Abdirizak Hassan Mohamed & Johanna Latvala

Female genital mutilation (FGM)

Awareness and perceptions of Somali men in the Helsinki region, Finland

Finnish League for Human Rights
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Contents

Suomenkielinen tiivistelmä
Finnish summary

Abdirizak Hassan Mohamed & Johanna Latvala: Tyttöjen sukuelinten silpominen (FGM) – Helsingin seudulla asuvien somalimiesten tietoisuus ja käsityksiä. Ihmisoikeusliitto 2020.

Selvitys tarkastelee pääkaupunkiseudulla asuvien somalitaustaisten miesten tietoisuutta ja käsityksiä tyttöjen sukuelinten silpomisesta (female genital mutilation, FGM). Suomessa ei ole aiemmin tehty selvitystä, jossa olisi keskitytty somalitaustaisten miesten käsityksiin tyttöjen sukuelinten silpomisesta. Selvitys osoittaa, että Suomessa asuvat somalimiehet suhtautuvat tyttöjen sukuelinten silpomiseen pääosin kielteisesti ja heidän asenteensa sitä kohtaan ovat muuttuneet huomattavasti kielteisemmiksi Suomessa asumisen aikana. Selvityksen perusteella on kuitenkin tärkeää jatkaa ennaltaehkäisevää työtä erityisesti hiljattain Suomeen muuttaneiden parissa sekä vahvistaa tyttöjen sukuelinten silpomisen kaikkien muotojen ehkäisemistä ja tunnistamista.

Selvitys perustuu 29:n pääkaupunkiseudulla asuvan miehen teemahaastatteluun. Haastattelut tehtiin kesä-elokuun aikana vuonna 2019 ja ne toteutettiin yksilö- ja ryhmähaastatteluina. Osallistujat olivat pääosin 22-40-vuotiaita ja valtaosa oli asunut Suomessa vähintään kuusi vuotta. Viisi osallistujaa oli joko syntynyt Suomessa tai asunut Suomessa pienestä lapsesta saakka.

Tyttöjen sukuelinten silpominen on vakava tyttöihin ja naisiin kohdistuvan väkivallan muoto ja ihmisoikeusloukkaus. Se loukkaa tai voi loukata muun muassa tyttöjen ja naisten itsemääräämisoikeutta, heidän oikeuttaan terveyteen, elämään, koulutukseen, väkivallattomuuteen ja syrjimättömyyteen, sekä heidän seksuaali- ja lisääntymisoikeuksiaan. Kansainväliset ihmisoikeussopimukset velvoittavat Suomen valtiota suojelemaan tyttöjä ja naisia sukuelinten silpomiselta. Maailman terveysjärjestö (WHO) jaottelee tyttöjen sukuelinten silpomisen tekotavan, toimenpiteen laajuuden ja haitallisuuden perusteella neljään eri muotoon.

Selvityksen tavoitteena oli kartoittaa somalitaustaisten miesten tietämystä tyttöjen sukuelinten silpomisesta ja sen vaikutuksista tyttöihin ja naisiin sekä asiaan liittyvästä Suomen lainsäädännöstä. Tavoitteena oli myös selvittää miesten suhtautumista tyttöjen sukuelinten silpomiseen, tyttöjen sukuelinten silpomisen mahdollisia vaikutuksia miehiin ja parisuhteeseen sekä miesten roolia tyttöjen sukuelinten silpomisen torjumisessa. Selvityksen havaintoja ja tuloksia voidaan hyödyntää eri toimijoiden työssä tyttöjen sukuelinten silpomisen ennaltaehkäisemiseksi sekä riskissä olevien tyttöjen ja sukuelinten silpomisen läpikäyneiden tyttöjen ja naisten ihmisoikeuksien ja hyvinvoinnin

edistämiseksi Suomessa.

Lapsuutensa ja nuoruutensa Somaliassa tai Somalimaassa eläneet osallistujat kertoivat, että heidän asenteensa tyttöjen sukuelinten silpomista kohtaan ovat muuttuneen huomattavasti kielteisemmiksi heidän muutettuaan Suomeen. Heidän mukaansa Suomessa vallitseva tyttöjen sukuelinten silpomisen vastainen asenneilmapiiri edistää käytännöstä luopumista. Yhtä melko hiljattain Suomeen muuttanutta osallistujaa lukuun ottamatta kaikki myös tiesivät, että tyttöjen sukuelinten silpominen on laitonta Suomessa. Suomessa syntyneille ja/tai kasvaneille naimattomille nuorille miehille tyttöjen sukuelinten silpominen oli vieras asia, eikä se juurikaan noussut esiin heidän elämässään. He kertoivat toivovansa vaimokseen naista, joka ei olisi käynyt läpi sukuelinten silpomista, mutta tiedostivat, että toimenpiteen läpikäynyt nainen ei ole itse voinut vaikuttaa asiaan.

Osallistujat olivat yleisesti tietoisia sukuelinten silpomisen tytöille ja naisille aiheuttamista terveysongelmista ja suhtautuivat niihin ymmärtävästi. Terveysongelmat vaikuttavat välillisesti myös miesten seksuaaliterveyteen ja -oikeuksiin.

Selvityksen mukaan osallistujat pitivät tyttöjen sukuelinten silpomista kulttuurisena käytäntönä. Tähän selvitykseen osallistuneet olivat muslimeja. Tyttöjen sukuelinten silpominen ei liity mihinkään tiettyyn uskontoon, vaan sitä harjoitetaan eri uskontokuntiin kuuluvien, kuten islamin uskoisten ja kristittyjen parissa. Jotkut osallistujista olivat kuitenkin epävarmoja siitä, mikä on heidän uskontonsa kanta tiettyihin tyttöjen sukuelinten silpomisen muotoihin. Näihin muotoihin osallistujat viittasivat sanalla *sunna*. *Sunnaa* osallistujat kuvasivat yleisimmin niin, että siinä pistetään neulalla klitorikseen, mutta ei poisteta ihoa.

Haastatteluissa esiin tuotu pohdinta silpomisen ja uskonnon suhteesta selittyy sillä, että islamissa sana *sunna* tarkoittaa suositeltua käytäntöä. Termi ei siis liity pelkästään tyttöjen sukuelinten silpomiseen. Osallistujat olivat pääosin sitä mieltä, että islam ei hyväksy mitään tyttöjen sukuelinten silpomisen muotoa. Lähes kaikki kertoivat itse vastustavansa kaikkia tyttöjen sukuelinten silpomisen muotoja. Kaksi osallistujaa kertoi kuitenkin suhtautuvansa *sunnaan* myönteisesti. Kummallakaan miehistä ei ollut Suomessa syntyneitä tyttäriä.

Suurin osa selvitykseen osallistuneista miehistä oli sitä mieltä, että miehillä on tärkeä rooli tyttöjen sukuelinten silpomisen torjumisessa. Monet olivat tehneet vaimonsa kanssa yhdessä päätöksen olla leikkaamatta tyttäriään. Omien tyttäriensä lisäksi miehet olivat vaikuttaneet ulkomailla asuvien sukulaisten asenteisiin kertomalla heille tyttöjen sukuelinten silpomisen haitallisista vaikutuksista. Selvityksen osallistujien mukaan miehet voivat vastustaa silpomista myös nostamalla asiaa esiin omissa yhteisöissään tai mediassa.

Selvityksen löydökset ovat pääosin linjassa viimeaikaisten, esimerkiksi Norjassa ja Ruotsissa asuvien somalitaustaisten miesten ja naisten, tyttöjen sukuelinten silpomista koskevia asenteita käsittelevien tutkimusten kanssa, joskin tässä selvityksessä vastustus kaikkia silpomisen tyyppejä kohtaan oli hieman niitä vahvempaa. Suomen somalien – sekä miesten että naisten – asenteita koskevat niukat olemassa olevat tiedot perustuvat pääosin 2000-luvun alkupuolella tehtyihin haastatteluihin, ja niihin verrattuna tyttöjen sukuelinten silpomisen kaikkien muotojen vastustaminen oli tässä selvityksessä vahvempaa. On kuitenkin otettava huomioon, että perusteellinen aiempi tutkimus

Suomessa asuvien somalitaustaisten asenteista tyttöjen sukuelinten silpomista kohtaan puuttuu.

Selvityksen löydösten perusteella on tärkeää jatkaa ennaltaehkäisevää työtä erityisesti sellaisten henkilöiden parissa, jotka ovat hiljattain muuttaneet Suomeen Somaliasta, Somalimaasta tai jostakin muusta sellaisesta maasta, joissa tyttöjen sukuelinten silpomista esiintyy. On myös erittäin tärkeää, että esimerkiksi sosiaali- ja terveydenhuollon, poliisin sekä varhaiskasvatuksen ja opetusalan viranomaiset ja muut ammattilaiset paitsi tietävät *sunna*-leikkauksista, myös huomioivat sen mahdollisuuden, että kaikki somalitaustaiset ihmiset eivät välttämättä pidä niitä silpomisen muotoina. Selvitys antaa viitteitä siitä, että jotkut somalitaustaiset hyväksyvät *sunnan*. Tästä nousee vakava huoli siitä, että jotkut Suomessa asuvat tytöt saattavat olla riskissä joutua *sunna*-tyyppisen sukuelinten silpomisen uhriksi. Huolta herättää myös se, että kaikilla viranomaisilla ja muilla ammattilaisilla ei välttämättä ole riittävää ymmärrystä kysyä asiasta esimerkiksi asiakkailtaan niin, että kaikki tyttöjen sukuelinten silpomisen tyypit nousisivat vastauksissa esiin. Kaikkien riskissä olevien tyttöjen oikeus ruumiilliseen koskemattomuuteen on turvattava ja jokaisen tytön tai naisen, joka on läpikäynyt minkä tahansa tyyppisen sukuelinten silpomisen, tulee saada tarvittaessa hoitoa.

Ihmisoikeusliitto suosittelee tyttöjen sukuelinten silpomista tai sen riskiä työssään kohtaaville viranomaisille ja muille ammattilaisille sekä muille tahoille seuraavia toimenpiteitä:

- **Viranomaisten ja muiden ammattilaisten, kuten sosiaali- ja terveysalalla sekä varhaiskasvatus- ja opetusalalla työskentelevien sekä muiden toimijoiden tulisi kertoa sekä naisille että miehille tyttöjen sukuelinten silpomisen terveyshaitoista ja Suomen lainsäädännöstä esimerkiksi vastaanottokeskuksissa, päiväkodeissa ja äitiysneuvoloissa pidettävissä ennaltaehkäisevissä keskusteluissa.**
- **Viranomaisten ja muiden ammattilaisten, kuten sosiaali- ja terveysalalla sekä varhaiskasvatus- ja opetusalalla työskentelevien sekä muiden toimijoiden tulisi painottaa asiakkailleen, potilailleen ja palvelujensa käyttäjille, että kaikki tyttöjen sukuelinten silpomisen muodot (mukaan lukien *sunna*) ovat haitallisia terveydelle ja laittomia Suomessa.**
- **Terveydenhuollon henkilöstön tulisi kysyä kaikista tyttöjen sukuelinten silpomisen tyypeistä (mukaan lukien *sunna*) toteuttaessaan velvollisuuttaan ottaa asia puheeksi asiakkaiden kanssa esimerkiksi äitiysneuvoloissa.**
- **Terveydenhuollon henkilöstön tulisi tarjota miehille mahdollisuutta osallistua joihinkin sellaisiin tapaamisiin, joissa puhutaan vaimolle tehtävästä avaus- tai korjausleikkauksesta, mikäli nainen suostuu tähän. On kuitenkin tärkeää varmistaa, että naisilla on mahdollisuus**

myös henkilökohtaisiin tapaamisiin terveydenhuollon henkilöstön kanssa.

- **Terveydenhuollon henkilöstön tulisi tarjota molemmille puolisoille mahdollisuutta osallistua seksuaalineuvontaan tai –terapiaan, jos vaimo on käynyt läpi sukuelinten silpomisen. Asian voi nostaa esiin esimerkiksi äitiysneuvoloissa, lapsivuodeosastolla sekä avaus- tai korjausleikkauksen yhteydessä.**
- **Viranomaiset ja muut ammattilaisten, kuten sosiaali- ja terveysalalla sekä varhaiskasvatus- ja opetusalalla työskentelevät sekä muut toimijat tarvitsevat lisää koulutusta tyttöjen sukuelinten silpomisesta ja sen eri tyypeistä voidakseen tehokkaasti toteuttaa puheeksiotto- ja ilmoitusvelvollisuuttaan.**
- **Poliisi tarvitsee lisää koulutusta tyttöjen sukuelinten silpomisesta voidakseen tehokkaasti tutkia mahdollisia silpomiseen liittyviä rikosilmoituksia sekä osaltaan ennaltaehkäistä väkivaltarikoksia.**
- **Moniammatillista yhteistyötä ja tiedonkulkua eri toimijoiden kuten terveydenhuollon, sosiaalihuollon (erityisesti lastensuojelun), varhaiskasvatuksen, koulutuksen ja poliisin välillä tulisi tehostaa, jotta tyttöjen sukuelinten silpomista voitaisiin paremmin torjua ja riskissä olevia tyttöjä suojella.**
- **Tyttöjen sukuelinten silpomisesta tarvitaan lisää tietoa ja tutkimusta, erityisesti liittyen niiden vasta Suomeen muuttaneiden käsityksiin, joiden lähtömaissa käytäntö on yleinen. Lisäksi** *sunnaan* **liittyvistä asenteista ja käsityksistä tarvitaan lisää ymmärrystä.**

1. Introduction

This study looks at Finnish Somali men's awareness and perceptions of female genital mutilation (FGM). It is based on qualitative data consisting of interviews with 29 Finnish Somali men living in the Helsinki region, Finland.

This introductory chapter presents the definition, types and prevalence of FGM both globally and specifically in Finland. The background, aims, methods and data of the study are also presented in this chapter.

Chapter two discusses men's awareness of FGM and the consequences of FGM to women and girls as well as men's perception of the effects that these consequences may have on sexual life. In addition, the participants' knowledge regarding legislation related to FGM is discussed.

Chapter three presents men's perceptions of FGM, the changes in their attitudes towards FGM and the possible role of FGM when thinking about marriage.

Chapter four discusses men's perceptions of their role in tackling FGM in their family and kin networks as well as in the society on a more general level.

Finally, chapter five presents the findings of the study as well as the recommendations based on these findings.

What is female genital mutilation (FGM)?

According to the World Health Organization, female genital mutilation (FGM) includes all procedures that involve the partial or total removal of external genitalia or other injury to the female genital organs (such as stitching of the labia majora or pricking of the clitoris) for non-medical reasons (WHO 2018, 15). FGM is performed to women and girls and in different ages, but most commonly before the age of 15 (UNFPA 2019a).

According to the classification by the World Health Organization, there are four main types of FGM[1]:

> **Type I:** Also known as clitoridectomy, this type consists of partial or total removal of the clitoris and/or its prepuce.
>
> **Type II:** Also known as excision, the clitoris and labia minora are partially or totally removed, with or without excision of the labia majora.
>
> **Type III:** The most severe form, also known as infibulation or pharaonic type. The procedure consists of narrowing the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or labia majora, with or without

1 Cited on the End FGM EU website https: //www.endfgm.eu/female-genital-mutilation/what-is-fgm/

removal of the clitoris. The appositioning of the wound edges consists of stitching or holding the cut areas together for a certain period of time (for example, girls' legs are bound together), to create the covering seal. A small opening is left for urine and menstrual blood to escape.

Type IV: This type consists of all other procedures to the genitalia of women for non-medical purposes, such as pricking, piercing, incising, scraping and cauterization.[2]

This classification, however, is only indicative (e.g. Elmusharaf et al. 2006; Koukkula & Klemetti 2019a, 19). The actual types of FGM may vary considerably depending on the circumstances where the procedure takes place as well as on the experience of the person who conducts the procedure. Especially types I-II and IV in the classification by WHO may vary a lot, and for instance the so-called *sunna* type of FGM can fall under any of the three categories (e.g. Johnsdotter 2002, 39).[3]

Female genital mutilation is internationally recognized as a form of violence against women and girls as well as a severe violation of human rights. All types of FGM violate several international human rights conventions, such as the Council of Europe Convention on preventing and combating violence against women and domestic violence, also known as the Istanbul Convention, as well as the United Nations Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and the United Nations Convention on the Rights of the Child (CRC). Finland has ratified all of these conventions. In addition, all forms of FGM are illegal under the Criminal Code in Finland.

In this study, the term female genital mutilation (abbreviated as FGM) is used. However, in the quotes from the participants, the practice is often referred to as circumcision. This term is equivalent to the term *gudniin* in Somali and *ympärileikkaus* in Finnish, which is often used by Somali speakers when they talk about the practice in Finnish. Other internationally used terms in English for the same practice are FGC (female genital cutting) and FGM/C (female genital mutilation/cutting). In Europe, FGM is the most commonly used term. For instance, it is used by the European Institute for Gender Equality (EIGE), the End FGM EU network and the Finnish Institute for Health and Welfare (THL). It is also the term that is generally used at the Finnish League for Human Rights. However, when working with people from FGM-affected communities, we use the term these people themselves choose to use. For instance, in preventive group and individual discussions, participants may switch between the terms circumcision and FGM.

Prevalence and risk of FGM globally and in Europe

According to estimates, there are at least 200 million women and girls who have undergone FGM in the world. About 3.9 million girls are at risk of FGM every year and, if the current trend continues, the number will rise to 4.6 million by 2030 (UNFPA–UNICEF 2019, 12). According to a recent report, FGM is present in at least 92 countries, mostly in parts of Africa, Middle East and Asia. In Somalia, the prevalence of FGM is 97.9%. (End FGM European Network et al. 2020, 11, 21.) As a result of international migration, FGM has become a global phenomenon.

2 In recent years, discussions on the possible double standards related to attitudes on FGM, on the one hand, and cosmetic genital surgery, on the other, have increased (see e.g. Dustin 2010).
3 The issue of *sunna* is discussed in chapter 3.

There is no comprehensive data nor exact statistics on the prevalence or estimates of the risk of FGM in Europe. The European Institute of Gender Equality (EIGE 2013; 2015; 2018) has, however, estimated the prevalence of FGM and the number of girls at risk of FGM in certain European countries. At least 600,000 women and girls who have undergone FGM live in Europe (European Parliament 2020), but a more realistic estimate may be closer to one million (End FGM European Network 2019).

FGM in Finland

Recent estimates concerning the prevalence of FGM in Finland are available. According to the Finnish Institute for Health and Welfare THL, approximately 10 000 women and girls living in Finland have undergone FGM at some stage of their life. Furthermore, an estimated 650–3,080 girls are at risk of FGM – the higher figure includes girls who themselves were born in Finland but whose parents were born in countries with high FGM prevalence. (Koukkula & Klemetti 2019a, 27.)

Currently, comprehensive statistical data on the prevalence of FGM in Finland is not available. Data collection has, however, strengthened recently, concerning e.g. the FGM status of pregnant women and women during childbirth (see Koukkula & Klemetti 2019a, 25). Moreover, the Finnish Institute for Health and Welfare has included questions on FGM in some of the wider national health surveys such as the latest School Health Promotion Study (2019) as well as studies on the health of immigrants.

According to a study on migrant health and wellbeing, 69 % of female participants with Somali background and 32 % of female participants with Kurdish backgrounds had undergone FGM at some stage of their life (Koponen & Mölsä 2012). A survey on work and wellbeing among people of foreign origin in Finland estimated that 18 % of female participants coming from countries with significant FGM prevalence had undergone FGM (Castaneda et al. 2015, 18). According to a study on the health and wellbeing of persons who applied for asylum in Finland in 2018, about 10 % of the female respondents had undergone FGM (Koukkula & Klemetti 2019b).

In 2019, a question related to FGM was included for the first time in the School Health Promotion Study by the Finnish Institute for Health and Welfare. According to the results of the study – published in June 2020 – 0.2% (80 persons) of female students in high schools and vocational schools reported having undergone FGM and 0.4% did not know whether they had undergone FGM or not. Out of the 80 students who reported having undergone FGM, 51 girls told they were born in Finland. Furthermore, 40 of them said their parents were born in Finland as well. (Koukkula et al. 2020.)

These concerning results are the first research data in Finland showing that there are girls or women who have undergone FGM while living in Finland.

While these results are of great concern, the Finnish Institute for Health and Welfare has stated that the information concerning girls whose parents were born in Finland may not be completely accurate (Klemetti et al. 2020).

While there is evidence of girls being in risk of FGM in Finland, there has been only one case of FGM in court in Finland, in November 2019. A father was accused of contributing to his daughter's FGM, which took place outside Finland in 2016. The court stated that there was no evidence for his contribution and the defendant was thus declared not guilty

for assault according to the Criminal Code. There have been cases in other European countries where defendants have been convicted of contributing to FGM by allowing FGM to be performed on a girl in the country of residence or by taking a girl abroad to undergo the procedure (see Johnsdotter 2019; Johnsdotter & Mestre i Mestre 2015).

As stated above, statistics on FGM in Finland are still insufficient. Qualitative research on FGM is also scarce. Some theses, mainly conducted in universities of applied sciences, have focused on the perceptions of health professionals, such as midwives, of the healthcare of girls or women who have experienced FGM (these are listed in Koukkula & Klemetti 2019a, 41-42).

Similarly, there is very little data in Finland focusing on the perceptions of FGM among people who belong in communities that traditionally practice FGM, let alone the attitudes and opinions of men in these communities[4]. The Finnish League for Human Rights conducted a study in 2004 on the perceptions of both women and men on FGM in Finland, with qualitative interviews with 30 people from five different communities (Mölsä 2004). Qualitative data on perceptions and experiences related to FGM can also be found in Ahmed & Ylispangar (2017), Isotalo (2015, 153-171), Khalifa & Paulose (2017), Matsuuke (2011) and Niskala (2015). On a more general level, qualitative data on the life of Finnish Somalis has been discussed by Tiilikainen (2003) and Hautaniemi (2004).[5]

Several studies have shown that men's opinions and perceptions of FGM have a clear significance in tackling FGM also in Europe (see e.g. Catania et al. 2016; Johansen 2017, 2019; O'Neill et al. 2017; Varol & al. 2015; also Johnsdotter 2002, e.g. 146). This study will add to the existing information about perceptions and attitudes towards FGM of men who come from communities which traditionally practice FGM. Findings and ideas from earlier studies will be presented in the following chapters for comparison and further discussions when relevant.

Background of the study

The Finnish League for Human Rights has worked for the last 18 years to prevent FGM by raising awareness and aiming to change attitudes towards the practice among people belonging to various communities in Finland. The preventive work includes confidential individual and group discussions with women and men of different backgrounds, mainly in their mother tongues. The work has focused on speakers of Somali and Amharic.[6] In addition to the prevention of FGM, we also advise women who have previously undergone FGM to seek medical help for example when they would like to request a defibulation[7], i.e. opening of a formerly performed infibulation (type III FGM). In addition, we have actively advocated for stronger and more efficient national measures to combat FGM and participated in national policy processes, including the preparation of the two national

4 A study focusing entirely on men is an MA thesis by Niskala (2015), who interviewed eight men about their perceptions of FGM. The participants were originally from Ethiopia, Iraq, Congo and Egypt.
5 Furthermore, there are at least two PhD theses related to FGM in the making (Alakärppä, forthcoming and Mohamed, forthcoming).
6 We have worked most actively with people who have backgrounds in Somalia, Ethiopia and Eritrea and, to a lesser extent, the Kurdish areas in the Middle East as well as many other African countries.
7 Defibulation is nowadays routinely done in Finland during pregnancy or delivery for women who have undergone infibulation, or before that if a woman so wishes, with certain reservations (Koukkula & Klemetti 2019a, 53-55). Concerning Somali and Sudanese men's perceptions of defibulation in Norway, see Johansen (2017).

action plans to prevent FGM (Sosiaali- ja terveysministeriö 2012; Koukkula & Klemetti 2019a). Over the years, we have also trained thousands of professionals who may, in their line of work, have a role in preventing FGM or increasing the wellbeing of women and girls who have undergone FGM.

As a result, we have a solid understanding of many aspects concerning FGM, particularly in the context of Finland. Through our membership in the End FGM European Network, and our contacts with many European and Nordic researchers and NGOs working in the field, we also have an extended European perspective on the matter.

Men have been involved in our community engagement work for years, and Amharic-speaking men, i.e. those who have immigrated from Ethiopia or Eritrea, have been the most active.

We chose to focus on men with Somali background in this study partly because Somalis are the biggest community in Finland with origins in a country where FGM is traditionally practiced. The first asylum seekers of Somali origin arrived in Finland in the late 1980s, and from 1990 onwards, the number of people has increased. According to Statistics Finland[8], in 2019 there were nearly 22,000 people living in Finland whose mother tongue was Somali.

Another reason for focusing on Somali men in this study, is that Somali men – unlike Somali women – have not been involved in our community engagement work very actively and we wanted to deepen our understanding of their thoughts. In addition, there is very little information available about Somali men's attitudes and opinions on FGM as well as their role in eradicating FGM in Finland. In this study, we focus on Somali men who live in Helsinki and the surrounding capital area, which is also the area where about 70 % of Somalis in Finland live (Helsingin kaupunki 2019, 79).

As stated earlier, FGM is a form of violence against girls and women and a severe violation of girls' and women's human rights. Many studies have, quite rightly, focused on women's experiences. This study, however, focuses on men and more specifically on men's awareness and perceptions of FGM. This is not to undermine the importance of women's voices, but rather to acknowledge the fact that men's perceptions and views are also relevant for understanding the phenomenon and for tackling FGM. Men obviously cannot speak for women, they can only speak for themselves.

Aims of the study

The present study investigates Finnish Somali men's awareness and perceptions of FGM. The study is practical rather than academic in nature. We decided to concentrate on issues we considered relevant so that the information gathered would be as useful as possible for our ongoing work as well as the work by other actors in tackling FGM in Finland.

The main aims are to provide information about Somali men's

- **awareness of the detrimental consequences of FGM to women and girls**

8 https://www.tilastokeskus.fi/tup/suoluk/suoluk_vaesto.html

- **perceptions of the effects of FGM to sexual and reproductive health and rights (SRHR) of men**
- **awareness of legislation concerning FGM in Finland**
- **perceptions of the practice of FGM**
- **perceptions of marriage and FGM**
- **perceptions of the role of men in eradicating FGM**

Based on the findings of the study, we will make recommendations to the relevant authorities, different professionals and civil society organisations.

Methods and data

This qualitative study is based on semi-structured interviews with 29 male participants. Out of these 29 participants, 13 participated in four focus group interviews and 16 participated in individual interviews. Each group interview lasted between one and a half and two hours; the individual interviews lasted between half an hour and one hour. The interviews were conducted in June-August, 2019.

Most participants reside in Helsinki, three of them in the surrounding capital area. Our aim was to have a diverse group of participants, particularly in regards to age, the number of years of living in Finland, marital status and level of education. The participants were found by using snowball method, using our previously existing contacts and through community meeting points and mosques in Helsinki. When looking for the participants, all participants received information about the study, the aims of the study including how the results will be used and published as well as the confidentiality of the interviews. Before the interviews, the informants signed a letter of informed consent which explicitly outlined their right to confidentiality and the right to withdraw their participation at any time. They also filled out a background information form.

Most participants were 22-40 years old. Men in this age group can be regarded as having the most relevant role when FGM is considered. Most participants had children: in total 85 children, of whom 37 were daughters and 48 were sons. 15 participants had at least one daughter. This indicates that about half of the participants had potentially faced a situation where the issue of FGM had become topical in one's immediate family, in particular when the first daughter was born.

In terms of the educational background, 15 participants had higher education (some of them were still students), 10 had vocational education or training, one had finished high school and three of them had finished comprehensive school or had no education. As there is no detailed information about the educational level of Finnish Somalis available, we were unable to conclude whether the level of education of the participants was representative of the educational level of Finnish Somalis in general. The majority of the participants, 24 men, were born in Somalia or Somaliland and spent their childhood and adolescence there. Out of the 29 participants, three young men were born and raised in

Finland, and two others were born in Somalia or Somaliland but had moved to Finland at a very young age and spent their childhood and adolescence in Finland.

Participants' background information

Background factors	**Number (total n=29)**
Age	
22-30 years	11
31-40 years	11
Over 40 years	6
No answer	1
Number of years in Finland	
2 years or less	3
3-5 years	3
6-10 years	10
11-20 years	3
Over 20 years	7
Born in Finland	3
Level of education	
Basic comprehensive education or no education	3
High school	1
Vocational	10
University or university of applied sciences (some of them were still students)	15
Marital status	
Married	21
Divorced	2
Single	6
Number of children of participants	85
Daughters	37
Sons	48
Participants with daughter/s	15
Participants' wives' (or ex-wives') FGM status	**Number total n=23**
Had undergone FGM	18
Pharaonic type i.e. infibulation	4
Sunna type	11
Unspecified type	3
Had not undergone FGM	3
No answer	2

Interviews and data analysis

The research plan, background information form and frame for the interview questions were compiled and the data was analysed jointly by project researcher, MSc. Abdirizak Hassan Mohamed and Dr. Johanna Latvala, the manager of gender-based violence at the Finnish League for Human Rights. This report was mainly written by Latvala.

The interviews were conducted by Mohamed who moved to Finland from Somalia in the 1990s and is a native Somali speaker. Conducting interviews on a sensitive issue such as FGM is not an easy task, and the person who can successfully do it has to be trusted among the community members. Mohamed was well connected and widely trusted, and he was familiar with the topic of FGM; he had also earlier worked for the Finnish League for Human Rights for a short while. It seemed that most participants were able to discuss the themes of the study openly, even though FGM can be regarded a sensitive topic. However, some participants did not want to discuss their wife's FGM status in details. This is understandable, and it would have been against the ethical guidelines for research if the researcher had pressured or forced research participants to reveal information or discuss topics which they found uncomfortable.

The interviews were conducted in Somali, with the exception of a group interview with young men born in Finland, which was carried out in Finnish. The interviews were carried out and transcribed mainly by Mohamed. Some interviews were transcribed by research assistants who had been informed about the confidentiality of the information. Preliminary results were introduced to members of the Somali community and representatives of Somali organisations and discussed in a seminar in Helsinki in December 2019.

After carefully studying the transcripts, the material was first grouped thematically by using inductive coding as a method (Boyatzis, 1998). Then the themes were further divided into categories. Finally, during the writing process, these categories were divided into three main chapters: 1) men's awareness of female genital mutilation and its consequences to women and girls, 2) men's perceptions of female genital mutilation and 3) the role of men in eradicating female genital mutilation.

2. Men's awareness of consequences of FGM and legislation related to FGM

In this chapter, the participants' awareness of the consequences of FGM to women and girls is discussed. Men's perceptions of the effects of FGM on sexual and reproductive health and rights (SRHR) of men will also be discussed. Furthermore, this chapter presents the participants' knowledge of legislation related to FGM in Finland.

Men's awareness of consequences of FGM to women and girls

In this study, men were asked what they knew about the health consequences of FGM to women and girls. The various adverse consequences of FGM to women and girls are well documented in previous research. Immediate detrimental health consequences include for instance severe pain, bleeding, different infections, sepsis and bone fractures. Long-term adverse health consequences include painful menstruation, urinary problems, chronic infections, cysts, painful intercourse, difficult delivery, infertility etc. FGM may also adversely affect mental health and cause for example post-traumatic stress disorder (PTSD), anxiety and depression. (e.g. Boghossian et al. 2020; Koukkula & Klemetti 2019a, 49-53.) In addition to the health consequences, FGM also has other detrimental effects on women's and girls' lives, such as increased absence from school (e.g. Magangi 2015) and increased risk of early marriage (e.g. Population Reference Bureau, 2018). FGM violates, or may violate, women's and girls' right to self-determination, health (including sexual and reproductive health), education and right to life. Furthermore, FGM violates women's and girls' right to freedom from violence and discrimination.

Infibulation, i.e. pharaonic type of FGM, is the most prevailing type of FGM in Somalia and Somaliland, and also the one with the most severe long-term consequences such as the ones described earlier.[1] Infibulation may have significant effect on the everyday life of women who have undergone the procedure, and their problems often become visible to the husband as well. Therefore, it is likely that Somali men may be more aware of the many health problems caused by FGM than men from communities where other types of FGM instead of infibulation are practiced. For example, in the study by O'Neill et al. (2017, 27) conducted in four European countries, only about half of the male participants from various different FGM-affected communities knew some consequences of FGM.

Out of the 23 participants who were currently married or had been married earlier, 18 said that their wife had undergone FGM at an earlier stage of their life. 11 of them had undergone some of the less extensive forms, often referred to as the *sunna* type, and four women had undergone infibulation, i.e. the pharaonic type. For comparison, in a study published by the Finnish League for Human Rights in 2004, most Somali women participants had "apparently" undergone infibulation (Mölsä 2004, 5). Three men did not specify the type of FGM and two others did not state whether their wives had undergone FGM or not.

1 It seems, however, that less extensive forms of FGM may be increasing in Somalia (Wahlberg et al. 2018, 3).

We did not ask the participants whether their wives were born in Finland or abroad nor how long they had been married. Thus, based on this study it is impossible to say if some of the wives might have undergone FGM while living in Finland. However, by cross reading the participants' ages and the number of years living in Finland, some observations can be made. There were six participants who had lived in Finland for over 20 years who said their wives had undergone FGM. These men had moved to Finland in the 1990s, and would either have been married when moving, or would have married other members of the relatively new Somali community in Finland at that time[2]. Thus, their wives most likely had been born in Somalia or Somaliland.

On the other hand, there were five fairly recently (less than five years ago) immigrated men who were married already prior to moving to Finland. There were seven participants who are not included in the above mentioned groups who told their wives had undergone FGM. In their case, it is not possible to draw conclusions about where FGM had taken place as we do not know where the wives were born. Also, as will be discussed later in chapter four, transnational marriages are quite common among the Finnish Somalis, and it is possible that even those men who have lived in Finland for years, marry a woman from e.g. Somalia or Somaliland.

All participants, regardless of their marital status, were aware of at least some of the adverse consequences mentioned above. They mainly brought up health problems such as painful and difficult menstruation, difficulties in giving birth, infections and pain during intercourse.

"The health consequences they face are infection, period problems, they face difficulties during the delivery."

"Circumcision is not good for a woman. Women who undergo FGM have difficulties during urination. Some suffer from heavy blood loss during menstruation. When girls get married it needs to be opened again and she may feel sore after intercourse."

Some men, in addition to acknowledging the health problems, looked at FGM in a wider context. One of them stated that "there is no benefit at all in female circumcision" and another one referred to FGM as violence against women and a violation of human rights.

Some participants pointed out that it is not mentally easy to see one's wife suffering of the adverse health consequences. One participant pondered this in the following way: *"As a man you have a spouse who lives with these symptoms for the rest of her life."*

Findings:

- **Participants are generally aware of adverse consequences of FGM to women and girls**
- **Participants are considerate of their spouses' FGM-related health problems**

2 Among the married ones, there was only one relatively young man who was not married to a Somali woman.

Effects of FGM on sexual and reproductive health and rights

Above, men's awareness of health consequences of FGM to women and girls was discussed. Participants were also asked whether, in their opinion, the consequences of FGM to women and girls also had an effect on men.

According to previous research, indirect consequences of FGM for men become particularly visible when sexual relationships are concerned (e.g. Almroth et al. 2001; Johansen 2017). In this study, too, most participants brought up the issue of sexuality in this context.

In this study, the participants were not specifically asked about their perceptions of the consequences of FGM to the sexual life of women, as this question needs to be posed directly to women. The participants themselves did not bring this issue up either. However, it should be noted that negative consequences of FGM to women's sexual life such as painful intercourse, decreased sexual satisfaction and lubrication during intercourse, reduced sexual desire and increased risk of anorgasmia have been widely documented elsewhere, e.g. by Buggio et al. (2019), Berg & Denison (2012) and Catania et al. (2007).

Good sexual and reproductive health is a state of complete physical, mental and social wellbeing in all matters relating to sexuality and the reproductive system.

(United Nations Population Fund 2019, 8)

As stated above, most married or divorced men in this study had experiences of a sexual relationship with a woman who had undergone FGM. In this chapter, these effects are discussed in the context of sexual and reproductive health and rights.

Good sexual and reproductive health is a state of complete physical, mental and social wellbeing in all matters relating to sexuality and the reproductive system (United Nations Population Fund 2019, 8).

Several married or divorced participants stated that FGM – and particularly infibulation – causes problems in the sexual relationship. Acknowledging the various detrimental health consequences of FGM to their wives, they also brought up that both spouses may have challenges, albeit different ones. Men described specific difficulties in having intercourse due to an infibulation performed to the wife. As stated earlier, infibulation includes cutting and apposition of the labia, creating a seal of skin that closes the vulva and most of the vaginal opening. This can make intercourse very challenging. (See e.g. Johansen 2017.) Some respondents also mentioned that efforts to have intercourse with a woman who has undergone infibulation may be physically painful and difficult not only to women, but also to men. In addition, some participants said that trying to have intercourse may create pressure and lead to problems for men's psychological wellbeing.

"The husband also encounters obstacles during his first intercourse with his new wife and the consequences that men can have include mental problems and physical injury."

"Yes, FGM affects a man's health. He will get difficulties on the first night that he has sex with his wife and very serious physiological problems."

The way in which some participants describe the consequences of FGM for men are in line with earlier studies. For example, Almroth et al. (2001) state that consequences of FGM for men include "difficulty in penetration, wounds/infections on the penis and psychological problems". (See also e.g. Johansen 2017).

The difficulties described above are not only painful or uncomfortable. They may also be regarded as a violation of sexual and reproductive health and rights. According to United Nations Population Fund, the realisation of sexual and reproductive rights includes, among others, a right to have safe and pleasurable sexual experiences (UNFPA 2019b, 42).

While the participants of the study above discussed the negative consequences of FGM to men's sexual and reproductive health and rights, this is by no means to undermine the detrimental effects of FGM to the sexual and reproductive health and rights of women. However, according to the findings from this study, FGM may also prevent men from fully enjoying their sexual rights.

Finding:

- **FGM causes problems to fulfilment of sexual and reproductive health and rights of men**

Men's awareness of the legal situation concerning FGM in Finland

This section discusses the issue of legislation related to FGM in Finland and the participants' awareness of the current legal situation.

In the Criminal Code of Finland, all types of FGM are illegal under the offence of aggravated assault. Also inciting, coercing or procuring a woman or a girl to undergo of any type of FGM in Finland or abroad is illegal. (Criminal Code of Finland, chapter 21, sections 5 and 6.)[3] There is no specific legislation concerning FGM.

Participants were asked if they were aware of the legislation concerning FGM in Finland. Nearly all of them knew that FGM is against the law, it should not be done and a person can end up with a prison sentence for making a girl undergo FGM. One participant, who had quite recently moved to Finland, did not know if FGM was against the law in Finland or not. Awareness of the details, however, varied considerably among the participants. Some participants provided specific answers such as the following.

"In Finland, FGM practice is a criminal act."

3 In 2018 a citizen's initiative was introduced with a demand for specific law banning FGM (https://www.kansalaisaloite.fi/fi/aloite/3056). In September 2019, the initiative was discussed in the Parliament for the first time, and in December the hearings took place in the Legal Affairs Committee of the Parliament.

"The Somali society in Finland, they follow FGM legislation and many of them know that female circumcision is forbidden."

As stated above, most participants knew that FGM is forbidden by law. However, they were not aware of the contents of the legislation more specifically, e.g. the potential judicial consequences. Obviously, this may also reflect the fact that there have not been court convictions related to FGM.

"I've learned about the laws in place for this but I just can't remember them at the moment. What I'm sure of however, is that unlike our country [Somalia] where there's no legal regulations in place, Finland is one of the countries within Europe that is highly against FGM."

"I've only heard that females can't get circumcised."

Interviewer: *"What if they would get circumcised?"*

"Then it is a crime. However, I don't have exact knowledge of how harsh the punishment for it is."

On the other hand, some had a more vague understanding of the legal situation.

"People know, people who support FGM… For instance, if I wanted to cut my daughter, I believe I would know or at least find out what the law says. On the other hand, if you believe in it and support it, I don't know. Young people born in Finland take it for granted that FGM is wrong. Everyone knows it is wrong, but don't necessarily know the law."

One participant told how he got information about the legislation. *"When we were expecting our first-born, the nurse in the prenatal clinic asked if we were going to have our child undergo FGM if it's a girl. We answered yes. Then she instructed us that we cannot do that and it is not accepted here and that one can go to prison for doing it."* This is a positive example of a healthcare professional fulfilling their duty to talk about FGM with service-users.[4]

The findings of this study suggest that men with Somali background in Helsinki area are mostly aware of the fact that FGM is against the law regardless of their age, education, time they have lived in Finland or their marital status. However, their understanding of the content of law varies.

Finding:

- **Most participants know that FGM is against the law in Finland**

In this chapter, it was stated that the participants were generally aware of the adverse health consequences of FGM to women and girls and that they are considerate of the FGM-related health problems their spouses experience. It was also pointed out that FGM causes problems to the fulfilment of sexual rights of both women and men. In addition, it was shown that most participants knew that FGM is illegal in Finland.

4 Although professionals have the duty to talk about (or report cases of) FGM, the duty does not seem to be systematically fulfilled. This came up in the interim and final evaluations of the previous action plan for the prevention of circumcision of girls and women (Koukkula, Parekh & Klemetti 2014; Koukkula, October, Kolimaa & Klemetti 2017).

3. Men's perceptions of female genital mutilation

In this chapter, the participants' perceptions of the reasons behind the practice of FGM are presented. The chapter also looks at whether the participants' perceptions have changed during their lives. In addition, the possible role of FGM when choosing a spouse is discussed.

"FGM is a cultural practice"

When asked about participants' perceptions of the reasons for the existence of the FGM, most said that FGM is an ancient cultural practice and that its purpose was to guarantee a girl's chastity and virginity. *"Don't they do it so that a girl remains a girl (=virgin)? Like you can make sure that when a girl marries, she's still a girl. So that's the rationale behind it."* This reflects the common justification for FGM in Somali culture where FGM is practiced to safeguard chastity and virginity (e.g. Catania et al. 2016, 45; Johansen 2017, 10). It is noteworthy that while most participants were familiar with this rationale for traditionally performing FGM, most of them told they did not accept the justification or see its relevance in their own lives.

Some participants explicitly stated that the social norm which expects women and girls to preserve their virginity until marriage is a way to control women. *"This was done to control girls and I don't know if there are any other reasons, so it's about control."*

When discussing the role of FGM in Somali culture, men also often brought up the role of religion in the practice of FGM. FGM is practiced in many countries and regions (see chapter 1). In countries with high FGM prevalence, diverse religions are practiced, the most common religions being Islam and Christianity. The Finnish League for Human Rights works with communities in Finland where most people are either Muslims or Christians, with origins in e.g. Somalia, Somaliland, Ethiopia and Eritrea. In Somalia and Somaliland, the main religion is Islam, and therefore in this study, when men are discussing FGM and religion, the discussion relates to Islam. Furthermore, in this study, Islam is discussed from the point of view of Sunni Islam. Almost all Somalis are Sunnis (e.g. Tiilikainen 2003, 35). For many Somalis, Islam is important and to some extent, religion and culture are intertwined (e.g. Mustasaari & Al-Sharmani 2018). Nearly all participants in this study, however, were of the opinion that Islam does not require FGM.

"Islam opposes female genital mutilation."

"I have good basic background in Islamic religion but I didn't hear hadith[1] or Quran verses talking about FGM. Still I believe it's harm against women, and our Islamic religion doesn't

1 Hadith means oral tradition, i.e. "report of the words and deeds of Muhammad and other early Muslims; considered an authoritative source of revelation, second only to the Quran (sometimes referred to as sayings of the Prophet)". Oxford Islamic Studies Online, http://www.oxfordislamicstudies.com/article/opr/t125/e758. See more discussion on hadith in chapter 3.

accept violating and harming a human body. Because of this FGM is haram [forbidden] in Islam."

Some of them said they were not sure, but had an impression that there were no religious requirements for FGM.

"From Islam's point of view, as far as I know, I may be wrong but there's nothing that supports FGM. Nothing that gives permission to it. In my view it's a cultural thing, and I think we must end it. There's nothing in hadith that refers to it."

Finding:

- **Participants regard FGM as a cultural, not religious practice**

Attitudes change when awareness increases

The participants of the study were asked if their attitudes concerning FGM had changed during their lives. Out of the 29 participants, three men were born in Finland and other two had moved to Finland in early childhood. 24 participants were born and had spent their childhood and adolescence in Somalia or Somaliland. The participants who had lived in Somalia or Somaliland as children and adolescents reported hearing about FGM for the first time at quranic school as children when they were five to seven years old.

"When I first heard of FGM was when I was young, six years old. I was circumcised together with my sisters."

In the participants' childhood and adolescence, FGM was considered a practice that was taken more or less for granted. The members of the community often referred to FGM in connection to male circumcision (see also Gele 2012b, 9; Wahlberg et al 2018), which is also reflected in the quote above.

It is important to note that there have been anti-FGM campaigns in e.g. Somalia since the 1970s (e.g. Johnsdotter 2002, 103; Mölsä 2004, 3) and the attitudes towards the practice of FGM may have thus already changed when the participants were still living in the country of origin. A few participants had experience of this.

"When I was in Somalia, I was one of those who opposed female genital mutilation. I encountered and have experiences of the problem because of these cuttings."

Most participants, however, stated that their attitude towards FGM changed significantly after moving to Finland. The data of this study indicates this attitude change quite clearly. Many participants described this process, stating that their attitudes changed mainly as a result of receiving more information about the adverse consequences of FGM to women and girls.

"Of course there's been a change. When I was young I thought the culture I saw was good and I thought it is something that's in Quran. But now as an adult I know it's not so and it's not according to our religion nor good for girls."

In this study, the participants were of the opinion that the increasingly negative stance

that people with Somali background in Finland have taken towards FGM can contribute to further attitude change among other members of Somali communities in Finland, including the newly arrived people. A similar phenomenon has been documented in earlier studies from Norway, Sweden and the US (see Gele et al. 2015; Wahlberg et al. 2019a; also McNeely & Jong 2016, 161-162). One participant explained the generally prevailing anti-FGM attitude among the Somali community in Finland in the following way: *"Nowadays women feel proud and healthier when they have not undergone FGM."*

Above, the changes in attitudes of the participants who spent their childhood and adolescence in Somalia were discussed. Another group of participants consists of men who were either born in Finland or who had moved to Finland in early childhood. Unlike the participants who were raised in Somalia, the men who had spent their childhood and adolescence in Finland had heard about FGM for the first time when they were between 14 and 20 years old. In their childhood and adolescence, there had been no discussion on FGM. The data shows that the level of awareness of FGM is quite different in these two groups.

"Nowadays women feel proud and healthier when they have not undergone FGM."

Young Somali men born in Finland seemed to know very little about FGM[2]. They did know that FGM was harmful to health, but in general had much less detailed knowledge than the men who were raised in Somalia. *"I really don't know many different types or their names, but I know that I've heard that circumcision is made by sewing. I don't know if sewing is the right word? I honestly don't know properly, what it [FGM] even is."*

These young men's awareness of FGM appears to be comparable with what any young man in groups that are not affected by FGM would know. *"If I watch TV or read on issues related to female circumcision, I ask my parents: Is this practice harmful to girls? And what makes Somali people do this to their girls? My parent answers to me, this practice is not good at all and not written in our religious book, our religion is against this practice. That is all my parents told me about FGM."*

Thus, it appears that many Somalis living in Finland have distanced themselves from FGM also in a sense that they do not find it relevant to talk about the practice with their children. In addition, it appears that FGM is not discussed within the larger Finnish Somali society in places frequented by children. Consequently, young Somalis who are born and raised in Finland do not learn about the practice.

Findings:

- **Participants' attitudes on FGM have changed significantly after moving to Finland when they received information about the adverse consequences of FGM**
- **Young participants born in Finland do not have a lot of knowledge of FGM**

2 This seems to be the situation also among the young Somali men in Norway (Johansen 2019, 18).

Men do not support FGM

As stated earlier, participants in this study regarded FGM as a cultural rather than a religious practice, let alone a religious requirement. This is probably reflected in their attitudes and opinions on FGM. Cultural practices usually change in time, but it could be expected that practices that are seen in Islam as religious duties (*wagib*) or recommendations (*sunna*) would not be so easily rejected (e.g. Johansen 2019, 3; Gele et al. 2012a, 5; Gele et al. 2012b, 8).

Nearly all participants in this study stated that they oppose the practice of FGM. Regardless of the participants' age, education, marital status or other background factors, their views were very similar: men were against the practice. No differences were detected between younger or older men, married or unmarried men or according to the place of birth.

"In my opinion, I don't see any reason for it. It makes no point at all."

Participants justified their opinions for example by stating that FGM is *"a very bad practice and causes a lot of problems"*. Some of them looked at FGM in the wider context of human rights and violence against women. Examples include the participants who stated that FGM *"is violence against women"* and that FGM *"is also a human rights issue. We live in the 21st century and it is abuse to cut someone's body for no reason"*.

However, there seems to be certain ambiguity concerning some participants' perceptions of *sunna* type of FGM. *Sunna* has been defined as excision of the prepuce and all or part of the clitoris, equivalent to Type I in the World Health Organization's classification, although in practice the term is quite unclear and can be used to refer to various different types of FGM, excluding infibulation (e.g. Elmusharaf et al. 2006; Johnsdotter 2002, 39). The participants in this study seemed to think of *sunna* as mainly symbolic and explained that *"it's a small touch"* or *"For sunna type of FGM, it only brings some blood on the genitals"* (see also Isotalo 2015, 166). This type of FGM is often called "pricking" (see Wahlberg et al. 2019b). The role of *sunna* type of FGM has been recently discussed also e.g. by Gele et al. (2015) who state: "Within a Somali context [in Norway], the term 'female genital mutilation' refers to the 'Pharaonic' form and may exclude the 'Sunna' circumcision."

"In my opinion, I don't see any reason for it. It makes no point at all."

It is important to note that the word *sunna* does not only refer to certain types of FGM, but also has religious connotations. The *hadith* literature, mentioned in chapter 2, contains sayings and practices of prophet Muhammad called the *sunna*, "tradition". Hadiths are considered either weak or strong, and the strong ones (authentic and traceable to Muhammad) are recommended. Thus, *sunna* means a Prophet-recommended practice or a tradition that should be preserved. Hadiths which are believed to refer to FGM are mainly considered weak. This is one reason for disagreements regarding if certain types of FGM are *sunna* or not. Whether or not any type of FGM is *sunna*, i.e. a recommended practice in Islam, is not a new discussion, but dates back to at least the 1940s. (Boyle 2002, 24-25; 32; Serour et al. 2013, 2-3; Gele et al. 2012b, 8; read more Roald 2001, 237-253.)[3]

3 For this discussion in Finnish, see Isotalo (2015, 156-157).

This makes the issue of less extensive types of FGM, when called *sunna*, a complex and many-faceted one. This complexity is visible in the views of the participants in this study.

"Somali culture tends to go hand in hand with the religion so it is believed that anything that is a cultural practice is rooted in religion."

This ambivalence related to *sunna* among the participants in this study is in line with the findings from previous studies on FGM as well as the more general discussion about the relationship between Islam and FGM (see e.g. Ahmed & al 2018; Boyle 2002, 24-25; 32; Johansen 2019, 11-12; Johnsdotter 2002, 53-60; Mölsä 2004, 16-17, Roald 2001, 237-253).

The ambivalence regarding the *sunna* type of FGM described above is reflected in the present study in that eight participants thought that the *sunna* type was acceptable in Islam. They did not, however, think that it was a requirement. Furthermore, despite thinking that *sunna* is acceptable in Islam, very few supported it themselves. Out of the eight men who initially said that *sunna* is acceptable in Islam, six said they strongly opposed all types of FGM themselves and would not have their daughters undergo any type of FGM, including *sunna*. However, two participants expressed that they supported *sunna*. One of them had lived in Finland less than one year and his daughters had undergone the *sunna* operation as children in Somalia. Another participant who said he supported *sunna*, had lived in Finland for eight years and had no daughters.

"Somali culture tends to go hand in hand with the religion so it is believed that anything that is a cultural practice is rooted in religion."

The data of the present study shows that opposition to the *sunna* type among the Finnish Somalis has strengthened in Finland. This indicates a shift in attitudes: in the study by Mölsä (2004, 13) many men supported performing *sunna* type for their daughters. Isotalo's study (2015, 165-166) on young Finnish Somali women and girls showed that 20% of them supported *sunna* if they were to have daughters in the future. The data for Isotalo's study was collected between 2003 and 2006. The findings of the present study also suggest a stronger resistance to all types of FGM than some recent studies among the Somalis in diaspora (e.g. McNeely & Jong 2016; Johansen 2019; Wahlberg 2017).

The worrying possibility that the *sunna* type or types of FGM may not always be regarded as FGM by the Finnish Somalis needs to be taken into careful consideration when e.g. healthcare professionals ask their clients whether they have undergone FGM or what their attitudes towards the practice are. It is possible that the clients think in a similar way as one of the participants talking about his wife: *"She hasn't undergone FGM, only sunna."* It is important to understand that all types of FGM, including the less extensive forms are considered as human rights violations, as well as violence against women and girls in light of international conventions and that all types of FGM are illegal under the criminal code of Finland.

On the basis of this data, it is not possible to draw far-reaching conclusions regarding the deeper attitudes on the *sunna* type of FGM. Further knowledge and research-based data of attitudes concerning *sunna* type is greatly needed in Finland in order to better understand

the potential risks of all types of FGM.

Findings:

- **Nearly all participants strictly oppose performing any types of FGM**
- **Some participants are have ambiguous views about what religion says about *sunna* type of FGM**

FGM is not an issue when young Somali men think about marriage

In communities where FGM has been a prevalent cultural practice, one of the most common justifications for practicing FGM has been marriageability – the claim that when girls go through FGM, they become respected and will find a good husband in the future (e.g. Johnsdotter 2002, 109-114; Mölsä 2004, 4-6; Berg & Denison 2013; Abathun et al. 2016, 561). Consequently, the parents who support the practice may worry that it may be more difficult or practically impossible to find a spouse if their daughters do not go through FGM.

"99 percent of the time we're not really thinking about it. We don't have debates about it and it's not something that's at the forefront of my mind. The issue mainly comes up when someone wants to get married."

The findings of the present study suggest that this is not the case anymore among the Somali men in Finland. For unmarried Finnish Somali men, it is not crucial whether a girl or a woman has undergone FGM or not when they think about marriage. Participants seem to suggest that young men born in Finland have not given the issue a lot of thought in the first place. In the context where they have grown up, FGM has not been an issue and certainly not something they would expect from a future wife.[4]

One of the young men explained, when asked if he talks with his peers about FGM: *"No, in my opinion, at least young men don't. This is kind of a taboo, or not a taboo, but there's not interest and it never comes up as an issue."*

"99 percent of the time we're not really thinking about it. We don't have debates about it and it's not something that's at the forefront of my mind. The issue mainly comes up when someone wants to get married."

When asked, all young, unmarried men born and/or raised in Finland said they would prefer a wife who had not gone through FGM (see also Gele et al. 2012a; 2015; Wahlberg

4 Finnish Somali women and girls also seem to think that FGM is not important for the young Somali men born and raised in Finland (Isotalo 2015, 163).

2017, 52; Wahlberg et al. 2019a). Despite of their preference to have a wife who has not undergone FGM, the young participants generally talked very sensitively and respectfully of those who had undergone FGM and understood that they have not chosen to undergo FGM themselves: "[My future wife will] *most likely be uncircumcised, but if I marry and she's circumcised, that doesn't change things. She's still my wife.*"

An unmarried man with a university-level education stated: *"If I could decide which one is better, of course I would take someone who's not circumcised."* However, as premarital sex is culturally not generally accepted among the Somalis, how is it possible to know if the potential spouse has undergone FGM or not?

One participant sees that it is potentially problematic: *"When you marry, you don't know whether she is circumcised or not. You'll only find out when you have married, or am I wrong? You only learn afterwards. For example, if the girl whom I've chosen, if she's circumcised and I'm married to her, so that's it, I'll just continue... No can do, somehow I could* [continue the marriage]."

According to this study, it seems that young unmarried men do not usually discuss FGM with their future wife in advance and might not ask whether or not she has undergone the procedure. This may be due to the fact that the matter of FGM feels quite distant or does not exist as an issue in the lives of the young men who were born and/or raised in Finland and therefore they do not even think about it as a possibility. This may also suggest that whether or not someone has undergone FGM is a private matter in Finland, rather than common knowledge in the community as it traditionally is in Somalia (see e.g. Isotalo 2015, 159-160). Johansen (2019, 7) has argued that "a new sense of privatization" has taken place among the Somalis in Norway and FGM has become an issue only known to the immediate family. In addition, according to Johansen, it has become inappropriate to ask the wife-to-be whether she has undergone FGM or not (ibid.). To some extent this also seems to apply to young Somali men in Finland.

It should be noted that transnational marriages where one of the spouses lives in another country or continent when marrying, are common among the (Finnish) Somalis (see Al-Sharmani 2017; Al-Sharmani & Ismail 2017). Therefore, there is a possibility that a young man born and raised in Finland marries a woman from Somalia. This woman would most likely have undergone FGM as a child, given the very high prevalence of FGM in Somalia. Consequently, the issue of FGM may become as an unprecedented matter to young Finnish Somali men, a matter for which they are not prepared.

The perceptions and attitudes of young men born and/or raised in Finland were very consistent. However, as only a limited number of participants – five men – belonged to this group, it is not possible to make far-reaching conclusions regarding young Somali men's perceptions from the data.

Findings:

- **Participants do not regard FGM as a prerequisite of marriage**
- **Participants born and raised in Finland prefer marrying a woman who has not undergone FGM**

In this chapter, it was shown that participants think of FGM as a cultural, not religious practice. It was also shown that most participants' attitudes on FGM had changed considerably after moving to Finland and receiving more information about the adverse consequences of FGM. It was also stated that young men born in Finland lack knowledge of FGM and that nearly all participants strictly oppose performing any types of FGM. Some of the participants, however, were ambiguous about whether the religion of Islam includes a requirement for sunna type of FGM, but almost none supported it themselves.

In addition, it was discussed that FGM does not seem to be a prerequisite of marriage for Somali Finnish men. On the contrary: the unmarried respondents clearly stated that they would prefer a spouse who has not undergone FGM. However, they did not think that FGM would be a hindrance for marriage either.

4. The role of men in eradicating female genital mutilation

This chapter discusses the way decisions concerning FGM are made in the families. Furthermore, this chapter also discusses the participants' perceptions of the possible role of men as well as the participants' own activities in eradicating FGM in the family and in the society more generally.

FGM is a joint decision between the spouses

In this study, the participants were asked about the decision-making process related to FGM in the family. Who decides in the Finnish Somali families whether or not the daughter will undergo FGM?

Traditionally in Somalia, FGM has mostly been an area of life that has been discussed, decided and arranged by women, whereas men, as fathers, husbands, uncles, grandfathers as well as the community and religious leaders, have been mostly excluded from this issue (Alradie-Mohamed et al. 2020)[1].

Based on the data in this study it seems that the Somali men in Finland do not follow traditional gender roles when it comes to decision-making or involvement related to FGM. According to them, Finnish Somalis are generally open to discuss FGM due to the fact that their daughters have not undergone FGM. Even if the daughters had been cut prior to moving to Finland and receiving information about the adverse consequences, the participants stated that they do not practice FGM anymore. All married or divorced participants said that men discuss different issues related to FGM among themselves and with their wives. Most men wanted to be involved in the prevention of FGM.

Most of the participants saw that men's roles begin at home by making sure that their own daughters do not have to undergo FGM. According to them, Somali couples in Finland discuss their opinions on FGM when they have daughters, if not earlier. The decisions whether or not to go on with the practice are made together.

"I talked to my wife, after a long debate, I realized that children should not be circumcised and we agreed with my wife that we would not do so, we made the decision and I was not alone".

All participants stated that their daughters who were born in Finland had not undergone FGM, and most emphasised that they would never let that happen. In addition, according to the participants, their extended family members, such as parents, grandparents and siblings e.g. in Somalia do not have an influence on their decisions concerning FGM (see also Isotalo 2015, 169).

"I am not allowing anyone to circumcise my daughters born in Finland."

1 The situation is, however, changing globally and it seems like men want to take a more active role in tackling FGM (O'Neill 2017, 50; Väkiparta 2019).

Aside from preventing FGM from taking place in their own family networks, some men also stated that if men started to value women and girls who have not undergone FGM, it would make a big difference in eradicating FGM in the future.

"I am not allowing anyone to circumcise my daughters born in Finland."

"I think the best role that they can play – father of a son, boys and other relatives – is to value uncut girls. Then, the father and mother do not want not to circumcise their daughters, because initially the motives of having circumcision was to get their daughter a man."

"Yes 100 percent, I believe men have a role because, men will be marrying women and have the decision to select the circumcised girls or not circumcised."

On a more general level, supporting girls' education and wellbeing was considered beneficial to the whole community and a good way of tackling FGM by some participants.

"As a parent, father must allow his daughter not to be circumcised and should look after her education."

"It is important for a woman to be able to stand on her own two feet because then she can make her own choice. As long as a man is in a position where he can ask if a girl is circumcised or not, the girl clearly does not have any power. The parents should support their daughter and we should work in order to make a difference to women's future. Raising awareness alone is not enough, but in addition what women need is empowerment."

Findings:

- **Participants make decisions concerning FGM together with their wives**
- **Participants think that men have a role in tackling FGM by protecting their own daughters from FGM**
- **Participants' extended family members do not generally have a say in the parents' decision concerning FGM**

Men engage in transnational awareness raising

In this study, we did not specifically ask about the participants' transnational family relations. However, when asked about decision-making in the family related to FGM as well as men's roles in tackling FGM, participants brought up the relevance of wider kin networks across countries and continents. Transnational elements in Finnish Somali families have been studied by Al-Sharmani (2017, 71) who states that "their daily lives, aspirations and challenges, and their resources and life choices, are embedded in close ties and interdependent relationships" within these transnational family networks (see also Sharmani & Ismail 2017). According to the data of the present study, this also applies to FGM to some extent.

As was stated above, the data shows that Finnish Somali men do not want their relatives to get involved in their decision-making concerning FGM in Finland. Transnational elements, however, become visible in the fact that many of the participants in the present study actively try to influence their relatives in Somalia by sharing information and raising awareness on the detrimental effects of FGM. Several men reported that they have been trying to influence their family members so that they would not have their daughters undergo FGM.

"I have influenced that my niece did not undergone FGM. I have also tried to influence on the misunderstanding according to which a girl becomes immoral and poorly behaving without FGM. It is about knowing the religion and how one is brought up [instead of FGM]."

"I tell to people [in Somalia] that they should not circumcise their daughters, I even told my sisters and brother not to cut theirs."

According to the participants, Finnish Somali men born abroad have more information about FGM than their relatives living in Somalia or Somaliland. As described earlier, the participants who had spent their childhood and adolescence in Somalia or Somaliland had changed their attitudes and perceptions of the practice of FGM after moving to Finland and learning more about the practice and its adverse health consequences. Thus, these participants seem to consider it important to spread this awareness further to prevent FGM of the girls within their family networks in the country of origin.

"I tell to people [in Somalia] that they should not circumcise their daughters, I even told my sisters and brother not to cut theirs."

"In today's world the reality is that each one of us is responsible for our own family and children. Those who live in diaspora are respected community members and people listen to them. They are a strong support for the local community [in Somalia]. So we are role models for people in the home country. We have a responsibility to inform them and guide them, so that they wouldn't lightly continue an old tradition."

In addition to tackling FGM in their own family and kin networks, some participants had shown interest in learning more about FGM by attending trainings or seminars on the matter either in Somalia or in Finland. Most participants believed that the practice of FGM would eventually end everywhere in the world, but most likely gradually. In their opinion, the ways to eradicate FGM locally and globally include first and foremost raising awareness of the adverse consequences FGM causes to women and girls through education and research, starting a discussion in the affected communities as well as advocating and campaigning for instance in social media.

Findings:

- **Many participants raise awareness of the detrimental consequences of FGM among their relatives in Somalia**

- **Many participants think that men can take an active role in the society in eradicating FGM by starting a discussion, advocating and campaigning**

In this chapter, it was shown that many Finnish Somali men take part in eradicating FGM. They make decisions concerning FGM together with their wives, and thus have an important role in protecting their own daughters from FGM. They also raise awareness of the detrimental consequences of FGM among the extended family members in Somalia. However, they refuse to take advice related to FGM from them in return. In addition to influencing one's own family and kin networks, men can take an active role in the society and work for eradicating FGM by e.g. advocating and campaigning.

5. Discussion and recommendations

This study has looked at the awareness and perceptions of FGM among Somali men living in the Helsinki region, Finland. The study, based on qualitative data consisting of 29 thematic interviews, focused on the following topics:

- **men's awareness of the detrimental consequences of FGM to women and girls**
- **men's perceptions of the effects of FGM on the sexual and reproductive health and rights of men**
- **men's awareness of legislation concerning FGM**
- **men's attitudes towards and perceptions of FGM**
- **men's perceptions of marriage and FGM**

and

- **men's role in eradicating FGM.**

The present study has shown that Finnish Somali men are generally well aware of the adverse health consequences of FGM to women and girls. In addition, they are considerate of the FGM-related health problems their wives experience. Moreover, the participants said that women's health problems such as pain during intercourse or difficult menstruation have effects on men as well, both psychologically and sexually.

The participants of this study brought up difficulties related to sexuality when the wife has undergone FGM. It was stated that FGM not only violates the sexual and reproductive rights of women but also those of men. It appears that it would be important and potentially very helpful to offer both spouses a possibility to participate in sexual counselling or therapy if the wife has undergone FGM. This could be done e.g. in prenatal clinics, in maternity wards or in connection to defibulation or reconstructive surgery.

The study also shows that nearly all participants know that FGM is against the law in Finland. Even those who were not sure about the exact content of the legislation were aware of the fact that FGM is illegal in Finland.

Given that people from countries with very high FGM prevalence arrive in Finland, e.g. as asylum seekers, it is extremely important to continue the preventive work and information sharing. The work should take place for instance in reception centres as well as in maternity clinics and children's health clinics and other relevant places to ensure that also newcomers receive information about FGM being illegal in Finland.

As for the reasons to practice FGM, the participants regard it as an old cultural practice which aims mainly at guaranteeing a woman's virginity before marriage. The majority of the participants do not accept this reasoning as a justification for continuing the practice, and some brought up the fact that FGM is a way of controlling women and girls. The

majority of participants oppose performing any type of FGM. Some of them, however, while saying that they themselves oppose the practice, were uncertain about how Islam relates to the *sunna* type of FGM. Two participants said they supported *sunna*.

The present study also indicates that men's attitudes towards FGM have changed considerably after moving to Finland. According to the participants of the study, the reasons for the attitude change have been learning more about the practice and living in what they described as "an anti-FGM environment".

Unmarried young men born and/or raised in Finland are more unfamiliar with the practice and generally do not think about the topic. It seems that the tradition of FGM has little or no role in their lives. However, when asked about marrying, they said they would prefer a woman who has not undergone FGM, but feel considerate of those who have undergone FGM and do not see that as a hindrance to marriage either. The aim of this study was not to bring up views of women or girls, but through our community engagement work we have observed that young Somali women born in Finland may not know much about FGM either[1].

**

As the global anti-FGM movement has strengthened, a new concern has arisen: what happens to women who have undergone FGM if young men consider someone who has not undergone FGM a more suitable spouse? Will there be a generation of young women who are not considered desirable in the so-called marriage market because they have undergone FGM? (See also Johansen 2019, 13.) According to the limited data of young, unmarried men in this study, there is no basis for such concern, at least when it comes to Somalis in the Finnish diaspora.

Finally, according to this study, most men are willing and ready to participate in discussions concerning FGM as well as tackling the practice. Most participants thought that all men regardless of their education, age or social status, can have a significant role in eradicating FGM.[2] According to the participants, men do discuss and make decisions concerning FGM with their wives, and can thus protect their own daughters. In addition, men can raise awareness of the detrimental effects of FGM among their extended family members in Somalia and elsewhere through transnational networks. However, the participants think that extended family should not and does not impact the decision the parents in the Finnish Somali families make. Also, on a more general level, most participants feel that they can take an active role in the society in eradicating FGM, for instance by bringing the issue up in community gatherings or by advocating and campaigning on social media.

The finding described above is a positive one as open dialogue between the spouses is essential in many ways. The more men are aware of their wife's experiences of undergoing FGM and the long-term consequences of FGM, the better they are able to support the wife for instance when she is looking for treatment for her health problems. Men can also

1 See e.g. the blog posts by the Finnish League for Human Rights https://ihmisoikeusliitto.fi/olen-onnekas-etta-olen-kasvanut-suomessa-eika-minua-ole-ymparileikattu/ & https://ihmisoikeusliitto.fi/tyttojen-ymparileikkauksesta-ei-saa-enaa-vaieta/.

2 Interestingly, in Norway an opposite trend seems to be emerging where men consider it "inapproriate to try to influence the decision making of others regarding FGC, including family members in other countries " (Johansen 2019, 7-8)

protect their daughters more actively when they participate in the discussion openly.

Based on the limited data of this study it is not possible to assess if the findings reflect a wider change of Somali men's attitudes towards FGM in Finland or more broadly. However, as about half of Finnish Somalis live in the capital area (Helsingin kaupunki 2019, 79), the findings possibly apply to Somali communities in Finland also more generally. The data of this study implies that attitudes towards FGM among the Finnish Somali communities have changed significantly in one generation. If this trend continues, a comprehensive abandonment of the practice of FGM could be foreseen within the Finnish Somali diaspora.

If Somalis who have lived in Finland for years or maybe their whole life oppose FGM, how will this affect new immigrants from Somalia or Somaliland? Some newcomers may not be aware of the adverse consequences of FGM and may still support the practice. The Finnish Somalis are a rather close-knit community and newcomers are typically taken into the existing networks of the diaspora community. Here, the role of the Somali community, both women and men, is very important. If they actively speak against FGM with those who may support the practice or be uncertain about their views, the attitudes may change more rapidly among the newcomers as well.

Although the example set by role models within the communities is important, the main responsibility for tackling FGM is on the state, both as in e.g. health care professionals' duty to bring up the issue in their line of work, and indirectly by providing resources to civil society organisations engaged in anti-FGM work. It is vitally important to continue the preventive work particularly among the newly arrived people from FGM-affected communities or countries with high FGM prevalence where girls are at the highest risk of FGM.

In addition, as discussed earlier, the perceptions of *sunna* are to some extent ambiguous among the participants. It appears that the *sunna* type may not always be regarded as FGM. This is very worrying, and the findings indicate that some girls may be at risk of undergoing the *sunna* type of FGM regardless of how long they have lived in Finland or even if they were born in Finland. Therefore, the preventive measures must actively include the prevention of the *sunna* type as well.

The present study has provided new information about Finnish Somali men's view on FGM; this type of information has not been available before. The study adds to scarce qualitative data there is available in Finland related to FGM. More both quantitative and qualitative data of the experiences of women and men belonging to Somali and other FGM-affected communities in Finland is needed. It would be particularly important to study the attitudes and the level of awareness of newly arrived immigrants from countries with high prevalence of FGM.

Recommendations

Based on the results of this interview study, we have some recommendations for relevant authorities and professionals working e.g. in the sectors of health care, education, asylum process, immigrant integration and social work as well as civil society organizations working to end FGM.

If these recommendations are implemented, the preventive work aiming to tackle FGM

could become more efficient. Actively including men and taking the less extensive forms of FGM, such as sunna, into account would increase the wellbeing of women and girls who have undergone FGM and strengthen the implementation of Finland's National action plan for the prevention of FGM.

- **Authorities and other professionals should inform both women and men in the FGM-affected communities about the adverse health consequences of FGM and the legislation in Finland in preventive discussions e.g. in reception centres, day care centres or antenatal clinics.**
- **Authorities and other professionals such as people working in social services, healthcare or education should stress in their contacts with clients, patients or service users that all types of FGM (including *sunna*) have adverse health consequences and are illegal in Finland.**
- **Health care professionals should ask about all types of FGM (including *sunna*) when fulfilling their responsibility to ask about FGM e.g. in antenatal clinics.**
- **Health care professionals should offer a possibility for men to attend some of the appointments where defibulation or reconstructive surgery are discussed if their spouse consents to this. It is, however, important to ensure that women also have the possibility to have private appointments with healthcare personnel.**
- **• Health care professionals should offer both spouses a possibility to participate in sexual counselling or therapy if the wife has undergone FGM. The matter can be brought up e.g. in prenatal clinics, in maternity wards or in connection to defibulation or reconstructive surgery.**
- **Authorities and other professionals such as people working in social services, healthcare or education need further training regarding FGM and its various types to be able to efficiently fulfill their responsibility to talk about and report possible cases of FGM with their clients and service-users.**
- **Police officers need further training regarding FGM to ensure that they are able to investigate possible FGM-related offences efficiently and do their part in preventing violent crimes.**
- **Multi-sectoral cooperation and the flow of information between different authorities such as the health care sector, education, early education, social services (especially child protection) and police should be strengthened to tackle FGM and protect the girls at risk more efficiently.**
- **More research is needed, especially on the perceptions of the newly**

arrived immigrants from countries with high FGM prevalence. Further understanding of attitudes and perceptions concerning *sunna* is also needed.

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