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**Ministry of Immigration,
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The Danish
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Thematic Paper:

South Central Somalia - Female Genital Mutilation/Cutting

Country of Origin Information for Use in the Asylum Determination Process

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Introduction

The thematic paper at hand focuses on Female Genital Mutilation/Cutting (FGM/C) in South Central (S/C) Somalia, including general information on the practice and on its prevalence in S/C Somalia. Furthermore, the paper aims to provide information on the possibility to evade FGM as well as information regarding possible societal control mechanisms to establish whether female children and women have undergone the practice or not.

The information contained in this paper has been gathered and presented with utmost care. However, this document does not claim to be exhaustive. Therefore this paper is not, and does not purport to be, a detailed or comprehensive survey of the issues addressed and should thus be considered a supplement to other available information about FGM/C in S/C Somalia.¹

The paper is the product of meetings held by the Country of Origin Information Division, Danish Immigration Service (DIS), with four sources during a visit to Nairobi, Kenya, from 2 to 12 May 2015². The information collected during the visit was supplemented by a written response by a representative of the United Nations Population Fund (UNFPA), Somalia, with whom the delegation was not able to meet in person during the visit due to conflicting schedules. Further, other available written sources have been used to present background information on FGM/C in S/C Somalia in chapter 1 of this paper.

All sources consulted represent or work for organizations that are present in one or several locations in S/C Somalia.

Sources consulted in Nairobi stressed that reliable data collection in Somalia is extremely challenging, and that this is especially the case with sensitive issues like FGM/C.³ All available data on the prevalence of FGM/C in S/C Somalia as well as trends regarding possible alterations of the practice should thus be regarded accordingly.

Owing to this, the sources consulted could very often only base their individual input on anecdotal accounts, with no possibility to verify their own statements or to give concrete examples to support these. Consequently, sources were repeatedly not able to answer very specific questions, especially regarding the possibility to evade the practice of FGM/C and the consequences thereof.

All interlocutors are referred to according to their own request on this matter. All but two of the consulted sources requested varying degrees of anonymity or indirect referencing in order to protect their ability to further conduct their work in Somalia.

The notes from the meetings with the sources were forwarded to them for approval, giving the sources a chance to amend, comment or correct the given statements. As part of the notes forwarded to the sources, supplementing and clarifying questions were posed, allowing the sources to answer these questions in

¹ See for instance publications on Refworld.org and Ecol.net about FGM/C in Somalia.

² See also following report: Danish Immigration Service, South Central Somalia: Country of Origin Information for Use in the Asylum Determination Process, 2 October 2015, available at: <http://www.refworld.org/docid/560e863d4.html> [accessed 24 November 2015]

³ Humanitarian NGO working in S/C Somalia, Humanitarian worker in Somalia, International organization working in Somalia, IIDA

written form. Supplementing answers received from the sources have been incorporated in the approved meeting notes.

In the paper, care has been taken to present the views of the sources as accurately and transparently as possible. In this regard, all interlocutors' approved notes are found in their full extent in Annex A of this paper.

Some of the written as well as some of the oral sources consulted use the term Somalia not only to depict the area of S/C Somalia, but also to cover the Somali states of Puntland and Somaliland.

The paper at hand does not include any policy recommendations or analysis. The information in the paper does not necessarily reflect the opinion of the Danish Immigration Service and makes no political statement whatsoever.

Furthermore, this paper is not conclusive as to the determination or merit of any particular claim to refugee status or asylum. Terminology should not be regarded as indicative of a particular legal position.

Abbreviations

EASO	European Asylum Support Office
FGM/C	Female Genital Mutilation/Cutting
IIDA	Women's Development Organization
NGO	Non-governmental organization
S/C Somalia	South Central Somalia
UNFPA	United Nations Population Fund
UNSOM	United Nations Assistance Mission in Somalia
WHO	World Health Organization

1. Background: Female Genital Mutilation/Cutting in South Central Somalia

The practice of FGM/C is a cultural phenomenon deeply rooted in Somali society and as such widely accepted in S/C Somalia.⁴

The World Health Organization (WHO) categorizes FGM/C into four different types:

“1. Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).

2. Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are “the lips” that surround the vagina).

3. Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.

4. Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.”⁵

Type 3, or infibulation, in the Somali context is called “Gudniin Fadumo” or “Gudniinka fircooniga ah”. Additionally, the term “Halalayn” is used to describe all above mentioned types of FGM/C.⁶

FGM/C procedures are known to cause severe bleeding and problems urinating, while later on cysts, infections, infertility as well as complications in childbirth and increased risk of newborn deaths can be caused by the procedures.⁷

FGM/C is widespread throughout the country, with up to 99 % of women aged 15-49 years in Somalia having undergone some form of FGM/C. About 80 % of female children and women who have undergone FGM/C have had their genitalia sewn closed, also called infibulation or Type 3, the most severe form of FGM/C.^{8,9}

Sources consulted in Nairobi stated that while in general the most severe form of FGM/C is practiced in Somalia, it was common among the Benadiri and Arabic communities to perform the Sunna version (Type 1+2).¹⁰ These groups might perform the Sunna version the day after the birth of a girl child¹¹, or, as is the case with Arabic tribes in general, merely conduct an almost symbolic cutting of the girl child.¹²

⁴ IIDA, International organization working in Somalia, Humanitarian worker in Somalia

⁵ WHO, Female genital mutilation, Fact sheet N°241, updated February 2014:

<http://www.who.int/mediacentre/factsheets/fs241/en/>

⁶ LandInfo, Somalia: Kjønnslæstelse av kvinner, 4. september 2011:

http://www.landinfo.no/asset/1747/1/1747_1.pdf

⁷ WHO, Female genital mutilation, Fact sheet N°241, updated February 2014:

<http://www.who.int/mediacentre/factsheets/fs241/en/>

⁸ UN Population Fund (UNFPA), Female Genital Mutilation/Cutting Country Profile: Somalia, 22 October 2013:

<http://www.refworld.org/docid/527a02d34.html>

⁹ As already pointed out in the introduction, it should once again be emphasized that any data on the prevalence of FGM/C in S/C Somalia should be regarded against the backdrop of the significant challenges connected with reliable data collection in Somalia.

¹⁰ IIDA, Humanitarian worker in Somalia

1.1. Efforts to counteract the practice of Female Genital Mutilation/Cutting

The 2012 Provisional Federal Constitution of Somalia prohibits¹³ the circumcision of female children, calling it a “cruel and degrading customary practice, and [...] tantamount to torture”. However, there currently is no specific law that prohibits FGM/C in S/C Somalia. In August 2015, Somalia’s Ministry of Women Affairs and Human rights announced that it is planning to introduce a new law banning FGM/C nationwide.¹⁴

Several international and local NGOs have conducted education awareness programs on the dangers of FGM/C in Somalia. However, there were no reliable statistics to measure the success of such programs.¹⁵

Some sources have in the past reported on local improvements, such as a slight measurable decline in the number of female children undergoing the practice or a gradual shift in perceptions, with more families rejecting FGM/C to be performed on their daughters.¹⁶ UNSOM indicates that religious leaders, too, have begun to advocate against FGM/C, stressing the fact that the practice is not based on religious grounds and therefore should be brought to an end.¹⁷

Sources consulted in Nairobi stated that while the practice as such is still widespread, there are some areas of Somalia where the Sunna version (Type 1+2) is increasingly used instead of the most severe form.¹⁸

1.2. Female Genital Mutilation/Cutting in areas under control of Al Shabaab

According to sources consulted by Lifos in 2013, FGM/C has been banned by Al Shabaab and therefore does not occur in areas controlled by Al Shabaab.¹⁹

In contrast, while sources consulted by LandInfo in 2011 confirm that Al Shabaab has banned FGM/C, they also state that the practice continues to be implemented in areas under Al Shabaab control, as the tradition

¹¹ IIDA

¹² Humanitarian worker in Somalia

¹³ US Department of State: Country Report on Human Rights Practices 2014 - Somalia, 2015:

<http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm?year=2014&dliid=236404>; UN Assistance Mission in Somalia (UNSOM), Fighting to change perceptions of FGM in Somalia. 6. February 2014:

<http://unsom.unmissions.org/Default.aspx?tabid=6262&ctl=Details&mid=9770&ItemID=20228&language=en-US>;

EASO - European Asylum Support Office, South and Central Somalia: Country Overview, August 2014:

http://www.ecoi.net/file_upload/90_1412334993_easo-2014-08-coi-report-somalia.pdf

¹⁴ Horseed Media: Somalia to introduce law prohibiting Female Genital Mutilation. 3. August 2015:

<http://horseedmedia.net/2015/08/03/somalia-to-introduce-law-prohibiting-female-genital-mutilation/>

¹⁵ US Department of State: Country Report on Human Rights Practices 2014 - Somalia, 2015:

<http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm?year=2014&dliid=236404>

¹⁶ UN Assistance Mission in Somalia (UNSOM), Fighting to change perceptions of FGM in Somalia. 6. February 2014:

<http://unsom.unmissions.org/Default.aspx?tabid=6262&ctl=Details&mid=9770&ItemID=20228&language=en-US>;

Lifos, Kvinnor och barn i Somalia. Rapport från utredningsresa till Nairobi, Kenya och Mogadishu, Hargeisa och Boosaaso i Somalia i juni 2012. 5. June 2013: <http://lifos.migrationsverket.se/dokument?documentSummaryId=30432>

¹⁷ UN Assistance Mission in Somalia (UNSOM), Fighting to change perceptions of FGM in Somalia. 6. February 2014:

<http://unsom.unmissions.org/Default.aspx?tabid=6262&ctl=Details&mid=9770&ItemID=20228&language=en-US>

¹⁸ Humanitarian NGO working in S/C Somalia, International organization working in Somalia

¹⁹ Lifos, Kvinnors situation i Somalia. Rapport från utredningsresa till Nairobi, Kenya i oktober 2013. 24. January 2014:

<http://lifos.lifos.se/dokument?documentAttachmentId=40530>

is firmly rooted within society and therefore could not be altered in merely a few years under Al Shabaab influence.²⁰

IIDA explained that Al Shabaab does not have the will to impose a complete ban on FGM/C in areas under Al Shabaab control, even though the group does not support the practice. While Al Shabaab does not support or encourage FGM/C, the group will not fight it, either.

1.3. Age

The age span most vulnerable to the FGM is 5-10 years, and generally the practice would be performed before the age of 8 years.²¹

IIDA stated in this regard that female children are expected to help in the household from the age of 7 or 8 years. Since girls after undergoing the practice might not be able to do any work for several months, the vast majority of girls in Somalia are undergoing FGM/C before they reach the age of 8 years.

According to a source consulted by Lifos in 2012, girls who grow up abroad and return to Somalia to undergo FGM/C tend to be slightly older, around 10 years old.²²

2. Possibility to evade Female Genital Mutilation/Cutting

Sources consulted in Nairobi stated that it is possible for women to avoid having their daughters subjected to the practice of FGM/C and that some women do manage to do so.²³ This, however, would highly depend on the personality of the mother and on whether or not she has the necessary commitment to stand firm against FGM/C and the strong psychological pressure it entails, both from family members and society alike.²⁴

IIDA explained accordingly that a strong personal conviction that her daughter should not undergo the practice is most important for a mother to succeed, with her educational background, social status, cultural or geographical affiliation also being of considerable, yet minor importance. Another source stated that instead of financial and social status, it was the personality of the mother that was important in this regard, and whether or not she was exposed to information about FGM/C and individual rights.²⁵

²⁰ LandInfo, Somalia: Kjønnsmestelse av kvinner, 4. september 2011:

http://www.landinfo.no/asset/1747/1/1747_1.pdf

²¹ UNFPA, written response, IIDA, International organization working in Somalia, Humanitarian worker in Somalia, UN Children's Fund (UNICEF), Female genital mutilation/cutting: A statistical overview and exploration of the dynamics of change, 2013: http://www.ecoi.net/file_upload/1930_1375433025_fgcm-lo-res.pdf; LandInfo, Somalia:

Kjønnsmestelse av kvinner, 4. september 2011: http://www.landinfo.no/asset/1747/1/1747_1.pdf

²² Lifos, Kvinner og barn i Somalia. Rapport från utredningsresa till Nairobi, Kenya och Mogadishu, Hargeisa och Boosaaso i Somalia i juni 2012. 5. June 2013: <http://lifos.migrationsverket.se/dokument?documentSummaryId=30432>

²³ Humanitarian NGO working in S/C Somalia, International organization working in Somalia, Humanitarian worker in Somalia, IIDA

²⁴ Humanitarian NGO working in S/C Somalia, International organization working in Somalia, Humanitarian worker in Somalia, IIDA

²⁵ Humanitarian worker in Somalia

IIDA also stressed the fact that since FGM/C solely is a women's issue in Somalia and likewise kept alive by women, one has to assume that when a woman firmly denies having FGM/C performed on her daughter, her decision will stand against societal and family pressure.

UNFPA stated that in general, a mother would be able to decide not to have her daughter undergo the practice of FGM/C, but that this depended on which community she comes from.

One source stated that persons with high social status or individuals who have had exposure to Western ideas and concepts are perceived to be more able to withstand social pressure including the practice of FGM/C.²⁶

However, women from affluent families and with an educational background might still be very conservative and thus not necessarily against the practice of FGM/C²⁷. Such women might even be eager to have the practice performed on their daughters in order to have "honorable" women in their family and continue the practice in order to set an example for the rest of society.²⁸

One source also stated that women in outgoing jobs would be more likely to be exposed to health information on FGM/C, compared to women from affluent families who do not have to leave the house regularly for work.²⁹ Consequently, according to IIDA, there are women from medium and low income families that are firmly against the practice of FGM/C.

According to IIDA, both in rural and in urban areas there are parents who will stand firm against FGM/C and do not let their daughters undergo the practice. However, other sources stated that women living in urban centers were more likely to be able to withstand the social pressure to have their daughter subjected to FGM/C.³⁰

In urban centers, women live with higher anonymity and less close interaction with their neighbors, which might protect them from community pressure to have their daughter undergo FGM/C.³¹ While communities in urban centers are not as closely knit, everybody knows each other in the rural areas, which increases the social pressure on mothers to have their daughters undergo FGM/C and the prevalence of FGM/C in these areas.³²

Sources also indicated that a higher percentage of women with an educated background might be another reason for women to be more likely to withstand social pressure in the urban centers as compared to rural areas.³³

Additionally, one source underlined that women in urban centers are more likely to be working outside the household and thereby more likely to be exposed to information that will make them understand the medical implications of FGM/C and therefore refuse the practice. Further, the higher access to livelihood in

²⁶ International organization working in Somalia

²⁷ International organization working in Somalia, IIDA

²⁸ International organization working in Somalia

²⁹ Humanitarian worker in Somalia,

³⁰ International organization working in Somalia, Humanitarian worker in Somalia

³¹ International organization working in Somalia, Humanitarian worker in Somalia

³² International organization working in Somalia

³³ International organization working in Somalia, Humanitarian worker in Somalia

urban centers may give women more independence from their community as compared to the rural areas, where women might be heavily dependent on their communities and therefore not strong enough to stand against the practice.³⁴

2.1. Female Genital Mutilation/Cutting against mother's will

Regarding the possibility that girls by force are subjected to FGM/C by their relatives and against their mothers' or parents' will, the statements by the consulted sources varied to some degree.

In many communities in Somalia, people have a culture of jointly raising children. Therefore, relatives such as grandparents and aunts enjoy a great amount of respect and have certain rights and responsibilities in the upbringing of the families' children in accordance with cultural norms.³⁵

While one source stated that it is unclear whether female children might be taken by force and subjected to FGM/C due to lack of hard evidence on this issue, the source made clear that this scenario should not be ruled out.³⁶

IIDA explained that it was impossible that female members of a household against the mother's explicit wish would remove a girl by force from the mother in order to perform the practice. Nevertheless, if the mother is not strong enough to stand against the other women in the family, it could not be ruled out that a girl might be subjected to FGM/C by force through family members' involvement. Finally, IIDA also stated that family members might organize for a girl to undergo the practice while her mother is not at home, if it is known that the mother is against FGM/C. Directly enquired about this particular scenario, IIDA stated that one had not heard of such a case recently.

A third source stated that it would be very unlikely that relatives would subject a female child to FGM/C by physical force and further stressed that family members would not abduct a girl child against the resistance from her parents in order to perform FGM/C.³⁷

Due to the serious health implications related to the procedure of FGM/C, two sources agreed that it was highly unlikely that female children would be subjected to FGM/C without the mother knowing, or without the mother at least giving her tacit agreement to having the practice performed.³⁸

Sources described that it was very difficult to withstand the psychological pressure from the community and relatives linked to FGM/C³⁹, and in particular pressure from female family members such as aunts and grandmothers.⁴⁰ This pressure is likely to be particularly strong in rural communities.⁴¹

In this regard it was again underlined by one source that the ability to withstand the psychological pressure from family members depends on the individual personality of the mothers, as well as the personality of

³⁴ Humanitarian worker in Somalia

³⁵ International organization working in Somalia

³⁶ International organization working in Somalia

³⁷ Humanitarian worker in Somalia

³⁸ Humanitarian worker in Somalia, IIDA

³⁹ International organization working in Somalia, Humanitarian worker in Somalia

⁴⁰ Humanitarian worker in Somalia

⁴¹ International organization working in Somalia

family members who support the practice of FGM/C. This psychological pressure would include continuous conversations and remarks in order to attempt to change the mind of the mother, for example by explaining all the negative consequences a female child would have to face if she was not subjected to FGM/C.⁴²

The source had heard of recent examples of grandmothers making sure that female children were subjected to FGM/C by applying this kind of extremely forceful psychological pressure against mothers who initially were against the practice, but who in the end were not able to withstand the pressure. Even so, the source stated that such cases would be exceptional.⁴³

IIDA stated that in more conservative settings, it would be easier for parents to withstand social pressure if the girl child's father was standing firm against his daughter being subjected to FGM/C, since men tend to be heard more in conservative settings.

Regarding possible age limits, one source stated that female children who have reached puberty would not be subjected to FGM/C, since health implications would make the procedure too dangerous. Therefore, according to this source, once a girl has reached puberty or is married, there would no longer be any pressure from relatives for her to be subjected to FGM/C.⁴⁴

Finally, one source pointed out that there were no authorities or organizations for women to go to for assistance or protection if they do not want their daughters to be subjected to FGM/C.⁴⁵

2.2. Possible consequences for evading Female Genital Mutilation/Cutting

Two sources consulted in Nairobi stated that the biggest negative consequence for a girl child not being subjected to FGM/C would be the negative perception of her by the local community, including stigmatization by other children. Both sources stated that there were no negative consequences in terms of getting married, while one source also stated that there were no negative consequences in terms of access to livelihood such as employment.⁴⁶

In this regard, one source also emphasized that due to the absence of strong state structures, people rely heavily on their community, which is why only few can afford to be isolated from their community and its social support structures.⁴⁷

Regarding the consequences facing a mother that has decided her daughter should not undergo the practice of FGM/C, one source stated she would face stigmatization from other women and criticism by other parents in the community.⁴⁸

According to one source, mothers and parents who will not let their girl child undergo the practice of FGM/C can often be perceived by members of their community as corrupted by foreign culture.⁴⁹

⁴² Humanitarian worker in Somalia

⁴³ Humanitarian worker in Somalia

⁴⁴ Humanitarian worker in Somalia

⁴⁵ International organization working in Somalia

⁴⁶ Humanitarian worker in Somalia, IIDA

⁴⁷ International organization working in Somalia

⁴⁸ Humanitarian worker in Somalia

Only a single source commented on the situation for families returning to Somalia from Western countries, stating that these families, too, might be exposed to social pressure and therefore might experience it to be difficult to avoid having their daughters undergo the practice of FGM/C. According to the source, even these families will have an interest in avoiding social isolation of their daughters as a consequence if they do not undergo the practice.⁵⁰

Regarding a woman's ability to find a husband, sources stated that it is widely believed in Somalia that especially men from a traditional and conservative background due to social pressure would be inclined to refuse to marry a woman who has not undergone the practice of FGM/C. Likewise, such men are also believed to be inclined to divorce women who have not undergone the procedure.⁵¹

UNFPA stated that a woman who does not go through the practice of FGM/C will be considered a social misfit and be shunned by her community, and that it also is believed that she would not be eligible for marriage. It was further stated that men perceive women who have not undergone the practice as prostitutes, since they are found to be promiscuous.

Another source had also heard of examples of men from the Diaspora returning to Somalia and refusing to marry women who had not undergone the practice.⁵²

While it cannot be completely ruled out, none of the sources had reliable firsthand knowledge of men divorcing their wives after the wedding night because they had not undergone the practice of FGM/C prior to the wedding.⁵³

3. Examination of whether Female Genital Mutilation/Cutting has been performed

Sources consulted in Nairobi stated that the practice of FGM/C is exclusively controlled and managed by women, while men accept it without interference, even though they might not actively support the practice or have any say in the matter.⁵⁴

Further, several sources agreed that no family members or others conduct physical checks to verify whether a female child has been exposed to FGM/C or not.⁵⁵ The same would apply for families returning from western countries, and there is no difference between rural and urban areas.⁵⁶

When asked if anyone, for example a family member, control whether a female child has undergone the practice or not, UNFPA stated that elder women such as grandmothers can have control over the practice, especially in rural areas.

The issue of FGM/C is very sensitive and taboo to discuss within the family as a whole, which is why it would only be among the female members of a family it would be talked about.⁵⁷

⁴⁹ International organization working in Somalia

⁵⁰ International organization working in Somalia

⁵¹ International organization working in Somalia, IIDA

⁵² International organization working in Somalia

⁵³ International organization working in Somalia, IIDA, Humanitarian worker in Somalia

⁵⁴ International organization working in Somalia, IIDA

⁵⁵ Humanitarian worker in Somalia, International organization working in Somalia, IIDA

⁵⁶ Humanitarian worker in Somalia

Even so, sources considered it very likely that the local community might find out if a family decides not to practice FGM/C, due to the absence of a traditional circumcision ceremony, which, especially in tightly knit rural communities, is an integral part of community life.⁵⁸ IIDA stated that spread of rumors or mere social interaction with other women in the community could inevitably reveal that a female child or even woman has not been subjected to FGM/C.

One source added that eventually a husband on the wedding night will find out whether his wife has or has not been subjected to FGM/C.⁵⁹

Sources consulted in Nairobi also indicated that it is possible for mothers to conceal that their daughter has not undergone any kind of FGM/C by informing the family's community that the girl child has been subjected to the Sunna version of FGM/C instead.⁶⁰

However, one of these sources also underlined that it might be difficult to stick to such a story in a Somali context, since information on private matters is exchanged freely between female family members and relatives, also abroad.⁶¹

⁵⁷ Humanitarian worker in Somalia

⁵⁸ International organization working in Somalia, IIDA

⁵⁹ International organization working in Somalia

⁶⁰ IIDA, Humanitarian worker in Somalia

⁶¹ Humanitarian worker in Somalia

Sources

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Annex A – Notes from meetings with sources consulted

Humanitarian worker in Somalia

The prevalence of FGM in its various forms in Somalia is 98%. Although these figures are highly uncertain the prevalence is definitely more than 90 %.

The age span most vulnerable to FGM is 5-8 years of age, and generally the practice is not performed above the age of 8.

It should be emphasized that no exact figures regarding the prevalence of FGM are available. In general, data collection is extremely challenging in Somalia, and this is especially the case with sensitive issues like FGM.

FGM is a deeply rooted practice and until very recently most people would believe it was based on religion but it is a cultural phenomenon.

The matter of girls undergoing FGM or not is strictly family related and other actors would not be involved.

In general the most severe form of FGM is practiced in Somalia. An exception is among the Benadiri community that in general practices less severe forms of FGM, such as the Sunna. In general Arabic tribes do not practice the most severe form of FGM, but conduct an almost symbolic cutting of the girl child.

It is possible for some women to avoid having their daughters undergoing the practice of FGM.

The women able to withstand the social pressure to have their daughter subjected to FGM would be found in the urban centers of S/C Somalia. In urban centers the communities are not as closely knit as in the rural areas. In urban centers the women might not have the same close interaction with ones neighbors, they might be better educated and better able to take a firm stand against FGM and thereby avoiding that one's daughter should be subjected to this practice.

In urban centers the women are more likely to be working outside of the household and they are most likely more enlightened and in a better position to understand the implications of FGM. An educated woman who is reflected might easier refuse the practice for her daughter, since she might understand the medical implications.

The access to livelihood in urban centers can make women less dependent on the community compared to the rural areas. Women who are heavily dependent on their communities might not be the strong ones to refuse the practice.

Financial and social status is not so relevant when it comes to a mother's possibility to prevent FGM for her daughter. What is important is the personality of the mother and whether or not she has lived a life that has exposed her to information about FGM, individual rights etc. Women in outgoing jobs would be more likely to be in this situation compared to stay at home mothers. For example, women from affluent families

might not be exposed to a lot of health information on FGM, since they do not have to leave the house in order to work.

Somalis are in general becoming more and more conscious about how they live their lives and more people are travelling and being subjected to influences from other countries and cultures. However, there are also examples of Somali midwives flying to the UK in order to perform FGM on Somali girls.

If the parents are against FGM it would be very unlikely that a grandmother or aunt to subject the girl to FGM by physical force or without at least their tacit agreement.

It was considered impossible or highly unlikely that girls would be subjected to FGM without the mother knowing or at least tacit agreement from the mother. This is particularly due the serious health implications involved in the procedure that is often carried out under primitive conditions.

The source had heard of recent examples of the grandmother making sure that girls were subjected to FGM even though the mother initially was against it. This is not done by physical force but through an extremely forceful psychological pressure against the mother, who in the end was not able to withstand the pressure. Girls are not abducted by relatives in order to subject them to FGM.

Asked whether the source would consider such examples to be an exception or a regular occurrence, the source stated that this would be an exceptional case.

The ability to withstand the psychological pressure from the family depends on the individual personality of the mother and the personality of family members that support FGM. It was considered to be extremely difficult for a mother to stand up against the pressure from relatives, in particular the aunts and grandmothers.

They would through continuous conversations, remarks and psychological pressure attempt to change the mind of the mother by explaining all the negative consequences the girl would face if not subjected to FGM. It was stressed that family members would not kidnap a girl child from the house against the resistance from the parents.

Once girls have reached puberty they would not be subjected to FGM. The health implications would make it too dangerous. Once a girl has reached puberty or is married there is no longer any pressure from the relatives to be subjected to FGM.

A law against FGM could be helpful if it was enforced efficiently. At the moment all forms of FGM are outlawed according to the Somali constitution.

The biggest negative consequence for a girl not being subjected to FGM would be the negative perception of her by the local community. There is no real consequence in terms of getting married or access to livelihood such as jobs etc.

The source had not heard of examples that young women who had not undergone the practice were perceived to be haram in a Muslim context, and that this would entail them not being allowed to prepare food for their family.

The first person to notice that a woman has not undergone FGM is the husband, and some husbands will prefer women that have not been subjected to FGM.

The source had not personally heard of men divorcing a woman immediately after having found out that the woman had not undergone the practice. However, it could not be completely ruled out.

Neither family members nor others control, i.e. physically check, whether a girl has been exposed to FGM or not. The same applies for families returning from western countries and there is no difference between rural and urban areas.

It is also possible for the mother to state the girl has been subjected to the Sunna form of FGM even though the girl may not have been exposed to any kind of FGM at all. However, it is very hard to keep up with such a story in a Somali context because information is flowing freely between relatives at home and abroad.

FGM is taboo to discuss within the family as a whole and it would only be among the women of the family it would be talked about.

Humanitarian international NGO working in S/C Somalia

The practice of FGM is ongoing and widespread but there are areas of Somalia where the Sunna version is increasingly used instead of the most severe form, i.e. infibulations. Some religious leaders have a tendency to advocate the Sunna type although it is still a severe and harmful practice. These religious leaders could have been exposed to campaigns and new ideas against FGM that highlight the health risks connected to the practice.

While anti-FGM activism has had an impact in different regions in S/C Somalia, the impact is difficult to assess. In general, data collection is extremely challenging in Somalia, and this is especially the case with sensitive issues like FGM.

The practice of FGM is different from region to region in Somalia and more people are abandoning the most severe form of FGM to the less severe Sunna version. In Somaliland some parents have stopped the practice of FGM altogether due to being exposed to many years of campaign against it.

It is possible for mothers to avoid having their daughters subjected to FGM. However, it depends on how widespread the practice is in their home area and how strong the parents' stand against FGM is. They must be able to withstand the strong psychological pressure from their family and society.

Representatives of IIDA Women's Development Organization, Somalia

IIDA is a major partner of the EU, working on projects involving women in Somalia. IIDA is mainly working in S/C Somalia with a headquarters in Mogadishu. IIDA also has a youth Centre in Mogadishu, two centres in Merka (Lower Shabelle) and offices Middle Juba, Lower Juba, Hiraan. IIDA has two centres in Galgudud. Altogether IIDA has more than 170 staff in S/C Somalia. IIDA also has an office in Hargeysa.

IIDA was founded in 1991 by a group of women who wanted to uplift the situation for women in the aftermath of the civil war. The organization works with humanitarian projects as well as development projects involving gender, Human rights and peace & stability. IIDA is a women-led organization. FGM has been a core issue for IIDA since 1993.

IIDA was the first organization to condemn FGM, and also to not accept the version of FGM called Sunna. People tend to accept Sunna, arguing that it is not so severe. This is not acceptable and all forms of FGM constitute a human rights violation, both leading to psychological as well as physical damage.

IIDA is also active in the political development in Somalia and is working to increase the participation of women in the constitution making process. IIDA is currently involved in the drafting process of the law against FGM in S/C Somalia and provides technical assistance to Parliamentary Committee on Human Rights and Humanitarian Affairs in drafting the Law on the establishment of Somali Human Rights Commission. IIDA also assisted in drafting the electoral law. IIDA is also involved in IDP resettlement work since 1991.

FGM is deeply rooted in Somali society and widely accepted.

It should be emphasized that in general data collection on anything is extremely challenging in Somalia and that all figures should be considered estimates, such as the 99% FGM prevalence estimate. However, in the past years the numbers of girls undergoing the practice is most likely now much lower than 99 %. This is due to the many campaigns and information about the harmfulness of FGM.

In some communities FGM takes place on infants, for example among the Benadiri and Arabic communities in Somalia. These groups might perform the Sunna form the day after the birth of a girl child.

Among the Benadiri communities it is very unlikely that girls will undergo the most severe form of FGM. In these communities the less severe Sunna variety is most commonly used.

Among other communities FGM takes place when girls are between 5-7 years of age and they would very rarely be older and tend to practice the severe form of FGM, the so called "Pharaonic" – "Gudniinka Fircooniga"

Girls are expected to help in the household from the age of 7 or 8. After undergoing the practice the girls will not be able to do any work for several months and therefore the vast majority of girls in Somalia are undergoing FGM before they reach the age of 8.

There are examples of Somalis from the Diaspora travelling to Kenya and Somalia in order to have their daughters undergo the practice.

Since FGM is about the control of women and the female body, even educated and exposed returnees from the West will continue the practice.

Somalis in the Diaspora in northern Europe and the UK seem to become more conservative and even radicalized which is a stark contrast to the openness of the societies in which they live.

FGM is solely a women's issue in Somalia and it is the women that keep the tradition alive, for example the midwives, who get payment for performing the practice. In this context, when a woman says no, then it really is a no.

The fathers/husbands are very often not involved in the process and have no say in the matter. Many men might not even care at all.

There are girls in S/C Somalia, Somaliland and Puntland not undergoing FGM. It is possible to avoid that girls undergo the practice if the mother is against FGM and has the necessary commitment to stand firm on the issues and withstand the strong societal pressure.

Mothers can withstand the pressure, but it depends mainly on the personality, social status and educational background of the mother. The individual personality of the mother deciding that her daughter should not undergo FGM is more important than her educational background or social status. A strong personal conviction that her daughter should not undergo the practice is the most important for a mother to succeed.

Still, it should be emphasized that women with education or high social status can be very conservative and are not necessarily against FGM and that there are also women from medium and low income families that are firmly against FGM.

Both in rural and in urban areas you can find parents who will stand firm and not let their daughters undergo the practice.

Ultimately it depends on the conviction of the mother/the parents to be against FGM, both in rural and in western-exposed settings.

In more conservative settings, if the girl's father is standing very firm against his daughter being subjected to FGM, it would be easier for the parents to withstand social pressure, because men tend to be heard more in conservative settings.

Asked whether it would be possible that an aunt or other female members of the household would physically remove the girl by force from the mother in order to perform the practice, against the mother's explicit wish, representatives of IIDA stated that if the mother does not want it is impossible.

However, if the mother is not strong enough to stand against the other women's will, then that might happen. Normally, family members would perform the practice when the mother is not around if they know that she is against FGM. Again, this depends on the personality of the mother (see above).

Asked whether IIDA had heard of such cases recently, the representatives stated that they had not heard of such cases recently.

IIDA had never heard of cases where a girl child was physically removed by force from the mother while the mother was present and explicitly against the practice of FGM.

IIDA had never heard of cases where a girl child was taken by force while the mother was absent, for example while the mother was at work, even though it was known that the mother was against the practice of FGM.

IIDA encourages mothers to explicitly state and make clear to the extended family that she does not want to subject her girls to FGM and that she is against this harmful traditional practice.

Asked whether a mother can leave her child at home when she is against the practice and knows that her relatives want the practice to be performed, representatives of IIDA stated that they do not believe that a mother would leave her daughter at home if she is aware that her relatives want to practice FGM on the child. Normally mothers are very careful and protective of their daughters when they know that they can risk to undergo FGM. However, there may be cases of force majeure.

It is impossible or highly unlikely that girls would be subjected to FGM without the mother knowing or at least tacit agreement from the mother. This is particularly due to the serious health implications involved in the procedure that is often carried out under primitive conditions.

Al-Shabaab does not have the will to impose a complete ban on FGM in the areas they control even though they do not support FGM. Even though Al-Shabaab does not encourage the practice, they will not fight it.

In Al-Shabaab controlled areas some women are also able to withstand the pressure from the community and protect their daughter from FGM. These kind of women would also have to have a strong personality and a firm conviction that their daughters should not be subjected to FGM in order for them to withstand the pressure.

In Al-Shabaab controlled areas people are focusing on survival for themselves and their families, FGM might not be something that they would prioritize. But because the practice is deeply rooted in the culture it may still happen.

The consequences facing a mother that has decided her daughter should not undergo the practice would be social stigmatization from other women and criticism by other parents. The girl would also be stigmatized by other children.

It is believed that if the potential husband is extremely traditional and conservative he could theoretically cancel the marriage as soon as he became aware that his wife had not been subjected to FGM. However, the representatives of IIDA had never heard of divorces for these reasons.

IIDA had never heard of it being “Haraam” to have girls not subjected to FGM helping out in the household.

Representatives of IIDA stated that girls who have not undergone the practice are not in any particular difficult situation when it comes to getting married.

There is no control or physical checks of girls and women to verify if they have undergone the practice. However, it would be difficult for a girl or a woman to hide the fact she has not been subjected to FGM.

The absence of a ceremony, spread of rumors or the social interaction with other women in the community could inevitably reveal that a girl or women have not been subjected to FGM.

It could be possible for mothers to conceal that their daughter has not undergone any kind of FGM at all by informing the community that their daughter was subjected to the Sunna variation of FGM. Some types of Sunna are only ceremonial and this would be acceptable to certain communities.

Asked about the issue of re-infibulation and it whether this practice continues to be applied, IIDA stated that this procedure is used by women who want to “pretend” that they are still a virgin and is usually performed before marriage. According to IIDA, it is the will of the women, who are somehow insecure or not empowered.

International organization working in Somalia

The prevalence of FGM in its various forms in Somalia is 98%. Reference was made to a study of FGM in Somaliland published in 2014. Generally, it is almost impossible to avoid undergoing the practice as a girl, due to the cultural and societal pressure exercised by communities in Somalia.

The average age for undergoing FGM is 8-9 years.

In some of the urban centers there might be a small downward trend regarding the prevalence of FGM. However, it should be emphasized that no exact figures are available. In general, data collection is extremely challenging in Somalia, and this is especially the case with sensitive issues like FGM. Further, there is no reliable data on recent trends regarding FGM due to the security situation in S/C Somalia

The majority of Somali girls will undergo infibulation, which is the most severe form. However, there are several community leaders that have begun to promote the Sunna type, which is less severe, in their own families and communities.

Somalia is built on culture and religion, and the practice of FGM is deeply rooted in culture, not in religion. In some communities the majority sees FGM as a precondition for marriage and would not want to change or discontinue the practice.

Nowadays there are a few public figures even in Somali politics that are very outspoken against the practice and actively campaign against it. Nevertheless, it will take a lot of time to change society so fundamentally that the practice of FGM can be abolished.

Generally, certain groups of people are perceived to be more able to withstand any social pressure including the practice of FGM:

- Persons with a high social status such as family elders, community or religious leaders.
- Individuals who have had exposure to western ideas and concepts.
- Persons living in urban centres where one is less exposed to the social control and norms compared to the close-knit communities in rural areas.

On the other side, many affluent families in Somalia, including returnees from the West, might have strong conservative tendencies and be more eager to have “honorable” women in their family. They may thus continue the practice of FGM, also in order to set an example for the rest of society.

In urban centres, with higher anonymity and less knowledge about the personal lives of your neighbors, and with a higher percentage of people belonging to the educated class, there might be more exceptions and a higher percentage of girls and women that have not undergone the practice.

In rural areas, where everybody knows each other, the prevalence of the practice of FGM will generally be higher.

Only in a few urban centres in Somalia will one find women who are educated and might have the will and capacity not to let their daughter be subjected to FGM and withstand the pressure from family and

community. In these urban centers such women could be more isolated compared to rural areas and thus more protected from the pressure from the community.

Families returning to Somalia from western countries can also be exposed to a lot of social pressure, and it might be difficult for them to avoid having their girl-children undergo the practice. Families will often have an interest in avoiding social isolation of their daughters in case they do not undergo the practice.

In many communities in Somalia people have culture of jointly raising children. Older siblings, grandparents, and aunts enjoy a great amount of respect. This means that they have certain rights and responsibilities in the upbringing of the families' children in accordance with cultural norms.

A small number of women may decide that their daughters should not undergo the practice. However, it is unclear whether their daughters might be taken by force and subjected to FGM by their relatives. Due to a lack of hard evidence on this issue, this should not be ruled out, especially in a society where FGM is so widely practiced. It is also likely to be difficult to withstand the psychological and social, cultural pressures from the community and relatives linked to FGM. In rural areas this pressure is likely to be particularly strong and most mothers may not be able to stand up to against these social, cultural norms and pressures.

While the fathers are responsible for all matters concerning their sons' sexuality, for example taking them to be circumcised, it is often the case that women have the main influence and responsibility over their daughters' sexuality, which is why they would be responsible to arrange for their daughters to undergo the practice of FGM.

There are no authorities or organizations where women can go for assistance or protection if they do not want their daughters to be subjected to FGM.

Even some local UN-employees are known to have their daughters undergo the practice, despite of the educational level and western exposure these people have.

In the absence of strong state structures, people rely heavily on their community, which is why only few can afford to be isolated from their community and its social support structures.

Mothers and parents who will not let their child undergo the practice can also often be perceived as corrupted by foreign (western) culture by members of their communities.

Supporters of FGM claim that women who have not undergone the practice would be "behaving like animals, with no control over their lust", which is why they may be outcast if they did not undergo the practice.

Society perceives women and girls that have not undergone the practice as individuals that "have no mothers" or are "neglected by their parents", since it is perceived that mothers and parents act for their daughters own good when they arrange for them to undergo the practice.

Men will generally assume that women who have not undergone the practice behave in a non-Muslim way and against Somali culture. For example, in the study from Somaliland one female participant referred to another woman whom she had met, who had not undergone the practice before getting married. The

woman's husband divorced her immediately after finding out about it, which was right after the wedding night.

The practice of FGM is usually exclusively controlled and managed by women, while men, even though they may not actively support the practice, accept it without interference. Due to social pressure, men will be inclined to refuse to marry a woman who has not undergone the practice.

There are examples of men from the Diaspora returning to Somalia and refusing to marry women who have not undergone the practice of FGM.

There are no known examples of women undergoing FGM after marriage in order to avoid divorce.

There is no control by family or others to physically check if a girl has been exposed to FGM or not. However, the husband will on the wedding night find out if the girl or woman has not been subjected to FGM.

In addition, if a family decides to not practice FGM, the local community will most likely find out about it, as there will not be a traditional circumcision ceremony, which is an integral part of community life. This is mostly the case in tightly knit communities in rural areas.

The source was not able to comment on whether there are known cases of teenagers coming back to Somalia from western countries that have to go through the practice in order to be able to get married and establish themselves in their local society. However, there was an article posted by BBC on 17th July 2015, concerning ' Fifty girls' taken from UK to Somalia for FGM' See <http://www.bbc.com/news/uk-33572428>

United Nations Population Fund, UNFPA, Somalia (written response)

What is the prevalence of FGM in Somalia today? Have there been new trends regarding the prevalence of FGM, for example regarding the age group most affected?

The baseline survey for the second phase of UNFPA/UNICEF Joint Programme on the total abandonment of FGM conducted in late 2014 noted the level of prevalence of these practices within Somaliland, Puntland and South Central Somalia. The KAP survey as part of the baseline survey indicates that 94.3% of the respondents appreciate as the practice being harmful while the remaining 4.7% think otherwise. Further research showed that girls got circumcised between the age of 5 and 10 years with a majority of 82% being cut within this age bracket at the age bracket of 6 - 10 years

Are there any regional or clan-based differences in the prevalence of the practice?

FGM is widely practiced in all communities in Somalia with rural communities bearing the brunt of it. 69.9% of those interviewed thought the practice as high/medium in the communities.

Would a mother be able to decide to not have her daughter undergo the practice, against possible social pressure from her family and community?

Yes depending which community she comes from.

What would be the consequences of a girl child and her family if the girl does not undergo the practice?

It is also believed that an uncircumcised woman cannot be eligible for marriage. The women cannot take the risk of rejection while the men shun them. They perceive that uncircumcised women are labeled prostitutes because they are "loose". The FGM sewing up is done to "close up" the woman hence thinking to prevent promiscuity. This perception is further strengthened by the belief that a woman is weak to control her sexual desires.

We have heard from other sources that the biggest negative consequence for a girl not having undergone the practice would be the negative perception of her by the local community. There is no negative consequence in terms of getting married or access to livelihood such as jobs etc. Would you agree or comment if you disagree?

One negative aspect is social conformity. If a woman does not go through FGM, she is considered a social misfit and one to be shunned.

Does anyone, for example a family member, control whether a girl has undergone the practice or not, including the situation where a family returns to Somalia from western countries? Does this possible control differ in rural and urban areas?

Grandmother can have control especially in the rural areas.

Would you agree that the age span most vulnerable to FGM in Somalia is 5-8 years of age? Would FGM be performed on girl older than 8 years, or even teenagers? If yes, have you heard of such cases recently or would you base your answer on anecdotal evidence?

According to the baseline survey for the second phase of UNFPA/UNICEF Joint Programme on the total abandonment of FGM, the age of girls who underwent the FGM practice vary between 5 and 15 years. During the survey, the vast majority of the total respondents (82%) stated that girls in their households have been circumcised when their age was between 6 and 10 years.