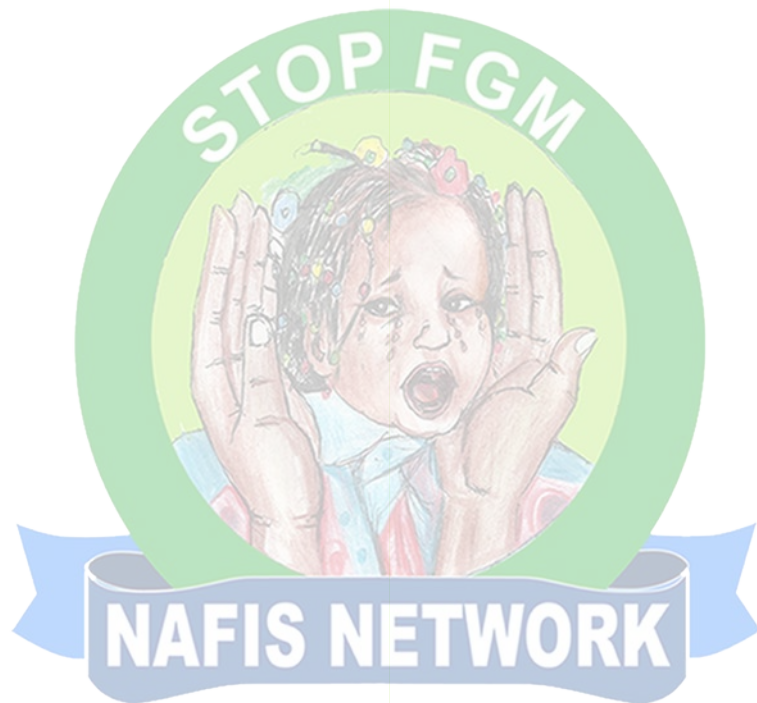




ASSESSMENT & MAPPING OF FGM/C CIRCUMCISERS IN SOMALILAND

© 2016



THIS BAGE IS INTENTIONALLY LEFT BLANK

ACKNOWLEDGEMENTS

On behalf of the entire NAFIS fraternity, I wish to extend special thanks to United Nations Development Program (UNDP) for the technical and financial support that enabled the implementation of the study entitled “Assessment and Mapping of Female Genital Mutilation/ Cutting (FGM/C) Circumcisers in Somaliland”. Without such generous support we would not have been able to produce this publication.

NAFIS is grateful to Ms. Amina Mohamoud, NAFIS Chairperson, Jonah Kirujah University of Hargeisa and a team of reviewers for detailed comments on the manuscript and for ensuring production of a quality document. Special thanks goes to the respondents for their invaluable support in providing all the relevant information.

Further recognition is the contribution of the NAFIS secretariat staff: Mr. Hassan Abdi, Ms. Ugbad Hashi, and Hibo Mohamoud, who tirelessly worked with the auxiliary research team led by Mr. AbdiAziz Darod who produced this report, and also the supervisors, enumerators, and field guides to execute core study activities. We are grateful to the wide-ranging experience in research that they shared in the execution of the study.

NAFIS believes that this publication will be used by many individuals, organizations, institutions and development partners who are committed to improving the quality of life of girls and women.

ABDIRAHMAN O. GAAS

Executive Director
Nafis Network

TABLE OF CONTENTS

Executive Summary.....	iii
CHAPTER ONE: INTRODUCTION.....	5
1.1 Background.....	6
1.2 Problem statement.....	7
1.3 Objectives of the Research.....	7
1.3.1 Broad Objective.....	7
1.3.2 Specific Objectives.....	8
1.4 Research Questions.....	8
1.4.1 Main Research Question.....	8
1.4.2 Specific Research Questions.....	8
1.5 Justification.....	8
CHAPTER TWO: REVIEW OF LITERATURE.....	9
2.0 Introduction.....	10
2.1 Demography of FGM/C circumcisers.....	10
2.2 How circumcisers gain the skill of FGM/C.....	10
2.3 Main factors that influence circumcisers to practice FGM/C.....	11
2.4 Circumcisers who quit the practice of FGM/C, the reasons they abandon the practice and their involvement with anti-FGM programs.....	11
2.5 Alternative skills and professions circumcisers would prefer if they have to abandon circumcision.....	12
CHAPTER THREE: METHODOLOGY.....	14
3.1. Study Design.....	14
3.2. Study Area.....	14
3.3. Study Population.....	14
3.4. Sample and Sampling technique.....	14
3.4.1 Inclusion criteria.....	14
3.5. Data Collection Methods and tools.....	14
3.6. Data collection Procedures.....	14
3.7. Data validity and reliability.....	14
3.8 Data Analysis.....	14
3.9 Ethical Considerations.....	15
CHAPTER FOUR: RESULTS AND DISCUSSIONS.....	16
4.1 Introduction.....	17
4.2 Demography of FGM/C circumcisers.....	17
4.2.1 Mapping locations of FGM/C circumcisers.....	17
4.2.2 Characteristics of FGM/C circumcisers.....	19
4.3 Skill Acquisition to Practice FGM/C.....	20
4.3.1 Definition and Description of types of FGM/C by circumcisers.....	21
4.3.2 Types of FGM/C commonly performed.....	21
4.3.3 Skill Acquisition to Perform FGM/C.....	21
4.4 Main factors that influence circumcisers to practice FGM/C.....	22
4.4.1 Summary of Factors that Motivate Circumcisers to Continue Practicing FGM/C.....	22
4.4.1 Religious Factors Driving the Practice of FGM/C.....	22
4.4.2 Cultural factors and Other Myths influencing the Practice of FGM/C.....	25
4.4.3 Financial factors driving circumcision.....	29
4.5 Circumcisers who quit the practice of FGM/C and the reasons they abandon the practice.....	32
4.5.1 Current trend of FGM/C.....	32
4.5.2 Circumciser’s years of experience.....	33
4.5.3 The Source of Demand for FGM/C Services.....	33
4.5.4 Reasons the community seek services from the circumciser.....	34



4.5.5 Reasons circumcisers abandon the practice of FGM/C.....	35
4.5.6 Working environment for circumcisers.....	36
4.6 Alternative skills and professions circumcisers would prefer if they have to abandon circumcision.....	36
4.6.1 What do you not like and would like to change about your job?.....	36
4.6.2 Alternative jobs circumcisers would prefer.....	37
4.6.3 The financial prospects of practicing FGM/C in the future.....	38
4.6.4 Provision of alternative job opportunities.....	39
4.6.5 The perspective given by circumcisers regarding future of FGM/C.....	39
CHAPTER FIVE: CONCLUSION AND RECOMENDATIONS	41
5.1 CONCLUSIONS.....	42
5.1.1 Demography of FGM/C circumcisers.....	42
5.1.2 Skill Acquisition to Practice FGM/C.....	42
5.1.3 Main factors that influence circumcisers to practice FGM/C.....	42
5.1.4 Circumcisers who quit the practice of FGM/C and the reasons they abandon the practice.....	43
5.1.5 Alternative skills and professions circumcisers would prefer if they have to abandon circumcision.....	43
5.2 RECOMMENDATIONS.....	43
References.....	45
ANNEXES.....	46
Annex 1: MAP of research locations.....	46
Annex 2: Key Informant Interview (KII) Guide.....	46
Annex 3: Check List for supervision.....	46

LIST OF TABLES

Table 1: Percentage of FGM/C circumcisers as per the regions.....	17
Table 2: Religious Reward for practicing FGM/C.....	24
Table 3: Religious Punishment for practicing FGM/C.....	24
Table 4: Positive or Negative Stories heard by FGM/C circumcisers.....	26
Table 5: Preservation of culture and tradition by practicing FGM/C.....	27
Table 6: Respect and Value bestowed to FGM/C circumcisers.....	29
Table 7: Number of clients served by circumcisers.....	30
Table 8: Charges of female Circumcision.....	30
Table 9: FGM/C as a form of earning a living.....	31
Table 10: Current trend of FGM/C.....	32
Table 11: Circumciser's Demand when they relocate to new areas.....	34
Table 12: Circumcisers view regarding the Future of circumcised and uncircumcised gils.....	40

LIST OF FIGURES

Figure 1: Percentage of FGM/C circumcisers as per the district.....	18
Figure 2: Type of Residence for FGM/C circumcisers.....	18
Figure 3: Level of education of FGM/C circumcisers.....	19
Figure 4: Types of FGM/C defined by circumcisers.....	20
Figure 5: Pulling factors that motivate circumcisers to continue performing FGM/C.....	22
Figure 6: Circumcisers opinion regarding Pharaonic type of FGM and Islam.....	23
Figure 7: Demand for FGM/C services.....	33
Figure 8: Percentage of circumcisers who will quit when given alternative jobs.....	37
Figure 9: Financial prospects of the future in practicing FGM/C.....	38

THE EXECUTIVE SUMMARY SUMMARY

The study was conducted in Awdal, Maroodijeeh and Togdheer regions in Somaliland, the study covered city towns, districts, villages, and rural areas. The study target groups of the researched locations were circumcisers. The methodology of data collection was exploratory approach by exploring new insights from a new angle of which previous studies under looked.

Key Informant Interview (KII) was employed as a tool of data collection, the sampling strategy of the study was non probability sampling, specifically purposive sampling.

A total of 128 key informant interviews were conducted, 106 (82.8%) of the circumcisers are currently continuing to perform FGM/C, while 22 (17.2%) of the circumcisers have stopped the practice of FGM/C due to the following reasons : trainings and awareness they received led to their behavioral change, alternative jobs they received and attitudinal changes including changes to how they religiously view circumcision. On average 5 circumcisers are available per location, the mean age of circumcisers is 52 years old. Circumcisers have been working for up to 17 years. 49 out of 106 (47%) of the circumcisers encountered problems such as parents of the girls disagreeing or fighting over; whether they circumcise the daughter or not; some girls ran away due to fear, some girls jump to here and there, while they are

being circumcised and the knife that is used for the circumcision injures other parts of the body ; while some are not paid if the girls circumcised is accidentally injured in other parts of the body.

67 (63.8%) of the circumcisers have reported that they like and prefer Sunna circumcision, 15 (14.3%) of the circumcisers prefer infibulations (pharonic) circumcision. since they don't have enough knowledge for midwifery exercise 6 (0.06%) of the circumcisers do not like to deliver babies; while 12 (11.4%) of the circumcisers prefer both jobs, 4 (0.038%) of the circumcisers don't like to practice circumcision, 1(0.009%) didn't respond to this question relating to the satisfaction of their profession.

Pulling factors: upon studying and observing circumcisers, the biggest driving factors behind the practice of FGM happened to be with included three main reasons (42%) of the circumcisers reported that they practice FGM for financial reasons, this is big portion of circumcisers all identified earning a living as the biggest motivator in performing FGM, 24% of the circumcisers interviewed reported that the main reason behind the practice of their profession is because circumcision is the only skill they know, 21% reported the factor that determine their practice of FGM is because of cultural beliefs, 8% said religion and other related beliefs do

form the main factor behind the practice of FGM, 3% of the circumcisers said demand from the community is the main driving factor behind the practice of FGM and lastly just 1% of circumcisers reported its her personal hope.

According to circumcisers' opinion on FGM/C in Islam, 65% of the circumcisers reported that FGM/C- type 3 (infibulations or Pharonic) are forbidden or Haram, but Sunna is allowed, 26% of the circumcisers said all types of FGM/C is allowed due to religious requirements, while 8% responded that they don't know whether FGM/C is a Haram or Halal. However, none of the circumcisers could cite a verse of Qur'an or hadith for religious justification.

58% of the circumcisers said that they heard encouraging stories which influenced the circumcision, while 31% of the circumcisers reported that they heard negative stories.

Each Circumciser has served on average of 17 households per year, and has on average clients up to 813 households. 92% of the circumcisers reported the highest disbursement is infibulations (Pharaonic) type, (in infibulations they earn an average of \$35 while Sunna is paid \$17 per girl), some of them also earn other benefits as in-kind.

53.8% of the circumcisers sustain all their livings by performing circumcision while 46.2% of circumcisers reported the income they receive from circumcision isn't enough to cover all their expenses.

41.3% of the circumcisers reported that the FGM/C prospect in the future is financially promising, while 55.7% of other respondents answered that the future dynamics of the FGM/C is financially decelerating.

95.5% of the circumcisers have responded that they would stop the act if they can get alternative livelihoods.

Circumcisers believe the demand of practicing of FGM/C is usually driven by mothers (58%) while fathers demand is (3%), together with both parents (18%), grandmothers (7%), young men (8%), young women adults (6%) and even circumcisers (1%).

CHAPTER ONE:

Introduction

1.1 Background

The practice of FGM/C has proven remarkably persistent, despite the efforts that have traversed nearly a century to eliminate it. According to UNICEF report (2013), Female Genital Mutilation/Cutting (FGM/C) practitioners or cutters are categorized as either traditional practitioners or health personnel. The traditional practitioners comprise traditional circumcisers and traditional birth attendants, and are generally older women whereas health personnel include doctors, midwives, nurses or other trained health workers. A major trend is that health-care providers are increasingly providing FGM in place of traditional circumcisers, a phenomenon known as 'medicalization'. However, FGM is still carried out predominantly by traditional excusers in most countries, but, for instance, studies suggest that girls in Egypt are three times more likely to undergo FGM at the hands of a health-care worker than did their mothers (WHO, 2009).

The tenacity of the practice has been associated with social norms that are firmly held by communities that FGM practice involves fulfillment of a cultural or religious requirement or both. This creates the demand of FGM circumcisers who should carry out the practice and in most of the occasions the cutters are old women (UNICEF, 2013). Several publications by World Health

Organization have indicated that female genital mutilation occurs in all parts of the world, and it's common in mainly 29 of the African countries. The prevalence of FGM is high in: the western, eastern, and north-eastern regions of Africa, some countries in Asia and the Middle East and among certain immigrant communities in North America and Europe. Between 100 and 140 million girls and women in the world are estimated to have undergone female genital mutilation procedure, and 3.3 million girls are estimated to be at risk of undergoing the procedures every year (UNICEF, 2013). Nevertheless, the practice has declined in a number of countries. These changes include shifts in attitudes and in the way the procedure is conducted. But reports also show that in other countries, the practice of FGM/C remains virtually unchanged (UNICEF, 2013).

FGM/C is the total or partial removal of the female genitalia or any injury to the female genital organ for non-therapeutic or medical reasons, it is a ritual practiced for cultural and traditional reasons, as WHO classifies it, it has four types : Type I Partial or total removal of the clitoris and/or the prepuce (Clitoridectomy), Type II Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision), Type III — Narrowing of the vaginal orifice with creation of a covering seal

by cutting and a positioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation), Type IV — All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization (WHO, 2009).

A study conducted in 2014 on Assessment of the Prevalence, Perception and Attitude of Female Genital Mutilation in Somaliland showed that the prevalence rate of FGM/C was 99.8 % and out of this most of the girls/women (96.7%) were circumcised by a traditional circumciser or a traditional birth attendant (TBA); (3.3%) reported that it was performed by health workers. The type of FGM that was commonly performed in both the rural and urban areas was infibulation. Although the type of female circumcision known as Sunna (non-infibulation) was not clearly understood by the respondents, 2/3rds of the women supported Sunna to be performed in the health facilities for their daughters.

The practice of FGM/C was perceived to be performed as a fulfillment of cultural obligation and Islamic religion requirement and the study further established that the mothers are the ones who mainly lead the decision for cutting their daughters as compared to fathers.

Majority (90.5%) of the respondents stated they think it is impossible to eradicate the practice. However, 9.3 % of the

women interviewed at MCHC's had decided to abandon FGM/C and some of the religious leaders admitted their daughters were not cut. They also recognized Pharaonic type (infibulation) of FGM/C to have no religious basis and had committed themselves to campaign eradication of FGM through religious platforms in the mosques. Positive changes were also observed with 90% of the mothers accepting Sunna type of FGM/C from the Pharaonic type and majority of the youths wanted FGM/C to be eradicated.

The study also recommended that priority should be given for further research on different FGM/C perspectives especially on the aspect of the circumcisers engaged in FGM/C as a source of income generating activity (NAFIS, 2014). This would enable the anti-FGM organizations to develop feasible programs that would target the circumcisers to abandon the practice as the need to generate income from carrying out FGM/C will be met by alternative income generating activities (WHO, 2008).

1.2 Problem statement

Female Genital Mutilation/Cutting remains a challenging problem with severe health and psychological consequences and a great concern not only in Somaliland, but also to many countries in Africa. Surveys conducted suggested that despite the efforts made to eradicate FGM/C in Senegal, Somalia, Sudan and Yemen no significant changes were noted in FGM/C prevalence (UNICEF, 2013). NAFIS Network in 2014 conducted a survey in Somaliland which indicated that the prevalence rate of FGM/C was 99.8% which is among the highest rate in the world. The practice is associated with traditional circumcisers who use their influence within the community to continue to promote the practice (WHO, 2012).

Several NGO's and projects have tried to implement training and alternative income for traditional circumcisers in Somaliland. This strategy entails training the

circumcisers and traditional birth attendants on the harmful effects of FGM/C and safe motherhood issues and then trying to introduce them to other sources of income by creating job opportunities. Though the traditional circumcisers and TBA's joined in FGM/C prevention programs, they continued providing Sunna type of FGM/C and when interviewed they described cutting a piece of clitoris, part of labia minora with the clitoris or using two or three sutures to partially close the vulva. They reported that the communities they represent would not accept something not being cut out of the genitalia. Other traditional circumcisers reported that after training and alternative income they declared to abandon performing circumcision however they were still performing FGM/C secretly and requested that parents not to report them to the anti-FGM NGO's. Changing the attitude of traditional circumcisers to discontinue the practice remains a barrier towards eradication of FGM/C (UNICEF, 2013).

FGM/C in Somaliland has been reported by a greater percentage of girls to cause infections post cutting, great psychological, psychosocial impact, intense traumatic experience at a marital stage, and intra partum and postpartum complications both to the mother and the fetus (NAFIS Network, 2014).

The purpose of the study was therefore to explore the factors associated with FGM/C with a focus on FGM circumcisers to generate new and more reliable scientific evidence which will be essential for formulating appropriate anti-FGM programs and policies to fight the practice of FGM in Somaliland.

1.3 Objectives of the Research

1.3.1 Broad Objective

The broad objective of this research was to map and investigate the factors that influence circumcisers to practice FGM/C in Awdal, Maroodijeel and Togdheer regions

in Somaliland.

1.3.2 Specific Objectives

The specific objectives of the study were:

1. To establish the demographical factors of FGM/C circumcisers in Awdal, Maroodijeeh and Togdheer regions in Somaliland
2. To establish how circumcisers gain the skill of FGM/C in Awdal, Maroodijeeh and Togdheer regions in Somaliland
3. To identify the three main factors that influence circumcisers to practice FGM/C in Awdal, Maroodi Jeeh and Togdheer regions in Somaliland
4. To map circumcisers who abandoned circumcision, figure the reasons of quitting the practice and examine if they could be employed in future anti-FGM programs in Awdal, Maroodi Jeeh and Togdheer regions in Somaliland
5. To find out alternative skills and professions circumcisers would prefer if they have to abandon circumcision in Awdal, Maroodi Jeeh and Togdheer regions in Somaliland

1.4 Research Questions

1.4.1 Main Research Question

This main research question for this study was what are the factors that influence circumcisers to practice FGM/C?

1.4.2 Specific Research Questions

1. What is the prevalence of FGM/C circumcisers in Awdal, Maroodi jeeh and Togdheer regions in Somaliland?
2. What are the three main factors that influence circumcisers to practice FGM/C in Awdal, Maroodi jeeh and Togdheer regions in Somaliland
3. How do circumcisers gain the skill of FGM/C in Awdal, Maroodi jeeh and Togdheer regions in Somaliland?
4. What are the alternative skills and professions circumcisers would prefer if they have to abandon circumcision in Awdal, Maroodi jeeh and Togdheer regions in Somaliland?
5. How many circumcisers quit the practice

of FGM/C, what were their reasons and could they be employed in future anti-FGM programs in Awdal, Maroodi jeeh and Togdheer regions in Somaliland?

1.5 Justification

In 2014, NAFIS Network conducted a study on the Assessment of the Prevalence, Perception and Attitude towards FGM/C in Somaliland. The study showed that the practice of FGM in Somaliland is virtually pervasive and one of the key recommendations highlighted was prioritization for further research on different FGM/C perspectives especially on the aspect of the circumcisers engaged in FGM/C as a source of income generating activity. The need to conduct a study that focused on FGM/C was identified due to the current gap and very limited studies that have been conducted about FGM/C circumcisers.

NAFIS NETWORK and partners as a result decided to undertake another study that will map and give a deeper understanding of FGM circumcisers by adding to the findings of the previous study and also provide valuable information that will be used to develop feasible anti- FGM programs and policies. The study areas selected were Awdal, Maroodi Jeeh and Togdheer regions. Out of the six regions of Somaliland, the three chosen regions form the largest administrative areas with the majority of women and girls population

CHAPTER TWO:

Review of Literature

2.0 Introduction

This chapter contains a review of literature from international and national articles conducted on FGM/Cutting. However, the focus is limited to FGM/C circumcisers according to the specific objectives. This includes: demography of FGM/C circumcisers, How circumcisers acquire the skill of practicing FGM/C, the main factors that influence circumcisers to practice FGM/C, the reasons circumcisers abandon the practice of FGM/C, the alternative skills and professions circumcisers would prefer if they have to abandon circumcision, circumcisers who quit the practice of FGM/C, and their involvement in anti-FGM programs.

2.1 Demography of FGM/C circumcisers

Virtually all surveys with FGM/C modules conducted by UNICEF have collected information on who performed the circumcision. Though the demography of FGM/C circumcisers has not been well documented globally and not documented at all in Somaliland, the cutters are classified as either traditional practitioners (traditional circumcisers, traditional birth attendants and, generally, older women) or health personnel (doctors, nurses, trained midwives or other trained health workers). Nonetheless, the proportion of girls who have undergone FGM/C by the person who carried it out has been documented. For instance, studies have established that in most of the countries where the practice is evident, FGM/C is usually performed by traditional practitioners and, more specifically, by traditional circumcisers. And in some countries such as Egypt, Sudan and Kenya a substantial number of health-care providers perform the procedure. This phenomenon is predominant in some countries such as Egypt, where mothers report that in three out of four

cases (77 per cent), FGM/C was performed on their daughters by a trained medical professional. In Egypt, this is most often a doctor, the only country where this holds true. In most countries where medical personnel play a significant role in performing FGM/C, nurses, midwives or other trained health personnel carry out the procedure (UNICEF, 2013).

A study conducted by Edna Adan (2010) at Edna Adan Maternity and Teaching Hospital in Hargeisa, Somaliland showed that 84% of FGM cases were performed by Old women or TBA's (46% and 38% respectively) whereas 1.9% were performed by midwives, 1.4% by doctors and 1% by nurses. Therefore a total of 4.3% were performed by professional medical staff.

Therefore, this study was conducted to fill the gap existing in current literature because there is lack of data on demography of FGM/circumcisers in Somaliland which if available would aid in developing anti-FGM programs.

2.2 How circumcisers gain the skill of FGM/C

One case study reported by UNICEF revealed that a 55 years old woman who had mutilated many girls learnt the skills of performing FGM from her mother and had also practiced as a TBA for over 31 years. She received a formal training as a TBA and at the time, like others, she was also taught how to do circumcisions with clean instruments, using anesthetics. There was little effort then by health professionals to discourage the practice. The circumciser stated that she had cut perhaps as many as 15000 girls and she had lost count. Sometimes as many as 10 mothers would come each week seeking her 'services' for their daughters, who normally ranged in age from 6 to 11 (UNICEF, 2013). The literature review conducted revealed that there is limited

in-depth understanding and publications of how circumcisers gain the skill of FGM/C in Awdal, Maroodijeeh and Togdheer region, Somaliland. Therefore the study aimed to broaden the understanding of this subject in the selected study area.

2.3 Main factors that influence circumcisers to practice FGM/C

It is evident that the demand which is there from parents and husbands who want circumcised daughters and brides, then the circumcisers will continue to provide the service. The demand for services and parents' willingness to pay fees for the procedure to be performed creates a source of income for both the traditional circumcisers and the health professionals. As a result the number of health providers is increasing. A study conducted by Njeru (2006) in Kenya stated that. Circumcisers felt their work conferred high status and social prestige within their communities and an opportunity to promote moral standards and meet cultural obligations. They also believed that they are destined to perform this function. Other studies have also established that the circumcisers perform this function because they believe they play a great role in fulfilling religious requirements (UNICEF, 2013)

Therefore, this study was conducted to gain the perspectives from the circumcisers regarding the reasons they continue performing the procedure in Awdal, Maroodijeeh and Togdheer regions, Somaliland.

2.4 Circumcisers who quit the practice of FGM/C, the reasons they abandon the practice and their involvement with anti-FGM programs

The prevalence of circumcisers who quit FGM/C globally and in Somaliland has not been well documented. Thus there is lack of evidence based articles that have covered this subject. Nonetheless, some reports have shown that traditional circumcisers abandon the practice when they get adequate information about the health risks of performing FGM. A study showed that trainings and information campaign that

focused on FGM that targeted circumcisers and traditional birth attendants led to circumcisers who abandoned the practice. This is after the programme explained to the circumcisers that the urinary, kidney and menstruation discomfort and complications most of them had experienced throughout their lives and what many girls/women experience are a direct result of the effects of circumcision they underwent. These messages subsequently changed the attitudes and perception of some circumcisers who stopped performing the practice.

Others abandon the practice because the experience they went through during their circumcision was awful. For example, one case study showed that the circumciser stopped performing the procedure when she reflected on the suffering she herself had undergone. However, despite the best efforts of anti-FGM campaigners she alluded to the deep-rooted traditional beliefs and lack of awareness and knowledge, particularly among those from older generations:

“There are still traditionalists in the camp. When they want me to make a deep cut and I refuse, they get angry”.

However the study reiterated that though the circumcisers may be aware of the harmful effects of FGM, if they do not have something else to do, then they will continue to practice it. Women who practice FGM earn vast sums of money by Somali standards. Therefore if viable alternative incomes can be found for their circumcisers, one day they may be willing to stop the practice altogether.

WHO reports indicate that if traditional circumcisers decide to abandon the practice they can be very forceful in convincing others to abandon it also by being involved in anti-FGM program.

Nonetheless, the number of circumcisers who quit the practice of FGM/C, the reasons they abandon the practice and their involvement with anti-FGM programs in Awdal, Maroodi Jeeh and Togdheer regions in Somaliland has not been studied before. Therefore the study aimed to gain understanding of these factors from the perspective of FGM/C circumcisers.

2.5 Alternative skills and professions circumcisers would prefer if they have to abandon circumcision

Training and alternative income for circumcisers is a strategy which has been tried by several anti-FGM organizations. This model involves training the circumcisers and TBAs on the harmful effects of FGM/FGC and then trying to introduce them to other sources of income. In Somaliland, a study showed that TBA's were trained on the harmful effects of FGM/FGC and safe motherhood issues. These TBAs then joined in community monitoring and FGM/FGC prevention programs. They continued helping pregnant women to deliver and referred them to appropriate Health Centre's for delivery when the pregnant women developed complications during labor. These TBAs reported that they were monitoring the situation and also provided Sunna as the preferred type of FGM. However, some of the TBAs described cutting a piece of the clitoris, part of the labia minora with the clitoris or using two to three sutures to partially close the vulva a description that fitted the Pharaonic type (infibulation) as per the classification of types of FGM/C. They also reported that they represented their communities who could not accept something not being cut out of the genitalia. Nonetheless, some TBA's denied ever performing FGM/FGC.

Other NGOs trained circumcisers in bread making. However, the organizations learnt that when the circumcisers abandoned the practice, they instructed their daughters to take after them. The study also stated that after training and alternative income, TBAs who declared they had discontinued to circumcise, still continued to perform FGM/C and requested that parents should not report them to the anti-FGM organizations.

The report showed that the strategies had proven ineffective and the reasons for this ineffectiveness included:

- FGM/FGC is a profitable business and circumcisers who put down their tools may not be able to maintain their promise
- If a group of circumcisers abandon the practice,

others come forward to provide services - attracting even from neighboring countries;

- Income generation and loan programs require resources, time

and commitment to succeed and divert attention from anti-FGM/FGC program implementation;

- Focusing on the circumcisers promotes their status and role in society instead of exposing FGM/FGC as a harmful act and

- Attention to circumcisers diverts attention from the actual decision-makers and the girls that need to be saved from the knife.

However, several other publications have shown that an alternative source of income for circumcisers is still a relevant strategy in the fight against the practice of FGM. For example, a study in Ethiopia reported that the circumcisers were trained on entrepreneurship skills and establishing alternative income activities which led to the development of business plans by some of the ex-circumcisers who received small grants for start-up businesses. To ensure that former circumcisers refrain from the practice through income generating activities, they were encouraged to form groups that were vital in keeping vigil on one another thereby discouraging them from returning to old practices (UNICEF, 2005).

In Somaliland reports have not been published which give clear and deeper insights on the alternative skills and professions circumcisers would prefer if they have to abandon circumcision. Thus the study aimed to fill this gap.

CHAPTER TREE:

Methodology

3.1. Study Design

The study applied both qualitative and quantitative approaches using an exploratory and descriptive cross-sectional survey which was conducted in between 26 Sept -25 November 2015.

3.2. Study Area

The study was conducted in Awdal, Maroodi Jeeh and Togdheer regions in Somaliland. The areas were selected because they are the three most populated provinces in the country and in addition anti-FGM/C campaigns and other related interventions have been concentrated throughout decades in these areas.

3.3. Study Population

A total number of 128 FGM/C circumcisers were recruited and key informant interviews were conducted.

3.4. Sample and Sampling technique

The study adopted a non-probability sampling method which used purposive sampling technique to select the study participants. The sample size represented approximately 70% of the total population of FGM/C circumcisers in Awdal, Maroodi Jeeh and Togdheer regions proportionately which is more than the 30 participants required as a sample size for key informant interviews in each region.

3.4.1 Inclusion criteria

- Women who are currently circumcising girls or women
- Women who at some point in their lifetime

circumcised girls or women

3.5. Data Collection Methods and tools

This study adopted a mixed data collection method. Quantitative data and qualitative data were collected from the interviews using the Key Informant Interview guide.

3.6. Data collection Procedures

Data was collected by three (3) teams, each in every region which consisted of one supervisor and three data enumerators. Before the collecting the data the teams were trained on interview techniques and ethics. The data collection period lasted 12 days in each region and data triangulation was also done by collecting data from existing reports and studies that provided insights on the factors associated with the prevalence of FGM/C circumcisers in Somaliland.

3.7. Data validity and reliability

The researchers ensured data validity and reliability. Validity of the Key Informant Interview guide was ensured by a pre-test that was conducted after the data collection team was trained and as a result the Key informant interview guide was modified to guard against the threat of instrumentation and also testing. To ensure data quality 16 circumcisers were re-interviewed randomly from the three regions studied to ensure data consistencies, accuracy, validity and preciseness.

3.8 Data Analysis

After collection the data was cleaned, organized and data was entered and analyzed using Scientific Program of Social Studies (SPSS) and Lime Survey. Qualitative data was analyzed by categorization of the data into themes while quantitative data was presented in frequencies and percentages and was presented in tables, pie charts and tables. Qualitative data was analyzed thematically through the contents and was presented in narrative form.

3.9 Ethical Considerations

The study observed ethical principles by introducing the study respondents to the purpose of the study and giving all the details including the benefits of carrying out the research. This followed a consent form which was signed by all the study respondents. They were given the choice to withdraw from the study at any given time if they felt so, privacy was also observed when collecting the data and confidentiality by not revealing the identity of the study respondents during and after data collection was also maintained.

CHAPTER FOUR:

Result & Discussions

4.1 Introduction

This chapter presents, interprets and discusses the findings of the study in relation to the objectives stated in chapter one. The findings of the quantitative and qualitative data are presented concurrently. The results are reported in respect to filling the gaps identified in the specific objectives of the study and validating previous studies conducted on FGM/C circumcisers. This study investigated the demography of FGM/C circumcisers in Awdal, Maroodi Jeeh and Togdheer regions in Somaliland and established how circumcisers acquire skills to practice FGM/C, the main factors that influence circumcisers to practice FGM/C, the reasons circumcisers abandon the practice of FGM/C and the alternative skills and professions circumcisers would prefer if they have to abandon circumcision.

4.2 Demography of FGM/C circumcisers

This section outlines the different locations the circumcisers reside per district in Maroodi Jeeh, Togdheer and Awdal regions, and also presents the analysis of their ages, level of education and marital status.

4.2.1 Mapping locations of FGM/C circumcisers

Out of the 128 circumcisers 40.6% (52) resided in Maroodi Jeeh, 30.5% (39) in Togdheer and 28.9% (37) in Awdal region. (Table 1 and Figure 1)

Out of the 128 circumcisers 40.6% (52) resided in Maroodi Jeeh, 30.5% (39) in Togdheer and 28.9% (37) in Awdal region. (Table 1 and Figure 1)

Region	Count	%
Maroodi Jeeh	52	40.6%
Togdheer	39	30.5%
Awdal	37	28.9%
Total	128	100.0%

Table 1: Percentage of FGM/C circumcisers as per the regions

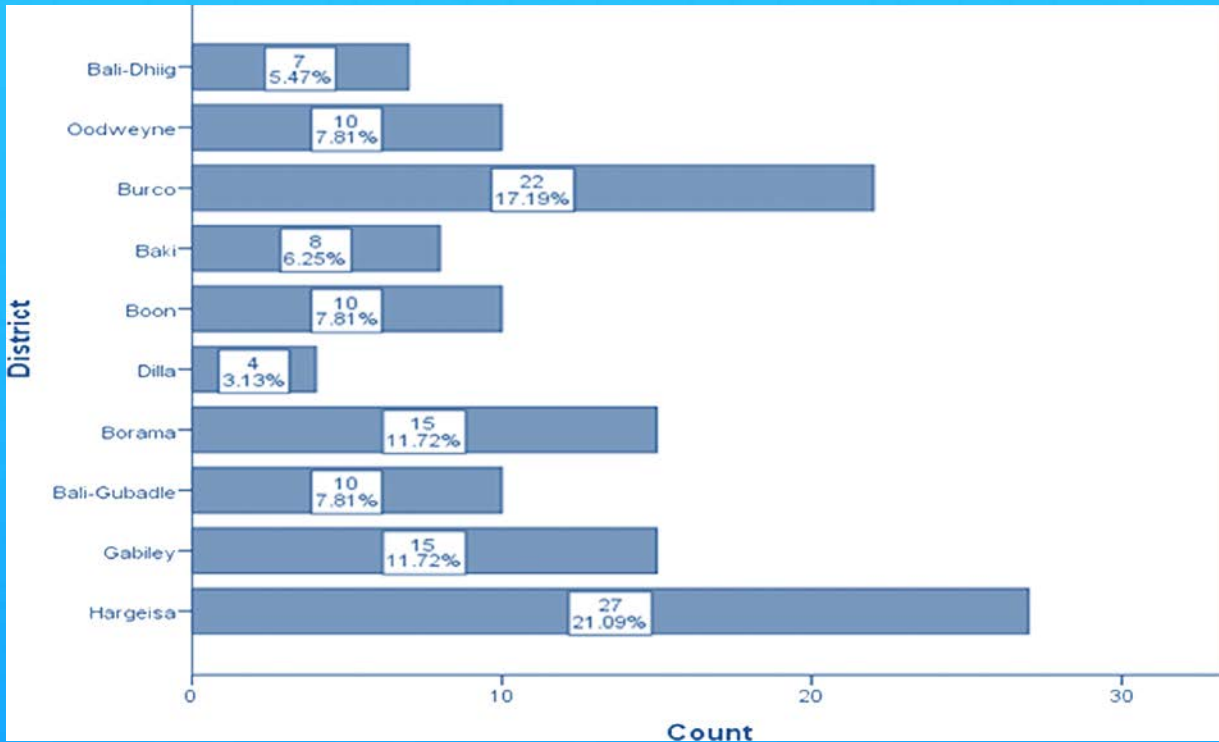


Figure 1: Percentage of FGM/C circumcisers as per the district

As shown in figure 2 the majority 56.3% resided in the urban settings, followed by 18 % in the rural settings, 14.9% of the circumcisers from semi-urban areas and 11 % from official IDP camps (State house IDP camp, Stadium IDP camp, Mohamed Mooge IDP camp and Koosaar IDP camp) respectively.

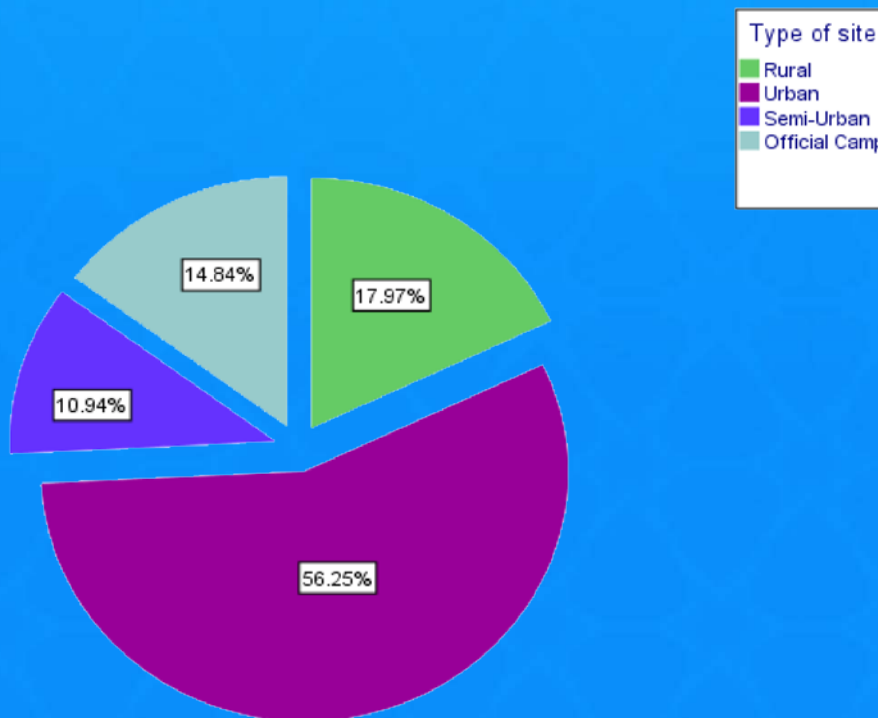


Figure 2: Type of Residence for FGM/C circumcisers

4.2.2 Characteristics of FGM/C circumcisers

The mean age for the FGM/C circumcisers' was 52 years with the youngest circumciser who was 25 years old and the oldest circumciser 83 years old.

Most (75.2%) of the circumcisers were married, while 18.4% of the circumcisers were widowed, 3.2% of the circumcisers were divorced and 3.2% of the circumcisers were single.

As shown in figure 3 the level of education, majority (64.8%) of the study respondents never went to school, 13.3% had attended Elementary School, 5.5 % Quranic School, 3.9% Secondary School, 4.7% College and 3.9% University.

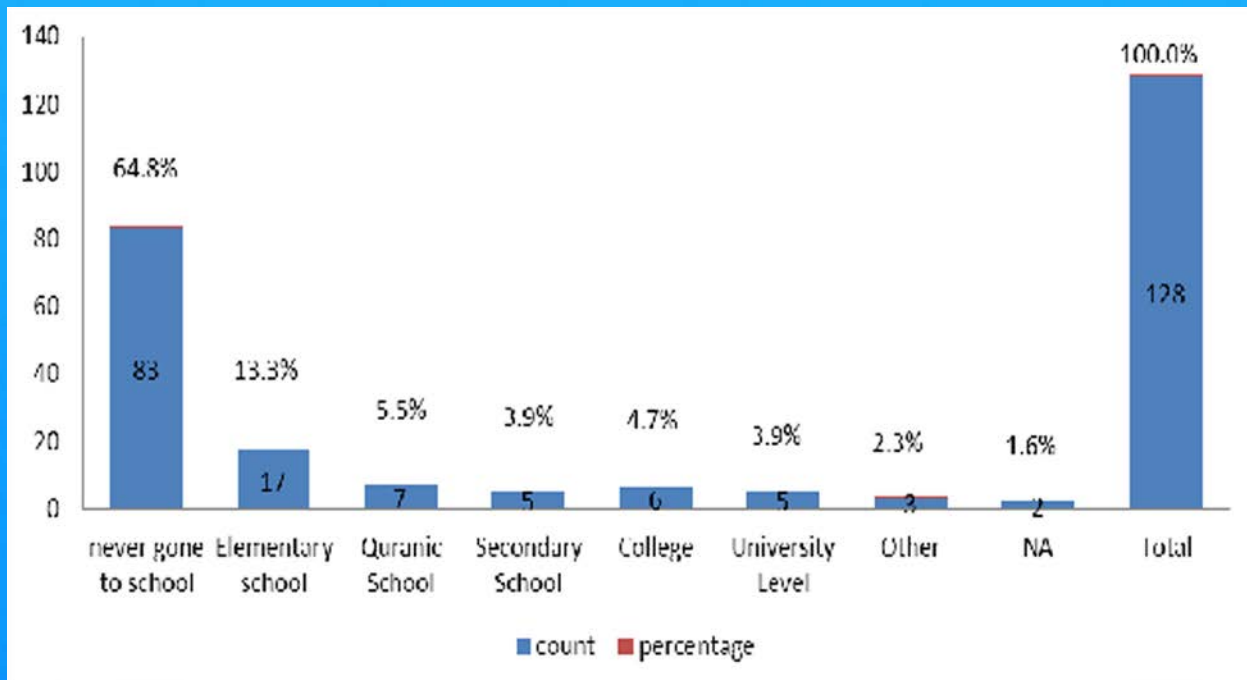


Figure 3: Level of education of FGM/C circumcisers

4.3 Skill Acquisition to Practice FGM/C

After defining FGM/C and describing the types of FGM/C performed, this section describes how circumcisers acquire the skills to perform FGM/C.

4.3.1 Definition and Description of types of FGM/C by circumcisers

Most of the circumcisers defined FGM/C as a procedure that:

- “ gives beauty and purity to girls”,*
- “prepares girls for maturity and marriage”,*
- “enables a girl to pray and what she cooks is Halal (permitted to eat)”*
- “preserves the culture and long held traditional practice inherited from our ancestors”*

The questions “How many types of FGM/C are there? and define each type? were posed. As outlined and shown in the figure below the majority of the circumcisers 110 (86 %) stated that there are four types of FGM/C.

Pharaonic Fatima (Pharaonic Fadumo) type was described as:

“circumcision where parts of the labia minora and the labia majora are removed then pulled together through inserting few stitches”

Pharaonic Korus type was defined as:

“cutting the labia minora and the labia Majora and then sewing and closing the vaginal orifice completely leaving a small opening for urine”

Sunna Kabeer type was described as:

“similar to Pharaonic Fatima type or slightly different”

Sunna Saqeer was defined as:

“the genitals are made to slightly bleed and no stitches are inserted”

This section shows that majority of the circumcisers know exactly the differences between pharaonic and Sunna type.

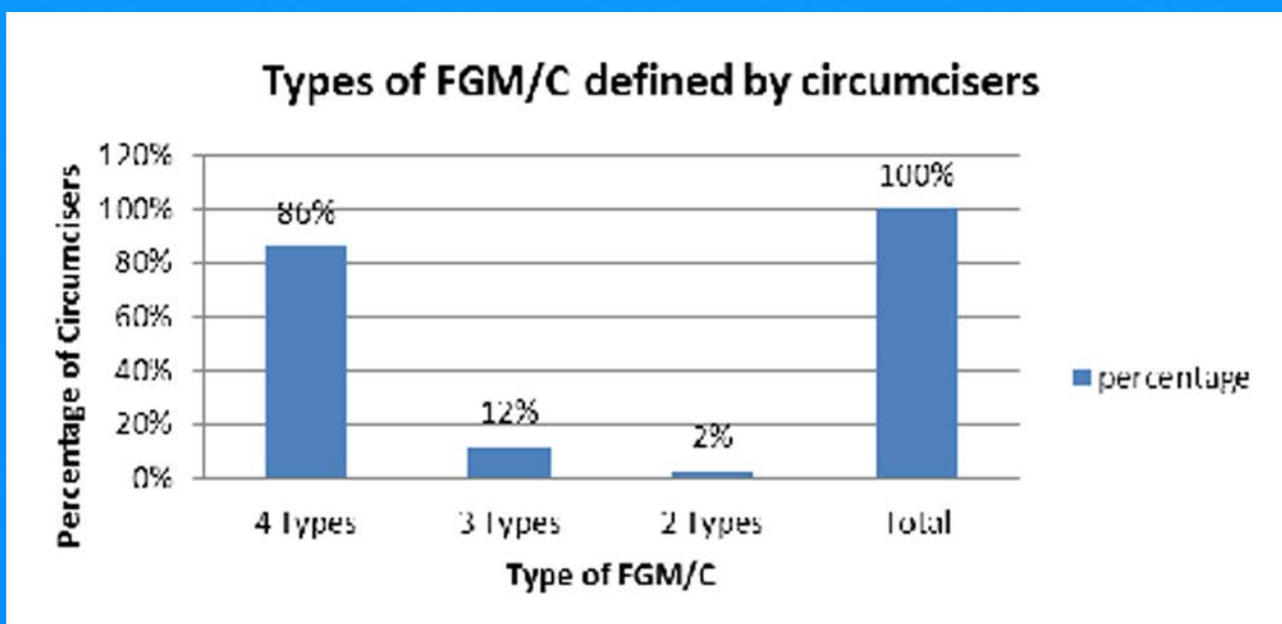


Figure 4: Types of FGM/C defined by circumcisers

4.3.2 Types of FGM/C commonly performed

Majority 83 (78%) of the circumcisers stated they perform both Sunna and Pharaonic circumcision. Out of this circumcisers who performed both types of circumcision, most of the circumcisers stated they perform Sunna type and Pharaonic type of FGM/C is the least performed. The study also established that the 23 (22%) that perform only one type of FGM/C, 15% performed Sunna only, while 7% performed Pharaonic only.

Most of the circumcisers pointed out that they don't practice Pharaonic and Sunna Kabeer types of FGM/C because they cause so much harm to the girls. The reasons they gave included: there is so much cutting, bleeding, infections, loss of the menstrual periods, kidney problems and many other health problems.

One of the circumcisers from Gabiley said:

"when i was circumcised couldn't even pass urine....I was reopened twice, and I know its danger and I can't inflict that pain on young girls"

However other circumcisers preferred the Pharaonic type of circumcision. One circumciser said:

"I prefer Pharaonic circumcision, because in Sunna circumcision it's difficult to tell whether the girl was raped or not because there won't be any marks to her genitals such as tears"

Another circumciser said:

"Small amount of money is charged for Sunna circumcision thus they would prefer to perform Pharaonic type to earn more money"

Though some circumcisers still prefer the Pharaonic type of circumcision the above findings indicate that there is change in attitude and perception among circumcisers regarding the practice of the Pharaonic type of FGM/C. Majority of the circumcisers are now performing the Sunna type of circumcision.

4.3.3 Skill Acquisition to Perform FGM/C

Concerning gaining the skill to perform FGM/C, 41% of the circumcisers stated they acquired the skills from their peers who are FGM/C Circumcisers or traditional birth attendants, while 21% of the circumcisers learned from their mother. 18% gained the skill from their grandmother and 10% said that they learned from their aunts.

The responses given in the KII showed that majority of the circumcisers' gain the skill from family members who include their grandmother, mother, or aunt and thus the practice runs from one generation to the next through the family line. However, fellow peers who are FGM/Circumcisers or traditional birth attendants also play a key role in transferring the skills. The transfer of skills is confined within individuals living in the same village or in the same refugee camps,

4.4 Main factors that influence circumcisers to practice FGM/C

This section summarizes the factors that motivate circumcisers to continue practicing FGM/C and also gives a detailed description of religious factors, cultural factors and financial factors that encourage perpetuation of FGM/C.

4.4.1 Summary of Factors that Motivate Circumcisers to Continue Practicing FGM/C

As shown below, this study found that majority (42%) of the circumcisers continue practicing FGM/C because they want to earn a living. Other reasons given included: it is a profession and skill which was reported by 24% of the circumcisers followed by 21% who stated it is their heritage that they inherited from their ancestors, 8 % stated religious obligation, 3% said it's out of social demand for the service and only 1 % said they practiced because it was an habit and norm.

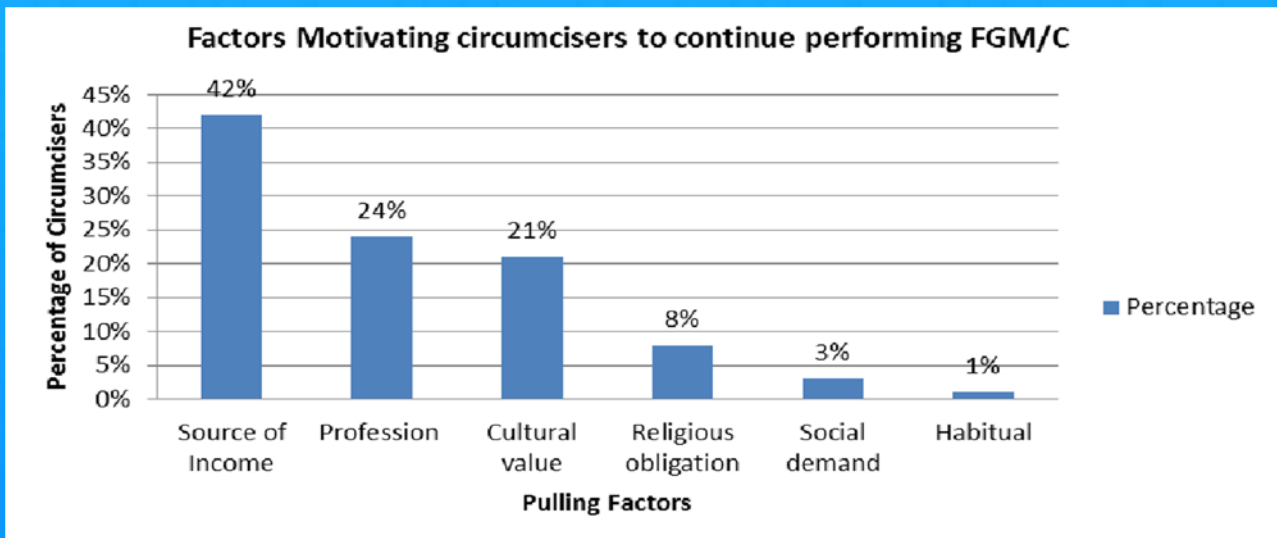


Figure 5: Pulling factors that motivate circumcisers to continue performing FGM/C

4.4.1 Religious Factors Driving the Practice of FGM/C

(a) Circumciser's opinion regarding FGM and Islam

As shown below, majority (65%) of the circumcisers reported that Pharaonic types of FGM/C are forbidden (Haram) in Islam whereas 26% reported that Pharaonic types of FGM/C are permissible (Halal) in Islam. 8% responded that they don't know whether FGM/C is forbidden (Haram) or Permissible (Halal).

The study found that there are differences in religious belief regarding the practice of the Pharaonic type of FGM/C with some circumcisers asserting Pharaonic type of FGM is allowed and with others who don't know whether it is allowed or not.

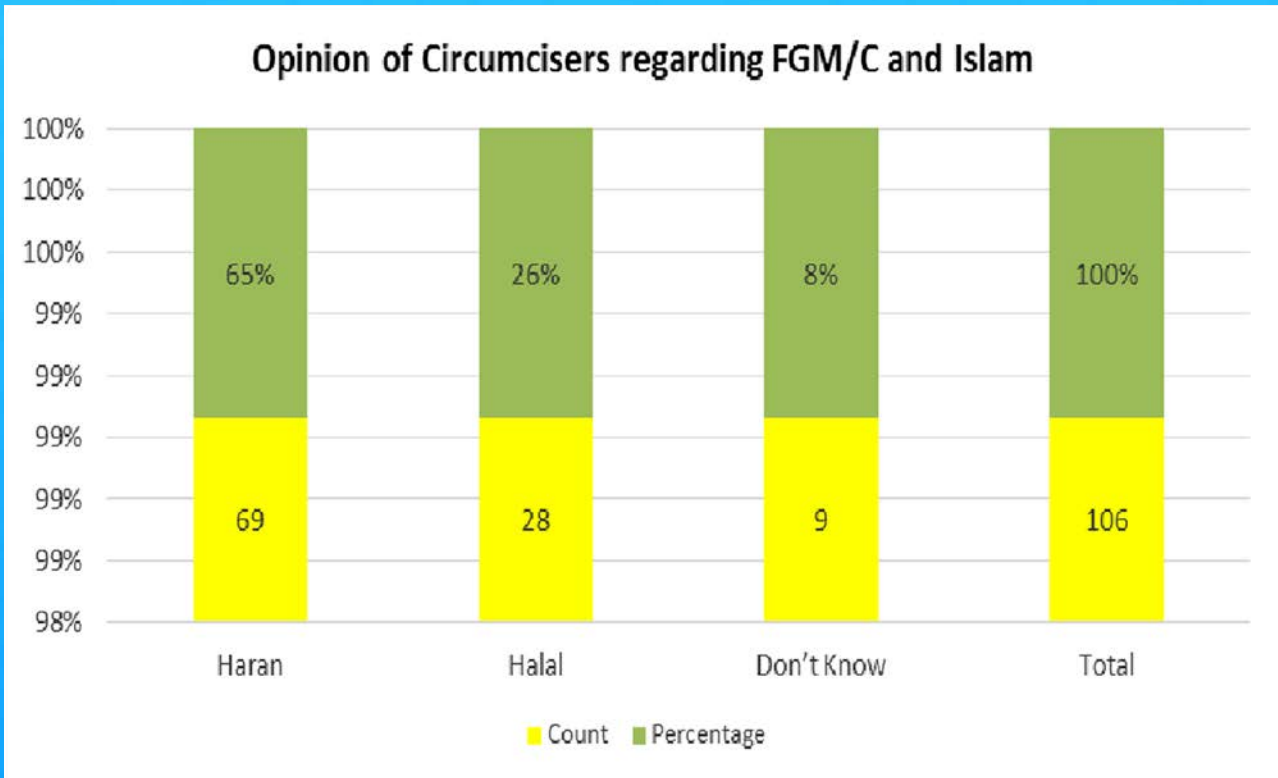


Figure 6: Circumcisers opinion regarding Pharaonic type of FGM and Islam

(b) Religious Reward to circumcisers for Practicing FGM/C

As shown in table 2, Majority (69.4%) of the circumcisers stated they will not be religiously rewarded for continuing to practice FGM/C. However, 27.4% of the circumcisers reported that they will religiously be rewarded and that their sins will be forgiven. One circumciser said:

"I will be rewarded by religion and my sins will be forgiven when I perform circumcision free of charge for orphan girls and the girls who their families can't afford the services"

A circumciser from Dila reported:

"I can't recite a verse or Hadith (prophet's narration) and i learnt that FGM is a religious obligation from my grandmother"

Though some circumcisers stated the practice of FGM/C has religious reward, none of the circumcisers could justify by citing a verse from Quran or Hadith the religious basis of practicing FGM and receiving a reward

Question	Will you religiously be rewarded for continuously practicing FGM/C?	Frequency	%
Response	Yes	29	27.4%
	No	74	69.8%
	Refusal	0	0.0%
	Don't Know	3	2.8%
Total	106	100.0%	

Table 2: Religious Reward for practicing FGM/C

(c) Religious punishment for practicing FGM/C

Question	Will your religion punish you for not practicing FGM/C?	Frequency	%
Response	Yes	12	11.3%
	No	93	87.7%
	Refusal	0	0.0%
	Don't Know	1	0.9%
Total	106	100.0%	

Table 3: Religious Punishment for practicing FGM/C

The question “will your religion punish you for not practicing FGM/C?” was followed by the questions “what is the punishment? Where did you first hear about it?”, “Can you cite the verse of the Quran or hadith where it is stated?”

As shown in table three, only 11.3% of the circumcisers interviewed said that they will be punished by religion if they fail to put their skills into practice. One of the circumciser from Borama stated:

“If I pretend like someone who doesn't believe in my religion then religion will punish (meaning that those who do not perform will be punished by religion? I have heard that from a religious scholar, I have no verse or a prophet's narration to cite...”

This study established that there is a mixed view among the circumcisers regarding punishment by religion if they discontinued practicing FGM/C. This opinion correlates with the view that some circumcisers believe they will be rewarded religiously for practicing FGM/C.

(c) Circumciser's perspective regarding FGM in Sharia

The majority (51.9 %) of the circumcisers stated they did not have any doubts about the position of FGM in Sharia while 48.1 % reported that they had doubts about FGM and its position in Sharia. This doubts started when the campaigns against FGM increased and anti- FGM messages were aired on the media especially the TV. Some of the circumcisers also spoke with the religious scholars who told them to stop the Pharaonic circumcision but the Sunnah type is allowed by religion. One circumciser said:

“One of the Sheikhs told us that there is no unclean or filthy part of the girl’s body so we only cut the smallest possible not bigger than a single grain of wheat or sorghum”,

Majority (77.4%) of the circumcisers have never had any discussions with fellow circumcisers regarding the position of religion in regard to practicing FGM/C. Only 22.6% had discussions with fellow circumcisers regarding the position of religion in respect to FGM/C.

The above findings show that most of the circumcisers do not discuss among themselves about the influence that religion has in respect to the practice of FGM/C.

4.4.2 Cultural factors and Other Myths influencing the Practice of FGM/C

(a) Somali Traditional norms and cultural values motivating circumcisers to practice FGM

The circumcisers were asked the question “How do traditional norms and the Somali culture influence you to practice FGM?”

Majority (42%) of the study respondents argued that circumcision prevents girls and their families from being subjected to insult and shame. One of the circumciser stated that:

“If uncircumcised girl is married she will be divorced as she will be suspected of having sexual encounters before, this incidence puts to shames everyone in her family, and I protect girls from suffering that fate”

18% of the circumcisers said circumcision adds value to girls. A circumciser from Gabiley asserted that:

“the circumcised girl has more value than the uncircumcised girl, when an uncircumcised girl marries a gunshots will be fired for her in celebration of her virginity but the uncircumcised won’t get that”

Some of the circumcisers (17%) stated the family of the girl will get insulted for not circumcising their daughter, and they will be shunned while 16% claimed that circumcision prevents young girls from getting early pregnancy, or getting pregnant before marriage. 14% of the circumcisers pointed out that circumcision prevent girls from mixing up with men because the uncircumcised girl can’t resist the temptation of being with boys and men. The circumcision reduces rape cases among girls by slowing and complicating the act of raping was claimed by 12% who argued when the girl is stitched, it might help to give time for the girl to be rescued.

Other circumcisers (10%) stated that they perform circumcision to serve their community and help purify their girls. 8% responses said it is done to serve as evidence to the groom that the bride is a virgin and hasn’t had sex before him, if she is well-infibulated it will give him an instant inner pleasure and emotional security that he married a virgin, if not it will be a disaster for the girl and her family. 4% said circumcision removes the unclean part of her genitals.

A circumciser also pointed out that the importance of FGM/C to the culture includes:

“It is a beauty; It serves as a contraceptive, it prevents girls from getting pregnant; It kills women’s sexual lust; Preserves the culture; A big dowry is received from the circumcised girl and the circumciser becomes a doctor that is loved and respected by all society”

Under the perspective of circumcisers, the study established that cultural factors encourage perpetuation of the practice. This is because failure to circumcise the girls leads to stigmatization and insults among the families not practicing FGM. Therefore, majority of the families prefer not to be stigmatized and insulted. The practice also protects the girl from engaging in sexual activity with men and from being raped or getting pregnant. The practice of FGM/C hence prepares the girl for marriage and will be embraced by the community and the husband positively.

(b) Somali Stories and the practice of FGM/C

Question	Were they positive or negative stories that you heard about FGM/C when you were young?	Count	%
Response	Positive	61	58%
	Negative	33	31%
	Don’t Know	12	11%
Total responses	106	100%	

Table 4: Positive or Negative Stories heard by FGM/C circumcisers

As shown above, the majority (58%) of the circumcisers said they heard positive stories about FGM/C when they were young. These stories created a picture of the circumcised girl and the uncircumcised and how their future will be when it comes to marriage and their personalities and behavior.

Some of the positive stories that the circumcisers described about the circumcised girls included:
“In the night of marriage, songs were sung that described the girl as well as her circumcision”

“The dowry of the circumcised girl will be camels, which is the most expensive livestock and property that the Somalis had in the past”.

“The infibulated girl is clean to pray and the food she cooks is fit to be eaten, ‘if the camel is not tied tightly he will go and seek out other camels’, which imply that the uncircumcised girl will just go after her sexual temptations and chase men to have sex with her”

However, 31% of the circumcisers said they heard negative stories that were told about the uncircumcised girls. The circumcisers stated:

“She cannot cook and as well can’t pray because she is not clean”

“The uncircumcised girl is shunned and gossiped by the community”

“She is not respected as a lady”

“Gun is not fired for her celebration; ululation and other traditional songs are not performed for her”.

“The uncircumcised girl a shames herself and her family”

“The mother who doesn’t cut her daughter will be punished in the hell fire”

(c) FGM/C and Preservation of the Somali Culture and Tradition

Question	By practicing FGM do you believe that you are preserving the culture and tradition of your ancestors?	Count	%
Response	Preserving	93	88%
	Not Preserving	9	8%
	Don't Know	4	4%
Total responses	106	100%	

Table 5: Preservation of culture and tradition by practicing FGM/C

As shown above, the majority (88%) of the circumcisers reported that circumcision is one of the elements that is pivotal and fundamental to preserving the Somali culture. This view was supported by the following statements from the circumcisers:

“A Somali proverb says “Abandoning a norm brings worse consequences” one of the circumciser’s expressions”

“Girls in the past used to be shy and avoided men but girls now are shameless because they aren’t circumcised”

A circumciser from Gabiley said:

“Ha igalaad-laadee isiidaa, Ha igalabaq leeyee isiidaa aan ku guur seegee isii daa aabo adna aad ku geel weydide isiidaa” which means, Let it dangle (the clitoris) from my body, let me have it sway from my body, let it have me not marry, let it have you no dowry camel father

This is one of the songs they use to express that an uncircumcised girl has no future to dream of. It implies that circumcised girls’ parents will neither receive dowry nor will she get married, which is a loss for all parties concerned.

A circumciser from Baki, Borama said:

“A man married an uncircumcised girl from abroad, after trying to have sex with his wife he said, I couldn’t have my penis beyond these ears and covers (the clitoris, external genitalia) please cut them all”,

A circumciser from Dila, Borama said:

“Haday Hooyo inanteeda gudiweydo aakhiro ayey inanteedu afkaga kaga kaadidaa” Which means, If a mother fails to circumcise her daughter in the hereafter the uncircumcised daughter will pee from her mouth after death”

(d) The social prestige the FGM/C circumcisers are bestowed by the community

As shown below, majority (92.5%) of the circumcisers as shown below expressed that they are respected and valued for their services, when they visit a village they are received warmly, they are seen as health workers or nurses, they have covered their needs, and people say their full name out of admiration and respect. Only 7.5 % stated they are not respected or valued for their services in the community.

Half (50%) of the circumcisers stated that they are the main circumcisers while the other half said they represent the second main circumcisers in their villages.

Nonetheless, on average in every area a circumciser was interviewed there were 5 circumcisers.

Question	Do you feel respected and valued for the services you provide?	Count	%
Response	Yes	98	92.5%
	No	8	7.5%
	Refusal	0	0%
	Don't Know	0	0%
	Not applicable	0	0%
Total	106	100%	

Table 6: Respect and Value bestowed to FGM/C circumcisers

This study established that circumcisers are conferred a high status and social prestige within their communities of respect and are valued because they provide an opportunity to promote moral standards and meet cultural obligations.

4.4.3 Financial factors driving circumcision

This section outlines the financial factors that motivate the practice of FGM/C. To bring out a clear picture of the financial factors, the number of FGM/C procedures conducted by a circumciser, charges for performing FGM/C and FGM/C as a source of income are explored.

(a) Number of FGM/C procedures conducted by a circumciser

As shown below, the study showed that each circumciser on average provided FGM/C services to 17 households in a year and each circumciser had served an average of 813 households since starting the practice. The average number of girls circumcised by each circumciser per month was 16.

Characteristics	Clients served this year alone	Families in the community the circumciser served since starting FGM	Number of female circumcisions performed by each circumciser per month
Mean	17	813	16

Table 7: Number of clients served by circumcisers

(b) Charges for performing FGM/C

Majority (92%) of the circumcisers stated the type of circumcision which pays the highest and most lucrative is Pharaonic type even though it is practiced the least. The circumcisers charge is 35 USD per girl, while Sunna is the most practiced type of circumcision which is performed at fee of 17 USD per girl. Other benefits circumcisers received as in-kind including ghee, food, livestock, and milk.

Type of FGM	Sunna	Pharaonic
How much do you charge per girl (USD)	17	35

Table 8: Charges of female Circumcision

(c) FGM/C practices as a source of income

As shown in the table below, the majority (53.8%) of the circumcisers earned their living by practicing FGM/C, while 46.2% of circumcisers did not. Out of these circumcisers who earned a living from FGM, 43.9% of them were performing solely the practice of FGM/C, whereas 56.1% performed circumcision and also had other jobs that were earning them a living. The other jobs they had included: assisting pregnant women during child birth as traditional birth attendants, Cupping Therapy, running a kiosk, selling vegetables or running a shop, tailoring, selling clothes on credit and the credit would be serviced through different installments.

Question	Response	Count	%	
(a)	Have you been able to get your living by practicing circumcision	Yes	57	53.8%
	No	49	46.2%	
	Refusal	0	0.0%	
	Don't Know	0	0.0%	
	Not applicable	0	0.0%	
	Total	106	100.0%	
(b)	IF YES, is circumcision the only job you do	Yes	25	43.9%
	No	32	56.1%	
	Refusal	0	0.0%	
	Don't Know	0	0.0%	
	Not Applicable	0	0.0%	
	Total	57	100.0%	

Table 9: FGM/C as a form of earning a living

The study showed clearly that FGM/FGC is a profitable business and circumcisers earn more money when they perform the Pharaonic type of FGM/C though it's associated with severe harmful health consequences. Albeit majority of the circumcisers who earned a living solely from circumcision, the proportion of the other circumcisers who practiced circumcision and also had another job was close to the majority. This asserts that despite having alternative sources of income the circumcisers still perform FGM/C which poses a question: "Does provision of alternative sources of income totally change the perception and attitude of circumcisers to abandon the practice?"

4.5 Circumcisers who quit the practice of FGM/C and the reasons they abandon the practice

This section highlights the current trend of FGM/C, states the circumciser's years of experience, the sources of demand for FGM/C and the reasons circumcisers abandon the practice of FGM/C.

4.5.1 Current trend of FGM/C

Do you currently Practice FGM/C: Yes or No, If No, Why?

Question: Do you currently practice FGM/C	Count	%	
Response	Yes	106	82.8%
	No	22	17.2%
	Not applicable	0	0.0%
	Total	128	100.0%

Table 10: Current trend of FGM/C

Of the 128 circumcisers interviewed, 106 (82.8%) are performing FGM/C, while 22 (17.2%) of the circumcisers stopped the practice.

4.5.2 Circumciser's years of experience

The average period of experience for the circumcisers was 17 years, and the range of their ages was between 25 to 83 years.

4.5.3 The Source of Demand for FGM/C Services

The study showed that the highest demand for FGM/C services is usually driven by mothers (58%), followed by parents (18%), young men (8%), grandmothers (7%), young female adults (6%), father (3%) and even circumcisers (1%) respectively. These circumcisers often go around the nearby villages creating opportunities for themselves.

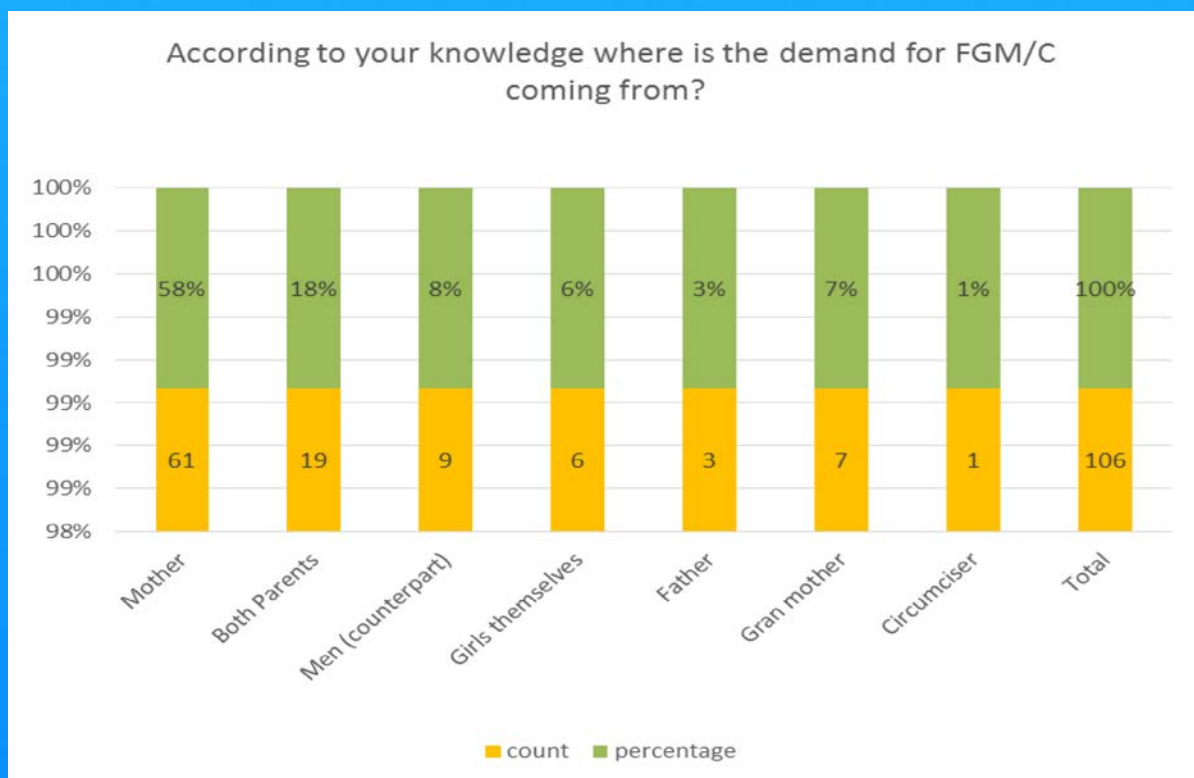


Figure 7: Demand for FGM/C services

4.5.4 Reasons the community seek services from the circumciser

Question	If you relocate from where you live do you think you will be able to get such demand elsewhere?	Count	%
Response	Yes	39	36.8%
	No	67	63.2%
	Refusal	0	0%
	Don't Know	0	0%
	Not applicable	0	0%
Total responses	106	100%	

Table 11: Circumciser's Demand when they relocate to new areas

As shown above, the majority (67%) of the circumcisers asserted that if they relocate to another area they will not be able to provide the FGM/C services to the new families because they are not known there and other circumcisers are there who meet the demand. However, 36.8% said if they relocate to the rural areas they will be able to provide FGM/C services

The circumcisers said that they are preferred by people because:

“I am famous, “I don’t inflict too much pain, when I am cutting I am quite handy with the circumcision tools”, “I provide good service”, “I am Skillful”, “I keep the hygiene of my tools”. “Experience”, “I am the only circumciser in my village”, “I am their doctor”, “I am honesty”

4.5.5 Reasons circumcisers abandon the practice of FGM/C

The reasons circumcisers abandon the practice were categorized thematically into the following areas:

(a) Trainings and awareness

The trainings that the circumcisers had received from anti-FGM/C workers, healthcare providers (doctor) and also religious leaders (sheikh) regarding the harmful effects of circumcision changed their perception and attitude regarding FGM/C and they decided to quit.

A circumciser from Hargeisa said:

“A doctor gave us trainings and he explained very clearly of circumcision and its harms as well as a sheikh who was facilitating the training with the doctor told us of circumcision and how religion doesn’t allow of that since then I have decided to quit circumcision”

Another circumciser from Hargeisa said:

“I understood that it is forbidden in religion, girls are born complete and nobody has the right to tamper with their bodies, I opened a business with the support of my family and I am not going to practice it again”

A circumciser from Borama said:

“I was afraid that I will get diseases from the blood of the girls I am cutting their genitals with my bare hands, after this I decided to quit circumcision”

(b) Income generating alternatives

Some circumcisers also stated that when alternative means of generating income were provided they opted to quit the practice.

A circumciser from Ruqi-Baki said:

“An organization has given me 10 sheep and 10 goats, they told us that if we practice FGM/C again that we will lose the sheep, all of it. So I don’t practice it....”

A circumciser from Hargeisa said:

“I opened a business with the support of my family and I am not going to practice it again.....”

(c) Harmful consequences of FGM/C

A circumciser reported that she quit circumcision after she was arrested when the girl she was circumcising had lost so much blood.

The circumciser said:

“ Because of a prison arrest : a woman has told me to apply Sunnah circumcision on her daughter, “I cut the girl and she loses a lot of blood, I was arrested and spent 9 days in prison since then I quitted circumcision”

The study showed that circumcisers abandon the practice when they get trained by health care providers and religious leaders regarding the harmful effects of FGM/C. When alternative income generating jobs are provided they quit and also when the FGM/C performed complicates and attracts the police to arrest the circumciser, she quits the practice due to the arrest and imprisonment.

4.5.6 Working environment for circumcisers

The majority of the circumcisers 57 (54%) did not face any work related problems. However, 49 (46 %) of the circumcisers who practiced FGM/C stated they faced many problems which included:

“Challenges in handling bleeding; sometimes the circumcisers were called upon again to reopen and then stitch the opening because it was too small for urine to come out; challenges in handling fainting and coma; some cases got infected; parents disagreed on the circumcision and fought over it and some even had their blood arteries cut because of circumcision; some girls couldn’t have their menstruation periods; some circumcisers get injuries from the girls they circumcised; some girls run away with fear; some girls jump to here and there while they are being cut because they are not anaesthetized this causes that razor plate or the knife that is used for the circumcision to injure them in some other parts of the body and some circumcisers are not paid incase the girl is accidentally injured....”

4.6 Alternative skills and professions circumcisers would prefer if they have to abandon circumcision

This section outlines what the circumcisers would like and not like to change about their job, alternative jobs circumcisers would prefer financial prospects of practicing FGM/C in the future and provision of alternative jobs for circumcisers.

4.6.1 What do you not like and would like to change about your job?

The majority 67 (63.8%) of the circumcisers reported that they like and prefer Sunna circumcision while 15 (14.3%) of the circumcisers prefer Pharaonic circumcision.

One circumciser from Gabiley said:

“An open pot or bowl is no equal to a pot or a bowl that has cover and is shut”

This proverb meant that pharaonic circumcision is like a closed pot or bowl which is protected and not exposed to risks or any harm for instance, rape.

Few 6 (0.06%) of the circumcisers said they don’t like to deliver babies or help women give birth because when an infibulated woman is giving birth she needs a lot of cutting to give birth, these circumcisers are afraid that they might cut a vein or cause fistula and they are not medically equipped to manage bleeding or stitching it again,

Some 12 (11.4%) of the circumcisers said that they prefer all their jobs, 4 (0.038%) of the circumcisers reported they don’t like to practice circumcision and 1(0.009%) didn’t respond to this question relating to the satisfaction of their profession.

4.6.2 Alternative jobs circumcisers would prefer

The potential alternatives to circumcision for 93% of these circumcisers as they reported included that they would prefer to be given trainings to develop other marketable skills such as Tailoring. And also be given trainings that improve their skill of traditional midwifery and the Ministry of Health to employ them since they are Traditional birth attendants (TBAs). They also reported that income generating alternatives such as selling vegetables, small shops, Charcoal kiosks and butchery are some of the sources of income that these women would need as an alternative to circumcision plus housing should be facilitated for them. Some circumcisers in rural areas reported that they would need more livestock and support in agriculture if they are to abandon circumcision.

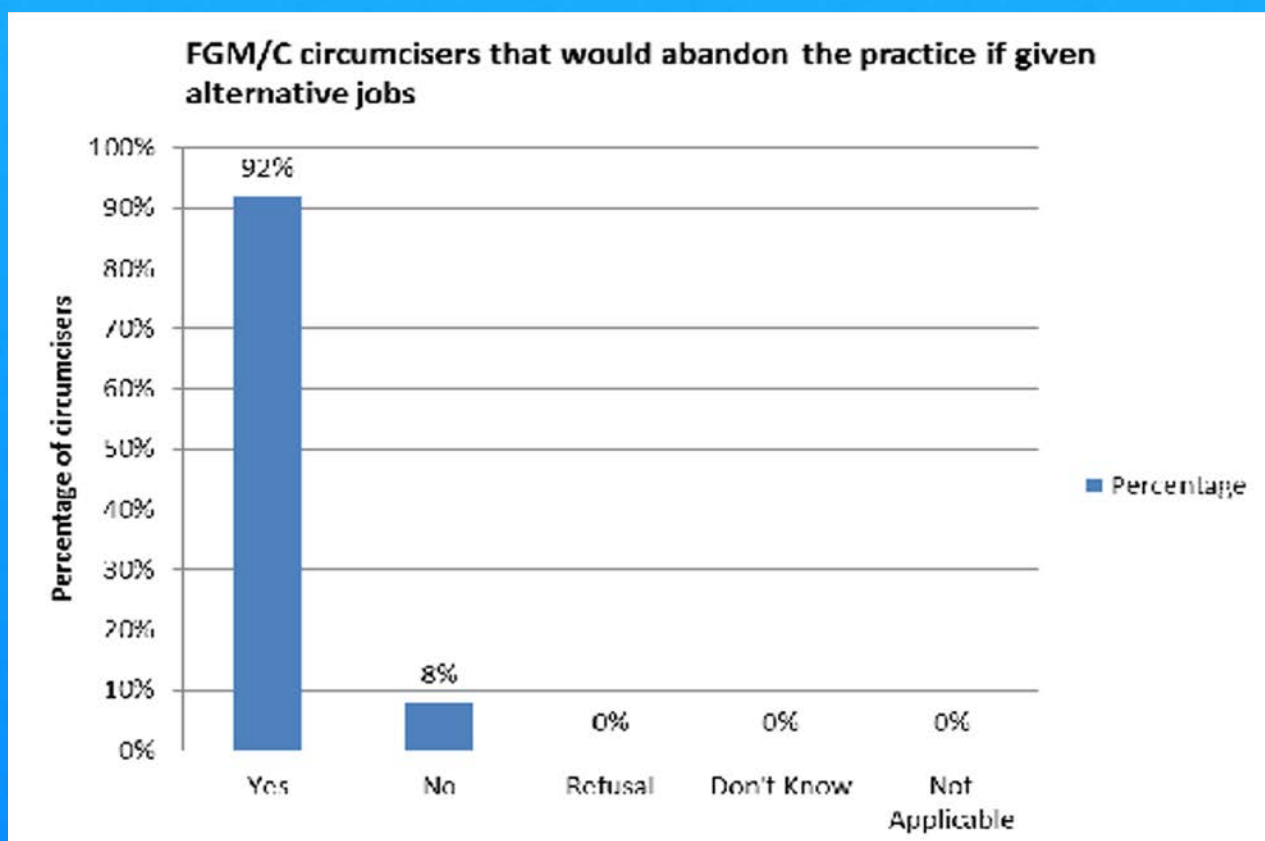


Figure 8: Percentage of circumcisers who will quit when given alternative jobs

4.6.3 The financial prospects of practicing FGM/C in the future

As shown in table 13, the majority (55.7%) of the circumcisers answered that the future dynamics of the FGM/C is financially decelerating. However, 41.3% of the circumcisers reported that the FGM/C prospect in the future is financially promising.

Most (95.5%) of the circumcisers responded that they would stop if they can get their living through other sources, though it is not permitted religiously but would have lesser sins.

Once circumciser said:

As circumcisers we castrate a lot of girls, walk many miles by foot when going to circumcise a girl that is harrowing other than that now many parents are turning to midwives, health workers and auxiliary nurses for circumcision.

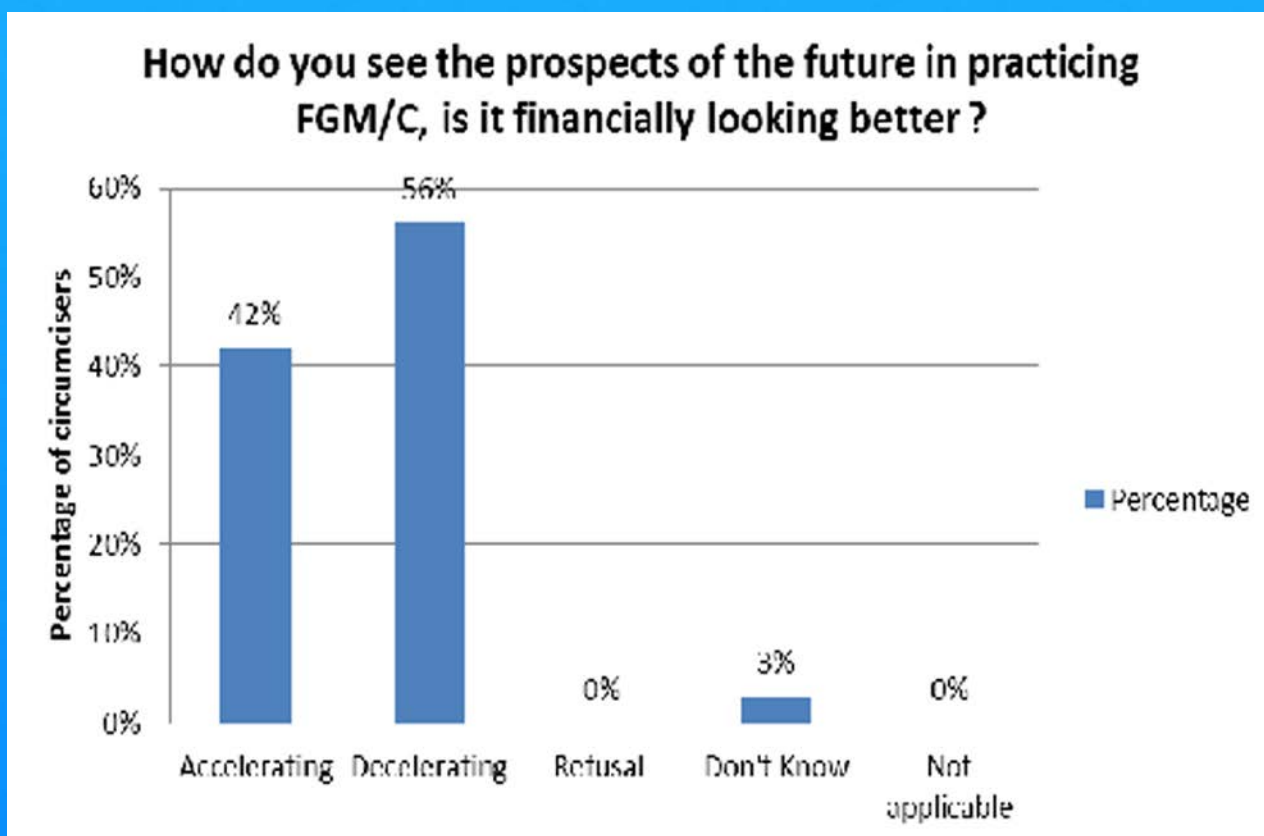


Figure 9: Financial prospects of the future in practicing FGM/C

4.6.4 Provision of alternative job opportunities

Some of the jobs circumcisers fantasize about being merchants or traders, selling vegetables, selling aromatics and perfumes and getting employed by the ministry of health especially at MCHs. They said:

“If we have to quit our profession as circumcisers we have to be given skill training on our midwifery skills so we can earn a better living and we would be able to apply a permanent job in the government if there is an opening. Also if we are given loans or revolving funds which we pay pack as installments as per agreement whether monthly or annually.....”

4.6.5 The perspective given by circumcisers regarding future of FGM/C

In regard to the future prospects of FGM/C circumcisers (66%) of the circumcisers reported:

“Circumcised women do have a more promising future because they are valued and respected within the community; they are shy, well-behaved and pious but truth be told men only want to marry circumcised women because circumcision and infibulations are the only ways they can be sure of, that their prides haven’t had sex before them, while uncircumcised girls do face a number of risks which include gossip and backbite, insult and disrespect which they may receive from the community in which they live in and biggest of all they face the risk that they will be shunned by men who won’t marry them because men believe that uncircumcised women can never be virgins”

A circumciser from Bali-Gubadleh said:

“FGM/Cgives the circumcised woman confidence as well as her husband and their families, it is prevents..... illicit sex, and girls nowadays are just so vulnerable to their temptations and lust because they are not infibulated. I am worried by that, I am a doctor and my job is to keep these girls virgin and pious...”

As shown below only (34%) of the circumcisers favored uncircumcised girls and give the following reasons as to why they don’t encourage perpetuation of the practice because:

“many girls are developing health complications and problem difficulties in passing urine; the stitches are reopened and reopened; women gets many tears and cuttings when giving birth and girls get many injuries to the reproductive organ and when they get married she has to be reopened as well”

Question	What do you think of the future of circumcised and uncircumcised girls? Does this make you proud as a circumciser?	Count	%
Response	Favors uncircumcised girls	36	34%
	Favors circumcised girls	70	66%
	Don't Know	0	0%
Total responses	106	100%	

Table 12: Circumcisers view regarding the Future of circumcised and uncircumcised girls

Under alternative skills and professions circumcisers would prefer if they have to abandon circumcision, the study established that the circumcisers are of the opinion that the financial prospects of FGM/C in future are decelerating. Many circumcisers suggested to be trained on the midwifery skills because they play the role of traditional birth attendants currently and then the government should employ them. This will make them to quit the practice of FGM/C. Others are of the opinion if they are equipped with marketable skills such as tailoring and they are empowered with alternative income generating activities like selling vegetables, small shops, charcoal kiosks and butchery, they will quit the practice. However the majority of the circumcisers are of the opinion they favour circumcised girls even in future.

CHAPTER FIVE:

Conclusions

5.1 CONCLUSIONS

5.1.1 Demography of FGM/C circumcisers

Out of the 128 circumcisers 40.6% (52) resided in Maroodi Jeeh, 30.5% (39) in Togdheer and 28.9% (37) in Awdal region. The majority 56.3% resided in the urban settings, followed by 18 % in the rural settings, 14.9% of the circumcisers from semi-urban areas and 11 % from official IDP camps. The mean age for the FGM/C circumcisers' was 52 years with the youngest circumciser who was 25 years old and the oldest circumciser 83 years old. Most (75.2%) of the circumcisers were married, while 18.4% of the circumcisers were widowed, 3.2% of the circumcisers were divorced and 3.2% of the circumcisers were single. In regard to the level of education, majority (64.8%) of the study respondents never went to school, 13.3% had attended Elementary School, 5.5 % Quranic School, 3.9% Secondary School, 4.7% College and 3.9% University.

5.1.2 Skill Acquisition to Practice FGM/C

The study showed that majority of the circumcisers' gain the skill from family members who include their grandmother, mother, or aunt and thus the practice runs from one generation to the next through the family line. However, fellow peers who are FGM/Circumcisers or traditional birth attendants also play a key role in transferring the skills. The transfer of skills is confined within individuals living in the same village or in the same refugee camps.

Majority 83 (78%) of the circumcisers stated they perform both Sunna and Pharaonic circumcision. Out of this circumcisers who performed both types of circumcision, most of the circumcisers stated they perform Sunna type and Pharaonic type of FGM/C is the least performed. Most of the circumcisers pointed out that they don't practice Pharaonic and Sunna Kabeer types of FGM/C because they cause so much harm to the girls.

5.1.3 Main factors that influence circumcisers to practice FGM/C

This study found that majority (42%) of the circumcisers continue practicing FGM/C because they want to earn a living. Other reasons given included: it is a profession and skill which was reported by 24% of the circumcisers followed by 21% who stated it is their heritage that they inherited from their ancestors and 8 % who stated its out of religious obligation.

In regard to religious factors the study found that there are differences in religious belief regarding the practice of the Pharaonic type of FGM/C with some circumcisers asserting Pharaonic type of FGM is allowed and with others who don't know whether it is allowed or not. Though some circumcisers stated the practice of FGM/C has religious reward, none of the circumcisers could justify by citing a verse from Quran or Hadith the religious basis of practicing FGM and receiving a reward. There was a mixed view among the circumcisers regarding punishment by religion if they discontinued practicing FGM/C. This opinion correlates with the view that some circumcisers belief they will be rewarded religiously for practicing FGM/C. The majority (51.9 %) of the circumcisers stated they did not have any doubts about the position of FGM in Sharia while 48.1 % reported that they had doubts about FGM and its position in Sharia.

In regard to cultural factors encourage perpetuation of the practice. This is because failure to circumcise the girls leads to stigmatization and insults among the families not practicing FGM. Therefore, majority of the families prefer not to be stigmatized and insulted. The practice also protects the girl from engaging in sexual activity with men and from being raped or getting pregnant. The practice of FGM/C hence prepares the girl for marriage and will be embraced by the community and the husband positively.

In respect to financial factors the study showed clearly that FGM/FGC is a profitable business

and circumcisers earn more money when they perform the Pharaonic type of FGM/C though it's associated with severe harmful health consequences. Albeit majority of the circumcisers who earned a living solely from circumcision, the proportion of the other circumcisers who practiced circumcision and also had another job was close to the majority. This asserts that despite having alternative sources of income some of the circumcisers still perform FGM/C.

5.1.4 Circumcisers who quit the practice of FGM/C and the reasons they abandon the practice

Of the 128 circumcisers interviewed, 106 (82.8%) are performing FGM/C, while 22 (17.2%) of the circumcisers stopped the practice. The average period of experience for the circumcisers was 17 years, and the range of their ages was between 25 to 83 years. The majority (67%) of the circumcisers asserted that if they relocate to another area they will not be able to provide the FGM/C services to the new families because they are not known there and other circumcisers are there who meet the demand.

The trainings that the circumcisers had received from anti-FGM/C workers, healthcare providers (doctor) and also religious leaders (sheikh) regarding the harmful effects of circumcision changed their perception and attitude regarding FGM/C and they decided to quit. Some circumcisers also stated that when alternative means of generating income were provided they opted to quit the practice. The study thus showed that circumcisers abandon the practice when they get trained by health care providers and religious leaders regarding the harmful effects of FGM/C. When alternative income generating jobs are provided they quit and also when the FGM/C performed complicates and attracts the police to arrest the circumciser, she quits the practice due to the arrest and imprisonment.

5.1.5 Alternative skills and professions circumcisers would prefer if they have to abandon circumcision

The potential alternatives to circumcision for 93% of these circumcisers as they reported included that they would prefer to be given trainings to develop other marketable skills such as tailoring. Many circumcisers suggested to be trained on the midwifery skills because they play the role of traditional birth attendants currently and the government should employ them. Others are of the opinion if they are equipped with marketable skills such as tailoring and they are empowered with alternative income generating activities like selling vegetables, small shops, charcoal kiosks and butchery, they will quit the practice. However the majority of the circumcisers are of the opinion they favour circumcised girls even in future.

5.2 RECOMMENDATIONS

The following recommendations are drawn from the findings of the study:

1. The change of perception, attitude and practice towards abandonment of performing FGM/C depends on three key factors namely financial factor, religious factor and cultural factor. The outstanding factor is the financial aspect therefore, provision of alternative sources of income will be vital towards eradication of the practice. Outcome-focused programs should be developed to create alternative job opportunities for the circumcisers. A pilot project can be initiated to determine if the strategy will be feasible, however the following considerations should also be made:

- FGM/FGC is a profitable business and circumcisers who put down their tools may not be able to maintain their promise and when a group of circumcisers abandon the practice, others come forward to provide services, income generation and loan programs require resources, time and commitment to succeed and often diverts attention from anti-FGM/C program implementation

and

- Focusing on the circumcisers promotes their status and role in society instead of exposing FGM/C as a harmful act.

Therefore focusing in creating alternative sources of income as the sole strategy of eradicating FGM may not be feasible enough to eradicate the practice. There is need to apply an integrative and multi-level approach by using all key actors and stakeholders that influence the practice in-order to change the perception and attitude which is the proximate factor rather than focusing on financial aspect.

2. Though the study showed the change process seems to be towards transition from Pharaonic type to Sunna Type of FGM/C rather than abandonment, key actors can still play major roles in campaigning towards total abandonment of all types of FGM/C. The key actors should include: Anti-FGM actors, religious leaders, health care professionals and the government which should also enact policies and laws that will punish circumcisers to discourage perpetuation of the practice.

3. Due to the high level of illiteracy among the circumcisers, logical reasoning and critical thinking skills may be impaired which might affect their ability to make rational decisions to abandon the practice. Hence, trainings and awareness raising should also include literacy modules and critical thinking skills to develop their ability to make appropriate decisions.

4. The study also found out that majority of the circumcisers acquires the skills from family members. Hence anti-FGM/C trainings focusing on circumcisers should also include the family members in the trainings to ensure they are well informed about the ill effects of the practice and thus discourage transfer of skills across family lines.

5. The recently developed model by NAFIS Network called the “12 champions model of change” can be an integrative approach that can bring together key players who can lead the process of change towards total abandonment of FGM/C.

6. There is need to conduct further studies on how best FGM/C circumcisers can be involved in leading the change process towards total abandonment of FGM/C.

References

Eva Maria Bruchhaus, D. A. A., and AbdiAziz Darod. (2014). Assesment of the Prevalence, Percention and Attitude of Female Genital Multilation in Somaliland (1st ed.). Hargiesa, Somaliland: NAFIS Network.

Female Genital Multilation. (Updated February 2014). Retrieved November 2015, 2015, from <http://www.who.int/mediacentre/factsheets/fs241/en/>

FGM/C Situation Report (2013). Retrieved November 2015, 2015, from <http://www.nafisnetwork.net/index.php/publications>

Knowledge, Attitude and Behavioral on FGM/C (2013): Comprehensive Community Based Rehabilitation in Somaliland.

Multiple Indicator Cluster Survey. (2011) (pp. 99-102). Hargeisa, Somaliland: UNICEF.
Nthia Njeru. (1996). Understanding Female Circumcision from the Circumcisers' Perspective. East African Medical Journal. Nairobi

UNICEF (2013). Iraqi Kurdistan, Yasin, Berivan A. et al. Female Genital Mutilation among Iraqi Kurdish Women; A cross-sectional study from Erbil City", BMC Public Health

UNICEF, (2013). Statistics by Area/Child Protection. Available at:

http://www.childinfo.org/FGM/Cc_progress.html. Accessed: 16 December 2013.

UNICEF, (2013) Female Genital Mutilation/Cutting:

A statistical overview and exploration of the dynamics of change, UNICEF

World Health Organization (2009). Addressing the Challenges of Women's Health in Africa: Report of the communication of Women's health in the African region: Geneva, Switzerland

WHO, UNICEF, UNFPA (1997). Female genital mutilation. A Joint WHO/UNICEF/UNFPA

Statement. Geneva,

WHO, (2008). Eliminating Female Genital Mutlilation interagency statement:UNAIDS, UNDP, UNECA, UNESCO,UNFPA, UNHCHR, UNHCR, UNICEF, and UNIFEM, 2008:World Health Organization; 2008

B2. Age of respondent: _____

B3. Marital Status: [] Single [] Married [] Widowed [] Divorced

B4. Level of Education: [] Never gone to school [] Elementary Level [] Quranic School []
Secondary Level [] College [] University level [] Other, please specify: _____

C. FGM/C DEFINITION AND TYPES

C1. Can you define FGM/C Please? _____

C2. How many types of FGM/C are there? _____

C3. Please defines each type? _____

C5. What kinds of FGM would you not perform if you could, and why? _____

C6. Do you currently practice FGM/C: [] Yes (Skip to C8) [] No (Go to C7, then stop the
questionnaire)

C7. If No, Why did you stop? Would you take it on again if you could?

C8. How long have you been practicing FGM/C? _____

C9. Have you faced problems in the environment you work in? _____

C10. What do you not like about your job? What do you enjoy about your job?

C11: What would you change about your job? _____

D. FGM/C PULL FACTORS FOR CIRCUMCISERS

D1. What motivates (pull factors) you to continue practicing FGM/C? (List as many as pos-
sible)

D1. RELIGIOUS FACTORS DRIVING THE PRACTICE OF FGM

D1.1. What is your opinion on FGM and Islam? _____

D1. 2. Will you religiously be rewarded for continuously practicing FGM/C?

D1.3. what is the religious reward? _____

D1.4. where did you first hear about it? _____

D1.5. Can you cite the verse in the Quran or hadith where it is stated? _____

D1.6. Will your religion punishes you for not practicing FGM/C? _____

D1.7. what is the punishment? _____

D1.8. where did you first hear about it? _____

D1.9. Can you cite the verse of the Quran or hadith where it is stated?

D1.10. Have you ever been in conversation with a sheikh about FGM? What did he say you?

D1.11. Have you ever had doubts about the position of FGM in Shari'a? When you have such doubts, who do you talk to?

D1.12. Do you and your fellow professional circumcisers have had discussions on the religious nature of FGM? What were their views on the issue?

D2. CULTURE AND OTHER INFLUENCING MYTHS

D2.1. How do traditional norms and the Somali culture influence you to practice FGM?

D2.2. Who did you learn to practice FGM from? What did they tell you are the importance of FGM to the culture of Somali's?

D2.3. By practicing FGM do you believe that you are preserving the culture and tradition of your ancestors?

D2.4. Were there stories about FGM/C that you used to hear when you were young? Were they Positive or negative? What were the stories?

D2.5. Who influenced you the most to take up professional circumcision?

D2.6. What do you think of the future of circumcised and uncircumcised girls?

D3. FINANCIAL FACTORS DRIVING CIRCUMCISION

D3.1. How many clients have you served this year alone? How many families in your community have you serviced since you started this practice?

D3.2. On average how many girls do you circumcise/cut per month?

D3.3. Which kind of circumcision pays you the highest or is the most lucrative?

D3.4. How much money do you charge per girl? Are there any other benefits you receive rather than money?

D3.5. Does the income from this profession enable you to take your children to school and meet your other financial commitments?

D3.6. Have you been able to get your living by practicing circumcision? Yes or no. If yes, is circumcision the only job you do? Yes or No

D3.7. How do you see the prospects of the future, is it financially looking better?

D3.8: Will you abandon circumcision if you can earn your living through other Why?Means

D4. PROVISION OF OPPORTUNITIES

D4.1. what other job (s) do you fantasize about doing? Have you tried doing another job? Yes or no, why did you stop?

D4.2. What do you need to take another alternative? How long will it take?

D5: FGM/C DEMAND CREATION... IS IT FROM THE CIRCUMCISER OR THE COMMUNITY?

D5.1: According to your knowledge where is the demand for FGM/C coming from?

D5.2: Do you feel respected and valued for the services you provide? Why?

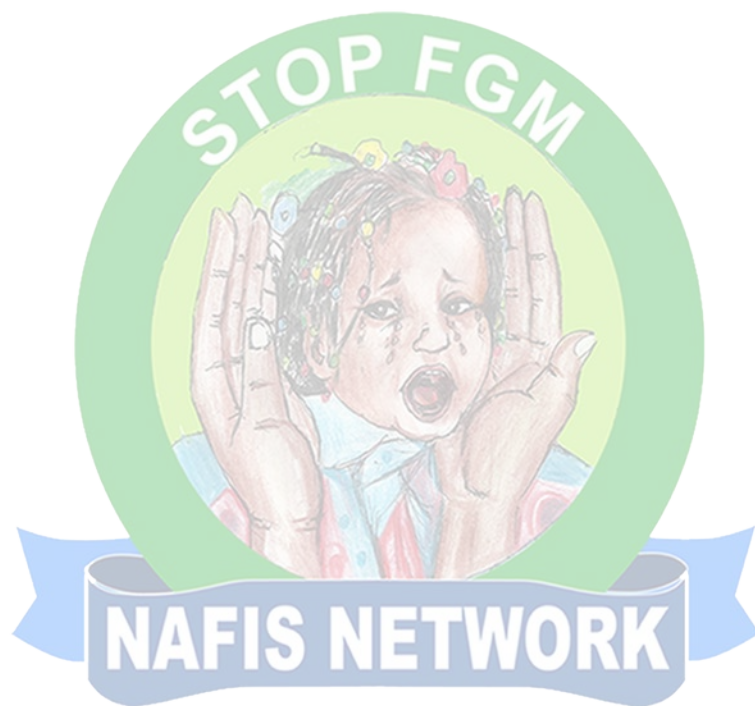
D5.3: Are you the main circumciser they call on when needed or are there others?

D5.4: How many circumcisers are there in your location?

D5.5: Why do the people come to you?

D5.6: If you relocate from ... do you think you will be able to get such demand? Why?

D6: If any other information that is not included in the guideline is mentioned please record it in here by asking how, what and why questions?



THIS PAGE IS INTENTIONALLY LEFT BLANK

Mapping of FGM/C Circumcisers In Somaliland, Nov_2015

