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**Study on knowledge, attitude and practices of
female genital mutilation/cutting in Sheikh
District, Sahil Region**

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Background

According to the World Health Organization (World Health Organization, 2008), female genital mutilation/cutting (FGM/C) includes all procedures involving partial or total removal of the external female genitalia, or injury to the female genital organs, for non-therapeutic reasons. FGM/C is recognized internationally as a violation of the human rights of girls and women, constituting an extreme form of gender discrimination with documented health consequences. The WHO estimates that 140 million women and girls in the world have been victims of some form of FGM/C, and that each year, 3 million girls are subjected to, or at risk of being subjected to, this harmful traditional practice.

FGM/C has been classified by the WHO into four types. Types I (clitoridectomy), II (excision), and III (infibulation) are ordered according to a growing level of severity, while type IV comprises all other harmful procedures performed on the female genitalia for non-medical purposes (e.g. pricking, piercing, incising, scraping, and cauterization). All types of FGM/C have consequences that undermine the health and well-being of newborns, girls, and women, exposing a situation that deserves attention in the world's sexual and reproductive public health agenda. In the short-term, FGM/C might lead to shock, hemorrhage, infections, and psychological consequences, while in the long-term, it can cause chronic pain, infections, keloids, fibrosis, primary infertility, an increase in delivery complications, and psychological sequela/trauma (Chibber, El-saleh, & Harmi, 2011).

FGM/C is mainly performed in 28 countries in sub-Saharan Africa and in parts of the Middle East and Asia. However, FGM/C is also found in Europe, Australia, and the USA, to where migrants brought their culture. The origin of FGM/C is unclear, but this practice has been surrounded with a complex symbolic meaning. In many societies, FGM/C has become the physical proof that confirms that a girl has been initiated through a rite of passage to adulthood, confirming her femininity and ensuring that she has received all the necessary teachings to be worthy to belong in the community. Those who defend FGM/C perpetuation argue that it is critical to preserve ethnic and gender identity, protect femininity, ensure purity and virginity, guarantee the "family's honor", assure marriageability, and maintain cleanliness and health (Center, 2010). FGM/C is considered as a critical component of the process of socialization and essential in the distinction between sexes as necessary opposites in the community, and it is

linked with the two fundamental values that shape African life: sense of community and sex complementarity (Reveyrand, 1982).

The overall purpose of this study is to evaluate the impact of the FGM/C awareness raising sessions carried out by Candlelight in Sheikh town, Dawdama and Ximan villages. Specifically, this study examines the knowledge, attitude and practice of the target communities towards FGM/C to determine its trends and inform the project team to fine-tune their strategies of designing efficient training programmes. The scope of the study was limited to only three out of five target communities due to funding limitations.

Methodology

The sample was purposively selected from the three villages by targeting the key informants of the community. A structured questionnaire was administered, face to face, among 150 respondents. A focus group discussion was also conducted in Himan to get detailed information that might not be generated by the questionnaire instrument. The data was managed through SPSS software and descriptive statistics was applied. Questionnaire data was analyzed with help of SPSS while framework analysis method was used for focus group data.

Statistical analyses

Once collected, the data was computerized through Excel and analyzed in SPSS version 20. Simple descriptive statistics is employed to describe the distribution of, and relationship among variables in the study. Cross tabulation was made to compare nominal/categorical data to investigate difference in KAP in sex and educational levels. Focus group discussion is one of the most useful techniques while qualitative data is aimed, for that motive, 7 elders were gathered to explore the situational feature of FGM/C in the target area.

Results

In this section data analysis will be presented where information generated from the questionnaire will first be analyzed and qualitative segment will be the next.

Table 1. Socio-economical characteristics of the respondent

Household Profile	Frequency	Percent			
Sex					
Male	106	72.1			
Female	41	27.9			
Total	147	100			
Level of Education			Gender		
			%Male	%Female	Total
No education	60	40.8	61.7	38.3	100
Primary/Quran School	54	36.7	74	26	100
Secondary	11	7.5	90	10	100
University	22	15	86	14	100
Total	147	100			
Household Size			Gender		
			%Male	%female	Total
0-5	47	32	77	23	100
6-11	68	46.3	66	35	100
More than 11	32	21.8	78	22	100
Total	147	100			
# of girls aged between 0-15			Gender		
			%Male	%Female	Total
0	36	24.5	81	19	100
1	27	18.4	70	30	100
2	33	22.4	64	46	100
3	24	16.3	75	25	100
Above 3	27	18.4	70	30	100
Total	147	100			
# of girls aged between 0-15 who undergone any form of FGM/C			Gender		
			%Male	%Female	Total
0	91	61.9	79	21	100
1	24	16.3	58	42	100
2	22	15	50	50	100
3	6	4.1	100	0	100
Above 3	4	2.7	75	25	100
Total	147	100			

The above table shows household profile such as sex, household size, level of education, number of girls aged between 0-15, and number of girls aged between 0-15 who undergone any form of FGM/C/. As depicted in Table 1, 72.1% of the respondents were male while 27.9% were female. Furthermore, the table shows that 40.8 % of the respondents had no education, 36.6 % studied either primary school or Quran School, 7.5% studied secondary school and 15 % reached university level. 61.7 % of those who had no education were men while 38.3 % of them were women, further, 86 % of those who reached university level were men where only 14 % were women. This means the number of uneducated men is higher than that of women and at the same time number of educated men is higher that of educated women. This because of men in the sample was higher than women in number.

Moreover, the above information shows that 32 % of the respondents have household size between 0 and 5, 46.3 % have household size between 6 and 11 members and 21.8 % have household size higher than 11 members. This indicates that household sizes are large in these communities. Additionally, table 1 shows number of girls aged between 0 and 15 years that each household has: 24.5 % of the participants do not have any girls aged between 0 and 15; 18.4 % of the respondents have one girl aged between 0 and 15; 22.4 % of the participants have 2 girls aged between 0 and 15; 16.3 % of the participants have 3 aged between 0 and 15; 16.3 % of the respondents have 3 girls aged between 0 and 15 while 18.4 % of the respondents have more than 3 girls aged between 0 and 15 years old. What is more, table1 displays number of girls aged between 0-15 who undergone any form of FGM/C. in this regard, the table shows that 61.9 % of the respondents do not have any girls aged between 0 and 15 who undergone FGM/C, 16.3 % of the respondents have one girl aged between 0 and 15 and undergone FGM/C, 15 % of the participants have 2 girls belong to that age group and undergone FGM/C and 6.8 % of the respondents have minimum of 3 girls aged between 0 and 15 who undergone FGM/C.

Table 2 knowledge of FGM/C among target community members

It is a mandatory religious practice	Frequency	Percent	Gender	
			%Male	%Female
Yes	71	48.3	66	34
No	76	51.7	78	22
Total	147	100		
It is a good cultural practice				
Yes	109	74.1	76	24
No	38	25.9	60	40
Total	147	100		
Rite of passage for girls into womanhood			%Male	%Female
Yes	41	27.9	59	41
No	106	72.1	76	24
Total	147	100		
It is a mandatory for men during marriage			%Male	%Female
Yes	44	29.9	59	41
No	102	70.1	80	20
Total	147			

As the table 2 shows, respondents were asked whether they think people carryout FGM/C because it is compulsory religious practice. To this question, 48.3 % of the respondents said yes while 51.7 % said no.66 % of those who said yes were men and 78 % of those who no were also men. Again this shows that the percentage of men is higher than women’s percentage in both yes response and no response because men dominated the sample when it comes to number.

Similarly, participants were asked whether they think that people practice FGM/C because it is good cultural practice. To this end, 74.1 % of the respondents said yes while 25.9 % of the said no. 76 % of those who considered FGM/C as a cultural practice were men and 60 % of those who did not consider as cultural practice were men.

Participants were also asked if they believe that people conduct FGM/C because it is rite of passage for girls into womanhood and 27.9 % of the said yes while 72.1 % said no.59 % of those who accepted FGM/C to be a rite passage of becoming women were men and 76 % of those who rejected this argument were also men. This shows that men dominated women in both answers.

Further, respondents were asked whether they think that people practice FGM/C because it is mandatory for men during marriage. In this regard, 29.9 % of the said yes while 70.1 % said no. 59 % of those who said yes to this question were men and 80 % of those who said were also men.

Table 3 have you ever seen a girl or a mother with health complication due to FGM/C practices?

Health complications due to FGM/C Practice?	Frequency	Percent	Gender	
			%Male	%Female
Yes	93	63.3	96	4
No	54	36.7	72	28
Total	147			
Type of the complications			%Male	%Female
Infection and urine, kidney and menstrual problems				
Yes	69	46.9	74	26
No	78	53.1	67	33
Total	147			
Body damage and labor problems			% Male	%Female
Yes	40	27.2	73	27
No	107	72.8	69	31
Total	147			
Mating and psychological problems			% Male	%Female
Yes	15	10.2	87	13
No	132	89.8	68	32

The above table 3 shows that 63.3 % of the respondents saw a girl or a mother with health complications due to FGM/C Practice while 36.7 % of the respondents did not observe a girl or mother with FGM/C caused problems. 74 % of those who witnessed FGM/C causing disease were men, 67 % of those who did not see or heard FGM/C caused disease were also men. Still we see that the number of men is higher that of women in every response. According to those who saw FGM/C caused sicknesses, FGM/C causes many diseases and as showed by table 3, 46.9 % of the respondents stated that FGM/C cause infection and kidney, urination and menstrual problems. On the other hand, 27.2 % of the participants mentioned that FGM/C cause difficulties like body damage and labor Problems while 10.2 % of them indicated that FGM/C cause sexual and psychological problems.

Table 4. Do you consider FGM/C to be mandatory Sharia Practices?

Religious perception of FGM/C	Frequency	Percent	%Male	%Female
Yes	58	39.5	71	29
No	89	60.5	73	27
Total	147			
Do you think FGM/C violates human right principles?			%Male	%Female
Yes	95	64.6	76	24
No	52	35.4	63	37
Total	147			
If yes to the above question, which human principles does FGM/C violate?			%Male	%Female
Health right	84	57	73	27
Freedom right	13	8.8	92	8
Have no idea	50	34.2	66	34
Total	147			

Table 4 shows that 39.5 % of the participants believe FGM/C to be mandatory Sharia practice and 60.5 % believe that FGM/C is not mandatory Sharia practice. 71% of the respondents who considered FGM/C as compulsory Sharia practices were men and 73 % of those who said it has no place in the Islam was men. Additionally, the table demonstrates that 64.6 % of the respondents mentioned that FGM/C violates human right principles while 34.5 % of the respondents believe that FGM/C does not violate human right principles. 76 % of those who stated that FGM/C violates human principles were men, besides, 63 % of those who did not see any negative effect of FGM/C on human principles were also men. Moreover, 57 % of the respondents stated that FGM/C violates human health right, 8.8 % mentioned that it violates human freedom right while 34.2 % of them mentioned that they do not know specific human right principle that FGM/C violates.

Table 5. Attitude of target community towards FGM/C

Do you think that FGM/C practice should continue	Frequency	Percent		%Male	%female
Yes	59	40.1		59	41
No	88	59.9		81	19
Total	147				
Do you think that FGM/C practice can ever be eliminated in your settlement?				%Male	%female
Yes	89	60.5		80	20
No	58	39.5		60	40
Total	147	100			
Do you think that it is a good idea to involve men in the FGM/C awareness				%Male	%Female
Yes	123	83.7	83.7	74	26
No	24	16.3	100	63	37
Total	147	100			
What do you think of FGM/C medicalization?				%Male	%female
It makes the practice safer	85	58.2	58.2	75	25
It is a way of encouraging FGM/C	36	24.7	82.9	64	36
It should be stopped at all	25	17.1	100	72	28
Total	146	99.3			

The table 5 presents attitudes of target community towards FGM/C. in this regard, 40.1 % of the respondents supported FGM/C to continue forever and 59.1 % percent rejected FGM/C to continue forever. 59 % of those who supported continuation of FGM/C were men and 81 % of those who did not believe so were men. However, as we will see later in this section, the FGM/C that respondents want to continue forever is Sunna type and the one that they want to be stopped is the Pharaonic type. Respondents were also asked whether they think that FGM/C can be eliminated and 60.5 % said yes while 39.5 of them said no. 80 % of those who were optimistic about FGM/C elimination were men and 60 % of those who were pessimistic about FGM/C elimination were also men. Likewise respondents were asked whether they think that it is good idea to involve men in the FGM/C awareness. For this question, 83.7 of the respondents said yes while 16.3 of them said no. 26 % of the respondents who supported men involvement of FGM/C awareness were women, further, 37 % of the participants who rejected men involvement in FGM/C awareness were also women. Moreover, participants were asked to show their perceptions towards FGM/C medicalization and 58.2 % of the respondents out of whom 25 % were female indicated that it makes the practice safer, 27.4% of them out of whom 36 % were female mentioned that it is a way of encouraging FGM/C and 17.1 % of the respondents out of whom 28 % were female suggested FGM/C medicalization to be stopped at all.

Table 6. Practice of FGM/C among project target community

Is FGM/C practiced in your area ?	Frequency	Percent	%Male	%Female
Yes	145	98.6	72	28
No	2	1.4	50	50
Total	146	100		
If practiced which type?			%Male	%Female
Sunni	137	93.8	70	3-
Pharaonic	10	6.2	50	50
Total	147	100		
If you have a daughter in the future, do you intend to circumcise her?			%Male	%Female
Yes	139	94.6	71	29
No	8	5.4	100	0
Total	147	100		
If yes to the above question,how would you circumcise your daughter?			%Male	%Female
Sunni	137	98.6	70	30
Pharaonic	2	1.4	100	0
Total	147	100		
As a household member have you ever carried out FGM/C on a girl?			%Male	%Female
Yes	73	49.7	62	38
No	74	50.3	82	18
Total	147	100		

Table 6 reveals level of FGM/C practices in the targeted area and community members were asked whether FGM/C is practiced in their areas. What is more, those who mentioned that they practice FGM/C were asked which type FGM/C they practice. 98.6 % of the participants stated that FGM/C is practiced in their areas, 0.7 % of them mentioned that FGM/C is not practiced in their areas at all while 0.7 % of the participants told that they do not have any information about FGM/C practices. Similar, 93.8 % of those who told that FGM/C is practiced localities mentioned that they practice Sunni which is specific type of FGM/C while 6.2 % of them indicated that they Practice Pharaonic which is another type of FGM/C. This shows that FGM/C

is still commonly practiced in those areas. The respondents were also asked whether they would like to circumcise their daughters in the future. To this question, 96.6 % of the respondents pointed out that they will circumcise their daughters in the future while 5.4 % of the respondents mentioned that they will not circumcise their daughters in the future. Very interesting point is that 100 % of those stated that they will not circumcise their daughters were men while 71 % of those yes to this question were men. This means there was no only one woman who was ready to not circumcise her daughter.98.6 % of those who want to circumcise their daughters mentioned that they will carry out Sunni type while only 1.4 % of them preferred the Pharaonic one. The interesting thing is that all those who mentioned that they will circumcise their daughters with Pharaonic type were men and this shows that some men are still reluctant the society to move from Pharaonic FGM/C. Moreover, 49.7 % of the respondents admitted that they carried out FGM/C on their girls while 50.3 % of the respondents mentioned that they had never carried out. 38 % of those who mentioned that they have never carried out FGM/C on a girl were women and 18 % of those who confessed that they carried FGM/C were also women.

Table 7 the relationship between attitude, practice and educational level of the respondents

		Educational level of the respondents			
		No education %	Primary/Quran School %	Secondary %	University %
Do you think that FGM/C practice should continue?	Yes	55	44	18	0
	No	45	56	82	100
Total		100	100	100	100
If you have a daughter in the future, do you intend to circumcise her?	Yes	98	96	90	81
	No	2	4	10	19
Total		100	100	100	100

As depicted in table 7, education influences the perceptions towards the existence of female genital mutilation/cutting among the target population. In fact, 55% of the non-educated participants favored the continuation of the circumcision in their areas while only 45% showed their position against existences of FGM/C in their community. The participants those took primary or Quranic School and choose the continuation of FGM/C practices is 44% while 56% of them tended to the elimination of this action. If you look at the subjects those attain secondary level in their education only 18% see the continuation of FGM/C while almost 82% showed that

they are against this action. 0% of the subjects those reach university level favor the circumcision continuation while 100% of them declared to stop this practice in their community. However, the trend of the educational level of the participants showed that there is a relationship between the educational level and the attitude among the target population.

As presented again in table 7, the participants were asked whether they want to circumcise their daughters in the future. Actually, 98% among the non-educated subjects of the participants desire circumcision of their daughter in the future while only 2% of them showed their intention as not to carry out any form of circumcision to their daughters. 96% of the primary or Quranic School subjects selected the circumcision only 4% of them selected not circumcise their daughter in the future. Really, 90% of secondary reached participants stated that they are planning to circumcise their daughter in the future while only 10% said we will not circumcise our daughters in the future. Lastly, 81% of those reached university have showed that they are going to circumcise their daughter in the future as only 19% showed against this action toward their daughters. However, table has showed that whenever the level of the education goes up the number of people who support circumcision goes down. In conclusion, education positively affects both of the attitude and practices of FGM/C in the target areas. In conclusion, there is negative relationship between education level and FGM/C practices, further, as education level increases people develop anti FGM/C views.

Focus group data

A total of 7 participants were interviewed in Ximan village to get deep information about FGM/C perceptions, knowledge and practices in the target area. The participants included village head committee, household parents, school teachers, business women and the village religious leader. The age of the participants ranged from 25 to 75 years. The FGD took approximately 30 minutes to complete.

Sources of awareness against FGM/C in the target area

Almost half of the participants stated that the major sources of information are local NGO's such as Candlelight and HAVYOCO while others have claimed that their major source of information is the Holy Quran and local religious leaders. Additionally, some of the participants coupled both Holy Qur'an and local NGO's to be sources of the awareness.

Seasonal calendar of FGM/C practices

During the focus group discussion, best time to carry out FGM/C activities in the area was discussed. One of the respondents considered summer as the best season for those activities while other subject added the autumn as the second season.

Healthy problems

Health problems caused by FGM/C were discussed. In fact, one of the participants has listed a quite number of health problems caused by female genital mutilation such as closure of birth canals and obstruction of menstrual bleeding. The respondent added that these things will cause a severe pain around the pelvic area which will create restlessness. In addition, they also mentioned that women experience urine incontinent which disturbs the woman's hygienic condition and actually this situation will challenge one of the praying principles known as "*daharah*". In Islam, if a person wants to pray he/she has to make clean his/her external part of the reproductive system after urination and this action is what so called 'Daharah' which is not easy for circumcised woman. Apart from that, the respondent has also mentioned that infection is common among circumcised women. Majority of the respondents agreed that there are commonly observed kidney diseases amongst circumcised women. One of the participants mentioned that there is body damage during the operation and parturition delivery problems are also expected.

One respondent claimed that circumcised girls immediately become aged and her menopause period comes earlier than other normal girl is also argued by one of the respondents. Eventually, there is only one opponent who declared that FGM/C had previously no problem and people started to talk about FGM/C consequences after the civil war.

Challenges faced by FGM/C awareness campaigns

Two of the respondents argued that most of the rural communities have villages as a central place for business exchange but their residence places are far apart from each other and this challenges the awareness to spread among the households and there is a need of transportation facilities. Another subject stated that there are some people who resist listening awareness. Other respondents pointed out that the major problem facing FGM/C awareness is lack of cooperation among the communities: when NGOs select some members of the community to conduct awareness activities, other members of the community will not help them because they believe that awareness is a big project and opportunity that was given to only small group of the community.

The community perceptions towards uncircumcised Somali girl

Some of the people may practice a custom or religious rule because of a fear from society's blame that could arise if they come up with deviant behavior. Thus, at least one of the respondents argued that uncircumcised will not be welcomed in our community and people will isolate and assume that she had an illegal sex with men for which there is zero tolerance among Somalis. Another respondent distinguish between two scenarios for example if the community arranged a big meeting and agree that there will be no FGM/C after today, then uncircumcised girl will not face and problem even if the most of the society still practicing FGM/C because she has a justification for her condition. But if the society keeps as it is in this current situation, uncircumcised girls will be isolated and blamed.

Another participant claimed if the girl is circumcised in a Sunni manner, the community will not isolate her, but if she is not circumcised at all the society will point the finger at her as a deviant member among the community and she will receive very low profile.

The husband's viewpoint towards uncircumcised girl

One of the participant stated that the husband will assume that wife had a sex with other men in the past while other two participants stated that husband will not feel any problem because the standpoint of the society has changed nowadays.

How focus groups participants take part the FGM/C Awareness?

Focus group participants were asked whether they are ready to participate in FGM/C awareness in their area or not. One of the respondents stated that FGM/C should be considered as unacceptable scenario therefore, it is actually un-tolerable action and we are ready to stop it. Another two respondents stated that they are ready to fight if Islam prohibited it. There is one of the participants who suggested continuing the awareness and religious men should participate in the events and this will help to eradicate this norm from their region.

Traditional FGM/C practitioners who left their skill and joined anti-FGM/C awareness

Professionals who have been practicing FGM/C as a skill and left this job are really appropriate to participate the awareness. Thus, it was one of the discussed area and all of the participants agreed that there is no any FGM/C traditional practitioner in their area.

Who is engaged in FGM/C awareness in the targeted community?

Only candlelight is currently commonly known agency when for its FGM/C awareness activity.

Discussion

In this study, it was found that the current prevalence of FGM/C practice among the project target communities is 98.6%, showing reduction compared to national statistics of 99%. This study also shows that regardless of substantial proportion (94.6%) of the project target communities who participated in the research are willing the continuation of the practice by subjecting their own daughters to FGM/C, yet there is a tangible progress made in the awareness raising sessions and community education efforts implemented by the project. This is reflected through 6.4% of the research participants showing their refusal to the continuation of any form of FGM/C and their willingness to not subject their daughters to FGM practice. On the other hand, the study reflects that FGM/C trend has drastically moved from type-III (Infibulation-literally known as Pharaonic Type) to type-I (Clitoridectomy – removing part or all of the clitoris which is commonly known as Sunni Type) showing that 93.8% of those supporting its continuation performed Sunni (type I) on their daughters and are willing to continue it, while 6.2% performed Pharaonic (type III). However, the KAP of the research participants, to a large extent, is shaped by their sex and level of education.

KAP by gender analysis:

The study showed that FGM/C has lower support among men than women. Men research participants showed fewer acceptances for the continuation of FGM/C (81% of the interviewed research participants who discouraged the continuation of the practice were men while 19% of them were women), more conviction on the prospect of ending the practice (80% of the research participants who showed their confidence on the prospect to end the practice were men while 20% were women), and lower intention to have it performed on their own daughters in the future than female research participants (100% of the research participants who are not willing to cut their daughters in the future are men while 0% of women participants showed willingness to not perform FGM/C practice on their daughters in the future).

KAP by educational level analysis:

The study confirmed that the higher the level of education among research participants, the lower the support for FGM/C practices. This is evident when the research participants are asked about their attitude towards the continuation of FGM/C practice. 55% of those who are not educated said yes, 44% of those reached primary level supported FGM/C practice, 18% of those reached secondary level supported it and 0% of those reached university level supported it.

Conclusion

Our findings show a concerning rate of support towards FGM/C among investigated project target communities. Our study also shows that only 36.7% of the surveyed individuals have not yet observed FGM/C-related complications while 63.3% observed health complications caused by the FGM/C Practice. On the other hand, 39.5 % of the participants believe FGM/C to be mandatory Sharia practice and 60.5 % believe that FGM/C is not mandatory Sharia practice 64.6% of the respondents mentioned that FGM/C violates human right principles while 34.5% of the respondents believe that FGM/C does not violate human right principles.

In these circumstances, these results indicate a critical and urgent need to develop effective strategies to build the capacity of those not aware of the health consequences of FGM/C to prevent the practice, ensure the knowledge to human rights violations FGM/C causes and all the evidences that delink FGM/C practice from Islam.

However, capacity-building strategies should be carefully designed because education per se is not a guarantee for FGM/C abandonment. To be effective, training programs must be culturally and gender sensitive, being modeled to fit the specific characteristics of the trainees in terms of sex.

Gender inequity remains a reality, and it is fundamental to acknowledge the strategies found by women to cope with it. The complexity of the FGM/C issue is evident from the contradictory positions assumed by the women in this study, and these must be recognized and addressed. However, from a gender perspective, social change can be effective only by taking into consideration of the role played by both men and women. Therefore, a deeper understanding of men's KAP is urgently required.