

TERRE DES FEMMES – Human Rights for women e. V.

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Mission Statement of TERRE DES FEMMES

TERRE DES FEMMES (TDF) is a German non-profit women's rights organisation, founded in 1981 in Tübingen. Our vision is equal rights, self-determination, and freedom for girls and women around the world, while holding equal and inalienable rights regarding all aspects of life. We serve in the field of gender-based violence, with a commitment of promoting a world in which females are in control of their own life, regardless of individual background. TDF deals with a variety of subjects through its five focus areas: Female Genital Mutilation (FGM), honour crimes, domestic violence, women trafficking, and virginity myths. We raise public awareness by means of education and advocacy, campaigning and lobbying, international networking, and individual personal assistance. We also promote a number of independent and local self-help projects abroad.

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Somalia

TERRE DES FEMMES submission to the UN Universal Periodic Review 24th session of the UPR working Group

Female Genital Mutilation (FGM) practices in Somalia threaten women and children rights due to the absence of explicit laws and lack of support of social movement addressing FGM

Abstract

1. Somalia, a hostage of about 10.50 million people is situated in Africa and bounded by the Indian Ocean on the east, Diibouti in the northwest, and Ethiopia in the west and Kenya in the southwest. The country is recognized as a culturally, linguistically, and religiously homogenous society. Around 85% of its people are ethnic Somalis, who have inhabited the region historically, most of who are Muslim Sunnis². Given the past two decades and considering the chronology of events that have taken place³, the country can be classified as a failed state, characterized by the breakdown of basic service delivery and systems of governance, including rule of law institutions. There is a lack of harmony between traditional settings and modern statehood, which involve the Islamic sharia, customary and modern law⁴, yet the former commonly influences the way of life even up to date. As a result, the human rights situation, particularly women and children rights conditions are far more complex. Country reports on human rights practices for 2013 indicate severe human rights abuses including "violence and discrimination against women and girls, including rape and female genital mutilation/cutting (FGM/C)^{\(\)5} The 2012 UN report also confirms, "women are exposed to various forms of gender and sexual violence including rape and sexual assault, forced marriage, and public beatings. In Al-Shabaab controlled areas, girls are routinely taken from their families to be forcefully "married" to Al-Shabaab fighters, or offered as "rewards" for men who have volunteered to be suicide bombers". Worse still, is that these girls must be virgins through mainly type III (infibulations, also called Pharaonic circumcision the most extreme form), before any sexual encounter takes place. Only in the presence of female members from the bride and groom's families, is the closure re-opened either

¹World Bank, Somalia, http://data.worldbank.org/country/somalia. Retrieved on 14. June 2015

² http://worldpopulationreview.com/countries/somalia-population/

³ BBC News, Somalia profile-Timeline, 05. May 2015. http://www.bbc.com/news/world-africa-14094632. Retrieved on 14. June 2015

⁴ Human Rights Council (2011), National report submitted in accordance with paragraph 15 (a) of the annex to Human Rights Council resolution 5/1: Somalia, http://lib.ohchr.org/HRBodies/UPR/Documents/Session11/SO/A HRC Wg.6 11 SOM 1 Somalia E.pd paragraph 20. Retrieved on 17 June 2015

⁵ Bureau of Democracy, Human Rights and Labour; Country Reports on Human Rights Practices for 2013. Somalia, http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm#wrapper. Accessed on 14. June 2015

⁶ Paragraph 99, p.28, http://www.somaliareport.com/downloads/UN REPORT 2012.pdf. Retrieved on 14 June 2015

through sexual intercourse or by a cut made by a senior female member of the community, to allow sexual intercourse⁷, thus verifying that the bride is a virgin at the time of marriage.

- 2. In the 2011 UPR, the government submits that FGM is widely spread and almost all women and girls are subjected to the practices. It further informs that a large number of people are making their living on FGM; despite the existence of the Somali Penal Code covering "hurt", "grievous hurt" and "very grievous hurt", even upon realisation that the practices are also forbidden by Islam⁸. Following, 98% of women aged 15-49 years have been mutilated, with 78% accounting for infibulations⁹ (the most radical form, with the most dangerous health effects).
- 3. This submission thereby intends to highlight on the FGM situation in Somalia. It has been instigated by the fact that among country reports that have been forwarded to the International Human Rights Committee in the past years, there is none that explicitly addresses FGM, yet it is a global challenge and above all, threatens the lives and rights of Somali's women and girl-children. Compilation of this report is highly research based, taking into consideration the last Country Universal Periodic Review (UPR) and its recommendations, 10 several other country reports about Human Rights and the current developments¹¹. TERRE DES FEMMES demands that the Office of High Commission for Human Rights and its committee will urge and put pressure on Somalia to come up with explicit laws against FGM and also strengthen other strategies, to address this specific rights violation, just like the other 25 African countries have done. Progress towards FGM abandonment may contribute to the empowerment of women (MDG 3), an improvement of maternal health (MDG 5) and a reduction in child mortality (MDG 4). However, taking its effects into consideration, if this particular gender based violation is ignored, there is a risk that the Millennium Development Goals or the post 2015 Sustainable Development Goals¹² will remain far away from being realised.

Background information

4. FGM practices include less to extreme forms of genital mutilations (clitoridectomy, excision, infibulations respectively and any other form of genital injuries)¹³, which are done

http://lib.ohchr.org/HRBodies/UPR/Documents/Session11/SO/A HRC Wg.6 11 SOM 1 Somalia E.pd f. Accessed on 17 June 2015

⁷ See Edna Adan University Hospital, http://www.ednahospital.org/hospital-mission/female-genital-mutilation/, retrieved on 15.06.2015

⁸ Paragraph 52, p. 10,

⁹ UNICEF (2013) Towards abandoning female genital mutilation/cutting in Somalia for once, and for all, http://www.unicef.org/infobycountry/somalia 68110.html. Accessed on 18.06.2015

OHCHR. Universal Periodic Review Somalia, http://www.ohchr.org/EN/HRBodies/UPR/PAGES/SOSession11.aspx, Accessed on 17 June 2015

¹¹ Bureau of Democracy, Human Rights and Labor; Country Reports on Human Rights Practices for 2013. Somalia, http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm#wrapper. Accessed on 14. June 2015

¹² 2015 Time for Global Action, https://sustainabledevelopment.un.org/index.php?menu=156, Accessed on 18 June 2015

¹³ See WHO 2008: Eliminating female genital mutilation. An interagency statement - OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO.

for none therapeutic reasons. The practice is a social tradition shared by people in 28 African countries, but also common in some parts of Asia and the West. In Somalia, infibulations (the extreme form that involves narrowing of the vaginal opening through the creation of a covering seal¹⁴, with a very small opening left only to pass urine and menstrual blood) is common and performed mainly on children aged 4-10 years¹⁵. Justifications for undergoing FGM involve purification, cleanliness (religious reasons) and the maintenance of virginity and fidelity before and after marriage (cultural reason). The practices are long standing among the Somalis, and have been passed on from generation to generation, with the major aim of taming female sexuality.

FGM, a health challenge and a human rights violations

5. Upon marriages (usually between 14-17 years), girls face painful de-infibulations through sexual encounters from their partners. Marital rape is also common because girls/women do not want to give in willingly as a result of fear of pains, commonly leading to marriage break ups. Men themselves have admitted how hard and painful it is to have sexual intercourse with infibulated females, and females have shown worries on their first days of marriage, upon conceiving and at childbirth, as a result of fear of further de-infibulations and re-infibulations¹⁶. Immediate health effects include severe pain, shock, haemorrhage, tetanus or infection, urine retention. Long-term consequences include anaemia, the formation of cysts and abscesses, keloids, scar formation, HIV infections-risks, childbirth problems permanent psychological effects ¹⁷.

6. Besides, the practices violate civil, cultural, economic, political and social rights as codified in several international (Convention against Torture, Convention on the Rights of a Child, CEDAW, etc.) and regional treaties (Banjul charter, Maputo protocol). Moreover, a series of complementary human rights political consensus documents, such as those resulting from the United Nations world conferences (like the Beijing Declaration and Platform for Action of the Fourth World Conference on Women; General Assembly Declaration on the Elimination of Violence against Women; The International Conference on Population and Development (ICPD)) and summits call upon governments to strive for their full respect, protection and fulfillment. The international community is thereby committed to take all possible measures to abolish FGM, and has called upon specific governments to take actions (including law enactment) that can feasibly be taken towards ending the practice¹⁸. CEDAW general recommendation No.14 expresses the Human rights committee's concern over the continued practice and urged governments to support efforts of eradicating FGM as a custom. However, despite the international efforts to address FGM, Somalia has proven adamant to take any possible measures.

¹⁴ For FGM definition and classifications see WHO (2014): Female Genital Mutilation, fact sheet No 124. http://www.who.int/mediacentre/factsheets/fs241/en/. Retrieved on 18.05.2015

¹⁵ Ismail EA (2009): Female Genital Mutilation Survey in Somaliland. Hargeisa: Somaliland: Edna Aden Maternity and teaching Hospital, 2002-2009

¹⁶ Gele et al (2013): Have we made progress in Somalia after 30 years of interventions? Attitudes toward female circumcision among people in the Hargeisa district. BMC Research Notes 2013 6:122.

¹⁷See more at: http://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-guestions#consequences childbirth, Retrieved on 15 June 2015

¹⁸ WHO: Female Genital Mutilation, a joint WHO/UNICEF/UNFPA statement. Geneva: WHO; 1997; see also Convention on the Elimination of all Forms of Discrimination against Women art. 2, Dec. 18,1979.

- 7. Clearly, FGM violates a series of well-established human rights principles, norms and standards such as; right to be free from gender discrimination, life and physical integrity, health, education, information and child's right.
- 8. The government of Somalia has **not** taken any initiative to sign and ratify most international and regional human rights treaties, apart from only the Child Rights Convention, Banjul Charter, and African Charter on the Rights and Welfare of a Child¹⁹ that fit into the FGM context. Yet, in paragraph 53 of the UPR, The government calls upon the international community to share its good practices, which would be then put into practice to fight FGM. How is this call supposed to be taken seriously, given the fact that there is no any kind of initiative or concern shown, for signing and ratifying the already existing international legal treaties? Moreover the government has not managed to come up with an explicit law addressing FGM. Clearly, there is a lack of political will to address FGM. As a result, the practice is still very much into existence and enforced by both cultural and religious leaders as part of customary and religious laws.
- 9. The government states openly in the country periodic review that the none-existence of health resources possesses a challenge to the increasing health needs of the people²⁰, of which FGM has also highly contributed to. Meanwhile, the government also recognises that its education system is not functioning despite the struggle for its reformations through free education offers for primary and intermediate levels²¹. Although it points out political conflicts as a soul cause of this, further answers to the dis-functioning education programs can be partly traced into early marriages affecting girls, health problems after undertaking infibulations, and other gender discriminative ways that act as strong hindrances towards education attainment.

Abandonment initiatives

10. According to Gere et al²², in the 1970s, the former Somali regime openly took a stance and backed numerous campaigns aimed at eliminating the practice using a variety of approaches. The Somali Women's Democratic Association (SOWDA) was founded to implement anti-FGM projects designed to eradicate the practice in Somalia. However, with the overthrow of the military regime in 1991, all government efforts against FGM collapsed and since then, FGM programmes in Somalia have relied on efforts by international and local women's organizations, but with less success.

Recommendations

11. Somalia must make it a priority to sign and ratify international treaties and conventions protecting human rights, CEDAW inclusive, in order to pave way for the right framework of legally protecting children and women.

¹⁹ International human rights treaties and the Somali republic (1960 – 1991), http://www.somalilandlaw.com/INTERNATIONAL HUMAN RIFHTS TREATIES RATIFIED BY THE SO MALI_REPUBLIC.pdf. Accessed on 18 June 2015. See also http://www1.umn.edu/humanrts/research/ratification-somalia.html.

²⁰ UPR 2011, paragraph 62, http://lib.ohchr.org/HRBodies/UPR/Documents/Session11/SO/A HRC Wg.6 11 SOM 1 Somalia E.pd f. Accessed on 17 June 2015

²¹ UPR 2011, paragraph 64

²² Gele et al (2013): Have we made progress in Somalia after 30 years of interventions? Attitudes toward female circumcision among people in the Hargeisa district. BMC Research Notes 2013 6:122.

- 12. International laws must be followed by the adoption of explicit national laws against FGM. Though laws alone are not enough to eradicate FGM, but they are the most important step of intervention that supports activists working on ground.
- 13. Besides, there is need to enforce implementation of laws, even those provided by the constitution of Somalia. Constitutional laws must not remain paper work, as the case is. They are drawn in order to be effective in protecting the inhabitants of Somalia, women and children inclusive. Gender discriminations for example are covered in the national constitution, and must be as well implemented.
- 14. The education sector must be thoroughly invested into, and any gender imbalance measures hindering girls' participation in education programs should as well be checked upon, hence empowering the mothers of tomorrow, capable of putting an end to FGM once and for all. Illiteracy is sometimes the source of ignorance, which eventually promotes the persistence of harmful traditional cultures. Meanwhile, knowledge is wealth, capable of turning tables round and making a difference!
- 15. Somalia must be willing to render support towards activities against FGM. If possible, a national budget be directed yearly towards social movements against FGM

Conclusion

16. All efforts targeted towards abandonment must also strengthen behavioural sustainability measures.