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High-Quality Research Support (HQRS) Programme

The Role of Young Adult Males in the Eradication of FGM Practices in
Somaliland
(Case Study: Hararaisa)

Abdifatah Mehad Kasin



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I am also grateful to the SOFHA organization who allowed and nominated me to take part this program.

Introduction

This report explores the finding of the research study *The role of young adult males in the eradication of FGM practices in Somaliland*. The purpose of the study is to examine whether young adult males (aged between 16-30) have a role and can be involved in the eradication of FGM in Somaliland (case study Hargeisa). The main objectives were to know the attitudes of young adult males in the eradication of the practice, to assess the understanding of the young people and understand young adult males being involved in the decision to cut their daughters and sisters, and finally to set out recommendations to improve the interventions in the FGM issue for eradication.

Background

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (WHO). This tradition is common in Africa where it has been practiced for decades. This practice is also performed in Somaliland. A recent study highlighted the prevalence of FGM at 98.8% (SOFHA and Pop Council Report). Somaliland is a society where the male can decide on most women-related issues for example performing a C-section, FGM or choosing who she shall marry.

Methodology

Overview

Hargeisa is the capital of Somaliland and its population is more than 1.5 million, which is nearly half of the Somaliland community. Hargeisa has five main districts while there are newly nominated districts in the far locations of the city. The young people are scattered in those districts and each district has a border and line separating each from the other.

This research paper used a mixed study to identify the specific roles of young adult males in the eradication of FGM in Hargeisa. The study targets a specific community in the five districts in Hargeisa. A purposive sampling method was employed. The target populations of the study were 20 males aged between 16-30 years. The respondents were purposively selected equally from each of the five districts in Hargeisa using a simple random sampling method.

For the data collection a self-administered questionnaire was developed to capture the data. There was also small number of open-ended questions for capturing additional qualitative information which contributed to the evidence of the study. The researcher was present to seek verification of some points. Some of the data collection took place in the universities while the rest was obtained by visiting teashops where young adult males normally sit. The data from the

respondents was anonymized. Before every interview the researcher explained the objectives of the research and all signed a consent form which detailed and explained the purpose of the study. In the data analysis, the collected data was analyzed in excel and the findings are presented using tabulated charts where applicable. Qualitative data was analyzed qualitatively. In addition, the researcher conducted a desk review which was intended to consider the related information relevant to this topic.

Limitations

One limitation of the study found after the data had been collected was that some questions did not differentiate between daughters and sisters. Males in society have a different relationship with their daughters than they do with their sisters and this would likely have been reflected in the data. Any future study would seek to redress this. Another limitation was the scope. The number of Hargeisa districts and the sample size of each district were small due to the available time and resources. Finally the sensitivity of the topic among the Somaliland community, especially for young adult males, may mean that some of the questions were not answered as fully as they could have been.

Demographic Information of the Respondents

4. Educational Background

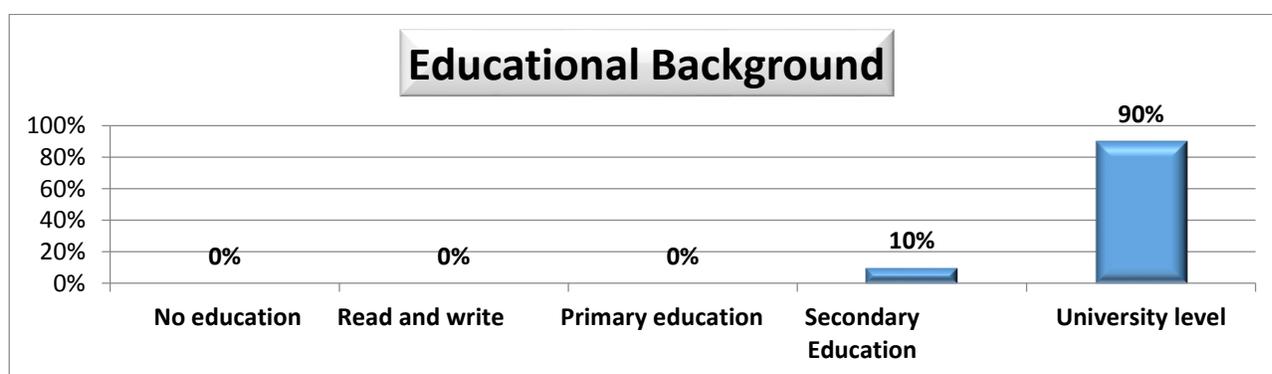


Figure 1 Educational Level of the respondents

The majority of the respondents were found to be educated to university level (90%). Only 10% had finished their formal education at secondary level. This high number can be explained by the extremely high demand for higher education in Somaliland caused by a combination of demographic factors – over two-thirds of Somalilanders are under 30 years old – and the expansion of the lower levels of education (Ali, 2016)

5. Marital status

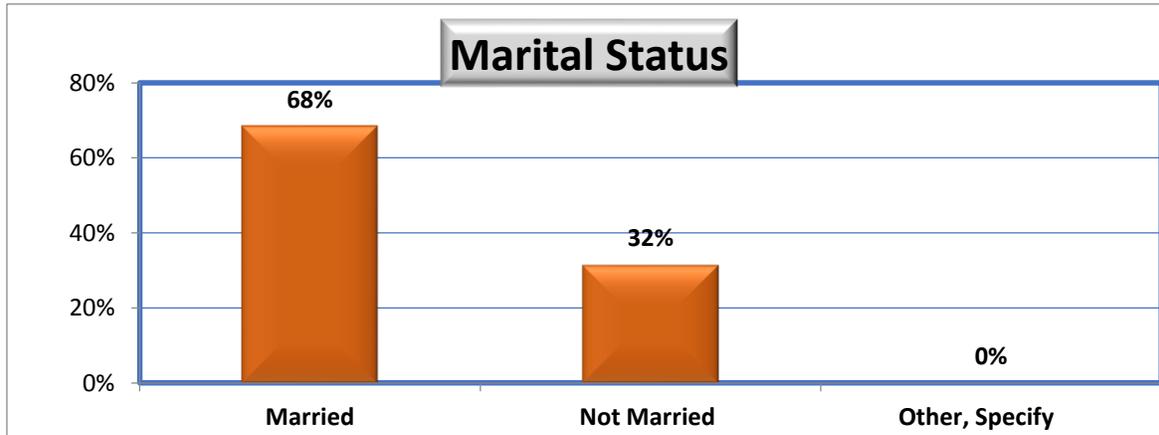


Figure 2. Marital status of the respondents

Figure 2 above shows that 68% of the respondents (n.13) are married and 6 are unmarried. Hence it is likely that many are already or will shortly be fathers. In all probability, many are also brothers who have sisters in their family. The men in this study then have the potential to be involved in the decisions of cutting of their sisters/daughters

6. Knowledge of FGM

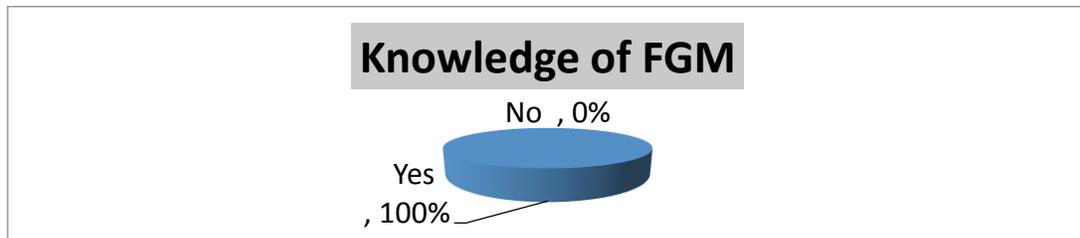


Figure 3 FGM Information

As figure 3 shows, 100% of the respondents responded that they knew about FGM. Furthermore, 100 % of the target respondents confirmed that they had attended at least one FGM session or seminar. There is also evidence that FGM is being discussed more openly outside of organized sessions. 80% of the respondents said they had discussed the issue of FGM with others. 29% have discussed FGM with their friends, 18% with a family member, educator or community member. 11% of the respondents said they had discussed FGM with religious leaders. This study supports the findings of the SOFHA and Pop Report on the Female genital mutilation which shows that 72% of people interviewed had heard messages about female genital cutting, with a significantly higher percentage (80%) of men than women (65%). This also follows that 40% of young men say they are involved in activities to reduce female genital cutting in their communities.

Thus, this data suggests high awareness and that the target group of young adult males are relatively well-informed. There is further evidence of the growing visibility of the issue of FGM

within the community of the issue of FGM with various organized activities and awareness sessions becoming commonplace. Also FGM is being more openly discussed between members of the community and young people are able to talk about the issue with others and generally feel able to hold conversations or discussions about FGM in their everyday lives.

7. Sources of knowledge

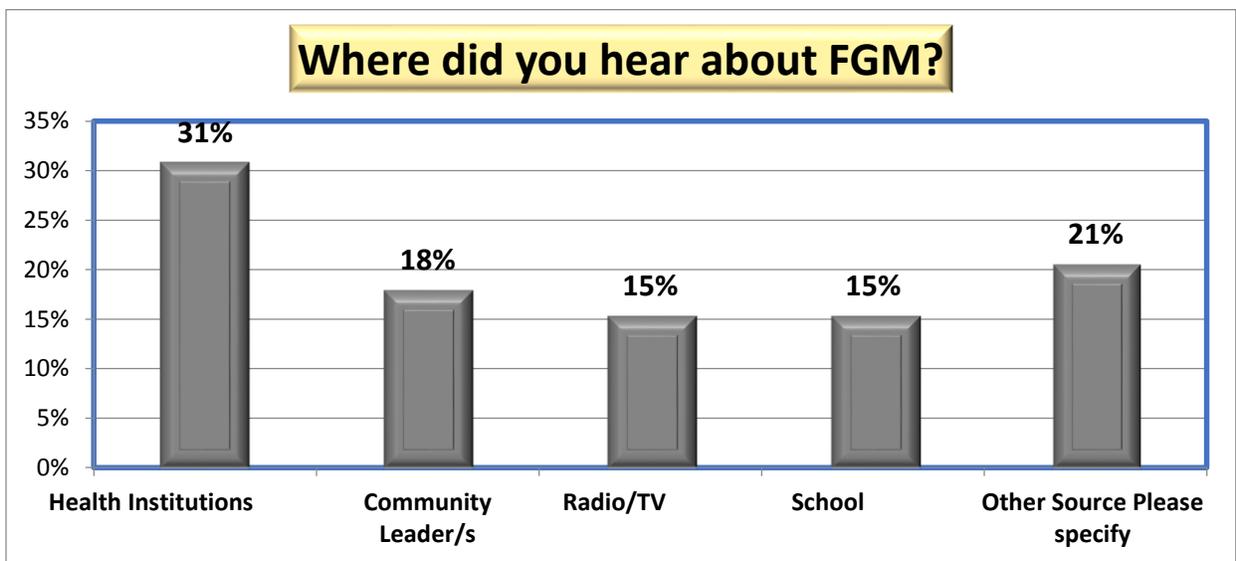


Figure 4 Source of heard about the FGM

As Figure 4 shows, the highest number of respondents, 31% of total target respondents, obtained information about FGM from health institutions. 18% stated they heard about it from community leaders, schools accounted for 15% and the radio or TV was also 15%. This shows that the community leaders have an important role in talking about FGM. It is clear that schools and media need to improve their dissemination of FGM related information and awareness. In

addition to that, 21% of the respondents responded that they had heard about FGM from other sources which included religious leaders, community meetings, public lectures and families.

8. Who normally performs the practice of FGM?

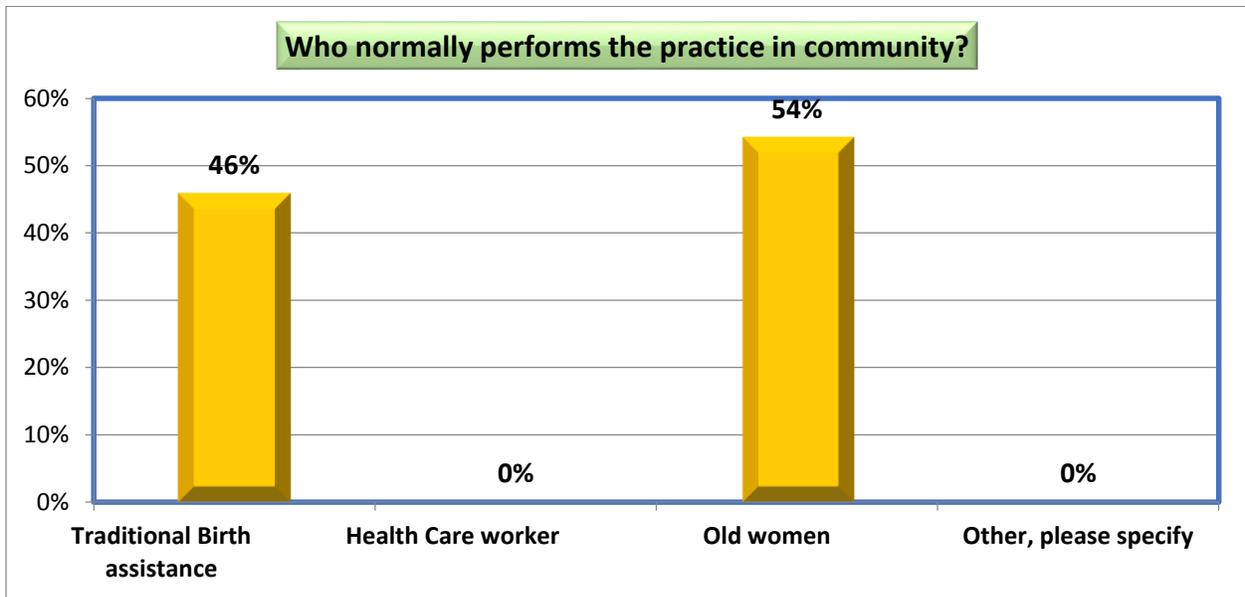


Figure 5: who normally performs the practice in community

The vast majority of respondents (79%) said that the practice of FGM practice is very common in their community and all said that FGM is performed in the community by either traditional birth assistants or older women. Thus, any interventions aimed at breaking the FGM cycle in the community must include those traditional birth assistants and older women, (in Somali culture, older women normally mean grandmothers), as the primary target.

9. Does FGM have an impact on health?

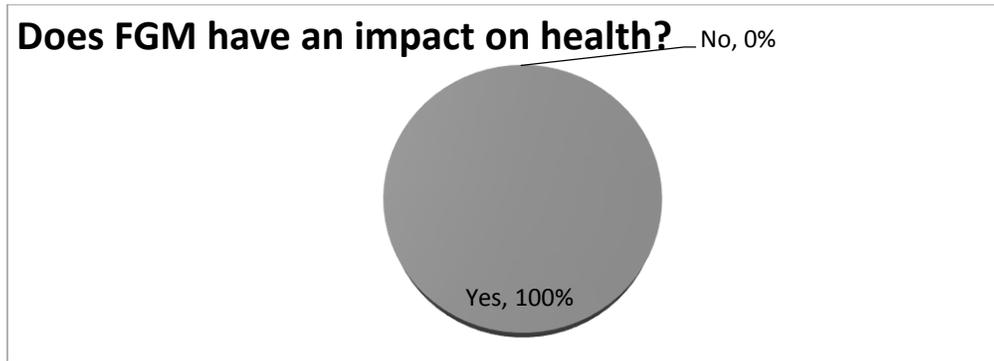


Figure 6: Does FGM have an impact on health?

This chart shows that 100% of respondents are very well- informed regarding the impact of circumcision on the health. This suggests these people can be an important agent of change for the eradication of FGM in Somaliland.

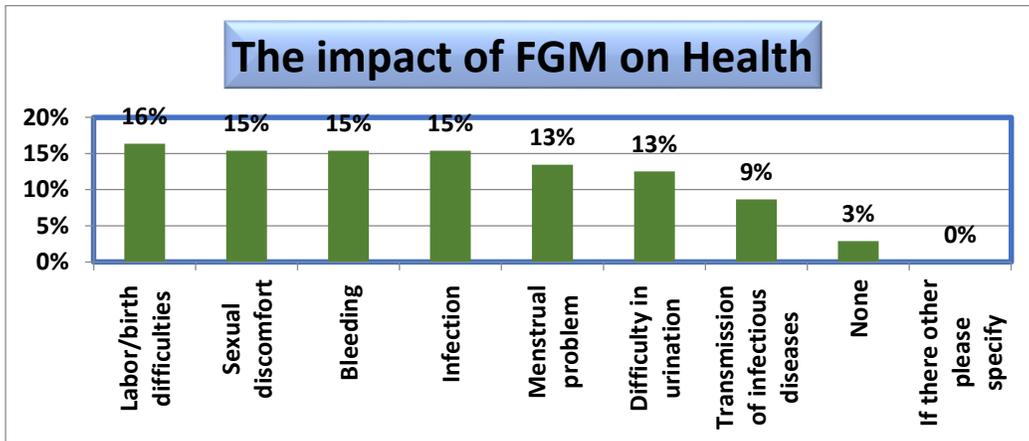


Figure 7: How does FGM impact on Health?

Figure 7 shows that the respondents believe that FGM has various consequences on health. The most common health impact from the data is thought to be during labor and/or the difficulties of giving birth. Similarly, there is a high proportion who stated it causes sexual discomfort (15%), problems with bleeding (15%) and infection (15%). 13% of the respondents also cited the difficulty of urination and problems associated with menstruation a consequence of female genital mutilation. The transmission of infectious disease (9%) is also reported as an impact of FGM. In this survey only 3% (n.1) of the total respondents said that there are not any health issues as a result of FGM. It shows that there is still a small number of the target community who would benefit from being better informed about the impact of FGM on health. Interestingly, the older males who took part in this survey had greater awareness than the younger males. This suggests that awareness of the harmful impacts of this practices may increase with age and responsibilities since the older, married males in the survey may have experienced first-hand the difficulties experienced during labour and birth. Furthermore, males are increasingly aware that women experience many difficulties as a result of FGM over the course of their lifespan.

10. The reason for the practice of FGM

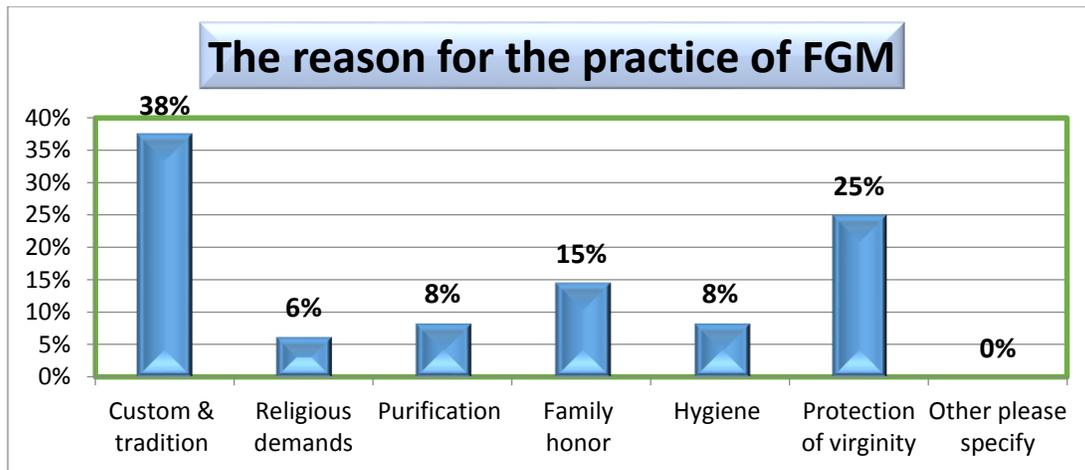


Figure 8 the reason for the practice of FGM

This figure, 8, shows the reasons given for practicing FGM amongst the respondents. It shows that 38% thought the practice continues because of custom or the tradition of the community, 25%, the second highest, believe that cutting is to protect the virginity of the female while others thought the reason for the practice is because of religious beliefs (6%), specifically purification. The belief is that a woman needs to be cut so that she is both physically and spiritually pure and the children born to her are considered pure and legitimate (8%). 15% cited family honour. This data is encouraging as it suggests that the more rigid barriers to eradication such as religious beliefs are not considered to be as significant.

11. The proportion of female members who have undergone FGM

95% of the respondents have daughters or sisters. When they were asked whether their sisters or daughters are mutilated or not, the majority of the respondents said that they don't know. This is

in line with the cultural norms. Only 28% of the respondents knew whether their daughters or sisters had been subjected to FGM. 79% said they were not involved in the decisions. Only 21% of the total respondents spoke of involvement in the decisions to cut their daughters and sisters. What the survey did not show was whether those who knew or had involvement were referring to their daughters or their sisters or both but in the Somali context and tradition, the male cannot be involved in the cutting of his sister but could be for his daughter. More research therefore is needed on the role of male involvement in cutting.

12. What would you do regarding the mutilation of your daughter/Sister?

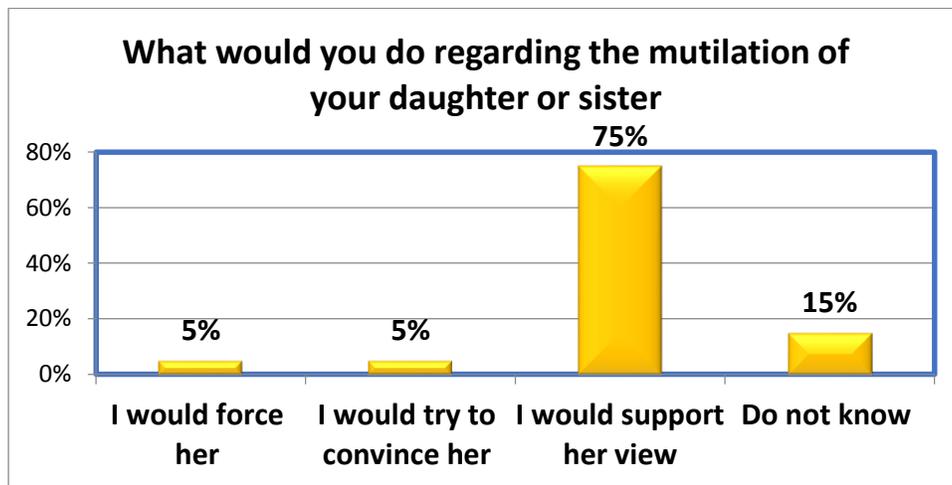


Figure 8 what would you do regarding the mutilation of your daughter/sister

There was clearer evidence of the attitudes of males in respect to involvement if they are directly asked to get involved. Figure 12 shows that the vast majority (75%) of the young adult male responded that they would support the wishes of their daughters or sisters when it comes to

decisions about cutting. Only 15% of the respondents said that they did not know what they would do so. In addition, only 10% of the respondents answered that they would either force or otherwise convince their daughters and sisters to be cut.

Furthermore, 90% of the young adult males surveyed want to support their wife's decisions if they desire not to cut their daughters. Only 10% of the respondents responded that they would try to convince her to cut their daughters, however no one said they would overrule their wife in order to cut for their daughter. When asked specifically if they favored the eradication of FGM in their community 100% said yes.

There is strong evidence in this study that the attitudes of young adult males is changing and that they support the eradication of this practice within their community and will support their wives, daughters and sisters

13. Does it matter whether the women you marry is cut or uncut?

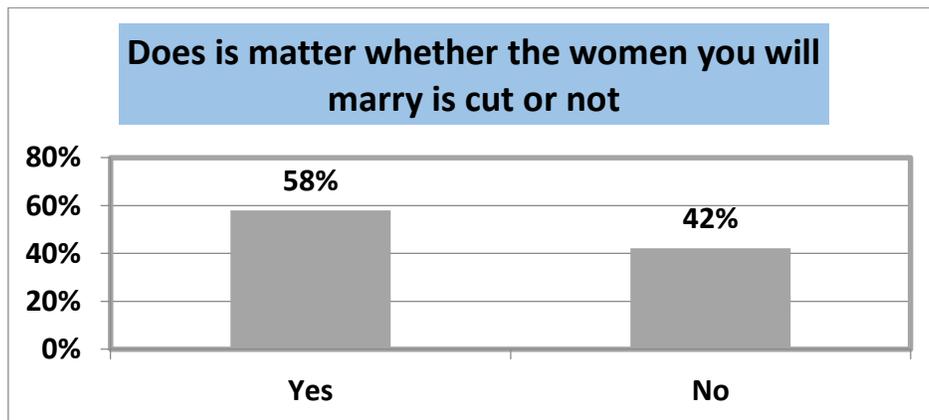


Figure 9 Does matter whether the women you will marry is cut or not

The research survey asked respondents about their attitudes to FGM in respect of the woman they marry. It should be noted that this is a very sensitive question in Somali culture. Despite the sensitivity of the question, 58% of the respondents said that it did matter to them whether the women have been cut or not, 42% said it did not matter.

This supports evidence from other research done by The Orchid Project which details 84% of young men said that the type of cut their prospective wife had undergone mattered in their choice of wife. When asked why, some spoke of the effects of FGM such as impact on future pregnancies and the wellbeing of mothers. Some spoke about the negative impact on women during the circumcision, while others said it has social and economic consequences. One interesting response was that “the cut women will cost me expenses for her health”. Another shared the fact that his wife had not been cut and he said how pleased he was that this is the case.

42% of the respondents who said it is not a concern is also a high percentage. When questioned they explained that they did not want to discriminate against women who have been cut. One respondent mentioned that it does not matter because FGM will not affect her fertility. Evidence from elsewhere suggests there is still public uncertainty over the relationship between FGM and fertility. For example, a study by Edna Adan Hospital found that while general awareness of the issue of FGM has increased in recent years, common beliefs that it is hygienic, aesthetically pleasing or increases fertility still exist (Ismail, E.D, 2009). The evidence suggests there are links between FGM and infertility but that the evidence is relatively recent and that more needs to be done to raise awareness.

14. Ways to stop the practice of FGM

The young adult males which the study targeted believe that the best way of stopping the practice of FGM within the community is to continue to raise awareness in the community and that more about the health complications associated with FGM should be taught to the community. A number suggested that the religious leaders should commit to fully supporting the eradication of FGM. Others mentioned that there should be a campaign which educates practitioners on FGM. Other respondents said that creating new income generation activity or job for FGM practitioners can be an alternative approach of contributing its eradication.

15. What role can young adult males play?

90% of the respondents said that the young adult males can take a role in the eradication of the FGM practice within the community by taking part in awareness raising; educating the community that circumcision is not good for the health and wellbeing of women; supporting those who do not want to be cut. Others suggested boycotting marrying the women who have been cut because if women became unmarriageable, the practice would stop. Other suggestions included engaging men and boys in advocacy efforts.

16. The role of schools and colleges

Most of the respondents believed that schools and colleges have the biggest role to play in the eradication of this practice and they suggested the following ideas

- To add FGM to the curriculums
- Include FGM associated health problems into school and club discussions
- To be clear that FGM is a human rights violation.

- Establishing clubs in the schools for girls to raise concerns and share experiences
- Advocating for the community and taking an awareness raising role
- Being the channel of communication for awareness raising
- To support the movement of the eradication of FGM
- To hold peer group discussions among the students
- To organize school events and mobilize the students

Summary

The respondents demonstrated high awareness and perception and a positive attitude towards the eradication of FGM. As the proportion of those educated to university level and the numbers of married respondents were 90% and 68% respectively, it is a strong indication that young adult males are willing and able to take a leading role in the eradication of FGM practices in the community now and in the future. There was complete agreement amongst respondents that FGM practices severely impact the health of the women and girls but there are still gaps in knowledge. Most knew about problems during labor/ birth but there was uncertainty around its links with infertility. While respondents believe that FGM is conducted because of traditional customs, many did not know if their family members had been cut. This underlines that there is evidence that males are starting to discuss it more openly and that this is a good sign for the future.

Furthermore, this report showed that currently 79% young adults male do not have any role in the decision making of cutting their sisters but can have great role in deciding about their

daughters. This is also followed by the fact that 75% of the respondents showed good perception in the decision of cutting their daughters and will support their daughters view if they do not want to be cut. This compliments the fact that 90% of the respondents say they will agree with the decisions of their wives if they do not want to cut their daughter. This can be generally described by the fact that all the respondents told they have attended FGM eradication seminars which is another indicator of awareness of FGM within the community. 58% of the respondents said it does matter to them if their wives are cut or uncut, while the remaining 42% proportion are undecided on the matter of cut or uncut because of their fear of discriminating against the cut girls.

Finally the study shows that young people still need to see the participation and involvement of the religious leaders about this issue. Equally there is a significant role for the secondary schools and colleges also. What was interesting in this study was that the unmarried respondents intentionally preferred to marry uncut women because of their understanding of the effects of this harmful practice and equally those who had married uncut women expressed how pleased they were. These findings, whilst limited, are therefore very useful for future research, interventions and programs related to achieving the eradication of FGM and show that young adult males have a significant role to play.

Key Recommendations

This study recommends that:

- Males should be openly supported to share in the responsibility for the decision making of their daughters not to be cut.
- FGM seminars and awareness among young adults should be accelerated and widened to include all associated health risks including infertility.
- It is essential that religious leaders take a lead in raising awareness of the harmful practices of FGM
- The harmful effects of the FGM practice should be added to the national curriculum which will be useful for the decisions of the next generation
- Secondary schools and colleges should do more to engage young adult males to participate in interventions which will lead to the eradication of the practice of FGM.

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Appendix

QUESTIONNAIRE

Questionnaire number _____ Interviewer code _____ Date _____

Part I. Socio-demographic data

1. Name of the respondent (Optional) _____
2. Address of the respondent _____
3. Occupation _____
4. Educational Background:

No education	<input type="checkbox"/>
Read and write	<input type="checkbox"/>
Primary education	<input type="checkbox"/>
Secondary Education	<input type="checkbox"/>
University level	<input type="checkbox"/>
5. Marital Status

Married	<input type="checkbox"/>
Not Married	<input type="checkbox"/>

**The role of young adult males in the eradication of FGM practices in Somaliland
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Other, Specify _____

Part 2. Knowledge

6. Have you heard of Female Genital Mutilation (FGM)?

Yes

No

7. If yes where did you hear

Health Institutions

Community Leader/s

Radio/TV

School

Other Source Please specify _____

8. Who normally performs the practice in your community

Traditional Birth assistance

Health Care worker

Old women

Other, please specify _____

9. Do you think circumcision has an impact on health?

Yes

No

10. If yes, which of the following (tick all which apply?)

Labor/birth difficulties

Sexual discomfort

Bleeding

Infection

Menstrual problem

Difficulty in urination

Transmission of infectious diseases

None

If there other please specify _____

11. How common do you think the practice is in your community?

Very common

Common

Not common

Don't know

12. What do you think are the reasons for the practice of female circumcision in your area? Tick more than one

Custom & tradition

Religious demands

Purification

Family honor

Hygiene

Protection of virginity

Other please specify _____

The Level of involvement

13. Do you have daughters or sisters?

Yes No

14. If no skip to Q.17

15. If yes, are they mutilated?

Yes No I don't know

16. Do you involved in the decision making to have your daughter/sister mutilated

Yes No

17. If your daughter /sister came to you and said she did not want to be mutilated, what would you do?

I would force her

I would try to convince her

I would support her view

Do not know

18. Have you ever attended a health event/education/seminar/meeting on FGM?

Yes No

19. Have you ever discussed FGM with another male?

Yes No

20. If yes with whom _____

Family member

Friend

Educator

Community Member

Religious Leader

Other, specify _____

21. If your wife (or future wife) said your daughter should not be mutilated, what would be your response?

Agree with her

Try to convince her otherwise

Overrule her and decide to mutilate

Do not know

22. Do you support that the practice of female circumcision should be existing in your community?

Yes No

23. If yes what reasons are you supporting _____

24. Does it matter whether the woman you married (will marry) has been cut?

Yes No

25. Please give reasons for your answer? _____

26. What do you think is the best way to stop the practice of FGM?

27. Is there a role can young men play in the eradication of female circumcision?

Yes No

28. If yes, how? _____

29. If you are not married would you want to marry someone who is cut or uncut?(Only unmarried male)

30. What do you see as the role of SCHOOLS and COLLEGES in relation to female genital cutting?

Respondent Consent Form

A research study to identify the role of young adult male and their involvement in the eradication of FGM in Hargeisa

Dear Sir/madam

As part of my HQRS course I am currently conducting a research study entitled “**The role of young adult males in the eradication of FGM practices in Somaliland**”, the purpose of the study is to examine if the young people have role and involvement in the eradication of FGM in Somaliland especially Hargeisa.

I am kindly requesting your assistance in one or more of the following ways: taking part in a completing a questionnaire and being interviewed.

Please be advised that the data collected will only be used for the purposes of my research. Furthermore, the data will be treated as confidential and will be anonymized to protect individual identities although the different fields of study, the colleges of study and a differentiation between undergraduates and postgraduates will be made.

If you have any questions or concerns, you may contact The HQRS Mentorship Coordinator Latif Ismail

**The role of young adult males in the eradication of FGM practices in Somaliland
(Case Study: Hargeisa)**

latif.ismail@btransparencysolutions.co.uk, +252 633 610 915 +242 615 289179

Please read the following and sign below to confirm your agreement to participate

I confirm that I am 18 years old or above

I confirm that I understand the nature of the research and the extent of my involvement

I understand that my participation is wholly voluntary and I can choose to withdraw my participation at any time

I understand that the information I provide will only be used for the purposes this research.

I understand that my course and place where I study/studied will be identified but my name will not be used (you will be referred to as, for example, student 4)

Signature_____

Name:

Date:

**The role of young adult males in the eradication of FGM practices in Somaliland
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