

Assessing the Knowledge and Attitude among Somali Men in King County  
Towards Female Genital Mutilation

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Abstract

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**Abstract: Background:** Female Genital Mutilation/Cutting is practiced in many African countries. Somalia has the highest prevalence in world, where almost all women are subjected to the practice. FGM/C, which is deeply rooted practice in some cultures, has long and short-term health complications on women who undergo the practice. Many communities originating from FGM/C prevalent countries reside in the U.S., therefore, the risk of girls undergoing FGM/C is high. The purpose of this study was to assess the knowledge and attitude among Somali men in King County towards Female Genital Mutilation/Cutting (FGM/C). **Methodology:** This qualitative was carried out in King County Washington between October 4, 2015 and June 6, 2016. Sixteen in depth interviews and two focus group discussions were conducted using snowball sampling. The participants were Somali men between ages of 23 and 60. Data was collected using questionnaires for both the in depth interviews and focus group discussions. **Conclusion:** This assessment was able to determine some of the knowledge and attitudes of Somali men in King County towards female genital mutilation. Knowledge about illegalization and awareness of FGM/C's health implications on women seemed to have played a large role in shifting men's attitudes during and after migration to the US; therefore, resettlement programs that focus on these aspects in their outreach may be more effective in changing practices.

## 1. Background

According to the World Health Organization (WHO), Female Genital Mutilation consists of procedures that fully or partially remove external female genitalia, causing injury to the women's reproductive organs without any medical advantage [1]. This practice of Female Genital Mutilation (FGM), also known as Female Genital Cutting (FGC), or Pharaonic circumcision is considered as a traditional practice in many countries including Sub-Saharan Africa, Malaysia, Indonesia, and Arab countries [2]. UNICEF estimates that, worldwide, 125 million women are subjected to FGM/C while 3.3 million girls are at risk of undergoing the practice each year [3].

FGM/C is generally classified into four types: type I, also known as clitoridectomy, which consists of a complete or incomplete removal of the clitoris; type II, also known as excision, which consists of the removal of the labia minora in addition to a complete or incomplete removal of the clitoris; type III, also known as infibulation or Pharaonic circumcision, and which consists of the removal of the clitoris, both the labia minora and majora, and narrowing or sealing the vagina; and type IV, also known as symbolic circumcision, which is less invasive and consisting of pricking, piercing, scratching, or scraping of the clitoris area [4].

In many communities where FGM/C is practiced, it has a deeply held cultural significance with reasons varying from beliefs of religious cleanliness, rite of passage, esthetic, purity, a strategy to preserve women's virginity for marriage, and maintaining the family's honor within the community [5, 6]. The practice is also known to cause both short- and long-term negative health impacts to the girls and women who undergo it. Short-term health risks include

bleeding, pain, traumatic experiences, and infection. For the long term, women may experience persistent pain, menstrual and obstetric complications, stillbirth, and death [2, 3]. Women who undergo FGM/C may also continue to suffer from severe physical, psychological, and sexual complications [7].

Somalia has one of the highest prevalence of FGM/C in the world, estimated at 98% of women experiencing at least one form of FGM/C [1]. The practice tends to be subjected on girls between ages 4-11 [8]. The World Health Organization estimates that in Somalia, 80% of girls undergo type III FGM/C (infibulation), while the remainder undergo type I [9]. The practice is widely accepted throughout the country and is regarded as a means to fulfill religious, cultural and social expectations. Uncut women are seen as unclean and unfit for marriage, and social and peer forces perpetuate the practice [4]. A failure to perform FGM/C on a girl is perceived to have detrimental impact on one's status in the community [7].

While there is extensive literature on FGM/C, most qualitative studies focused extensively on women's perceptions. Little is known about men's perception of the practice and specifically their views regarding its continuation of the practice. Nonetheless, there is wide speculation that men are part of the FGM/C's continuation. For instance, in countries where FGM/C is practiced, the desire of men to marry women who were cut is perceived as a dominant force encouraging the practice [7]. Additionally, groups who advocate against FGM/C suggest that men's role in the continuation of the practice is important. Feminist discourse sees FGM/C as a symbol of male domination as well as a human rights violation, in which men subject their daughters to FGM/C in order to generate money through high bride price [11]. It is also

suggested that men, on the one hand abandon practices that do not benefit them, but are more likely to maintain practices that undermine and violate women's rights [12].

Other research argues that men are more likely than women to advocate against FGM/C, and thus promoting prevention of the practice [7]. Men who fully comprehend the negative health consequences of FGM/C are said to be at the forefront in prevention efforts [6]. Also, education of men has been a significant indicator of men's support for abandonment of the practice. Programs that encourage men's advocacy and engage men and women in discussions about the negative consequences of FGM/C on women's health also facilitate abandonment [10].

With an increase in the movement of people worldwide, and the growing number of refugees and displaced populations, FGM/C has become a global phenomenon, and harm reduction of the practice has become a global priority [13]. Little is known about effect of migration on knowledge and attitude towards FGM/C, particularly among men. A study conducted in 2009 in Sweden among Ethiopians and Eritreans suggest the populations abandoned the practice once they integrated into their host nation. Participants were said to not find any usefulness of the practice [14].

As in many countries in the global North, FGM/C is illegal in the United States and federal law prohibits its practice within the U.S as well as the intentional relocation of girls out of the U.S. to subject them to FGM/C. In addition to the federal law, 23 states prohibit FGM/C practice. Despite FGM/C being illegal in the United States, there is renewed interest and concerns about its practice in the country. Equality Now, a non-profit organization that advocates against FGM/C, is looking into holistic approaches that include child safety, prevention of FGM,

and provision of services to the victims of the practice as well determine the prevalence of the practice in the U.S. [15]. Estimates from a 2012 study in the US determined that 513,000 girls were at risk of FGM/C. Estimation was based on prevalence of FGM/C in the home of origin. Amongst the estimates at risk, 12% are originally from Somalia [16].

Most Somalis currently living in the United States arrived as refugees or asylum seekers. According to 2010 U.S. Census estimates, 76,000 Somalis lived in the United States [17]. The Seattle-Tacoma-Bellevue metropolitan area in Washington State has the third-largest Somali population in the United States, with about 7,850 residents in 2012 [18].

This exploratory study aims to assess the knowledge and attitude among Somali men in King County, Washington towards FGM/C. The study focuses primarily on answering the following two questions:

1. What is the attitude and knowledge of Somali men in King County towards Female Genital FGM/C?
2. What factors influenced their knowledge and attitude towards FGM/C?

## **2. Methods**

### *Sampling Strategy and Recruitment*

This study was conducted between October 4, 2015, and June 6, 2016, in King County, Washington. Participants were recruited from the cities of Seattle, Tukwila, SeaTac, Kent and Des Moines. To be included in the study, the participants had to be Somali men between the ages of 23 and 60 years and must have lived in the United States for at least two years. Given that the

practice of FGM/C is illegal in the US, and people might be scared to speak openly about the practice with people they are not familiar with, snowball sampling was used to recruit participants for the study. Snowball sampling is a strategy in which participants support the investigator to find the next participants for the study [19]. Coming from the community, the PI, who is Somali, understood the sensitivity of the topic as well as the importance of creating trust with participants for meaningful discussions to occur.

A total of sixteen (16) men were recruited for individual in-depth interviews and 12 men were recruited for two focus group discussions (FGDs). There were six men in each focus group discussion. The PI informed the participants about the purpose of the study and explained that their participation was voluntary, that they could withdraw from the interviews any time they wished, and their personal information such as names, phone numbers, address, or any other identifiers will not be shared with any other person. Qualitative data was de-identified prior to analysis. University of Washington's Internal Review Board approval was sought and granted before starting the study.

The study participants were recruited from two age groups: younger men (23-34) and older men (35-60). We felt that younger men may feel more comfortable and speak more openly around men of similar age, especially for the focus group discussions where sensitive topics were discussed.

Somali men who lived in the United States less than two years were excluded from participating in the study on the grounds that they may not have had time to sufficiently integrate into US culture or have been exposed to factors such as culture and illegalization of the practice.

Somali men born in the United States were also excluded because the study seeks to examine the effect of migration on knowledge and attitudes, and US-born men did not experience a culture of FGM/C in Somalia to compare with their experience in the U.S.

### **Demographic information**

The table below shows some of the characteristics of the in-depth interview participants. The characteristics of the participants in the focus group discussions were not recorded for privacy and confidentiality reasons. In the focus group discussions, unlike the individual interviews, people could hear what others say, so we thought some might feel comfortable sharing some personal information such as age and number of children with others.

	23-34 Years Old (n=8)	35-60 Years Old (n=8)
Mean Age	26	46
Mean Years in U.S.	8 (range: 2-17)	8 (range: 2-12)
Mean Number of Children	1 (range: 0-4)	7 (range: 1-24)
<High School Education	1	3
High School Completed	2	4
College Level	5	1
Married	3	7
Single	5	0
Divorced	0	1
<b>Total participants</b>	<b>8</b>	<b>8</b>

### **3. Data Collection and analysis**

The data was collected using semi-structured questionnaires for both in-depth and focus group discussions. Once the suitability of the study questions were agreed upon, the PI translated the questionnaires into Somali language. The PI is fluent both in English and Somali.

The in-depth interviews were conducted in convenient places, mostly at the interviewees' homes. The FGDs were conducted at the house of one of the interviewees where all participants felt comfortable to attend.

For the in-depth interviews, the PI took notes and recorded the interviews when the participant felt comfortable being recorded. When the interviewees did not agree to be recorded, the PI only took notes during these sessions. Six out of sixteen in-depth interviews, and one focus group discussion were recorded and transcribed.

Interviews were conducted in Somali and notes were taken simultaneously in English. Recorded interviews were later translated and transcribed into English. The data was analyzed looking for themes and categories. The analysis was an iterative process, which involved visiting data back and forth to identify repeating themes and categories.

### **4. Results**

Several themes came up in the in-depth interviews and focus groups discussions. These themes will be discussed under *attitude and knowledge* and *influencing factors of attitude and knowledge change*.

## ***Attitude and Knowledge***

### *Theme one: Importance of FGM/C*

Some of the participants viewed positively the practice of FGM/C because of cultural significance. For instance, six of the respondents both in young age group (23-34) and older age group (35-60) expressed the importance of the practice among Somali men. They stated that FGM/C makes the vagina tight, helps men know whether a girl is virgin or not, and reduces the possibility of sex before marriage.

*Men prefer women who underwent FGM because the vagina is tight [Young man, in-depth interview].*

*Usually men may prefer girls who underwent FGM because they can check whether she is virgin or not [Older man, in-depth interview].*

*I still favor it [FGM/C] because it is a religious practice [Young man, in-depth interview].*

The remaining participants both in the young and older age groups did not state favorable attitude to the practice.

### *Theme two: **Health implications***

In general, most of the participants expressed knowledge about short- and long-term health consequences of FGM/C on girls and women. They viewed the practice negatively because of its health repercussions on women who undergo it. Interviewees cited menstrual and birth complications, back pain, stillbirth and infection as some of the major health issues that arise from the practice. They saw the practice as harmful and unnecessary.

*We have practically seen the problems it causes to girls...they may have menstrual complications, worst of all; some may have complications during birth and affect their reproductive organs [Young man, FGD].*

However, not all the respondents reported knowledge of ill health effects of FGM/C.

*...It does not cause any problem to the girls. [Older man, in-depth interview]*

### ***Theme three: Effects on Women's Sexual Responsiveness***

Another theme that men cited in the individual interviews and FGDs was that women who have undergone FGM/C are sexually unfulfilling to men. Most of the young men and older men interviewees said that women who have not experienced FGM/C are more sexually desirable and responsive.

*I feel now when I am [older] that I am missing something in my marriage life. I want to marry a woman who has not undergone FGM (Pharaonic), has all the sensitive organs, she will be respectful and understanding. If a woman has Pharaonic circumcision, she marries to have children, but not out of sexual desire, she has less desire for sex [Older man, in-depth interview].*

The issue of how FGM/C affected women's sexual responsiveness recurred throughout the interviews between the two age groups and also in the focus group discussions. Women who have not undergone FGM/C were said to be more sexually fulfilling in bed and value the relationship of their partners. Some of the participants connected the trauma, pain and ongoing health challenges faced by women as a result of FGM/C.

*They [women] always worry about future sex and live with trauma, feel hatred towards those who subjected [FGM] to them. They may develop hostility towards their children and other family members [an old man, FGD].*

*Theme four: Relationship of FGM/C to Somali culture and Islam*

Some participants stated that Islam does not allow FGM/C, saying that it was neither mentioned in the Quran nor the teaching (*hadith*) of the prophet. The practice, they said, violates the Islamic teaching (*sharia*) and causes bodily injury to the women. They stressed that culture, not religion, condones and perpetuates the practice.

*We, Somalis, are 100% Muslims, our religion Islam and sharia, do not allow female genital mutilation, it is forbidden, but there is cultural practice, Somali culture that continues and encourages Female Genital Mutilation. But we understand its problems and how it affects girls... It is based on long existing culture [Older man, in-depth interview].*

Other participants spoke of the importance of FGM/C to the religion of Islam. They stated that the practice of FGM is a religious obligation that girls should undergo.

*I always view it from religious perspective. I still favor it because it is a religious practice [Young man, In-depth interview].*

*It is a religious practice and girls should undergo Sunna circumcision. Uncircumcised woman is not different from other women in other faiths [Young man, in-depth interview].*

*In my opinion, the Sunnah type of FGM should continue because it is our religion [Older man, in-depth interview].*

*I will circumcise my girls (when I grow up) because it is a religious obligation. This practice is deeply rooted in the culture and cannot go away [Young man, in-depth interview].*

Some participants, however, discussed that Islam permits less invasive circumcision to be done to girls. They suggested that infibulation or Pharaonic circumcision originated from King

Pharaoh of Egypt and was intended to control women's sexuality and reproduction. Six (6) among the interviewees expressed that Sunnah circumcision, a practice in which the clitoris is partially cut [20], as part of the Islamic practice, does not cause injury to the women and girls.

*Sunnah circumcision is accepted in Islam, but not FGM [Young man, in-depth interview].*

*Sunnah circumcision is a religious practice, but FGM is not important because it is unnecessary surgery, and has health problems: birth complications, and menstrual problems [Young man, in-depth interview].*

### ***Effect of Immigration on Knowledge and Attitudes of FGM/C***

#### ***Theme five: Experience in refugee camps***

Most study participants fled from Somalia into neighboring countries in East Africa before coming to the United States. In those neighboring countries, participants who lived as refugees said that they were exposed to anti-FGM/C campaigns from non-profit organizations in early 1990s. These campaigns targeted schools, community leaders and the entire communities.

*The change has been going on, I think, it started when the civil war began and people fled from Somalia to other countries, got educated and got exposed to other cultures [Young man, FGD].*

*The NGO's played important roles, made tangible progress on this topic starting from early 1990's [Older man, FGD].*

Some participants stated that they are exposed to community-organized campaigns in some parts of Somalia when they visit.

*In 2012, I went back to Somalia and met Somali people who did not come from abroad, who did not work for NGO, comprising religious leaders, health professionals, put big*

*microphones on top of a car campaigning against FGM. They were educating the public about the negative consequences of FGM. The second day, during the Friday prayer the imam talked about FGM in his summons [Older man, FGD].*

**Theme six: Legal Context in the United States**

Nearly all interviewees said that they understood that the practice of FGM/C is illegal in the United States and anyone found practicing FGM/C could face jail. Illegalization came up in the discussion more often than any other factor. All participants seemed to be familiar with US anti-FGM/C laws.

*I know it is illegal and anyone who practices [FGM] will automatically go to jail [Young man, in-depth interview].*

*It is illegal and cannot be practiced here in the United States [Older man, in-depth interview].*

When asked whether the US government should play a role in regulating FGM/C, participants gave mixed responses. Some stated that the government should not be involved in a religious and cultural practice of the community. Therefore, the government should stay out of the cultural practice, which, they say, existed for a long time in the community.

*The government should not interfere because it is our culture and our religion. [A] married Indian woman has a mark on [her] face which symbolizes she is married in their culture; so do FGM symbolizes our culture [Older man, in-depth interview].*

*The government should stay out of the religion. The practice has been in existence for hundred years. Stay out of it [Young man, in-depth interview].*

*It [the US government] cannot be involved because the practice happens in Africa [Young man, in-depth interview].*

Others interviewees stated that the U.S. government should continue its involvement in regulating the practice of FGM/C, including in Africa.

*They should help those back in Somalia who undergo FGM [Young man, in-depth interview].*

*The government should create more awareness and educate the public on the negative health impact of FGM [Older man, in-depth interview].*

*The government should enforce its laws on FGM and never allow any FGM practice [Older man, in-depth interview].*

***Theme seven: Cultural Context in King County, United States***

Participants largely agreed that girls in King County, WA are not at risk of any type of FGM/C. They stated there were no cultural and societal pressures in those communities that necessitated the practice.

*Girls in Seattle do not undergo FGM. They are in a safe place where no one can violate their human rights like FGM. Even Sunnah circumcision is not done to them [Young man, in-depth interview].*

*Girls growing in Seattle are different from other girls because they are protected from the injury of FGM, their health is intact and they are safe from the damage of FGM that would have affected their growth [Young man, in-depth interview].*

*Girls in Seattle in Seattle escape FGM practice, as they are not circumcised, they are healthy compared to those who undergo FGM [Older man, in-depth interview].*

Participants also mentioned that illegalization impacted the availability of practitioners, mostly elderly women, who most often perform FGM/C to girls back in Somalia. As a result of anti-FGM/C laws in the US, they said that there are no practitioners in King County.

*Women practitioners who used to perform FGM/C are no longer available in Seattle, therefore, this adds to the abandonment of the practice [an old man, FGD].*

## **5. Discussion**

The Somali men interviewed in this study provided varied opinions of FGM/C when it comes to cultural significance of the practice. Over one third, of the participants both in the young and older age group expressed positive attitude towards the practice. They mentioned how the practice enables men to check the virginity of the women, reduces sex before marriage and promiscuity. The practice, which is widely practiced among the Somali communities, is believed to increased marriageability, discourage sex before marriage and reduce promiscuity and that men prefer women who underwent FGM/for these reasons. Furthermore, it is assumed that FGM/C cuts off sensitive organs from the women and therefore reduces their sexual desires.

The participants differentiated types of FGM/C and stated preference for Sunnah type, which they claim does not cause major problems unlike infibulation (Pharaonic). The men who participated in this study stated infibulation was perpetuated on the basis of culture, while Sunnah is a religious practice. Sunnah type was seen as different from infibulation and less invasive. They favored Sunnah type and stated it is part of Islamic culture. It should be noted that these participants were only familiar with Pharaonic and Sunnah type FGM/C.

Most participants understood very well the health implications associated with FGM/C, and this understanding played an important role in their opposition to continuation of the practice. They mentioned pain, menstrual and obstetric complications, stillbirth, infection and death resulting from FGM/C. Their increased knowledge about the practice played significant role in shifting their attitudes. Women who were subjected to FGM/C, particularly infibulation, face health complications for a long term. When men understand the experiences of the women; they tend to develop empathy for their challenges.

Another finding was that participants understood these health implications, including the trauma and pain caused by FGM/C, lives with the women forever. The said it begins during pharaonic circumcision, recurs when they get married, have babies and get re-infibulated. Such recurring pain and suffering may cause women to develop less desire for sex and inability to forge a strong and healthy relationship with their partners.

Similarly, men who were interviewed stated that they prefer women who have not undergone FGM/C. They perceived such women to be sexually desirable. This perception comes from the notion that women who were subjected to FGM/C had their sexual organs mutilated, therefore, may not be as sexually fulfilling as women who did not experience FGM/C. It was, in fact, surprising to see Somali men who came from a country in which the practice of FGM/C is deeply entrenched in the culture so rapidly shift their preference to something completely different and contrary to the norms of the Somali culture.

Immigration into the United States, in which FGM/C is illegal, played significant role in shifting against FGM/C. All the participants were well versed with US regulations that outlaw FGM/C and the consequences one might face in practicing it in the United States. As a result, illegalization seemed to be a strong factor influencing an attitude shift among the Somali men in the study sample, and possibly a factor tied to participants' observations that Somali girls in Seattle no longer undergo FGM/C. Even before coming to the United States, Somalis were exposed to non-governmental organizations, which campaigned against the practice, created awareness and educated the public about the harmful consequences of the practice.

Although most of the participants understood the legal status of the practice in the U.S., they expressed mixed feelings towards the involvement of the government against the practice. Some suggested the government should enforce its laws on FGM/C, educate and create awareness about the harmful nature of the practice as well support countries in Africa. However, others were not receptive to government involvement and stated that the government should not interfere with a cultural and religious practice. Somalia has been without a functional government for most of the participants' lifetime, therefore, having a government regulating a traditional practice might be seen a huge change.

## **7. Limitations**

The use of snowball sampling may have limited the variety of responses from the Somali community in King County; therefore these results are not generalizable to King County, Washington State, or the U.S. in general. The study was designed, planned, conducted and analyzed by one person, the principal investigator; therefore, his biases and life experiences may

have influenced data analysis and interpretation. The participants were generally highly educated, which may not be representative of the general Somali population living in King County. Social desirability bias in participant responses may have played a role since there is stigma and taboo around FGM/C in the U.S. Participants may have given more negative responses about the practice to be more social acceptable to the PI and other FGD participants.

## **8. Conclusion**

This assessment was able to determine some of the knowledge and attitudes of Somali men in King County towards female genital mutilation. Knowledge about illegalization and awareness of FGM/C's health implications on women seemed to have played a large role in shifting men's attitudes during and after migration to the US; therefore, resettlement programs that focus on these aspects in their outreach may be more effective in changing practices. Further research with a larger sample should be conducted to assess the attitude and knowledge among men originating from other FGM/C practicing countries. The attitude of Somali women should also be studied to see whether their attitude is comparable to that of the Somali men.

## **8. Acknowledgement**

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