



# NETWORK AGAINST FGM/C IN SOMALILAND

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## POSITION STATEMENT ON FGM/C PRACTICE IN SOMALILAND

Female genital mutilation/ cutting (FGM/C) was defined as all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons<sup>1</sup>.

### CURRENT CONTEXT OF FGM/C IN SOMALILAND

Despite the progress in addressing gender inequalities in Somaliland, girls and women continue to undergo FGM/C practice. The prevalence rate is 99.8%<sup>2</sup>. Female infibulations is the common type of FGM/C practiced mostly when the girls are between ages of 2- 14years<sup>3</sup>.

Girls and women experience severe complications such as shock, involuntarily leakage of urine, hemorrhage, urinary tract infections, severe dyspareunia, pelvic inflammatory disease (PID), cyst, infertility, high risk of HIV transmission and obstetrical problems such as delayed second-stage labor, fistula, and low birth weight babies. In addition, FGM/C practice has contributed to separation/ divorce, lack of sexual sensitivity and sexual dissatisfaction. Furthermore, the practice has contributed to school drop out of the girl children, yet education is the most appropriate investment that can play a major role in political, economic and social development. The situation is worsened by the challenges in the public health care system which includes:

- Rough terrain of rural Somaliland which presents unique challenges in healthcare delivery
- Health infrastructure is not enough to cover the entire population and respond to their needs.
- Most, if not all, of the public hospitals and health centers are not in good working condition. Many are not fully operational<sup>4</sup>.
- There is limited number of doctors and registered midwives.

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<sup>1</sup> WHO, UNICEF and UNFPA joint statement, 1997

<sup>2</sup> NAFIS Assessment report, 2014

<sup>3</sup> NAFIS Assessment report, 2014

<sup>4</sup> Somaliland National Development Plan, 2011 - 2016

- Delivery still takes place at home and by traditional birth attendants (TBAs). The above factors contribute to maternal mortality which is the leading cause of death among women of reproductive age. Maternal mortality rate is high 1035/100,000 live births<sup>5</sup>. Women in Somaliland have a one in 15 risk of dying of maternal-related causes<sup>6</sup>.
  - There is a private health care system which operates a long side the public health care system. However, it is not affordable by the majority of the FGM/C survivors.
- All the evidence shows that FGM/C practice does not have health and medical benefits to the girls and women. NAFIS network is of the opinion that the practice needs to be abandoned.

**NAFIS network calls upon:**

1. All line ministries (MoLSA, MoH, MOJ MORA, and MOE) to commit and collaborate on this critical FGM/C issue.
2. The policy makers to discuss and adopt the draft national Anti-FGM/C policy that will lead to effective interventions by the various stakeholders at all levels for total abandoning of FGM/C.
3. The legislatures to outlaw the FGM/C practice which contravenes the laws of the Republic of Somaliland and the human rights instruments which the government committed to implement.
4. The Ministry of Health to include FGM/C in the national education curriculum for midwifery and nursing as well as the training of female community health workers. This is because the obstetrical management for infibulated women is important and often difficult for those that have not had this type of exposure in their trainings.
5. The Religious and Traditional leaders to spearhead engaging the community to abandon the practice which contravenes the Sharia law that prohibits inflicting harm/ injuries upon health.
6. The health-care providers to prevent medicalization of FGM/C and play an important role in explaining the complications of FGM/C on girls and women to their clients.
7. The youth, parents, media, opinion leaders, men and women to save the girls and women from harm and lifelong suffering through collective responsibility to abandon the practice of FGM/C.

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<sup>5</sup> Somaliland National Development Plan, 2011 - 2016

<sup>6</sup> National health policy, 2011