Please cite as: EUAA, '1.2.2. FGM/C and repeated FGM/C' in *COI Report - Somalia: Country Focus*, May 2025.

1.2.2. FGM/C and repeated FGM/C

This section on FGM/C and repeated FGM/C complements and updates the EUAA COI Query Somalia: Forms and prevalence of repeated FGM/C published on 21 April 2023, as well as the EASO COI Report Somalia: Targeted Profiles, published on September 2021.

○ (a) FGM, forms, practices, performers and (extended) family's role

Female Genital Mutilation/Cutting (FGM/C) is described as almost 'universal' in Somalia,[189] with the very high prevalence particularly in rural areas[190] indicating that it is a deeply rooted custom in Somali culture[191] and in social norms[192] while tradition, as well as 'beliefs and ideas of purity and beauty' are cited among the reasons of the perpetuation of FGM/C.[193] Many Somali children grow up in communities where FGM/C, alongside child marriage, sexual assault, domestic violence, and child labour are 'accepted or tolerated societal norms'[194] with some forms of GBV described as 'normative' in Somalia.[195] For the period from July 2023 to June 2024, the UN Independent expert on the situation of human rights in Somalia highlighted a 'recurrence' of FGM/C practices.[196]

Female circumcision is prohibited according to Article 15 of the Provisional Constitution of Somalia, which states 'Female circumcision is a cruel and degrading customary practice, and is tantamount to torture. The circumcision of girls is prohibited'.[197] However, there is no national legislation in Somalia expressly criminalising and punishing the practice of FGM/C.[198] In 2024, the state of Galmudug was the first state in Somalia to pass a bill outlawing all forms of FGM/C.[199] However, considering the below information on prevalence rate, a significant gap between the legal framework and practice is noted.

Prevalence

According to the latest available data200 from the Somali Health and Demographic Survey (SHDS), as of 2020, 99.2 % of women in Somalia had undergone FGM/C. Among women aged 15-19, 73.0 % had undergone FGM/C between the ages 5-9.201 The 2025 report by Equality Now on FGM/C, citing new data (no further information is provided), stated that that FGM/C prevalence rates in Somalia had remained the same.202 For more details on the prevalence of FGM/C in Somalia, see EUAA COI Query Somalia: Forms and prevalence of repeated FGM/C.

Forms

The Somali Health and Demographic Survey (SHDS) described three forms of FGM/C: the 'Sunni', the 'Intermediate' and the 'Pharaonic' FGM/C.203 According to a joint Grassroots, Ifrah Foundation and UNFPA reports, Type II is also called Sunna and has two main subtypes in Somalia called Sunna Kabiir and Sunna Saqiir.204 The most prevalent form of FGM/C is WHO Type III, known in Somalia as the 'Pharaonic' type.205 Sunni is the Somali word used for the Sunnah type, while Fircooni for the Pharaonic. 206 For further information on the different forms as well as for details on their prevalence in Somalia, see Figure 1, EUAA COI Query Somalia: Forms and prevalence of repeated FGM/C.

Societal attitudes and practices

With regards to societal attitudes on FGM/C, 72 % of women aged between 15-49 believed that FGM/C was a religious requirement according to the 2020 SHDS,207 with 76.4 % believing that the practice must continue.208 FGM/C was reported to often be associated with purity, pre-marital virginity, and reduced 'promiscuity', as a result creating societal pressures to families to have their daughter undergo FGM/C in order to have increased chances of finding a husband.209 The main drivers for the continuation of FGM/C included tradition, religion, social acceptance, financial motives as well as a belief that FGM/C was 'for the protection of girls'.210 According to a 2019 report by the Swedish Migration Agency, the prevalence of FGM/C within Al-Shabaab controlled areas was reaching 98 %.211 However, obtaining credible data from Al-Shabaab controlled territory is challenging and that there is 'conflicting information on FGM in al-Shabaab controlled areas as well as their stance on the issue'.212

Based on survey findings by the Dear Daughter Campaign,213 some respondents were in favour of completely ending FGM/C, however, many supported a shift to Sunna (Type II) type, which is considered less severe and that it has less complications than the Pharaonic form, with most of the participants confirming that the Pharaonic form 'is becoming less popular' and is being replaced by the Sunna form.214 Based on the findings, it was noted that there was significant community pressure to continue FGM/C, describing it as a significant component of 'Somali religious, cultural, and social practice'. However, the ideas around FGM/C seemed to be shifting, with younger generation of men seeming to prefer marrying women who had undergone the Sunna type or no FGM procedure at all, unlike older men who tended to prefer women who had undergone the Pharaonic type of FGM/C.215

Performers and family's role

FGM/C is performed by traditional cutters, for whom FGM/C constitutes a form of income, as well as by midwives at home or by a doctor at a hospital,216 while, according to the FGM/C Initiative, it is performed mainly by traditional practitioners, but with medicalised FGM/C increasing.217 Medicalisation of FGM/C refers to FGM/C conducted by medical practitioners, such as doctors, nurses, midwives and other health professionals either in a health-care facility or at the house of the woman who undergoes FGM/C.218

Mothers were described as traditionally being in control of the decision whether their daughters would undergo FGM/C, occasionally with grandmothers also being involved, while fathers played a secondary role.219

○ (b) Repeated FGM, forms and practices

Types and forms of repeated FGM/C include de-infibulation (or defibulation), which is a procedure performed on women who previously underwent infibulation (type III FGM/C) to re-open their vaginal introitus.220 According to a 2015 study on FGM/C in Somalia, in Somaliland, Puntland and Central Somalia, both de-infibulation and re-infibulation to

women and girls were reported to occur.221 Reinfibulation is the ‘resuturing after delivery or gynaecological procedures of the incised scar tissue resulting from infibulation’.222 According to Landinfo, as of 2022, there were no studies on the extent of reinfibulation in Somalia after giving birth and divorce,223 while according to a study on Somali migrants in Norway, there was no clear evidence to indicate that reinfibulation is common in post-delivery procedures in Somalia.224 For more information on the different forms and practices of repeated FGM/C, see EUAA COI Query Somalia, Forms and prevalence of repeated FGM/C. Information on repeated FGM/C within the reference period of this report could not be found.

○ (c) Repercussions for refusing to undergo the practice

Stigma and social isolation for themselves, their daughters and their families occurred for women who were not circumcised by FGM/C.225 A 2023 study co-authored by UNFPA on FGM in Somalia quoted one male interviewee who stated that ‘“when women who are not cut marry into a family with a cutting tradition, they’re treated quite horribly, they are made fun of. People won’t eat the food they prepare. They are called dirty and spiritually impure…”’.226 If women were found not to be ‘*bikro*’ - a concept meaning that ‘there is honour in husbands having difficulty penetrating their wives on their wedding night as it indicates purity or virginity’ – the husband could perceive that he married an ‘impure’ woman, which would bring shame to her family and her family could also be discriminated against.227

Girls who have not undergone FGM/C reportedly face bullying and harassment at school, by friends as well as community members, with girls occasionally requesting themselves to undergo FGM/C for reasons of social inclusion, while mothers who have not had their daughters undergo FGM/C were perceived to fail as mothers.228 Corroborating information could not be found among the sources consulted by the EUAA within the time constraints of this report.

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