 1.1) [source: Somali Women Development Centre], 27 August 2019, [url](#), p. 36

⁴⁸ Denmark, DIS, Somalia: Female Genital Mutilation (FGM) [source: Representative of UNICEF], February 2021, [url](#), p. 27

⁴⁹ Landinfo, Somalia – Female Genital Mutilation, 14 September 2022, [url](#), p. 12

⁵⁰ Sweden, Swedish Migration Agency (Migrationsverket), Somalia - Kvinnlig könsstympning [Somalia – Female genital mutilation] (version 1.1) [source: Tadamun Social Society], 27 August 2019, [url](#), pp. 35-36

⁵¹ Denmark, DIS, Somalia: Female Genital Mutilation (FGM) [source: Maternal and Reproductive Health Specialist (UNFPA)], February 2021, [url](#), p. 27

⁵² Sweden, Swedish Migration Agency (Migrationsverket), Somalia - Kvinnlig könsstympning [Somalia – Female genital mutilation] (version 1.1) [source: Tadamun Social Society], 27 August 2019, [url](#), p. 36

⁵³ Sweden, Swedish Migration Agency (Migrationsverket), Somalia - Kvinnlig könsstympning [Somalia – Female genital mutilation] (version 1.1) [source: Nasra Islan], 27 August 2019, [url](#), p. 35

again.⁵⁴ In line with this, according to an international women's rights organisation based in Garowe and that was consulted by the Swedish Migration Agency, if a woman does not want re-infibulation, but her family/husband expects her to undergo the procedure, it is 'very difficult' for the woman to refuse.⁵⁵

At the same time, women often undergo re-infibulation after being convinced to do so by their midwife – including traditional birth attendance – on the ground that this would make them look again “neat and beautiful”.⁵⁶ In rural settings, women may be re-infibulated by a midwife, sometimes without being consulted.⁵⁷ In other settings, such as hospitals, infibulated women are often advised to undergo re-infibulation once they have given birth.⁵⁸

Another source quoted by the Swedish Migration Agency indicates that, although female relatives are often present in the delivery room, it is usually up to the woman to decide whether she should be stitched together again.⁵⁹

Other women decide to undergo re-infibulation ‘voluntarily’,⁶⁰ seeing it as a way to remain sexually desirable to their husbands.⁶¹ Indeed, one source consulted by the Swedish Migration Agency was reported to have said that some women opted to undergo re-infibulation for the sake of their husbands, as there is a widely shared belief that the husband would only receive sexual pleasure if the woman has been re-stitched after childbirth.⁶²

According to the 2015 situational analysis of FGM/C, many women choose to be re-infibulated because ‘the sensation of living with an opened scar, after living so many years with fused labia is felt to be uncomfortable and abnormal’.⁶³

Moreover, women seeking remarriage may choose to be re-infibulated based on the belief that this would make them a virgin again.⁶⁴

⁵⁴ Sweden, Swedish Migration Agency (Migrationsverket), Somalia - Kvinnlig könsstympning [Somalia – Female genital mutilation] (version 1.1) [source: Nasra Islan], 27 August 2019, [url](#), p. 35

⁵⁵ Sweden, Swedish Migration Agency (Migrationsverket), Somalia - Kvinnlig könsstympning [Somalia – Female genital mutilation] (version 1.1) [source: International Organisation working on women's rights in Garowe], 27 August 2019, [url](#), p. 36

⁵⁶ Denmark, DIS, Somalia: Female Genital Mutilation (FGM) [source: Representative of UNICEF], February 2021, [url](#), p. 29

⁵⁷ Sweden, Swedish Migration Agency (Migrationsverket), Somalia - Kvinnlig könsstympning [Somalia – Female genital mutilation] (version 1.1) [source: Tadamun Social Society], 27 August 2019, [url](#), pp. 35-36

⁵⁸ Sweden, Swedish Migration Agency (Migrationsverket), Somalia - Kvinnlig könsstympning [Somalia – Female genital mutilation] (version 1.1) [source: Somali Women Development Centre], 27 August 2019, [url](#), p. 36

⁵⁹ Sweden, Swedish Migration Agency (Migrationsverket), Somalia - Kvinnlig könsstympning [Somalia – Female genital mutilation] (version 1.1) [source: Somali Women Development Centre], 27 August 2019, [url](#), p. 36

⁶⁰ Denmark, DIS, Somalia: Female Genital Mutilation (FGM) [source: Representative of UNICEF; Maternal and Reproductive Health Specialist (UNFPA)], February 2021, [url](#), pp. 27, 29

⁶¹ Denmark, DIS, Somalia: Female Genital Mutilation (FGM) [source: Maternal and Reproductive Health Specialist (UNFPA)], February 2021, [url](#), p. 27

⁶² Sweden, Swedish Migration Agency (Migrationsverket), Somalia - Kvinnlig könsstympning [Somalia – Female genital mutilation] (version 1.1) [source: Nasra Islan], 27 August 2019, [url](#), p. 36

⁶³ Crawford, S. and Ali, S., Situational Analysis of FGM/C Stakeholders and Interventions in Somalia, HEART, 2015, [url](#), p. 76

⁶⁴ Denmark, DIS, Somalia: Female Genital Mutilation (FGM) [source: Representative of UNICEF], February 2021, [url](#), p. 29

(b) Re-infibulation of women who have been de-infibulated for reasons other than giving birth

According to an NGO consulted by the Swedish Migration Agency, women who have been ‘opened’ for reasons other than giving birth may face a certain risk of re-infibulation. De-infibulated women experience difficulties in finding a husband and may attract gossip, rumours and suspicions within their community. However, the source noted that cases of such women being re-infibulated were ‘unusual’.⁶⁵

(c) Re-infibulation of unmarried girls/women who have lost their virginity due to rape or a premarital relationship

It was reported that parents of female victims of rape often forced their daughter to undergo re-infibulation so as to restore her honour⁶⁶ and protect her marital status. A UNICEF source cited in a February 2021 report by the DIS indicated that, in cases of rape, but also in cases where virginity was lost due to a secret relationship, a decision to re-infibulate the girl was usually made by the girl’s parents or other close relatives.⁶⁷ Similar instances have been reported also by Crawford and Ali in their situational analysis from 2015.⁶⁸

In one instance, a February 2019 Reuters article mentioned a 30-year-old woman who had been cut at the age of eight. After being raped at the age of 13, she was subjected to FGM again.⁶⁹ In a similar vein, a German newspaper article in early 2021 recounted the story of an 18-year-old woman who was subjected to infibulation when she was nine. After she lost her parents some five years later and was left unprotected, she was raped by three men. Her uncle then decided to have her re-infibulated in order to marry her off to an elderly man against her will. The woman was quoted as saying that she fled prior to the procedure because she would have been unable to endure the pain of being stitched a second time.⁷⁰

(d) Re-infibulation due to the perception that an infibulation was not performed ‘properly’

In some cases, an initial FGM procedure was repeated shortly afterwards when it was found that the FGM had not been ‘properly’ carried out. For example, the German Zeit Campus student magazine in early 2020 recounted the story of a 33-year-old Somali woman who was subjected to type III FGM (infibulation) at the age of seven. A few days later, some women came to inspect her scar and found that it did not look ‘right’. They re-opened the stitches and resewed her.⁷¹ Likewise, a 2014 article by AFP news agency quoted a 40-year-old Somali woman who recalled that infibulated girls who were found to be ‘not completely stitched together’ had to undergo a

⁶⁵ Sweden, Swedish Migration Agency (Migrationsverket), Somalia - Kvinnlig könsstympning [Somalia – Female genital mutilation] (version 1.1) [source: Somali Women Development Centre], 27 August 2019, [url](#), p. 36

⁶⁶ Crawford, S. and Ali, S., Situational Analysis of FGM/C Stakeholders and Interventions in Somalia, HEART, 2015, [url](#), p. 76

⁶⁷ Denmark, DIS, Somalia: Female Genital Mutilation (FGM) [source: Representative of UNICEF], February 2021, [url](#), pp. 29-30

⁶⁸ Crawford, S. and Ali, S., Situational Analysis of FGM/C Stakeholders and Interventions in Somalia, HEART, 2015, [url](#), pp. 58, 73, 76

⁶⁹ Reuters, Somali refugee's fight against 'silent killer' of FGM inspires film, 27 February 2019, [url](#)

⁷⁰ FR, Grausame Tradition der Beschneidung von Mädchen und Frauen: Die Sehnsucht nach dem unversehrten Körper [The cruel tradition of circumcision of girls and women: The longing for an unscathed body], 6 February 2021, [url](#)

⁷¹ Zeit Campus, "Zum ersten Mal fühle ich mich wie ein Mensch" ["I'm feeling human for the first time in my life"], 9 February 2020, [url](#)

process whereby parts of their tissue were cut and restitched again.⁷² In another case, it was reported that an infibulated girl whose stitches were ruptured in an accident (falling from a tree while playing) had to undergo another infibulation.⁷³

(e) Re-infibulation on perceived health grounds

There were also reports of re-infibulation being carried out by cutters on perceived health-related grounds. The above-mentioned 33-year-old Somali woman was reported as saying that when it was discovered that the wound had become inflamed following the second procedure, they infibulated her another (i.e., third) time.⁷⁴ In another instance, a woman recounted how she was subjected to FGM at the age of six, with thorns inserted in her labia to enhance the healing process. Seven days later, the circumciser came to inspect whether her labia had healed. When she found that the labia had not healed, the circumcision procedure was repeated, with new thorns inserted more closely to ensure that the labia were sticking together.⁷⁵

2.1.3. Infibulation of women who underwent a Sunni-type FGM/C

According to a local NGO quoted by the Swiss Migration Agency, women who had previously undergone Sunni circumcision usually are not re-infibulated.⁷⁶ However, a woman who has ‘only’ undergone the Sunni type may be pressured to undergo infibulation, according to the same NGO. Reportedly, it is left up to the woman herself to decide – in discussion with the midwife – whether she wants to be stitched together, and if so, partially or completely.⁷⁷

In other cases, however, it was reported that girls who had undergone the Sunni type of FGM/C were insulted as ‘unclean’ and incapable of controlling their sexual desires⁷⁸ because they did not go through the more severe Pharaonic procedure.⁷⁹

Women and girls returning from Europe are usually pressured to undergo FGM/C.⁸⁰ The Tadamun Social Society, an NGO headquartered in Bossaso, was quoted as saying that women returnees from Europe who had not previously been infibulated were normally not pressured into undergoing infibulation in urban areas. According to them they would be able to find a marriage partner even without this procedure.⁸¹

⁷² AFP, Coupée au rasoir, recousue avec des épines : une Somalienne se souvient de sa mutilation génitale [Cut with a razor blade, restitched with thorns: A Somali woman remembers her genital mutilation], 21 February 2014

⁷³ GrassRoots and Ifrah Foundation, Community Knowledge, Attitudes and Practices on FGM: Case Study To Inform the Dear Daughter Campaign - Garowe, Puntland, 2021, 14 April 2022, [url](#), p. 13

⁷⁴ Zeit Campus, "Zum ersten Mal fühle ich mich wie ein Mensch" ["I'm feeling human for the first time in my life"], 9 February 2020, [url](#)

⁷⁵ UNFPA, FGM – I was cut and sewn up – not once but twice, 6 February 2018, [url](#)

⁷⁶ Sweden, Swedish Migration Agency (Migrationsverket), Somalia - Kvinnlig könsstympning [Somalia – Female genital mutilation] (version 1.1) [source: Somali Women Development Centre], 27 August 2019, [url](#), p. 36

⁷⁷ Sweden, Swedish Migration Agency (Migrationsverket), Somalia - Kvinnlig könsstympning [Somalia – Female genital mutilation] (version 1.1) [source: Somali Women Development Centre], 27 August 2019, [url](#), p. 36

⁷⁸ GrassRoots and Ifrah Foundation, Community Knowledge, Attitudes and Practices on FGM: Case Study to inform the Dear Daughter Campaign - Kismayo, Jubaland, April 2022, [url](#), p. 22

⁷⁹ UN News, Daughters of Somalia, a continuous pledge to end female genital mutilation, 4 February 2022, [url](#)

⁸⁰ Denmark, DIS, Somalia: Female Genital Mutilation (FGM), February 2021, [url](#), pp. 23, 27, 32

⁸¹ Sweden, Swedish Migration Agency (Migrationsverket), Somalia - Kvinnlig könsstympning [Somalia – Female genital mutilation] (version 1.1) [source: Tadamun Social Society], 27 August 2019, [url](#), pp. 36-37

2.2. Prevalence and trends of re-infibulation

The Swedish Migration Agency pointed out that there were differing views among sources regarding the prevalence of re-infibulation.⁸²

A UNFPA specialist on maternal and reproductive health consulted by DIS was quoted as saying that re-infibulation was a very common phenomenon in Somalia, occurring in all parts of the country and with no geographical differences. It was usually performed after a woman had given birth.⁸³ At the same time, sources emphasised that quantitative data on the prevalence of re-infibulation was difficult to obtain⁸⁴ or unavailable.⁸⁵ Representatives of UNFPA were quoted as saying that in Somaliland women may decide on their own to be re-infibulated due to societal pressure, but that 're-infibulation is not a repetitive intervention'.⁸⁶

A 2015 situational analysis of FGM/C in Somalia found that 'being closed feels normal' and quoted a local midwife from Mogadishu anecdotally stating that the majority of women are re-infibulated. At the same time the study found that women from the lowest socio-economic strata in South-Central Somalia and Somaliland would opt not to be re-infibulated. They reportedly wanted to avoid the risk of 'obstructed labour' following re-infibulation given that high costs and distance made it difficult for them to access institutional care.⁸⁷

Moreover, it has been noted that there were a few communities in parts of Lower Shabelle and Banadir region that did not engage in FGM at all or performed a mild type. These groups did not practice re-infibulation after childbirth as their women were able to deliver children without undergoing de-infibulation.⁸⁸

For further information on the prevalence of repeated FGM/C, see section [2.1 Types and factors for repeated FGM](#) above.

Information about trends in the practice of repeated FGM/C could not be found among the sources consulted within the time constraints of this query.

⁸² Sweden, Swedish Migration Agency (Migrationsverket), Somalia - Kvinnlig könsstympning [Somalia – Female genital mutilation] (version 1.1) [source: Nasra Islan], 27 August 2019, [url](#), p. 35

⁸³ Denmark, DIS, Somalia: Female Genital Mutilation (FGM) [source: Maternal and Reproductive Health Specialist (UNFPA)], February 2021, [url](#), p. 27

⁸⁴ Denmark, DIS, Somalia: Female Genital Mutilation (FGM) [source: Maternal and Reproductive Health Specialist; Representative of UNICEF], February 2021, [url](#), pp. 27, 29

⁸⁵ Denmark, DIS, Somalia: Female Genital Mutilation (FGM) [source: Anonymous source], February 2021, [url](#), p. 32

⁸⁶ Sweden, Swedish Migration Agency (Migrationsverket), Somalia - Kvinnlig könsstympning [Somalia – Female genital mutilation] (version 1.1) [source: Faisal Ibrahim & Abdirizak Ali, UNFPA Somaliland], 27 August 2019, [url](#), p. 38

⁸⁷ Crawford, S. and Ali, S., Situational Analysis of FGM/C Stakeholders and Interventions in Somalia, HEART, 2015, [url](#), p. 76

⁸⁸ Denmark, DIS, Somalia: Female Genital Mutilation (FGM) [source: Representative of UNICEF], February 2021, [url](#), p. 30

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