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Adrienne Turner-McGowan

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Around the World:
**Protecting Our Girls: Eliminating the Practice of Female Genital
Mutilation in Somalia**

By: Adrienne Turner-McGowan

I. INTRODUCTION: FEMALE GENITAL MUTILATION IN AFRICA

“The girls often scream and howl and try to resist, so one woman holds her left leg, the other holds her right leg, and another holds her shoulders back. We pour cold water on her vagina to make her numb. Then I go down on one leg and start to cut with a razor.”

This experience of female genital mutilation, or FGM, is shared among millions of young girls in Somalia and many other parts of Africa. Female genital mutilation, a procedure that involves partial or total removal of the external female genitalia, is considered a religious and cultural practice that is said to prepare young girls for marriage. While female genital mutilation has been practiced throughout the continent of Africa for over a century, recently, many countries are beginning to ban the practice, citing it as torturous to girls and women. A newly passed constitution in Somalia bans the practice of female genital mutilation, but the prevalence of the practice has not decreased much since the constitution’s passing in 2012. Though the Somali government has been working to phase out the practice in the past five years, many continue to resist the ban, seeing it as a cultural and religious staple.

Despite the high risks of infection, severe bleeding, infertility, and even death, female genital mutilation is currently practiced in twenty-nine countries across Africa, affecting approximately 200 million girls alive today. Some of the countries in Africa that practice FGM include Egypt, Sierra Leone, Ghana, and Somalia. Of the twenty-nine countries that perform FGM, about half perform the procedure before a girl reaches her fifth birthday; the other half performs the procedure between the ages of five and fourteen.

There are four types of FGM that are performed throughout these African countries. The least severe form of FGM is Type I, known as clitoridectomy, which includes partial or total removal of the clitoris. Type II, called excision, includes partial or total removal of the clitoris and the labia minora. Infibulation is Type III, which includes the cutting of major vaginal parts including the clitoris, labia minora, and labia majora and may involve “stitching and/or narrowing of the vaginal opening.” The last form of FGM is Type IV, which includes pricking, piercing, incising, scraping, and cauterization of the vagina for non-medical reasons.

Female genital mutilation remains most heavily practiced in Somalia. Currently, approximately ninety-eight percent of girls and women in Somalia have been victim of female genital mutilation, more than any other country in Africa. Not only does Somalia serve as the highest country that practices FGM, Type III is the most common form of female genital mutilation performed in the country.

II. CHANGE TO THE SOMALI CONSTITUTION

Chapter 47.5 of the Constitutional Law of South Africa is titled “Protection from Maltreatment, Neglect, Abuse of Degradation.” Section (c), Legislative Development, states: “[F]emale genital mutilation and circumcision will be prohibited. A person participating in such practices commits an offense. A child has the right to refuse circumcision and not be subjected to unhygienic circumcision.” Additionally, the practice is regarded by Somalia’s new constitution as “torture.” Article 15 (4) of the Provisional Constitution stipulates: “circumcision of girls is a cruel and degrading customary practice, and is tantamount to torture. The circumcision of girls is prohibited.”

III. RESISTANCE TO CONSTITUTIONAL BAN

Those who resist the ban of FGM still conduct the procedure to please the men of their tribe. The belief is that a young girl who is not cut is promiscuous and will be unfaithful to her husband once she is married. Cutting various parts of the girl’s vagina makes intercourse painful and unpleasurable, reducing the bride’s risk of being unfaithful. Despite the multitude of negative effects that accompany FGM, there are many women who continue the cycle by forcing the practice on their young daughters and ostracizing girls who have not undergone the procedure. One Somali woman, Sadia Abdi, recalls the torments her younger cousin endured because she had not received the procedure. Many people called Sadia’s little cousin “kintirleeyi,” an insult for women with a clitoris. Sadia’s cousin committed suicide because of the ridicule.

Even with the recent constitutional ban on female genital cutting, the practice is still prevalent in Somalia. Only thirty-three percent of girls and women in Somalia believe that the practice should end. When asked why she forced her seven-year-old daughter to undergo the illegal procedure, Muhibo Daahir stated that, “Our religion allows us to purify our daughters so that they can get married when they are mature. The government cannot stop us from practicing our religion.” Many who oppose the new constitutional ban agree with Daahir, stating that the ban contradicts their religious beliefs and Somali cultural and traditional norms. Many believe that it is female genital mutilation that has allowed Somali girls to stay pure for marriage. Opponents of the new Somali Constitution also state that without female genital mutilation, Somali girls will never wed because Somali men refuse to marry uncut girls.

Although relatively indiscernible, there has been a cultural shift in performing female genital mutilation in some Somali regions, notable by a decline of the practice in northern parts of Somalia. A survey conducted by the United Nations International Children’s Emergency Fund (UNICEF) in April 2013 found that approximately seventy-five percent of girls between the ages of one and fourteen had not been cut in the northern region of Puntland, compared to ninety-eight percent in other regions of Somalia. Moreover, in the region of Puntland, girls who are still receiving the procedure are subject to a less severe form than the typically performed Type III. According to UNICEF, the decrease in FGM could be a result of stability in the northern regions of Somalia, where the population was not subject to a civil war that began in 1991. UNICEF cites that awareness campaigns and public education about the dangers of female genital mutilation could not be conducted in these “volatile areas” as they were in the northern regions of Somalia.

This is a considerable improvement, but in a country where ninety-eight percent of girls still undergo the procedure, more must be done to stop FGM from continuing.

IV. PUNISHMENTS AND REPERCUSSIONS THROUGHOUT AFRICA

Though female genital mutilation is banned under Somalia's new constitution, there do not appear to be many repercussions or punishments for those who continue to practice it. Despite the change in Somalia's Constitution, there is no specific law that prohibits the practice; therefore, FGM is still heavily performed in both rural and urban areas in Somalia. The Parliament of Puntland approved legislation outlawing female genital mutilation, but there is no evidence that the law is being enforced.

Although there is no law in Somalia that makes the practice illegal, there are other countries in Africa that have banned FGM through legislation – a route UNICEF hopes Somalia will soon take. Unfortunately, in countries that do have legislation against female genital mutilation, such laws are rarely enforced. For example, Ghana passed legislation banning FGM in 1994, but between that time and 2009, only seven arrests have been made pursuant to the law, with only two practitioners being prosecuted and convicted. Additionally, Cote d'Ivoire has the most extensive law prohibiting the practice. In Cote d'Ivoire, punishment includes imprisonment of one to five years and a fine of 360,000 to two million francs. The penalty increases from one to five years to five to twenty years of incarceration if the victim dies. Since this legislation was passed, several practitioners have been arrested for performing this procedure. Similarly, Section 16A of the Sexual Offences Special Provisions Act of 1998 prohibits FGM in Tanzania. Punishment includes imprisonment from five to fifteen years or a fine of 300,000 shillings. Based on such evidence, it appears that even if Somalia was to adopt legislation, it seems unlikely that it would be enforced.

V. ACTIVISM AGAINST FEMALE GENITAL MUTILATION

Activists are aware that the radical change in Somalia's Constitution may lead to underground cutting, rather than the elimination of it, increasing the already prevalent risks of female genital mutilation. There are activists in Somalia and abroad who are attempting to better educate the Somali against the dangerous and unnecessary practice. Organizations such as UNICEF, United Nations Population Fund (UNFPA), and the World Health Organization (WHO) have been working with Somali activists since 2008 to limit the number of FGM procedures. Among Somali activists is Edna Adan Ismail, who spoke out against FGM as early as the 1970s. Edna fights against FGM because of the increasing mortality rate for mothers and babies. According to Edna, the maternal-infant mortality rate is four times higher than the average of other developing countries. FGM is a major contender for this high percentage.

Since 2008, UNICEF, UNFPA, and the WHO have initiated the Joint Programme on Female Genital Mutilation/Cutting to accelerate the practice's end, launched an evidence based guideline on the management of health complications associated with FGM, and developed tools for healthcare workers to be better educated in preventing and managing the complications of FGM. In 2012, the UN General Assembly adopted a resolution on the elimination of the practice. In 2016, Somalia's Prime Minister, Omar Abdirashid Ali Sharmarke, signed an online petition demanding the total elimination of female genital mutilation. The petition already has over one

million signatures. The Prime Minister was quoted stating that he was “committed to outlawing FGM in Somalia through legislation, advocacy, education and community engagement to confront the social norms that encourage the FGM practices within the society.”

VI. CONCLUSION

Some activists believe that female genital mutilation will not end unless Somalia receives help from outside authorities, while others believe that the practice will end when the Somali themselves start to believe that the practice is wrong. Undeniably, more strides must be taken to end the mutilation of young girls in Somalia. The change to Somalia’s Constitution in 2012 was a huge stride for the country, but it was not enough, considering at least two million girls continue to undergo the procedure each year. Legislation banning female genital mutilation throughout Somalia must be passed and that legislation must be enforced to truly eliminate the practice. There must also be a shift in cultural beliefs to eliminate FGM. Activists and organizations are on the right path to ending the practice, but more must be done to protect Somalian girls.

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