FGM and the role of policy and policy makers

Policy discussion paper

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Background

Female Genital Mutilation (FGM), also called circumcision, is all procedures involved in the partial or total removal of the external female genitalia or other injuries to the female genital organs for non-medical reasons the World Health Organization (WHO). This definition, adopted by the WHO Technical Working Group Meeting on Female Genital Mutilation in 1995, includes the practice's physical, psychological, and human rights features.

Based on the Technical Working Group recommended, WHO adopted the following classification of FGM and identified four categories based on the severity of the procedure: Type 1 is called Clitoridectomy, which is considered the partial or total removal of the clitoris; Type 2 is called Excision, which indicates the partial or total removal of the clitoris and labia majora; Type 3 is called Infibulation, in which part or all genitalia is removed with stitching or narrowing of the vaginal opening and Type 4 comprises "all other procedures to the female genitalia for non-medical purposes, e.g., piercing, pricking, incising, scraping and cauterizing the genital area."[1]

Female Genital Mutilation/Cutting (FGM/C) is practiced around the world. Currently, FGM is concentrated in 28 countries, 27 in Africa and Yemen in Asia. However, it also occurs among the African diaspora in Australia, New Zealand, North America, Europe, the Middle East, and Asia. The total number of cases worldwide is estimated to be as high as 125 million young girls and women.

There is no explicit knowledge of the origin of Female Genital Mutilation (FGM). However, various ideas exist about how the practice began. FGM predates both Islam and Christianity, and it is primarily practiced due to cultural traditions. FGM is not restricted to a specific ethnicity, religion, or group[2]. According to Hosken (1994), the practice is thought to have begun in Egypt, where circumcised. Infibulated mummies have been discovered, and their practice gradually spread throughout the contiguous

[1] UNFPA. (2022, Feb.). Female genital mutilation (FGM) frequently asked questions. Retrieved from https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions

[2] Ahmed, H.M., Kareem, M.S., Shabila, N.P. *et al.* Knowledge and perspectives of female genital cutting among the local religious leaders in Erbil governorate, Iraqi Kurdistan region. *Reprod Health* **15,** 44 (2018). https://doi.org/10.1186/s12978-018-0459-x

areas of the Red Sea coast among the tribes via Arabian traders[3] FGM is now practiced in 31 countries around the world, with 28 in Africa, notably Sub-Saharan Africa[4].

In July 1995, the World Health Organization (WHO) established a Technical Working Group Meeting on Female Genital Mutilation to assess and make recommendations to draw international attention to FGM. That meeting has become the springboard in the fight against FGM for the next decade. Notwithstanding the extent of the use of this harmful practice around the world, there still exists a knowledge gap in fully understanding the real problem and the most appropriate intervention needed to fight FGM.

The occurrence of this harmful traditional practice has been widely documented through standardized surveys. The Demographic Health Survey (DHS) and Multiple Indicator Cluster Surveys (MICS) are the primary surveys used to estimate FGM prevalence. In Somaliland, the Demographic Health Survey (DHS) in 2020 shows that Female circumcision, as it is called mostly in Somaliland, was practiced in the country for several decades, also known as Female Genital Mutilation or Cutting (FGM/C). The Demographic Health Survey (DHS) data shows that circumcision reached as high as 98 percent among women aged 15–49. Pharaonic circumcision is the most widely used type of circumcision, with 61 percent of women aged 15-49. The data also reveals that 7 percent of women had undergone intermediate type, whereas 29 percent had undergone Sunni type.[5]

Female genital mutilation/cutting (FGM/C) is a harmful traditional practice with severe consequences for the health and well-being of girls and women. Thousands of girls are mutilated daily in culture, religion, or gender worldwide. The arguments against FGM are based on existing human rights standards, including the right to health. The lasting effects of FGM are both physical and psychological and are irreversible, with permanent damage that affects the lives of young girls and women. In particular, it has an extensive impact on women's reproductive health.

[3] Husken, P. Fran (1994) The Hosken report : genital and sexual mutilation of females.

[4] MPNP (2020). Somaliland Demographic Health Survey (DHS).

[5] UNFPA. (2022, Feb.). Female genital mutilation (FGM) frequently asked questions. Retrieved from https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions

This study assesses Somaliland Policy Makers' awareness, attitudes, and opinions concerning ending FGM/C. The findings will also establish a baseline to compare and evaluate changes over time. Understanding these issues will support advocating for National anti-FGM/C policy and enable a specific training program to be designed, which could lead to an effective change.

Objectives

1. To evaluate the Policymakers' awareness, attitudes, and opinions toward ending FGM/C
2. To suggest an optimal plan to engage policymakers in participating in the fight against FGM/C

Methodology

The primary method in ascertaining the study's objective will be face-to-face in-depth interviews to establish a deeper policymakers' awareness, attitudes, and opinions toward FGM. The study will also analyze law, policies, and other necessary documents. necessary document FGM

In line with *The Committee on the Elimination of Discrimination against Women* (CEDAW) recommendations, most African Nations where FGM is highly practiced have passed laws prohibiting FGM at a national level. However, Tanzania, Somalia/Somaliland, and Sudan have yet to pass such laws. In this regard, 14 countries have ratified CEDAW, while another 11 nations, including Yemen, have acceded to CEDAW, which is legally binding. On the other hand, 25 counties have ratified the Maputo Protocol, which guarantees women's comprehensive rights, including such practice, except Egypt and Eritrea[6]. Nonetheless, the practice of FGM is still practiced around Africa.[7]

Many countries with varying degrees of social acceptance of the FGM practice have passed laws, provisions, or policy directives criminalizing the practice. Some have imposed penalties and criminal charges on offenders and provided protection and

[6] Article 5 of the Maputo Protocol
[7] UNFPA-UNICEF Joint Programme on Female Genital
Mutilation/Cutting. Accelerating Change. Scaling Up: a Comprehensive Approach to Abandonment in 15 African Countries. Annual Report. 2012.

support services for those who have undergone the procedure or are at risk. For instance, Nigeria established a federal law against FGM in May 2015; only eleven states had laws prohibiting violence against people that could be applied to FGM previous to that date. Gambia and Mauritania have filed draft legislation to their respective legislatures, although they do not have national laws against FGM. In Benin and Tanzanian regulations, minors are protected from FGM, but Kenya's Children's Act prohibits FGM among children. Mauritania, which does not have national FGM legislation, contains provisions in its Children's Act and Women's Act that can be used for FGM[8].

The penalties for conducting FGM vary widely throughout countries ranging from a few months to a couple of years in prison. Regarding monetary penalties, Djibouti has one of the highest fines, at $2,080. Benin, Eritrea, Ethiopia, Kenya, and Senegal have penalties for aiding and abetting FGM, ranging from 1 month to 6 years imprisonment, while others have penalties for death resulting from FGM. Medicalization penalties also vary across countries. Medicalization is punishable in Eritrea and Kenya, with the possibility to revoked medical professionals' licenses. Similarly, medical personnel in Burkina Faso and Cote d'Ivoire can be suspended for up to five years if they conduct FGM[9].

Many African countries have devised national programs to avoid or promote the abolition of FGM. Burkina Faso, for example, founded the National Committee for the Campaign to Fight Excision (CNLPE) in 1990. A National Anti-Female Circumcision Commission was also established in Cote d'Ivoire. Moreover, Djibouti established the National Committee to Combat Female Genital Excision in 1992. The Anti-FGM Boards in Ethiopia and Kenya, which coordinate public awareness campaigns against FGM and advise the governments on FGM-related issues, also run abandonment programs. Furthermore, Eritrea's Anti-FGM Committees, which operate locally, raise awareness of the law.

[8] Muthumbi J, Svanemyr J, Scolaro E, Temmerman M, Say L. Female Genital Mutilation: A Literature Review of the Current Status of Legislation and Policies in 27 African Countries and Yemen. Afr J Reprod Health. 2015 Sep;19(3):32-40. PMID: 26897911.

[9] UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting. Accelerating Change. Scaling Up: a Comprehensive Approach to Abandonment in 15 African Countries. Annual Report. 2012.

FGM prevention and care have been integrated into several countries' health policies and programs. In Burkina Faso, Egypt, Gambia, Guinea, Kenya, Mauritania, Mali, and Sudan, FGM is included in health professionals' training. At the same time, Djibouti offers a module on FGM to all health professionals. Other health programs have established frameworks for addressing specific issues related to FGM. Somalia has an anti-medicalization policy, but Sudan's reproductive health policy expressly outlaws the medicalization of FGM. Although Djibouti and Guinea-Bissau have not integrated FGM into their healthcare policies, FGM is included in their healthcare training programs.

Legal regulation of FGM varies across Africa. Some countries have enacted laws prohibiting FGM; others have provisions in their laws, such as the women's or children's acts. For example, Benin and Tanzania made provisions for FGM in their laws to protect children from such practice; on the other hand, Kenya enacted Children's Act in 2001, which outlaws FGM among children. Mauritania, which does not have FGM legislation, has provisions against harmful practices in its Children's Act 2005[10]. Likewise, Mali's Family Health Act (2003) and Sierra Leone's Children's Right Act (2007) made provisions to protect children from harmful practices[11].

[10] ibid

[11] Muthumbi J, Svanemyr J, Scolaro E, Temmerman M, Say L. Female Genital Mutilation: A Literature Review of the Current Status of Legislation and Policies in 27 African Countries and Yemen. Afr J Reprod Health. 2015 Sep;19(3):32-40. PMID: 26897911.

Table 1: Percentage of Girls and Women aged 15-49 who have undergone FGM

Country and Year when national FGM Legislation was Enacted	% of girls and women aged 15-49 who have undergone FGM*
Benin (2003)	13
Burkina Faso (1996)	76
Cameroon	1
Central African Republic (1966)	24
Chad	44
Cote D'Ivoire (1998)	38
Djibouti (1995)	93
Egypt (2008)	91
Eritrea (2007)	89
Ethiopia (2004)	74
Gambia	76
Ghana (1994 amended 2007)	4
Guinea (2000)	96
Guinea-Bissau (2011)	50
Kenya (2011)	27
Liberia	66
Mali	89
Mauritania	69
Niger (2003)	2
Nigeria (2015)	27
Senegal (1999)	26
Sierra Leone	88
Somalia (2012)	98
Sudan	88
Tanzania	15
Togo (1998)	4
Uganda (2010)	1
Yemen	23

Source: UNICEF (2013)

Somaliland legal framework regarding FGM

Somaliland declared independence in May 1991 from Somalia. Somaliland has its political system, government, military, police force, and currency, but its self-declared independence remains unrecognized.

As practiced, the legal system in Somaliland consists of a mixture of civil law, (Sharia) law, and customary law. As stipulated, Sharia law takes precedence over all laws; however, customary laws strongly influence the everyday practice of law. Nonetheless, Somaliland's legal framework is outdated at best. It consists of laws adopted from a mixture of the colonial era when the country was a British Protectorate

and laws dating back to the sixties when Somaliland was part of Somalia. Many people argue the laws in Somaliland are outdated and cannot serve justice in their current form.

Even though Somaliland is not recognized and cannot rectify international treaties, the constitution of Somaliland adopted in 2002 confirms the compliance with treaties formerly signed and ratified during the union with Somalia. Somaliland ratified the Convention on Rights of the Child in May 2002, and the Somaliland constitution recognizes the Universal Declaration of Human Rights in article 10(2).

However, the protection of women from harmful practices can be observed in the Somaliland constitution. Even though it does not refer specifically to FGM, it addresses the issue in a different context. Article 8 of the constitution addresses Equality of Citizens; provision (2) aims to eradicate harmful practices and make it a national obligation. On the other hand, article 36 of the constitution of Somaliland puts sets forth the Rights of Women. In the article, the rights of women are specified. In addition, the article encourages the government to legislate for women's rights and protection from practices contrary to Islamic sharia.

The Ministry of Employment, Social Affairs, and Family of the Republic of Somaliland (MESAF) is the government office responsible for family and gender issues. The ministry has initiated several programs to support the fight against FGM. In collaboration with UNFPA and UNICEF, they introduced a Joint Program to Eliminate Female Genital Mutilation (*UNJP*) partner with Somaliland Youth Peer Education Network [Y-PEER]. The joint effort developed communications strategies, provided protection and support services for women and girls affected by FGM, and established religious leaders' networks throughout the country[12].

Regarding FGM prevention, Somaliland does not have specific laws regarding FGM and its criminalization, nor does the constitution define FGM. A proposed policy from the Ministry of Employment, Social and Family Affairs that would criminalize FGM in the country was drafted in 2011 and remains a draft today. But for the legal draft to be

[12] 28 Too Many. (2018). *Somaliland: the law and FGM.*

productive, it should be developed into legislation. However, until now, there have been no substantial and compelling efforts to enact laws regarding FGM. Even the FGM act has not yet reached the level of legal project and has yet to be presented to the council of ministries.

The government initiated many workshops and released national documents in recent years. For example, the National Health Policy drafted by the Ministry of Health in 2011 was intended to improve reproductive health and highlighted the challenge of FGM in the country. Regarding policies, the Somaliland National Development Plan for 2012–16 has indicated the need for a national policy on ending FGM.

There is also a movement against FGM practice in Somaliland, led by civil society networks working very hard to mobilize the community to end FGM. With all this effort, changes have been observed in the community. However, there are several challenges regarding FGM. First, there is the issue of data which many argue that data on FGM is highly inaccurate and scattered. This makes decision-making very difficult and often creates misunderstanding. The other issue which is somewhat related to the previous problem is the issue of the "definition" of FGM in Somaliland. It is noted that FGM in Somaliland is interpreted as Type 3 or Infibulation, in which part or all genitalia is removed with stitching or narrowing of the vaginal opening. In contrast, all other types are referred to as *sunna,* which people believe is sanctioned by Islam.

Policymaker's perception of FGM

Most policymakers revealed that FGM is substantially a harmful practice and acknowledged FGM is currently a global and national concern with a high prevalence in the county. They are also described as a gross violation of girls' rights and a calamity confronting young girls and women. One policymaker described the FGM procedure:

> *"It is a complicated procedure because it disturbs and damages girls' divine system. Physically and morally, it is a practice that distresses girls depressingly."*[13]

[13] Interview with a policy maker, data

There is also a high understanding of the various complications of FGM, including health issues, psychological consequences, maternity difficulties, and strained social ties.

Factors influencing FGM practice

According to the respondents, FGM has been a long-standing ritual difficulty to renounce. Historically, it was not a phenomenon that started in our community but a heinous deed received from our forefathers from other societies. Even if FGM is done with the belief that it will safeguard the chastity of young girls and/or avoid the risks of rape, it is a common understanding that it serves neither. The most apparent factor behind the widespread practice of FGM is social pressure. Social norms pressure parents to undertake FGM on their daughters to prepare them for marriage and adulthood.

> *"Any girl who hasn't been mutilated was considered as precarious; they were inevitably stamped evil faults. They used to normalize this practice as it preserves ethnic and gender identity, conserves femininity, guarantees female virginity, and assures marriageability."*[14]

Pharaonic and Sunni debate

There is currently a debate on the types of FGM. The most significant discussion involved the frequently mentioned comparison of Pharaonic and Sunni forms of FGM. Some suggested that only the Sunni form be practiced, while others advocated for the abandonment of FGM whatsoever the type. They agreed that pharaonic is a horrific practice that should be abolished, to the point where some interpreted it as a virtually unknown punishment for females. The discussions acknowledged that all forms of FGM are undesirable practices and proposed considering FGM a criminal act that should be outlawed.

Nonetheless, most of them believed that Sunni/ (Type I) form is less troublesome and less dangerous than the other types of FGM. They argue that since female circumcision has a religious connotation, no laws can forbid it, but social mobilization and education can change its practice. The debate on the Pharaonic and Sunni types

[14] Interview with a policy maker, data

of FGM is facilitating the medicalization of FGM. Somaliland reported that more nurses and midwives are now performing FGM at healthcare facilities or homes[15] since no law is criminating that act. However, the claim is based on anecdotes, and no date exists to support that assertion. Now, anti-FGM groups and advocates are working with the government to prohibit such acts from being performed by healthcare professionals and are proposing a national policy against the medicalization of FGM.[16]

Cultural factors

Most respondents believe that FGM has to do with culture than religion. Anecdotes from different respondents indicate that religious people have already abandoned this practice. So, many experts on FGM believe that cultural norms motivate the practice of FGM[17]. They described FGM as a long-standing and terrible tradition we have inadvertently adopted. FGM has nothing to do with health, religion, or politics; it is an issue of culture. Responses indicate that FGM is comprehensively embedded in societal norms, which are difficult to separate. It is a misconception derived from ancient cultures, and traditionally it was simply a method that people considered a way to safeguard girls and assure their femininity.

> *"FGM is a bad legacy of the past; it was a sign of hierarchy and anger and is no longer a viable option and is currently incompatible; basically, it's a practice that demonstrates social backwardness and adherence to barbaric practices. Marriage in the Somalis community was/is expensive and plagued with requirements; most of the time, parents impose strict conditions. This has driven to keep girls to stay away from other aspirations, and FGM has become a supporting concern as a response."*[18]

Emphasized that FGM is a culture-related practice, mostly traditional practitioners with limited or no medical knowledge perform FGM with poor hygienic and dangerous equipment. The unsanitary equipment they use for FGM makes it more hazardous.

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[15] R. A. Powell and M. Yussuf (2018) *Changes in FGM/C in Somaliland: Medical narrative driving shift in types of cutting*. Evidence to End FGM/C: Research to Help Women Thrive. New York: Population Council. Available at http://www.popcouncil.org/uploads/pdfs/2018RH_FGMC-Somaliland.pdf.

[16] Interview with Policymaker, 20, 05, 2022

[1717] Interview with FGM expert, 20, 05, 2022

[18] Interview with FGM expert, 0 5, 2022

"They use the same metal to perform many girls' FGM, which can lead to dangerous infections including tetanus and infectious disorders in youngsters such as HIV." [19]

The role and effort of policymakers in FGM

FGM-concerned institutions have been concerting viable efforts to overcome the practice. The discussions exposed that raising awareness, organizing communities, outreaching remote residents, and promoting efforts via media can potentially support the reduction of FGM. Moreover, organizing events focusing on FGM, conducting research, and drafting acts, policies, and strategies that can assist in mitigating FGM have their significance.

Respondents contended that act-FGM efforts are insufficient to ensure and support a comprehensive strategy for financial reasons. In addition, the responses claimed that challenges would overcome the implementation of any act against FGM in this conservative context due to ideological diversity. Furthermore, due to the depth of the practice, society will not take the actions seriously.

"Technically, we are working on regulations to prevent FGM and developing a roadmap to manage the entire country. We go to communities where female genital mutilation (FGM) is prevalent and IDP camps and slums."[20]

According to this, responses suggested any act against FGM without social behavior change would not be effective. Responses expressed that any action against FGM without social behavior change will be ineffective. Consequently, acts alongside social behavior change supplemented with policies would result in an effective imperative way of controlling FGM.

[19] Interview with FGM health expert, 23, 05, 2022
[20] Reference needed

Conclusions

Female genital mutilation (FGM), which is also known as "female circumcision" or "female genital cutting," compromises part of the external genitals for a non-medical purpose. The practice carries no apparent health benefits, yet it creates pain and severing for young girls and women. Intentionally harming young girls in the name of tradition or religion is a gross violation of their human rights. It is estimated that more than 150 million young girls and women have been mutilated; the worldwide number of women and girls affected by FGM is difficult to fathom, and more challenging young girls and women have gone through this procedure in Somaliland alone. The practice is carried out at infancy and the age of fifteen.

FGM remains widespread against the global efforts to fight the practice and abandonment altogether. Almost 28 countries practice FGM in continental Africa, and some reported cases in Asia.

African immigrants in some developed countries uphold FGM. Some send their daughters home to undergo the procedure. Ending it will not be easy; it is a practice that has been involved for many years and in many cultures, including Muslims, Christians, and Animists though many scholars have indicated FGM has no religious mandates[21].

Countries may pass laws, as has been done by many countries; however, to eradicate FGM, only legal instruments cannot deter the practice of FGM unless there is a change of attitude. Traditions and beliefs are firmly embedded in society's minds and are difficult to change. Eradication of culturally rooted practices such as FGM cannot be changed with legal instruments. Still, it must be accompanied by the most initiative that can change society's attitude at large.

Recommendations

- Efforts against FGM should communicate easy-to-understand and accurate Messages through awareness campaigns and educational training of policymakers.

[21] https://www.prb.org/resources/the-role-of-policymakers-in-ending-female-genital-mutilation-an-african-perspective-2/

- Anti-FGM advocates should focus on legislating policies protecting child and women's rights and protecting them from practices that harm their bodies and well-being contrary to Islamic sharia rulings. This kind of effort will receive strong support from policymakers.
- Replace the prescriptive nature of FGM communication with a participatory communication approach involving community leaders, religious leaders, policymakers, teachers, and health professionals.
- Increase research on the subject matter to fully understand and identify how FGM is practiced and how it can be obliterated. In this regard, compile accurate data on the practice to inform policy and programs.