

# Extreme genital mutilation on retreat in Somaliland

February 20 2014, by Helen Vesperini

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It is a ritual supposed to keep women "pure", but an increased understanding of the severe health risks of extreme forms of female genital mutilation appears to be slowly rolling back its prevalence in Somalia's northwest.

In the self-declared Somali republic of Somaliland, most women over 25 have undergone the most extreme form of FGM, known as "pharaonic". This entails removal of the clitoris and the labia minora, cutting out flesh from the vulva and sewing up the outer labia, leaving only a tiny orifice for the passage of urine and menstrual flow.

The procedure is normally done with a razor blade when the girl is between 5 and 11 years old, and without any [pain killers](#). They remain sewn up until marriage, at which point they are either opened up during sex—causing pain and distress to both partners—or cut open with scissors.

"I cut girls for 15 years. My grandmother and mother taught me how and it was a source of income for me—but I stopped doing any cutting four years ago," recounted Amran Mahmood.

"I decided to stop because of the problems. The worst time was when I was cutting a girl and she started bleeding. I injected the muscle to stop the bleeding and I cleaned the area and she kept on bleeding."

As well as social status, being a so-called "cutter" brought in good

money. Cutting one girl takes 30 minutes and brings in between \$30 and \$50, a large sum of money for Somaliland.

Amran's own daughter was cut, but she swears her granddaughters will not undergo the full procedure.

After attending awareness programmes organised by Tostan, an anti-FGM NGO financed by the UN children's agency UNICEF, Amran has become an anti-cutting advocate.

## **'Things are changing'**

The medical consequences of the stitching—urine retention, blocking of menstrual flow, pain, bleeding, infection and childbirth complications—have brought the practice into disrepute.

In the urban setting of Hargeysa at least, the generation who are adolescents today have largely abandoned it in favour of less extreme forms, which still involve the removal of the clitoris.

Their mothers, mindful of the pain they themselves have endured, support the change.

"Things are changing. There are now men willing to marry uncut girls," said village headman Mohamed Said Mohamed, a Muslim like most in Somalia, sporting a greying beard and a traditional sarong.

"I am totally against cutting. It is not accepted by our religion."

FGM is concentrated in some 29 countries in Africa and the Middle East, according to the World Health Organization which says cutting has no health benefits and brands the practice a violation of human rights. It says more than 125 million girls and women today have undergone the

procedure, whose roots are a mix of cultural, social and supposedly religious factors.

The UN General Assembly adopted a resolution to eliminate FGM in December 2012.

At Sheikh Nuur primary school the girls sit on one side of the classroom in long beige skirts topped off by a black hijab, the boys on the other in beige trousers and white shirts.

"People are beginning to see how dangerous the extreme form is," said 14-year-old Sagal Abdulrahman, a slim, articulate and slightly solemn girl.

"The first type involved stitches, and is the painful one, because there are many times when the woman gives birth and has pain. And ... when she has her period, it causes pain. The second type is not that painful," said her classmate Asma Ibrahim Jibril.

"I'm very happy because my parents chose the less severe one, and I was very OK with that. And I won't face the painful things that would come in the future," she said.

## **Islamic jurisprudence**

For Charity Koronya, a UNICEF protection officer, all forms of FGM must be stopped.

"To me total abandonment is the key because even if it is just a small cut it is still a violation," she said, explaining that she herself comes from a Kenyan tribe that practices the clitoridectomy form of FGM.

She escaped the practice because her father, who travelled outside their

home district for his work, refused it.

The issue of whether of whether Islamic law requires FGM is the subject of much discussion, with several clerics admitting they themselves are confused.

"Completely stopping FGM is not going to work in our country," Abu Hureyra, a local religious leader taking part in a roundtable said, "but we are in favour of stopping the extreme type."

"There are doctors who say cutting is good for a woman's health," insisted Mohamed Jama, an elder from Somaliland's religious affairs ministry.

"If you cut a woman you are killing her," countered a younger leader Rahman Yusuf.

Other clerics seemed puzzled, saying they had consulted experts in Islamic law in Saudi Arabia and Qatar only to receive contradictory responses.

For Koronya the mere fact that the practice is now being discussed in public was a victory.

"Initially it was difficult to discuss FGM in public. Today religious leaders, women's leaders talk about it and even talk about the link between FGM and sexuality," she said.

"Having public discussions about FGM is a big step forward."

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