



POLICY BRIEF



STRONG LEGISLATION TO PROTECT WOMEN & GIRLS' RIGHTS IS A MUST

Female genital mutilation . Early & child marriages . Safe abortion



SOMALIA

NOVEMBER 2021

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HIGHLIGHTS

FEMALE GENITAL MUTILATION

- There is currently no national legislation in Somalia that expressly criminalises and punishes the practice of FGM.
- Estimated prevalence among girls and women aged 15-49 is 98%
- Estimated prevalence among girls and women aged 15-19 is 98%.
- FGM prevalence for women aged 45-49 is 99.8%.
- Type III (infibulation) is the most commonly practised form of female genital cutting (FGC) in Somalia.
- FGM in Somalia is frequently performed on girls aged 5-9.
- 72% of women in Somalia believe that FGM is a requirement of their religion
- Prevalence is marginally higher among nomadic populations (99.7%), but universally high in all locations.
- Most girls are cut between the ages of 10 and 14.
- Most women have undergone Type III FGM (infibulation/'sewn closed'), which is also known as Pharaonic FGM.
- 42% of adults believe that being out of education due to Covid-19 increases a girls' risk of undergoing FGM, which traditionally takes place during the school holidays.

EARLY AND CHILD MARRIAGE

- There is no law mandating a minimum age for marriage in Somalia.
- 45% of girls are married off before 18 years old.
- 8% of girls are married before they turn 15.
- Somalia is the 10th highest nation in the world for percent of child marriages.
- Nearly a third of girls are married before their 18th birthday - just under half of those before the age of 15.
- Most Somali women here were married at 13 and are divorced by the time they are 20.

ACCESS TO SAFE ABORTION

- 1 % of Somali origin women aged 18-29 had gone through at least one induced abortion in their lifetime.
- Abortion is not legal in Somalia except to save the life of a woman, but remains a sensitive topic due to religious and social norms.
- The increase of sexual assault resulting in unwanted pregnancies has increased prevalence of unsafe abortion in Somalia.

SYNOPSIS

This policy brief seeks to highlight female genital mutilation, early and child marriages as well as access to safe abortion in Somalia in relation to women and child rights. The paper addresses how widespread these issues are in Somalia and the efforts that the government and civil society are taking to ensure that women and girls' rights are observed. This policy brief explores the public health and concerns surrounding FGM, child marriages and unsafe abortion in Somalia and discusses ways to make it both rarer and part of positive policy change.

The brief addresses the impacts of FGM, early and child marriages and access to safe abortion. The impacts include health, population, education, employment, agency, and violence, among other outcomes. The welfare, budget, and non-monetary costs of child marriage are estimated where data is available. Legal/institutional aspects and options to reduce the practice are also discussed. The brief sets to draw recommendations and link them with existing strategies to curb FGM and child marriages while contributing towards access to safe abortion. The paper will contribute towards a pool of knowledge on FGM, safe abortion and child marriages including studies with innovative data-collection methods needed to inform project design and planning to protect girls and women's rights. The brief highlights the adverse effects such as the health and economic costs of the three issues, the need for disaggregated data to inform campaigns and policies, understanding the root causes and a look of the legal and policy framework.

2022 policy
brief

BACKGROUND

FEMALE GENITAL MUTILATION

FGM consists of the (partial or complete) removal of the external female genitalia, and the infliction of other injuries to the female genitalia for no medical reasons. There are several variations, including partial or complete removal of the clitoris, of the labia minora and majora, the narrowing of the vaginal opening by joining the two sides of the wound, leaving only a small opening for urine and menstrual fluids, and any other non-medical injury such as scraping, incising, pricking or burning. FGM causes pain, infection, problems with sexual intercourse, problems with urination, problems with childbirth, and death ¹.

Type III (infibulation) is the most commonly practised form of female genital mutilation (FGM) in Somalia. In more recent years, the UN has observed that there has been a shift towards other types of cutting ². Traditional practitioners carry out the majority of FGM procedures, although medicalisation of FGM in Somalia is increasing. FGM in Somalia is frequently performed on girls aged 5-9. This represents a shift in practice. Traditionally, FGM was performed in adolescence as initiation into womanhood.

FGM prevalence in Somalia remains the highest in the world. Rather than complete abandonment, there has been a move away from FGM Type III. It is unknown whether this shift could lead to total abandonment of the practice. The central and southern regions of the country have the highest prevalence, at 99.2%. Qualitative data suggests that the practice is in sharp decline in urban areas, according to the most recent UN report. At least 72% of women in Somalia believe that FGM is a requirement of their religion.

FGM prevalence rates in Somalia remain almost stable at 98% ³. Although about 890 communities made declarations of FGM abandonment, political instability in the region makes it difficult to conduct co-ordinated NGO or governmental programmes on FGM due to a lack of institutions and infrastructure. Most women have undergone Type III FGM (infibulation/‘sewn closed’), which is also known as Pharaonic FGM⁴. FGM is mostly carried out by traditional practitioners, but medicalised FGM is on the rise.

Women who live in rural areas are only slightly more likely to undergo FGM than those who live in urban areas. The prevalence is highest among nomadic women, but is universally high (over 98%) among women living in all areas. At least 76% of women believe that FGM should continue and 18.9% believe that it should not. While support for Type III (Pharaonic) FGM has declined in recent years, other types of FGM referred to as ‘Sunni’ remain popular. More than four in five women in the oldest age group experienced Pharaonic cutting, compared to less than half of women in the youngest age group.

There are many reasons that FGM is almost universally practised in Somalia including the fact that many religious and community leaders encourage the practice, wrongly justifying it as a religious necessity. Families also view cutting as a way of protecting their daughter’s chastity and that it is a prerequisite for marriage ⁵. The increase of medicalised FGM has been reported throughout Somalia, but there is no data available on the number of women and girls who have been cut by a health professional or in a medical setting. It is reported that increasing medicalisation in Somalia is a result of those families on higher incomes and with better education believing it will ‘reduce the harm’ of FGM ⁶.

72% of women in Somalia believe that FGM is a requirement of their religion.

Somalia is among the highest gender unequal countries in the world but has the highest data gaps to reflect recent changes. Child marriage is among the extreme forms of violation of child rights affecting adolescent girls. The ongoing humanitarian crisis has exacerbated poverty, insecurity and access to education, factors which drive child marriage. Recent figures, however, show decline in the prevalence of child marriage. Percentage of girls aged 15-19 years who have ever been married in the country have declined from 25 in 2006 to around 10 in 2016. The south and central parts of the country still register relatively higher prevalence of child marriage⁷.

Child marriage is defined as a marriage or union taking place before the age of 18⁸. Child marriage has significant negative impacts; not only for girls, but also for a range of development outcomes. The negative impact of child marriage for a girl's health, education, and well-being is often larger when the girl marries very early. Child marriage is known to have a negative impact on school enrolment and attainment. The earlier a girl marries, the more likely it is that she will drop out early and thereby have a low level of education attainment⁹. Child marriage is associated with lower education attainment and a lower likelihood of literacy.

There is no law mandating a minimum age for marriage in Somalia. A bill introduced in parliament in August 2020 caused a storm of criticism from lawmakers when they realised it would legalise marriage at puberty - as early as 10 for some girls. Some families marry off their daughters to reduce their economic burden or earn income. Others may do so because they believe it will secure their daughters' futures or protect them¹⁰. While children are married off for different reasons, such as the economic benefit of a dowry, and an increase in child marriage cases has been reported during the coronavirus pandemic, early marriage is rooted in Somali culture. An old Somali saying goes: "Gabadh ama god hakaaga jirto ama gunti rag," which loosely translates as "a girl should either be married or in a grave"¹¹.

The majority of child marriage victims are girls with little or no formal education, and girls from low-income families who cannot afford to send their children to schools. Somalia's unemployment rate is skyrocketing and joblessness among the youth is a chronic issue that is forcing many adolescent girls to get married young just to escape the stress of being unemployed. In Somalia, cultural norms among the community extensively promote the early marriage of girls. Unfortunately, many of our society believe that woman's main responsibility is to cook and serve for the basic needs of the household while chasing careers and furthering studies are considered businesses for men. Women and girls who have been raped are often forced to marry their rapists to uphold family honor, and rapists can avoid punishment if they marry their victim. A woman who refuses such a marriage may face severe consequences from her own family and clan.



"Gabadh ama god hakaaga jirto ama gunti rag,"

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"a girl should either be married or in a grave".

Old Somali saying

ACCESS TO SAFE ABORTION

Across Somalia, 1.2 million children are projected to be malnourished in 2018, a majority of whom are amongst displaced communities. Somalia is currently listed as the number two most fragile state in the world¹². Religion may play a significant role in a woman's decision.

Religion may play a significant role in a woman's decision to have an abortion in a country's abortion policy when the population is Islamic. An abortion, or Ijhad in Arabic, is the procedure for terminating an unwanted pregnancy before the foetus has attained viability, i.e., become capable of independent extra-uterine life. Though Islamic jurisprudence does not encourage abortion, there is no direct prohibition on abortion from the Quran and Sunnah, the two most authoritative biblical sources. Muslim jurists have always viewed the foetus as the precious origin of human life. The womb is perceived as a fragile vessel that carries a unique human soul, and hence deserves safeguarding and careful treatment.

Due to the legal restrictions of abortion in Somalia, some women may turn to unsafe abortions, and claim that they have had a miscarriage. The abortion is in such a case carried out in what it is called a traditional way, with traditional methods such as using fat from sheep's meat and other herbal means that xaqitaan 'sweepers' (who provide abortion services for women in Somalia), without the presence of any skilled health care professional but instead with a traditional midwife¹³.



POLICY & LEGAL FRAMEWORK

FGM

Female Genital Mutilation (FGM) is legal, although the practice is explicitly prohibited under the Somali constitution. Anti-FGM law is pending adoption and there have been promising developments towards criminalisation in Somaliland and Puntland in the north. The Constitution of Somalia (2012)¹ states at Article 4, 'After the Shari'ah, the Constitution of the Federal Republic of Somalia is the supreme law of the country.' It protects human dignity and equality under Articles 10 and 11 respectively, and, most significantly in relation to FGM, set out under Article 15(4)¹⁴. Some key milestones in eradicating FGM in Somalia include the following:

- 2012 – Constitution prohibiting FGM
- 2014 – President signed a government policy outlawing FGM in Puntland region
- 2014 – Inter-ministerial FGC taskforce established in Puntland
- 2014 – Zero-tolerance fatwa released in Puntland
- 2014 – Decree against medicalisation of FGC in place in Puntland
- 2015 – Coordination taskforce and mechanism established in Mogadishu
- 2015 – FGM taskforce established in Somaliland and Puntland
- 2016 – Draft zero tolerance bill in Federal Government of Somalia (FGS), Somaliland and Puntland.
- 2016 – Puntland passed into law the Sexual Offences Act (includes FGM).

Circumcision of girls is a cruel and degrading customary practice, and is tantamount to torture. The circumcision of girls is prohibited

**— Constitution of Somalia,
Article 15(4)**

There is currently no national law in place banning FGM in Somalia. New national legislation is being drafted and will go through a consultation phase with stakeholders during 2019. In November 2013, 18 religious leaders in Puntland signed a fatwa against FGM, which was witnessed by various ministers. In March 2014, the president of Puntland approved an official policy outlawing all forms of FGM; however, parliamentary legislation is not yet in place. The Penal Code, Law No. 05/19623 (the Penal Code), which came into force on 2 April 1964, is applicable to all jurisdictions in Somalia and makes it a criminal offence to cause hurt to another that results in physical or mental illness¹⁵. In 2015, it was reported that work had begun to initiate a bill that would criminalise FGM across all of Somalia, and the Ministry of Women Affairs and Human Rights has declared its willingness to introduce FGM-eradication laws in Somalia; however, no specific bill has yet been proposed. Specifically, in Puntland, there is currently FGM legislation awaiting parliamentary approvals, and in 2016 the Sexual Offences Act was enacted, which demonstrates a commitment to addressing harmful practices.⁶ An Islamic ruling (fatwa) against FGM has also been signed in Puntland.

The leading government departments responsible for work to end FGM in Somalia are the Federal Ministry of Women and Human Rights Development (MOWHRD) in Central South and the Ministry of Women's Development and Family Affairs (MOWDAFA) in Puntland. In addition, across all zones, the Ministry for Religious Affairs and Endowment, Ministry of Health (MOH) and Ministry of Youth all contribute to the work to

EARLY AND CHILD MARRIAGES

There is no law mandating a minimum age for marriage in Somalia. However, the Somali Constitution is based on Islam. It says the age of maturity is 18. Activists say this implies that this is the right age for voting or for a girl to marry. A bill introduced in parliament in August 2020 caused a storm of criticism from lawmakers when they realised it would legalise marriage at puberty - as early as 10 for some girls¹⁶. The United Nations (UN) urged Somali Federal Parliament to withdraw the Sexual Intercourse Related Crimes Bill as it breaches international and regional standards relating to rape and other forms of sexual violence. If adopted, it would not only represent a major setback for victims of sexual violence in Somalia¹⁷.

Although marriage under 18 is not illegal, although Somalia's Constitution prohibits it and the country is signed up to several international treaties promising to tackle it. In July 2014, the government signed a charter committing to end child marriage by 2020. The Sexual Offences Bill was developed following five years of wide-ranging consultations with women, civil society, and the international community, she recalled. It was unanimously endorsed by the Somali Council of Ministers and sent to Parliament.

In 2015, Somalia ratified the Convention on the Rights of the Child, which the UN applauded as a significant achievement for the country's 6.5 million children. Child marriage in Somalia is exacerbated by the absence of a coherent legal framework to which women can appeal for justice. Under Somali customs, parents can choose their daughter's husband and decide if their daughter will undergo female genital mutilation. Forced marriages are not uncommon, and young girls are often given away as brides without their consent. Girls have also been commoditized as exchange for marriage between the warring tribes as part of a peace negotiations, or subject to "inherited" marriage, including practices where a man is entitled to "inherit" the widow of his deceased relative¹⁸.

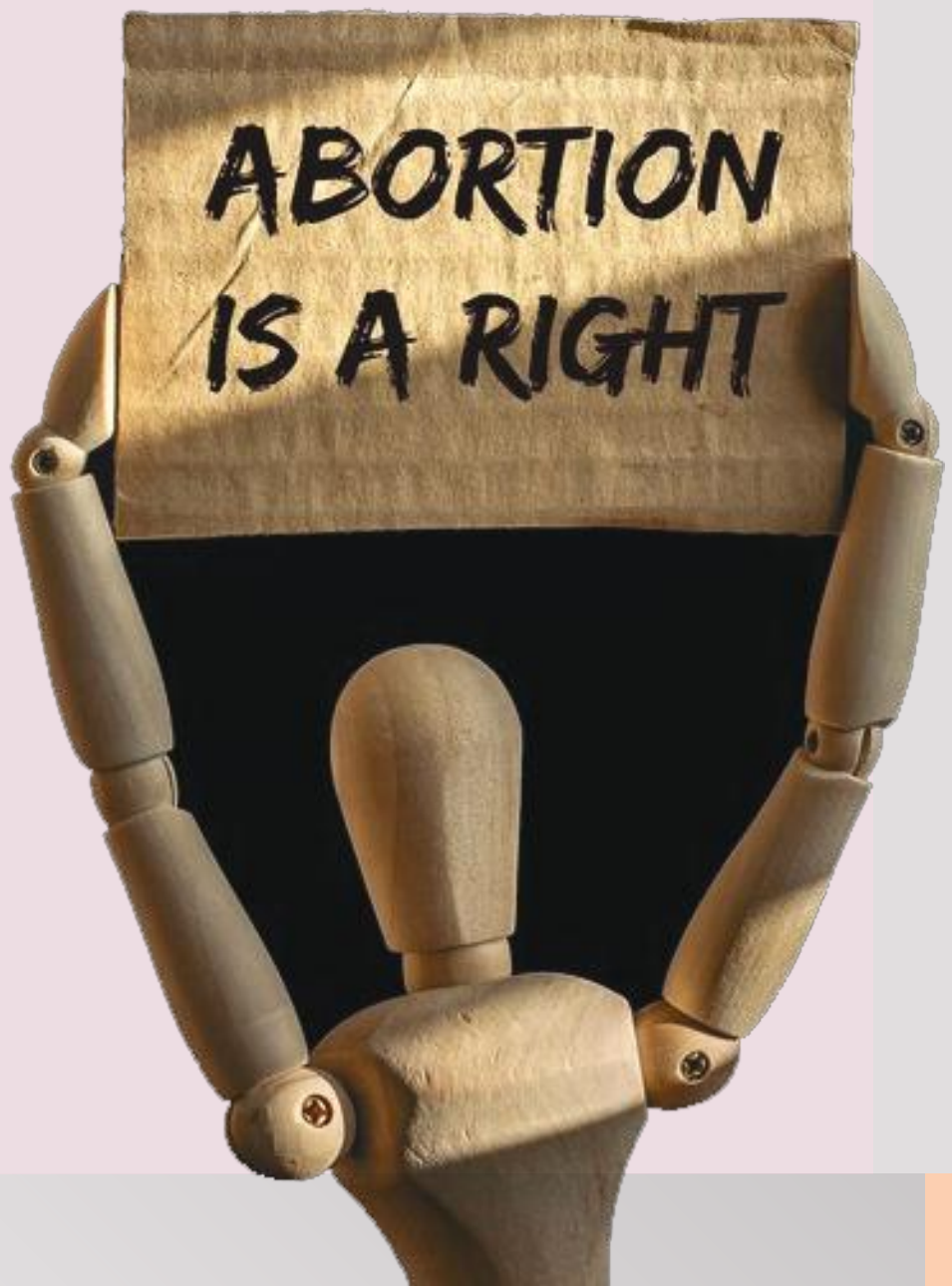
Somalia has committed to eliminate child, early and forced marriage by 2030 in line with target 5.3 of the Sustainable Development Goals. Somalia co-sponsored the 2014 UN General Assembly resolution and the 2013 Human Rights Council resolution on child, early and forced marriage. In 2014, Somalia signed a joint statement at the Human Rights Council calling for a resolution on child marriage. Somalia ratified the Convention on the Rights of the Child in 2015, which sets a minimum age of marriage of 18. Somali is one of few countries that has not signed or ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which obligates states to ensure free and full consent to marriage. In 1991 Somalia signed the African Charter on the Rights and Welfare of the Child, including Article 21 regarding the prohibition of child marriage. In 2006 Somalia signed the African Charter on Human and People's Rights on the Rights of Women in Africa, including Article 6 which sets the minimum age for marriage as 18. During its 2016 Universal Periodic Review, Somalia agreed to examine recommendations to counteract serious human rights violations of women and girls, including child marriage. In 2019, at the Nairobi Summit on ICPD25, the Somali Government committed to zero tolerance for gender-based violence by addressing vulnerability factors, especially among internally-displaced people, and strengthening policy and legal frameworks. At the London Girl Summit in July 2014, the government signed a charter committing to end child marriage by 2020. Somalia is a partner country of the Global Partnership for Education (GPE)¹⁹.

ACCESS TO SAFE ABORTION

Somali's Penal Code (1962) criminalizes abortion, except to save the life of the woman (Article 418-422). Therefore, Somali laws are not in favor for abortion unless there is a reason and, in this sense, agrees with the Islamic view of abortion²⁰. The last decade has seen several milestones realized in the fight against human rights violations, protection of the girl-child and policy frameworks for law enforcement in Somalia. Violence against women is widely recognized as a form of discrimination and a violation of human rights under international and regional legal frameworks. However, the Federal Republic of Somalia has not ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Neither has Somalia ratified the Maputo Protocol, also known as the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, put into effect in 2005²¹.

Article 15 (5) of the Somali provisional Constitution in 2012 states that abortion is contrary to Shariah law and is prohibited "except in cases of necessity, especially to save the life of the mother"²².

In Somalia, the sharia law allows for abortion within 72 hours for unwanted pregnancies arising from rape and defilement. On paper, Islam prohibits the killing of a human being except in specific circumstances. However, with no clear mention of abortion, this has left the door open for misinterpretations further creating conflict and confusion with the country judicial system around non-conformity and inconsistency between the two jurisprudences.



CAMPAIGNS

FGM

UNICEF and UNFPA are working with communities to change those attitudes and educate families on the life-threatening consequences of forcing young girls to undergo FGM. There are also campaigns set to change traditional beliefs. The campaigns need the critical role to be played by the Government of Somalia. On International Day of Zero Tolerance for FGM in 2021, UNICEF and UNFPA called on the Government to revive efforts for passage of the FGM Bill which has been stuck in the legislative process for several years.

A radically different approach to ending Female Genital Mutilation in Somalia, the Ministry for Women and Human Rights Development, UNFPA and Ifrah Foundation's 'Dear Daughter Campaign' is rooted in the principle of personal empowerment. By pledging not to cut their daughters, Somali parents are not only protecting them from the negative consequences of the practice, but respecting their bodily autonomy. When others bear witness to that promise, they too are inspired to make the pledge: A future free of Female Genital Mutilation for the Dear Daughters of Somalia. The campaign is a collaboration between the Ministry for Women and Human Rights Development, UNFPA and Ifrah Foundation which proposes advocacy, media and grass roots programs on a national scale centred around this basic premise²³.

Various strategies have been adopted in engaging and mobilising Somali religious leaders to address issues relating to the practice of FGM, particularly in light of the widespread perception among their followers that it is a religious requirement. In Puntland, a series of regional dialogues was convened by UNFPA that brought together more than 350 Sheikhs to deliberate and come to a consensus on a religious ruling outlawing all types of FGM. Deliberations among prominent religious leaders and local Islamic scholars also took place to discuss, among others, the content of the proposed 'Fatwa.' Religious leaders, government officials and traditional leaders in Puntland went on a study tour to Sudan; a country with a similar religious and cultural context, including the practice of FGM. In addition, a highly respected Sudanese religious scholar worked with Puntland religious leaders in drafting the proposed 'Fatwa'²⁴.

EARLY AND CHILD MARRIAGES

Female basketball players in the Puntland State of Somalia have been raising their voices in support of the campaign towards ending child marriage and FGM under the Ministry of Labour, Youth and Sports with support from UNFPA Somalia. Basketball for females is relatively a new phenomenon in Somalia as sports for women in the country was considered a taboo and culturally insensitive since the civil war in 1991.

A Save the Children project aims to: enhance the capacity of the government to develop and enforce legal and policy frameworks that protect children and prevent early marriage; enhance the capacity and knowledge of communities, including religious and traditional leaders, Child Welfare Committees and Community Education Committees, to prevent and protect girls and boys from early marriage; and empower children and women through gender-sensitive health, education, livelihoods and capacity building activities and opportunities to prevent early marriage and promote gender equality in Somalia²⁵.

EARLY AND CHILD MARRIAGES

Somali Gender Justice, fights for the women and girls who experience this violence, and advocates for change in the law and society. Somali Gender Justice got funding from the Safe Abortion Action Fund to study the issue of sexual assault and safe abortion access in Somalia, and to take initial steps to see how we can change things. Through focus groups, they interviewed doctors, Ministry officials, Parliamentarians, and even survivors of sexual violence and their families, to better understand abortion trends in the country. The Somali government is committed to bolstering Reproductive Health services and, in 2009, launched the Essential Package of Health Services, which is a framework to deliver primary health care services in the areas of maternal, reproductive, and neonatal and child health; communicable disease; surveillance and control, including water and sanitation promotion; first-aid and care of critically ill and injured; treatment of common illnesses and HIV, sexually transmitted infections, and tuberculosis²⁶.

COVID 19 IMPACT



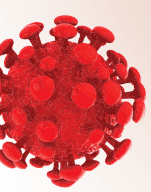
FGM

The number of FGM cases jumped after the coronavirus pandemic forced schools to close, particularly in Somali communities in Garissa - Kenya. Plan International also reported that Girls in Somalia are being subjected to female genital mutilation (FGM) in group gatherings as rates of the harmful practice rise because of COVID-19. The pandemic forces girls to spend more time at home, placing many at greater risk of gender-based violence and harmful practices. At the same time, programmes to prevent and raise awareness of the dangers of the practice, which has no medical benefit, have had to stop or be scaled back due to lockdown restrictions. At least 42% of adults believe that being out of education due to Covid-19 increases a girls' risk of undergoing FGM, which traditionally takes place during the school holidays. Schools have now re-opened, but there are growing concerns among teachers and community workers that many girls have not returned to their classes due to increased rates of early marriage and FGM, and the economic pressures caused by COVID-19. The assessment also found that of the 25% of children who were not attending school prior to the pandemic, nearly three-quarters (73%) were girls. At the start of the pandemic lockdown, girls in Somalia, forced to stay at home due to COVID-19, are now undergoing Female Genital Mutilation/Cutting (FGM/C) in their homes.

EARLY AND CHILD MARRIAGES

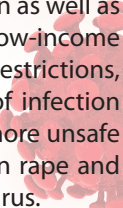
Child marriage in the country has increased during the coronavirus with a newly-tabled bill in August 2020 that would allow children as young as 10 to marry²⁹. There is fear that the restrictions imposed by COVID-19 may have resulted in an increase in child marriage in Somalia, as in other countries. School closures, economic pressure and limited access to sexual and reproductive health services are seen as some of the main drivers of these problems, with far-reaching consequences for women and girls. Curbing child marriage amidst the COVID-19 pandemic will take decisive action, further investment, and active engagement from local leaders with their communities.

The situation is even worse in Somalia. Before COVID-19 hit it was estimated that of the 4.5 million school-aged children, only 1.5 million children (35% of girls and 41% of boys) were in school, leaving well over 3 million school-aged children out of school. As the Covid-19 pandemic persists, education experts estimate that an additional one million children don't have access to any sort of learning and COVID-19 is preventing children from completing the academic year, in particular the end-of-year exams for Grade 8 and Grade 12. School closures have forced millions of children to miss out on their basic right to learn. This has widened doors for early and child marriages in Somalia. The Federal Government of Somalia has developed comprehensive strategies to allow children to learn from a distance, most of the strategies are focused on online learning and use of mass media such as TV and Radio stations. The fear is that this will exclude thousands of children in Somalia, particularly marginalised and rural children who do not have access to these tools. Prolonged school closures have already exposed more children to abuse and exploitation in the country³⁰.



ACCESS TO SAFE ABORTION

Abortion care constitutes essential health care and must remain available during the COVID-19 crisis. Restrictions on access to comprehensive reproductive health information and services, including abortion as well as contraception, constitute human rights violations and can cause irreversible harm, in particular to low-income women and those belonging to racial minorities and immigrant communities. Lockdowns, travel restrictions, supply chain disruptions, the massive shift of health resources to combat COVID-19 and fear of infection continue to prevent many women and girls from care. In Somalia, COVID-19 restrictions implied more unsafe abortions since abortion is mostly illegal in the country unless to save a woman's life. Increase in rape and religious barriers prevent women from reporting abuses – this has been worsened by the coronavirus.

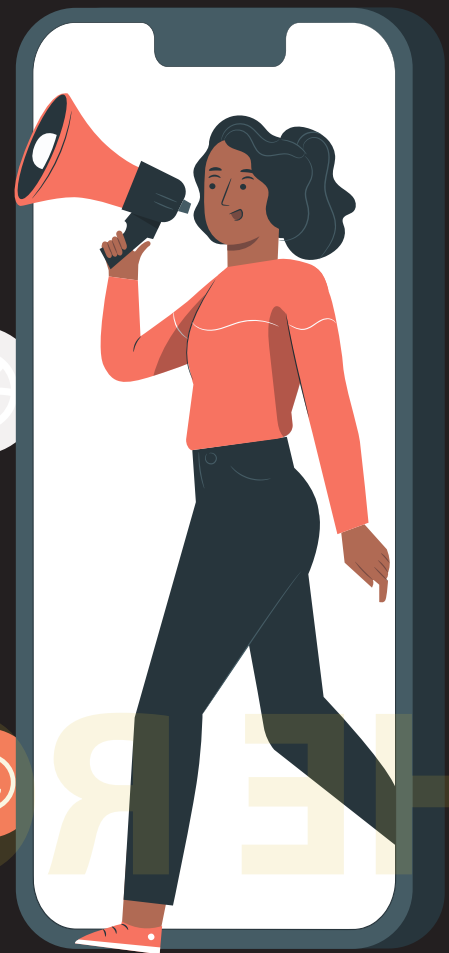


THE ROLE OF MEDIA

THE ROLE OF MEDIA

Throughout the COVID-19 pandemic, Plan International and partners have been continuing to raise vital awareness of the need to protect girls from FGM. In Somalia, this has included broadcasting radio messages about the devastating consequences the practice can have on girls' health, making it clear that it is not required by religion and calling on communities to stop the practice. Mainstream newspapers and television reports, SMS messaging and the full range of social media, theatre productions, and television and radio melodramas crucially shape conversations about FGM/C and accelerates the shift in social norms. There have been attempts to start WhatsApp groups to support each other on clinical issues, and compare notes and experiences as expert witnesses on FGM court cases.

In Somalia, campaigning against marriage can be conveyed by broadcasting of messages on radio, newspapers, text messaging and social media platforms (promoting the culture of peace, co-existence and respect for women and young girls).



CONCLUSIONS AND RECOMMENDATIONS

FGM

STRONG LEGAL FRAMEWORK A MUST

Providing a legal framework which bans FGM will empower families and communities to stand firm and refuse to let their daughters be cut, putting an end to this gross violation of human rights. There is need for collective renewal of commitments to ending this harmful practice including working with all stakeholders to change attitudes so that the next generation of girls can live healthier lives.

ROLE OF RELIGIOUS LEADERS

It is important to involve the religious leaders as most women believe that FGM is necessary for religious purposes. Equitable access to education, healthcare and employment opportunities accelerates the elimination of FGM. The urgency and role of women in society must be enhanced on all fronts. Putting an end to FGM is a fundamental pillar of Somalia's development agenda. Raising awareness not only on the harms of the practice but on the work being done to end it will contribute to shift to the elimination of the practice³¹. The religious leaders in Puntland, Somalia advocate for the abandonment of all types of FGM. Various strategies have been adopted in engaging and mobilizing Somali religious leaders in all three regions to address issues relating to the practice of FGM, particularly in light of the widespread perception among their followers that it is a religious requirement.

AWARENESS CAMPAIGNS

It is important that we raise awareness in schools. Some of the girls think that it is customary and normal for them to be married off at a young age. However, when they are shown the negative impact of being married at a younger age, they will be more likely to resist the practice and appeal to the authorities when necessary.

There is need for further research to better understand:

- *The relationship between women's decisions to stop or continue FGM, and their desire for sexual morality, acceptable sexual behaviour, and femininity.*
- *The association between FGM and women's sexuality, especially whether and how FGM reduces sexual desires and/or alters sexual response.*
- *Men's knowledge and perceptions of FGM and their potential role in efforts to encourage abandonment of the practice.*
- *Trends in the practice within different age and social groups and what led to changes.*

The Government of Somalia should pass the zero tolerance for FGM legislation and the Sexual Offences Bill to act expeditiously to end the practice and protect the rights of girls and women.

FUNDING CAMPAIGNS

Somalia must set the legal age of marriage at 18 regardless of gender. There is need for increased funding of education, to ensure national COVID-19 plans respond to more than just the health crisis – they must make education a priority and ensure safe and accessible education for every child. Children who return to school should be able to do so safely, with access to school meals and health services.

EDUCATION

Curriculums must be adapted so that children can make up for their lost learning. Increasing access to education and changing the mind set can end child marriage in Somalia. Boosting employment opportunities for the youth should go together with access to education. Creating vocational schools where youth and unemployed adolescents can develop technical skills that are competitive in the jobs market, can give them the opportunity to pursue careers and make a living rather than ending up in an inadvertent marriage.

MULTI-SECTOR APPROACH

Fighting against child marriage in Somalia requires work across all sectors, from the public and private to academia and individuals at all levels. Understanding the complex drivers behind the practice in different contexts as well as adapting interventions accordingly is clearly necessary. The Somali government, with the help of community leaders, traditional elders and religious personalities should come together and raise nation-wide awareness on the importance of educating children, especially girls, and inspiring them to live fulfilled lives through self-reliance.



CONSTITUTION REFORM

Somali leaders should proceed with the constitution amendment that will increase allowance for abortion than only saving the life of the mother but allow safe abortion under certain conditions such as pregnancy due to rape.

GROWING FEMINISM

There is a need to support the works of local feminist groups and gender rights and justice advocates so that they can change attitudes and minds to stop the perpetuation of a culture of silence around the issue of abortion. The strengthening of education and exposure to new ideas and social mobilization to demand for relaxation of socioeconomic, religious and legal limitations surrounding abortion especially in cases of unwanted pregnancies arising from rape and defilement. Somalia should pass legislation to allow survivors access to abortion services. This will eliminate those barriers that prevent women surviving sexual violence from receiving safe abortion. Additionally, the government must provide safe health services and facilities for termination of a pregnancy when it is safe to do so³².

DOCUMENTATION

Data on prevalence and patterns, which have been lacking in Somalia, is an important tool to engage various government agencies, policymakers and international partners in addressing this issue through budgetary allocation and prioritization to support the efforts towards fighting sexual violence and supporting women's right to an abortion. Training of qualified police, medical, legal staff and popularizing among health and social services providers and the police, including integration into medical and legal training curricula, and among the general public, to heighten awareness of the rights of rape survivors to such services.




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Strong Legislation To Protect Women & Girls' Rights is A Must

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Somalia

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