



NAFIS NETWORK

Article on FGM/C

Female Genital Mutilation/cut on Assessing Perspectives and attitude change of youth related to FGM in Burao, Somaliland

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Agronomy and abbreviations

- FGC: Female genital cutting
- FGM: Female genital Mutilation
- WHO: World Health Organization
- FGDs: Focus Group Discussions
- KII: Key Informant Interviews
- TOR: terms of references
- NGOs: Non-Governmental organizations
- NAFIS: Network Against FGC in Somaliland
- IDPs: internally displaced persons

Acknowledgement

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Introduction:

Independent consultant from University of Burao conducted study with support of Nafis Network by Assessing Perspectives and attitude change of youth related to FGM in Burao specifically focused on young people both women, men, aged 15-30 years in different classes like illiterates, school/university students, married/unmarried youth, youth in the IDPS, and young teachers. The main sources were based on both quantitative and qualitative data.

This Article presents research findings, conclusions and recommendations into the youth (15-30 ages) perspectives and attitudes around female genital cutting (FGC) in Burao; Togdheer.

Article reported that students have received FGM/C awareness session in their classes, community were engaged in general on FGM messages related to its complications, but still need to focus on grass root level such as engaging young mothers and fathers and other teenagers.

The article talked about the current opportunities for youth to end FGM/C, and encourages youth engagement to overcome FGM culture through dialogues sessions, Awareness and mobilization campaigns since youth are open and more influential by global though social media to be organized as peer groups such as Unmarried/married girls/boys, young teachers, young religious leaders. Data results showed that 70.4% of assessed young people have changed believes in the last five years and realised that FGM/C practice has nothing good for women but it's harmful and violation of human rights. The article found out that young people have more positive changes on their perspectives and attitudes on FGM practice. This paper provides recommendations that may contribute to end FGM/C practices.

1. Literature Review:

1.1. Background of the FGM/C practices

Female genital mutilation (FGM) is defined by the World Health Organization (WHO) 1 as comprising 'all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.' FGM has been recognised as a harmful practice and a violation of the human rights of girls and women. (TOOMANY, 2019).

Female genital mutilation Female genital mutilation (FGM) is a practice that involves altering or injuring the female genitalia for non-medical reasons, and it is internationally recognized as a human rights violation. Globally, it is estimated that some 200 million girls and women alive today have undergone some form of FGM. Due to outbreak of the COVID-19 pandemic increased girls' risk of being subjected to FGM. (UNFPA, 2020 Global annual Report of eliminating FGM during COVID 19, 2021)

Traditionally most girls and women in Somaliland have undergone the pharaonic cut, which equates to WHO type III, with a minority undergoing the sunna, which equates to WHO type I. In recent years, the intermediate cut (WHO type II) has risen in popularity in Somaliland, as it is seen as causing less damage than the pharaonic, yet still partially closing the vaginal orifice with two or three sttches. This intermediate cut is being called 'sunna' or 'sunna2' in the community, which can lead to confusion. Senior clerics and the Ministry of Religious Affairs (MoRA) are opposed to the pharaonic cut and consider only the sunna, with no sttches, to be acceptable under Sharia Law. (Newell-Jones, 2017)

The overall prevalence of FGM/C remains at 98% in line with national statistics. However, FGM/C is being talked about more openly in all project communities surveyed. 91% of community members said FGM/C has been mentioned in public meetings in their community, an increase from 49% in 2016. The percentage of people who have spoken to someone about FGM/C in the last year has increased almost threefold from 22% to 64%, although people are still talking primarily to family, neighbours and friends with very few (3-8%) community members talking to teachers, health professionals, religious leaders or community leaders. There has been a threefold increase in the percentage of community members involved in activities to end FGM/C since the beginning of the project from 16% to 51%. The main activities are public meetings, campaigns and workshops, with an increase in the percentage of women involved in workshops increasing from 9% to 48%. (ActionAgainstHunger, program FGM/C, 2019)

UNICEF is the leading agency providing data and resources on FGM/C in the 29 countries where the practice is currently measured. The 2013 statistical overview provided the most comprehensive review of available data to date, analysing prevalence and trends in the practice from more than 70 nationally representative surveys over a 20-year period.⁷ The report found that: more than 125 million women and girls have undergone FGM/C; 30 million girls are at risk of being cut in the next decade; social norms and expectations play a strong role in perpetuating the practice; FGM/C is becoming less common in slightly more than half of the 29 countries studied; and in most countries where FGM/C is practised, the majority of girls and women think it should end (Hospital, 2013)

The root cause of the FGM/C practice is that it is well grounded in the cultural beliefs of the people. It is believed that the procedure maintains virginity, controls unbridled sexual urge and as a purifying action.

The main causes of FGM/C practice include widespread ignorance, wrong beliefs of attributing FGM/C to Islam, conflicting views of religious leaders on FGM/C practices. These cultural beliefs include the belief that an uncircumcised girl is unchaste and not fit for marriage, vile and thus female circumcision is locally known as 'xalaaleyn', literally "legalizing", and as if the process of removal of parts of the female organ will guarantee acceptance of the girl by her community for marriage and for other social functions. It is also believed that FGM/C help in the safeguarding of virginity before marriage which means an honor for the family of the girl. (Ibrahim, 2013)

The level of awareness among community members about FGC is higher than expected due over many years, there have been efforts from international and national, governmental and non-governmental organizations to eliminate FGM practices, that resulted many international legal instruments and national legislations now include articles prohibiting the practice. However, the practice remains highly widespread in Somaliland and across Africa and the Middle East, regardless of the fact that most of these nations have introduced legislation forbidding FGM. This need for more than just legislative action but also community member's perspectives and attitudes and changes on the FGM/C practice is crucial for FGC practices eradication. (Ibrahim, 2013)

1.2. Attitudes towards FGM/C practices:

In the context of Somaliland, the studies in this area are mostly more interventionist and action-oriented researches in a sense that the attitudes of the community towards this practice are not given the required attention. The few Studies conducted in this area show dynamism of the attitudes of the community

considering the type of FGC they would prefer their daughters to be cut. Moreover, the study found out that the attitudes of the study respondents to the FGC, as illustrated above, vary a lot in a sense that respondents agreed in one of the categories that are currently practiced in the country and don't consent with the other one for reasons deeply rooted in the cultural norms of this society. (mohamed, 2018).

Data from MICS (2006 & 2011), Crawford and Ali (2015), Edna Adan University Hospital (EAUH) (2014), NAFIS (2015), the ACF baseline assessment (Newell-Jones 2016) and the SOFHA baseline assessment (Newell-Jones 2017) all indicate that Somaliland has an overall prevalence rate of around 99% of girls and women undergoing FGM/C. (Action Against Hunger, FGM/C Program Review, 2019)

According to UNFPA, because of her leadership, almost 100 mothers have pledged not to practice female genital mutilation, sparing about 200 girls in the settlement. "I don't want my other daughters and other young girls to go through the pain we have gone through," Halima said. (UNFPA, Daughters of Somalia a continuous pledge to end FGM, 2022).

All participants declared that they would not allow their sons to marry an "untouched" girl, as it is a religious obligation, and as it is also part of the Somali culture. Moreover an "untouched" girl is considered to be unclean, "According to the Islamic religion, both Pharaonic & Sunna forms are unlawful. Men's circumcision is lawful, but it is favoured leaving the girls untouched." said by Sheikh (Network, 2014)

2. Objectives of the FGM/C Article:

The primary objectives of the article were to:

- ❖ Understand how better engaged youth in ending FGC in Somaliland and gaps needs to address to be in a zero-tolerance position.
- ❖ Assess perspectives and attitude change of youth related to FGM/C, and what the 30 years of awareness of FGM/C had changed the perspectives and attitudes of youth towards FGM/C.
- ❖ Similarly, the article will support the efforts of ending FGM/C through providing ways to engage youth in anti-FGC awareness campaign.

3. Methodology

The study used multiple methods and techniques including desktop survey, individual interview questionnaires, Key Informant Interviews, focused group discussions. The assessment data was collected from Burao District, Togdheer region. The respondents were the youth communities in the region specifically focused on young people both women, men, aged 15-30 years in different classes like illiterates, school/university students, married/unmarried youth, youth in the IDPS, and young teachers. The main sources were based on both quantitative and qualitative data. **The study used the following instruments for the data collection:**

- Review of the existing relevant literature and documents
- 270 Individual interviews with youth community members in the study areas

- 2 Focus group discussion with youth community members
- 10 Key Informant Interviews

Major research questions: According to the terms of reference from NAFIS for the assignment, the assessment was designed to answer the below three major questions.

- I. How and to what extent are engaged youth in anti-FGC campaign?*
- II. What are the current opportunities and challenges, engaging youth on efforts of ending FGM/C in the country?*
- III. What are the perspectives and attitudes change of youth related to FGM/C?*

In order to answer these questions, the consultant has organised the data finding in three subsection labelled as, Youth engagement to anti-FGM/C campaigns, current opportunities and challenges, the perspectives and attitudes changes of youth on FGM/C practices.

3.1. Sampling procedure and sample size

Different techniques of sampling were utilized, combining purposive sampling and simple random sampling. Purposive sampling was used to identify young teachers, health workers including traditional birth attendants, youth working in courts and police. Simple random sampling was utilized to access a sample of school/university students, illiterate youth (Boys and Girls) and married boys/girls. A total of 300 respondents were identified for the study. The sample size was selected from the different target groups as detailed in the following table.

Table 1: Category of respondents

S/N	Category of Respondents	Sample Size		
		Female	Male	Total
1	Young teachers in primary schools	10	15	25
2	School/University students	75	75	150
3	Youth in IDPs	10	10	20
4	Married boys/girls	10	10	20
5	Health care workers	5	5	10
6	Illiterate youth	25	30	55
7	Youth working in courts, police	10	10	20
	Total sample size	145	155	300

3.2. Limitations and challenges of the data collection

- The researcher learnt that the topic of study is highly sensitive in the community, and is not easy to research. Some of the interviewed men felt scandalized, pushed to talk about it, while others felt that such questions were presenting a controversy and seeking to challenge culture and religion.

- Some of the female respondents were too shy to talk about the issue of FGM/C freely since they see it confidential and its taboo to discuss it openly with third part; while others were not willing to share information to outsiders, hence the enumerators used more time to probe the exact information from the female respondents, particular young girls and its totally impossible to discuss the issue with male enumerators. Due to these constraints, the female enumerators were assigned to collect the information from women respondents while male enumerators were assigned to collect the information from male respondents.
- Difficult to find literature of this topic: we have not found any research, study or paper on perspectives and Attitudes of youth in Burao related to FGM/C rather general topics about FGM/C.

4. Findings and discussions

This section summarises the assessment findings and discussion in the below three subsections titled as 1). Youth engagement of anti-FGM/C campaigns 2). Current opportunities/ challenges for youth in FGM/C, 3). and youth perspectives and attitudes changes of youth regarding FGM/C practices as the thematic focus areas of the assessment according to the terms of Reference from Nafis Network.

4.1. Youth engagement of anti-FGM/C campaigns:

The assessment of youth awareness on FGM/C was explored in three angles; **first**, we focused on their views about types of FGM/C practice, its consequences and who decides it. **Secondly** we tried to find out the reasons & beliefs to continue FGM the practice, and **finally** we discussed on their involvement in community consultations, meeting and engagements on FGM practices and to what extent it took place in community.

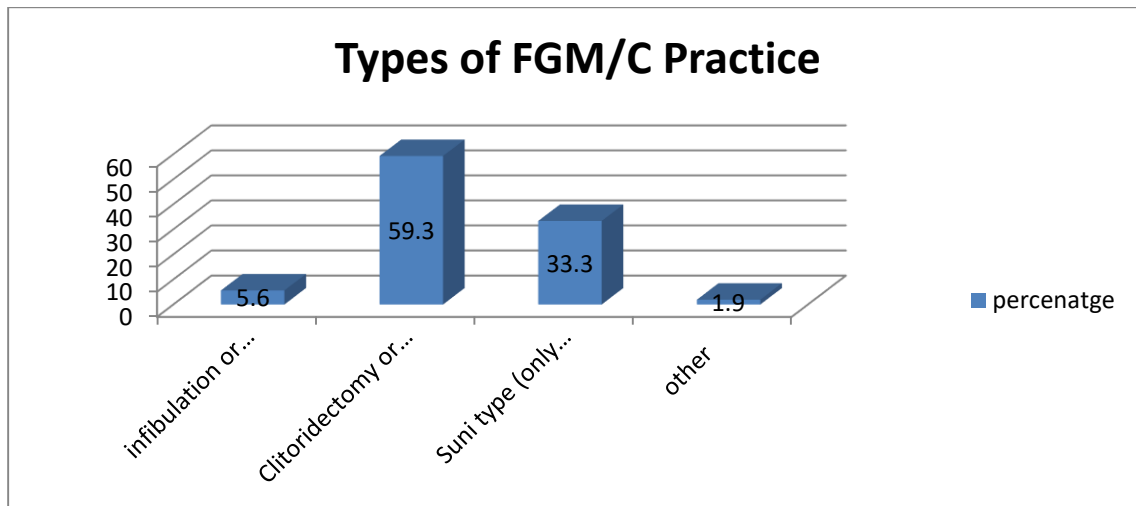


Figure 1: types of cutting practiced in the community

As shown in figure 1 above, more than 98% of the respondents reported that cutting of girls is practiced in the community but they are different on which of cutting is practiced. Only 5.6% of the respondents answered that infibulations type is practiced in the community while 59.3% said that clitoridectomy or cutting with two stitches is practiced while 33.3% reported sunna type or cutting without stitches while on

other 1.9% said other types of cutting is practices. These data shows that the community have shifted from infibulations type to less complicated types of said to be Sunna types of cutting with or without stitching. In the focus group discussion respondents noted that very few people don't cut their girls particularly parents from Diaspora don't cut their girls.

Complications of cutting girls and women:

The discussion discovered the problems caused by cutting with stitches to girls and women, FGM/C puts children at risk of life threatening complications at the time of the procedure as well as health problems that can remain with them for life physically and psychologically, and the below list is the summery of the identified problems.

- Bleeding
- Pain and Fear, Shock & Trauma
- Recurrent injuries
- Viral infections, such as hepatitis, which may cause chronic liver disease and even HIV
- Women may suffer complications such as obstruction associated with urination.
- higher risk of painful menstruation and intercourse
- Delivery complication

The problems caused by cutting without stitching to girls and women and content analysis of their answers is summarised below

- Bleeding
- Pain
- Injury
- Fear, Shock, Trauma
- Infection

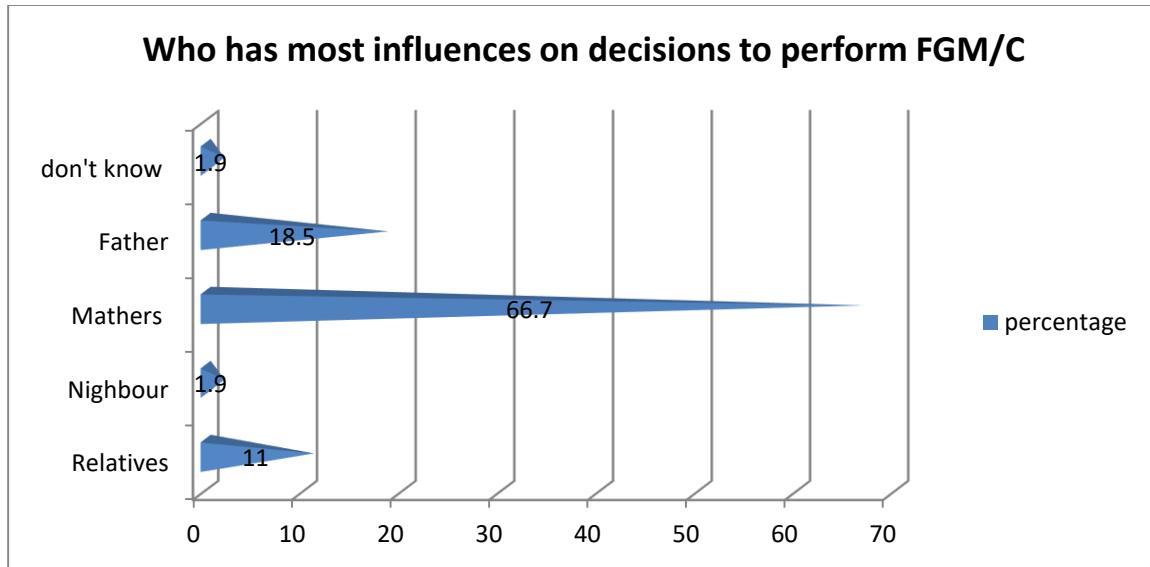


Figure 2: The results showed that most influence on the decisions to perform the FGM/C on girls are mothers 66.7% where fathers are the second decision makers 18.5% other decision makers are relatives including grandmothers that is 11% also neighbour has 1.9% influences by always asking the issues and advocating to do so, while only 1.9% of the respondents said they don't know.

The most important reason that justifies the FGM/C practice:

The data found out that major reason that justifies the FGM/C practices are culture norms and morality for protection of girls' virginity that has been passed by generation to generation. The responses from 270 interviewees shows 70.4% sees as culture as most important while protections get 27.4% some others reported 1.9% that the major reason is for religion teachings.

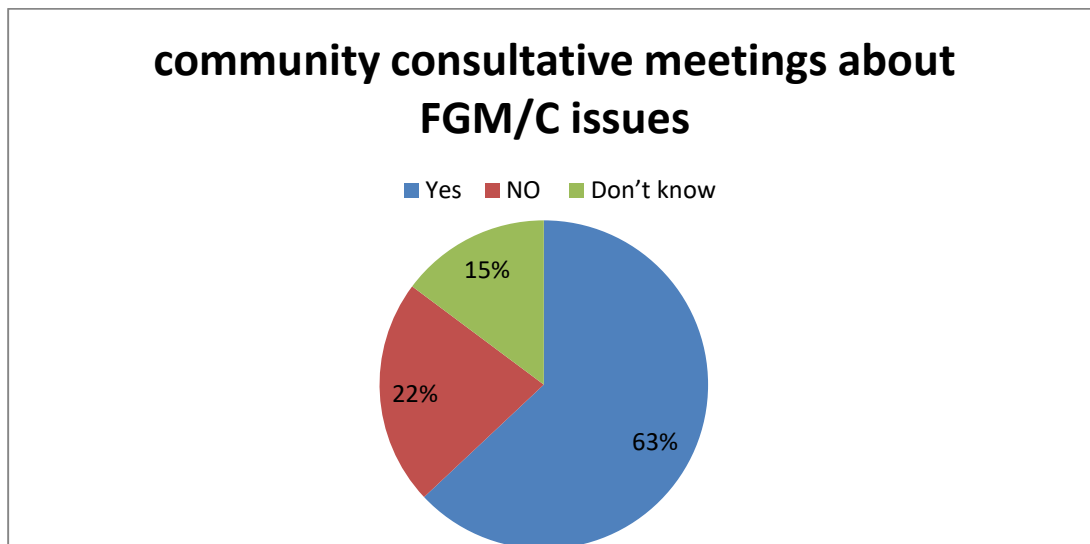


Figure 3: As shown in the pie chart above The respondents were asked whether they know that community consultative meetings of FGM/C is held by community members, out 270 youth interviewed 63% said yes and 22.2 % said NO while another 14.8% answered they don't know. Thus this data shows that 63% of the interviewed youth is engaged to community consultative meetings on FGM/C held by community. On other hand the interviewed students were asked whether they have received FGM/C awareness session in your classes in the University/school or not. Thus out of 150 students interviewed 30% said yes they have received FGM/C awareness in their class while 70% said NO meaning they never received awareness sessions of FGM/C in their classes at school or university.

4.2. Current challenges/ opportunities for youth in FGM/C:

On this section, we tried to explore the current challenges and current opportunities through open-ended questions.

Main challenges on engaging youth to end FGM/C

Respondents were asked some questions relating to the main challenges on engaging Youth for the ending FGM/C in the country.

The responses showed that youth are influenced by the adults such as parents, relatives, teachers, and social interaction. Most responses were culture based challenges that makes shame on talking about FGM/C issues, the other responses stated that interviewed young people feel that working on FGM/C is not their role and belongs only to the adults.

Main challenges found out are listed below:

- Cultural barriers, Peer pressure and youth Low esteem
- Young people don't participate in decision making process at all levels such as family, and community
- Challenging their parents
- Young men sees FGM/C as women affairs and culturally shame on talking about girls' vagina
- Young girls see FGM as personal and family affair that cannot be discussed on others
- Some others mentioned that it's too early for youth to work on ending FGM/c since they see that it's Adults' work.

Opportunities for youth to end FGM/c

Set of questions related to the current opportunities for youth to end FGM/C were asked respondents, the data noticed that engaging youth; the parents of tomorrow is very important contribution to overcome FGM culture.

- Dialogues sessions for young girls and boys, since they are current/future parents and should decide whether cut or uncut their daughters, therefore engaging them would influence their decisions
- Both girls and boys need to be reached with the message that FGM/C is wrong on every level and must be abolished for the benefit of all.
- Awareness and mobilization campaigns should be focused on peer support networks that would be helpful efforts of ending FGM/C practice.
- Youth are open and more influential to be organized as peer groups
- Youth more educated, socialised and influenced by global that would be helpful to change the old perspectives and attitudes of adults on FGM/c practice

- Youth are very connected to social media and digital world, so it's to create a media platform that enables youth to share their views and experiences.
- Unmarried girls should the marriage requirements of their counterpart male (since some of the male respondents declare that they prefer the uncut girls)
- Young **teachers** should be engaged in the FGM campaign, they can be change agents and very influential to children perceptions.
- Young **religious leaders** can be engaged as change agents, and may mobilize that FGM/C is not obligated by religion
- Community education on FGM/c complications through young teachers & students in schools, colleges and universities
- Social media can be campaign channel that play active role on eliminating FGM/c Practices
- Peer to peer mobilization campaigns
- Educate young parents on harmful practice

4.3. Youth perspectives and attitudes changes on FGM/C practices:

In this section we divided perspective and attitude changes, **first** the study stressed to find out whether youth willingness to involve anti-FGM/C activities, personal perspective Changes to end the harmful FGM/C practice and acceptance of uncircumcised or uncut girls in the community and Perspectives of young mothers to cut their daughters. Second the study focused on youth attitudes on FGM/C practice through set of questions. The results are presented below:

4.3.1. Youth perspectives on FGM/C practices

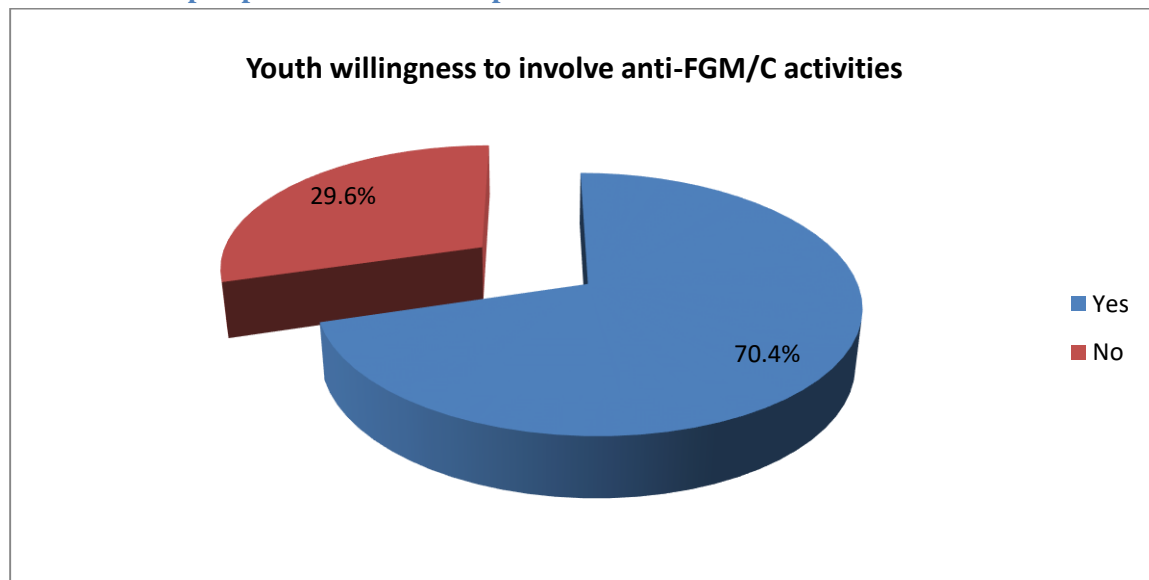


Figure 4 Youth willingness to involve anti-FGM/C activities

The respondents were asked if they would like to be involved in activities against female genital cutting in the future. So as shown in the pie chart above the response rates of the youth interviewed shows that 70.4% said yes while 29.6% said No. For those said no it asked farther why they didn't want to be involved anti -FGM/C activities responded that either the female genital cutting is role of adults while others were feeling that is culturally taboo to talk female genital cutting.

Ms. Hanni a health worker of October MCH stated “*FGM is less prevalent now compared to the time of my childhood, because there used to be well-known traditional circumcisers in the village*”. This indicates that FGM is still prevalent in these communities as most believe that its practiced but the rate is declining.

All the participants spoke of the negative impacts of FGM/C practice on physical and mental health and wellbeing of girls because as they believe that its negative consequences would remain even for pregnancy and childbirth.

These findings confirm that the male gender has a more negative attitude towards the practice and the purpose of FGM/C than that female themselves. More young men and boys dislike the practice and support its abolishment. Interestingly, young women and girls reported to like the procedure, even though only a very small proportion supports its continuity unlike men and boys. FGD findings confirmed that FGM/C is not good for women and girls, they dislike it, should be eliminated, accordingly those support its continuity were older ages IDPs young women trusted that FGM/C was a religious obligation, is good culture, others don't understand it well but do it from peer influence and they also believed it enhanced their marriage ability and protection.

Community Acceptance of uncircumcised or uncut girls: The respondents were asked on their personal opinion, do you think that uncircumcised or uncut girls are acceptable in the community. So 20.4% said that uncut girls are acceptable in the community while 79.6% said that uncut girls are not acceptable in the community.

Most of the respondents who said ‘YES’ have argued its possible accept uncircumcised girls in community because the enhanced awareness of young people that FGM/c practice has no any benefits for girls and the awareness that circumcision of girls is not a religious obligation as well as that boys are recently preferring more uncircumcised girls in marriage. Although, both groups were supporting the practice of Sunni type of circumcision as they believed that it is religiously acceptable rather than elimination of all forms of circumcision. On the other hand, those who said NO were arguing one or more of these below reasons:

- Its deep rooted Cultural practice norms and beliefs that uncircumcised girls are an unthinkable in the community
- Social interaction problems
- Peer pressures: such as uncircumcised girls might experience harassment and teasing
- Propaganda of that she lost her virginity for marriage, uncircumcised girls may experience difficult to be married since she is not sexually protected because some believed that FGM/C is the most suitable method to ensure virginity of the girl before the marriage
- Calling bad names, there is low community awareness, ignorance, that will make uncircumcised girls isolated, stigmatised and trauma by the community especially their peers.
- Religious misleading: Uncircumcised girls are not normal as Muslim because they should be purified as Somali Muslim adults (Xallalayn), some believe that religion doesn't allow uncircumcised girls.

Personal perspective Changes to end the harmful FGM/C practice: Analysing responses from interviews showed that **70.4%** have changed their believes in the last five years about that FGM/C

practice is harmful and violation of human rights, this information indicated that there is an evidence of increasing changes on perspectives of young people on female cutting practices. Hence 40% out of 70.4% were not willing to continue cutting girls in the future, while 50% showed that they would practice only sunna, and 10% indicated not cutting in future. But girls in schools/Universities seemed greater change to eliminate FGM/C issue.

Where the study mentioned **29.6%** that there is no changes noticed during that period, followed questions to find out the reasons justified that there is shift away from the pharaonic towards the intermediate and Sunna cuts. The study also discovered that most of these respondents don't see harmful in Sunna type practices.

Data found that 44.4% of the interviewed young people interacted with others on FGM/C practice through different mechanisms like participating discussion, using social media, advising friends, members of the families, while 55.6% have ever advised other peers, friend or their parents to stop the performance of FGM/C on daughters. This shows that there is need to engage youth by providing influential role on the efforts to end FGM practices.

Perspectives of young mothers to cut their daughters: Based on results from 10 young mothers interviewed reported that 8 of them would cut their daughters, the study showed that two of the married respondents were not wanted their daughters to be circumcised. Followed question for yes response related to the type of cut resulted that they would use Sunna type. The respondents understand that Female genital mutilation is harmful; but most of them still believe that the custom should be preserved.

Justifications for cutting their daughters as *“I don't want to be the first mother who don't cut her daughter in my big family”* said by Hodan, she added into that *“Fear from other relatives like grandmother, grandfather and so on”*.

Ms Barwaqo Osman has also argued that *“she is Confusing frequent asked questions of the families, neighbours, and friends related to when will you cut (XALAALAYN) your daughter. On the other hand decision-making in next of kin to FGM/C involves complex decision-making dilemmas”*

4.3.2. Youth Attitudes on FGM practices

The study assessed the attitude of the surveyed communities on FGM. The team read some statements and asked the respondents whether they agree or disagree with FGM practices. Majority of the respondents disagree (35% disagree, 13% strongly disagree) that FGM increases chances of marriage. Similarly, the majority of the respondents disagree (43% disagree, 41% strongly disagree) that FGM is beneficial for the health of the women. Although considerable proportion of the respondents disagrees, the majority agree that FGM is against human rights. In addition, the majority of the respondents agree that FGM causes difficulties and complications in labour and causes health and psychological problems for women. Vast majority of the respondents also disagree (56% disagree, 33% strongly disagree) that FGM is better for female hygiene. Most of the respondents either strongly disagreed (65%) or disagreed (28%) on the statement of FGM being religious requirement, it seems that less 1/3 (30%)

interviewees agree to stop FGM where 4% have mentioned that they strongly support to eliminate it, since 20% of them have neither decided to continue nor stop FGM, this provides chance that it could be made more than 50% of the community are around to change their attitude on FGM practices. This shows that the attitude of these young people on FGM is positive.

Statements	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly agree
FGM is important for marriage acceptance	13%	35%	6%	12%	34%
FGM is beneficial for the health of the women.	41%	43%	8%	3%	5%
FGM is against human rights.	19%	19%	5%	8%	49%
FGM causes difficulties and complications in labour.	13%	20%	7%	14%	46%
FGM is necessary for better female hygiene	33%	56%	5%	4%	3%
FGM causes health and psychological problems for women.	24%	16%	4%	18%	38%
FGM is a religious requirement.	65%	28%	2%	1%	4%
FGM practice is to be eliminated	31%	15%	20%	30%	4%

The majority of the respondents demonstrated positive attitude in all of the above indicators understanding that FGM does not cause anything good for women, is against human rights, women's health & it causes more harms to girls, and that it is not a religious requirement at all, though the result reports prevalent positive attitude, the awareness raising needs to be continued and strengthened as some proportions still believe on the contrary.

On the other hand, the positive attitude demonstrated does not translate into positive action in reducing the practice of these harmful habits. As such, the same people who are aware of the harms of these practices may still be the same people who are doing it. Thus, much of the effort should refocus on how can the transferred knowledge drive actions in these communities to reduce the prevalence of FGM/C.

In order to measure the youth attitudes towards FGM/C, the key informant respondents were asked that they whether personally belief that that FGM/C practice is harmful or have negative consequences in terms of social, economical, psychological and physical health for the community members in your area. Thus 92.6% said that they belief is harmful while only 7.4% said they don't belief that FGM/C practice is harmful. Those who said it is not harmful were further asked why FGM/C is not harmful so they responded the point listed in the below bullet point.

Mukhtar Ali from Burao University said *“FGM/C is harmful and has health complications but It purifies the girls (xallalayn) and its socially acceptable when she is sunna, but Iam totally against the pharoinic one”*

Sacad Abdi from Sheikh Bashiir Secondary school in Burao *“circumcision certifies the girls’ virginity before marriage and hence protects the dignity of both her personal and family, If the cutting of female genitalia is harmful it would not be accepted in the Islamic religion”*.

“This is something related to culture that needs large intervention by focusing the influential members of the community such as religious leaders to make clear that its not in ISLAM, also youth are to be organized to participate to end FMG practice, its hard to every mother to be the first woman stopped from her daughter, but government and all community leaders could make the announcement of that FGM/C practise is stopped” Asha Ahmed student in Burao University

Summaries of Findings:

- The study found out that respondents were familiar on traditional Pharaonic and Sunna types but have no enough understanding the different types of the FGC recognized by the World Health organization.
- This research found that the occurrence of FGC in Burao deliberated almost across youth groups including illiterates, school/university students in city and IDPS.
- These data shows that the community have shifted from infibulations type to less complicated types of said to be Sunna types of cutting with or without stitching. In the focus group discussion respondents noted that very few people don’t cut their girls particularly parents from Diaspora don’t cut their girls.
- Most interviewees supported the practice of Sunni type of circumcision as they believed that it is religiously acceptable rather than elimination of all forms of circumcision.
- the problems caused by cutting with & without stitches to girls and women, FGM/C puts children at risk of life threatening complications at the time of the procedure as well as health problems that can remain with them for life physically and psychologically.
- **Mothers** has the most influence on the decisions to perform the FGM/C on their girls; where other family association, relative and wider community have their role.
- The major reason that justifies the FGM/C practices are culture norms and morality for protection of girls’ virginity that has been passed by generation to generation.
- Current challenges for youth in FGM/C are culture based that young people feel working on FGM/C is not their role and belongs only to the adults.
- Engaging youth; the parents of tomorrow is great opportunity to overcome FGM culture, young men & women interacted with others on FGM/C practice through different mechanisms like participating discussion, using social media, advising friends, members of the families, **this shows the need to engage youth by providing influential role on the efforts to end FGM practices.**
- The male gender has a more negative attitude towards the practice and the purpose of FGM/C than that female themselves. More young men and boys dislike the practice and support its elimination.
- **70.4%** of interviewed young people have changed their believes in the last five years about that FGM/C practice is harmful and violation of human rights, this information indicated that there is an evidence of increasing changes on perspectives of young people on female cutting practices.

- Some of the interviewed young people interacted with others on FGM/C practice through different mechanisms like participating discussion, using social media, advising friends, members of the families.
- The majority of the respondents demonstrated positive attitude in understanding that FGM does not cause anything good for women, is against human rights, women's health & it causes more harms to girls, and that it is not a religious requirement at all, though the result reports prevalent positive attitude, the awareness raising needs to be continued and strengthened as some proportions still believe on the contrary.
- The same people who are aware of the harms of these practices may still be the same people who are doing it. Thus, much of the effort should refocus on how can the transferred knowledge drive actions in these communities to reduce the prevalence of FGM/C

Conclusion:

This article assessed the perspectives and attitude of the youth on FGM practices, and find out that youth personally belief in that FGM/C practice is harmful or have negative consequences in terms of social, economical, psychological and physical health but worry about the prolonged culture practice that shows FGM is social decision. as reported by young mothers that they are frequently asked by the time they would cut their daughters.

Based on the results, surveyed youth were most well informed about that cutting girls is harmful to the health and wellbeing of the girls those might experience Urine retention, Menstruation complications, Recurrent Infections, Pain Injuries and bleeding, Loss sexual interest, childbirth complication, Kidney aches, Trauma & etc. Therefore; the article demonstrated the need to involve youth and change their awareness into action that might contribute to end FGM/C practice.

The article provides recommendations about the current challenges and opportunities of engaging youth on efforts of ending FGM/C in the country.

Recommendations:

1. Support technical **drafting of the laws and policies:** Advocate and make pressure efforts to develop, Formulate, enforce and approve the laws against FGM practices to the government institutions.
2. Most efforts of ending FGM/C practices should focus on changing perspective and attitudes of the community.
3. Based on the findings of the article, **religious leaders and traditional leaders** are most influential members of the community therefore they should be engaged to declarations on ending FGM/C practices at district, regional and national levels.
4. Community discussions, debates and dialogues conducted by Universities for students, teachers, religious leaders and other influential members on FGM/C practice and the produce communicate and disseminate it to the public.
5. **FGM working Groups:** Establish and consolidate voices of the CSOs, Religious leaders, student groups, and the line ministries to mobilise community and pressure the government to pass the pending laws and policies.
6. Developing specific programs to **engage young parents (fathers & mothers) and girls** to learn the harms of FGM and participation of children in decision making should be advocated and teach girls to reject FGM/C.

7. Continue awareness campaigns focusing on FGM decision makers. As the result indicates, mothers play a dominant role on whether or not performing FGM on a girl, it is of utmost important that they receive appropriate education against the practice of FGM. **Positive message would be disseminated such as young men preferring to marry uncut girls, parents who don't cut their daughters.**
8. Women should be equipped with correct information about the harms of FGM to eradicate the practice in Somaliland. Both government, local and international NGOs can contribute significantly to this education effort.
9. Engaging Media channels: mass media campaign to disseminate information and messages about FGM practices such as Radio, TVs, and Websites, YouTube pages, social media, newspapers and publications.
10. Community dialogues and sensitization in schools should be established to raise community awareness on harmful practices of FGM/c, awareness campaigns should be conducted as the results have indicated that there is considerable number of community members who have wrong perceptions towards girl rights.
11. Diaspora groups should be engaged to advocate stopping FGM practices.

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