

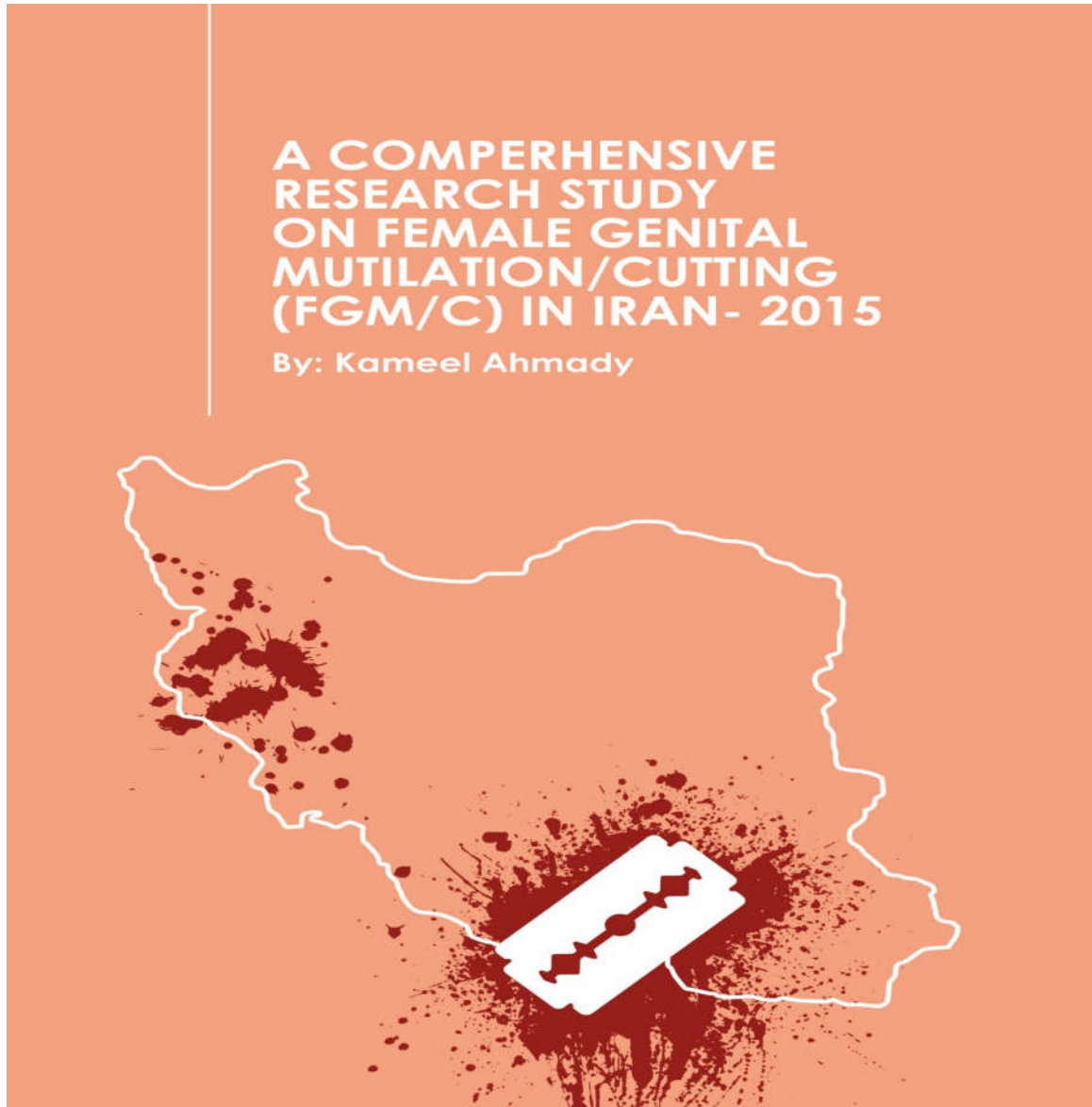
In The Name of Tradition

"A Comprehensive Research Study on Female Genital Mutilation/Cutting (FGM/C) in Iran"

Including appaendix

The Changing Paradigms of FGM

2017 Country Report on Female Genital Mutilation in Iran



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In The Name of Tradition

A Comprehensive research study on female genital mutilation/ cutting (FGM/C) in Iran

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Contents

Acknowledgment	6
Abstract.....	11
Prologue.....	12
Female Genital Mutilation in Iran	12
Chapter One	14
History and Prevalence of FGM in the World.....	14
Female Genital Mutilation: terminologies and definitions	14
Historical Roots of FGM.....	18
FGM: global prevalence	19
The Politics of FGM: Motivations and the Vale of Justifications	20
FGM: A Declining Trend.....	22
Chapter Two.....	27
Prevalence of FGM in Iran.....	27
Some Relevant Research/Studies:.....	29
FGM in Iran.....	38
Research Background.....	40
Research Methodology	45
How widespread is the Practice	46
Profiles of the Selected Provinces	49
Prevalence of FGM by Age	57
Generational Trends.....	61
Impact of Education	63
Impact of Religion	66
Impact of Household Wealth	67
Role of Men and Women’s Perceptions in FGM	69
Influence of the Type of FGM Practitioner.....	72
Ratio of Educated Women in Supporting FGM	74
Summary of Findings.....	76
The Pilot Interventions	78
Chapter Three	80
Fight against FGM-A Historical Perspective & Present Scenario	80
Historical Overview of the Fight against FGM.....	80

International Laws	84
The Weakness of Laws against FGM in the Middle East and in Iran	84
Major Contributing Factors	89
More on the Male Perspective.....	92
Religion: an Opponent of FGM or its Defender?.....	94
Fatwa on FGM in Kurdish Iraq-English Translation.....	99
Sects & FGM: Religious Complications in Iran.....	101
Perspectives of Prominent clerics	103
Legal Retribution or Compensation for FGM	110
Chapter 4	112
Conclusions, Lessons Learned and Recommendations.....	112
Conclusion	112
Lesson learned from the Research and Pilot Programme.....	115
The Way Forward: Recommendations	116
References	124

Acknowledgment

Since this research began a decade ago, a lot of energy and emotion has gone into this study to nourish my own thirst for knowledge of Female Genital Mutilation or 'Cutting' (FGM/ 'FGC') in Iran. The narrative of FGM/C is complicated and difficult to understand in the context of Iran, a country where the practice lurks beneath the surface.

This research has its roots in 2005, when I returned from Europe to my birthplace Iranian Kurdistan after an absence of many years, to learn more about FGM. Prior to my return, I had worked in Africa for a number of humanitarian relief NGOs and was given the opportunity to observe UN projects to combat FGM in counties like Egypt, Somalia, Kenya and Sudan. Remembering vaguely from my childhood that FGM (locally called sunnet) existed in some parts of Iranian Kurdistan, I decided to conduct some preliminary research beginning with my own family and close relatives and was shocked to discover evidence that FGM had long existed in areas of Mukriyan¹ and that my grandmothers, mother and sister have all undergone FGM. In fact, within Iran, only a very limited number of people from non-FGM-practising provinces have any awareness of its existence within the country. The first and so far only documentary about FGM in Iran, *In the Name of Tradition*, was filmed by capturing the views of residents in various Kurdish villages and neighbourhoods of the city of Mahabad as well as some villages from the nearby Kurdistan province and Hawraman, a region located where Kurdistan and Kermanshah provinces meet (Ahmady, 2006). A later edit of this anthropological documentary contains footage and interviews from regions and villages of Kermanshah and Hormozgan province, including islands such as Qeshm, Hormuz and Kish². In addition to interviewing local

¹ The Greater Mukriyan region encompasses several cities such as Bukan, Piranshahr, Nagadeh, Mahabad, Sardasht and Oshnaviyeh. It is part of Iran's West Azerbaijan province.

² The documentary can be accessed through the website of the author <http://kameelahmady.com/>

women and women circumcisers (bibis), the documentary collects the opinions of local men, medical staff and clerics, and provides an eloquent illustrative record of FGM in some of the less visited and infrequently reported rural areas of Iran.

Being male and having a 'non-traditional' background in the sense that I lived abroad in Europe, my detailed questions about this extremely sensitive topic—the cutting of the most private part of a woman's body— created resistance and bewilderment. I found that my research was not taken that seriously by some locals, especially the men. Some people, including some of my own relatives, were of the opinion that this subject is not an honourable one for an educated man to get involved with, and the project was deemed not a "manly" job. Here I would like to thank my late father who despite the pressure of local opinion and from time to time also from the government, supported me throughout; I would also thank members of my family and close friends who inspired me to persevere with this study despite the resistance I encountered throughout this research project.

I would also like to invite readers (in particular Iranian readers) to refrain from passing judgment hastily on issue of FGM and to read this study with open mind

Throughout this ten year journey, numerous people and organizations have helped me tremendously in completing the project.

This study and, in particular, parts of the fieldwork, were only achievable by fact finding research, field based training, support and assistance. In this regard, I would like to thank Fatema Karimi, Behara, Alvi Nasrin Fasihi, Morad Remezani, Mehsa Tollabi, Ronak Azarbekh, Nasrin Ahmedpoor, Shafagh Rehmani, Ali Rehmanpoor, Shirin Akbery, Shiwa Restegari, Nasrin Gehremani, Zehra Daryaneverd, Fahima Minabi and Mohemmad Azizi for supporting me in launching this research to highlight the traumatic rite of FGM.

Special thanks go to the following that assembled, analysed, triangulated, and developed a narrative so that we could present this work in the form of a comprehensive report. My utmost gratitude goes to Humaira Naz in particular who has been in contact with me for number of years through long-distance communications from

Pakistan and recently from Australia. She stood by this research and helped me throughout to develop and refine this study by acting as a consultant. I also thank Shafagh Rehmani, who stood by me in difficult times, and others who have chosen to be nameless for their cooperation and readiness to accomplish this task.

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I would also like to extend the hand of cooperation to the responsible ministries and agencies of Iran, including those responsible for health, social services and medical universities. I am

ready to share knowledge and data about the affected provinces, recommending and encouraging the government to fully acknowledge and take on board the importance of combating FGM

I am obliged to Dr Helen Carr from Oxford University for her friendship, motivation and her professional advice; Hilary Burrage, Dr Tobe Levin and Katayune Ehsani for sharing information, proofreading and feedback, particularly in finalising the framework of this research study. Richard Lim deserves thanks for his editorial support.

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The massive amount of data gathered for this study has yet to be fully analysed, but the intention is eventually to publish it as a book in English and Farsi, with a subsequent Kurdish translation soon. I am also intending to release work on a study of child marriage in Iran, a research that I started some years ago while conducting this work on FGM.

The great news is that FGM rates are declining across the globe, including in the secret pockets in Iran. However, there is still a lot of work to be done in order to combat FGM in Iran. I would now like to invite readers (in particular Iranian readers) to refrain from passing judgment hastily on issue of FGM and to read this study with open mind.*** I consider the act of female genital mutilation/cutting on minors and especially hidden beliefs behind it as a violation of children and human rights.

During the last years I and few others have tried our utmost to reach out to the responsible ministries and provisional officials in FGM/C affected provinces to gain their support for a joined plan to

address FGM in Iran however our efforts did not attract and received any attentions from the government. I, along with a number of other like-minded researchers, would like to extend our hands and offer our cooperation to the Government of Iran in supporting a nationwide effort to raise awareness, provide access to reach out to communities' involvement and start a dialogue between the relevant stakeholders, to synchronize any action plan with our universal human rights commitments. The Government is a signatory to a number of international children right treaties, and while it should ratify all outstanding treaties it also needs to adopt a comprehensive action plan on combating FGM. Such a plan would need to include the following (for more recommendations also see chapter four) : (1) engagement and buy-in from the local key influencers and stakeholders (given the culturally sensitive nature of the topic); (2) a national education programme, which should include amongst other things raising awareness on the dangers of FGM; and (3) new laws criminalizing FGM. The Government can gain leverage via the various international experiences and successes in fighting FGM, such as UNICEF's programmes, as well as the on-the-ground capabilities of NGOs and Community Based Organizations (CBOs) in Iran, to succeed in its own campaign against FGM.

Kameel Ahmady - 2015

Abstract

This comprehensive study investigates, explores, and analyses the existence of Female Genital Mutilation/Cutting (FGM/C) in Iran. FGM is prevalence in four West Azerbaijan, provinces of Kurdistan, Kermanshah, and Hormozgan. FGM is a longstanding ritual which continues to violate aspects of women's sexual rights. It prevails in societies because of certain beliefs, norms, attitudes, and political and economic systems. While there is some data available on FGM in Iran, it is limited in scope. The aim of this study is to provide in-depth data on FGM in Iran and, at the same time, provide the building blocks for a comprehensive programme to combat FGM in Iran and bring this issue onto the world's agenda. The communities will benefit from recommendations of this study and for the first time government, individuals, and other NGOs will have access to updated authentic large amount of data about the existence of FGM/C in Iran. The findings of this study will also contribute to two larger perspectives. Firstly, it will work as a baseline for future studies and research in Iran which is required; secondly, it will help increase awareness about the presence of FGM/C in Iran. On a broader scale, it will also refute the longstanding belief that Africa is the only continent where FGM takes place the same time provide enough evidence so FGM never to be denied again. The exposure to this fact will assist Iranian society, children right lobby and international organizations in starting a dialogue with the relevant stakeholders in Iran to help address and combat FGM in Iran.

Prologue

Female Genital Mutilation in Iran

Combating Female Genital Mutilation (also known as Female Genital Cutting, (FGM/C)³ is a controversial subject globally, and its elimination is considered an imperative goal by feminists, human rights campaigners and social activists as well as international organisations such as UNICEF and responsible governments. An extreme form of FGM can have serious health consequences for a girl, including being traumatised and in some cases even death due to severe bleeding and infections. In the long term, women who have been subject to FGM suffer undesirable health effects in their married lives.

This study is the result of comprehensive research, begun in 2005, on FGM in Iran. For the first time this research gives a complete overview of the prevalence of FGM in the whole of Iran, with a focus on the most FGM-affected areas in the western part of the country, namely in West Azerbaijan, Kurdistan and Kermanshah provinces, and some areas of southern Iran, namely Hormozgan province and its islands.

The study will introduce FGM along with the well-known justifications given by the communities that practise it. The first chapter will also include a historical perspective, and will look at the prevalence of the practice across the region and the globe, and the emerging reduction in the occurrence of FGM. The second chapter will shed some light on its presence in all the affected regions of Iran, focusing on regional variations in the practice, the range of beliefs and reasons underlying it, and also highlight the number of practices/programmes adopted so far to tackle the issue in the specified areas of Iran. The third chapter will bring into the discussion

³ FGM will refer to both female genital mutilation and female genital cutting throughout this study unless otherwise stated.

*

the historical fight against FGM/FGC; some legislative measures against it; the role of clerics, the community and government responsibilities; and most importantly men's perception in this regard. The final chapter will conclude the study with certain relevant recommendations to affected communities, responsible government representatives and the ministries of health, education and social services.

Chapter One

History and Prevalence of FGM in the World

“I do not wish them to have power over men; but over themselves”

Mary Wollstonecraft, A Vindication of the Rights of Woman, 1792

FGM is an ancient ritual which violates essential aspects of women's and children sexual rights. Recent data from the United Nations Children's Fund (UNICEF) indicates that roughly 130 million girls and women alive today worldwide have undergone some form of FGM/FGC ([UNICEF, 2014](#)). Further research shows that 92 million of them are over the age of 10 and mostly live in Africa. According to official UN data, FGM is practised in 29 countries in western, eastern, and north-eastern Africa, in parts of the Middle East, and Asia, and within some immigrant communities in Europe, North America and Australia ([EndFGM, 2012](#); [UNICEF, 2013](#)). Its prevalence in several countries exceeds 80% ([UNICEF, 2014](#)). The age of girls undergoing FGM varies from one culture to another. In general, it is performed on a girl between the ages of 4 and 12; however, in some cultures it is practised on newborns or just prior to marriage. The chart below gives an overview of the vast extent of the practice:

Female Genital Mutilation: terminologies and definitions

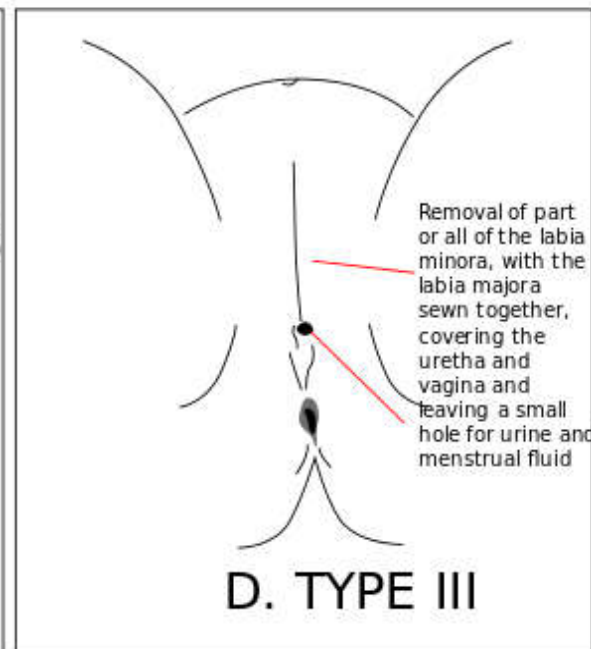
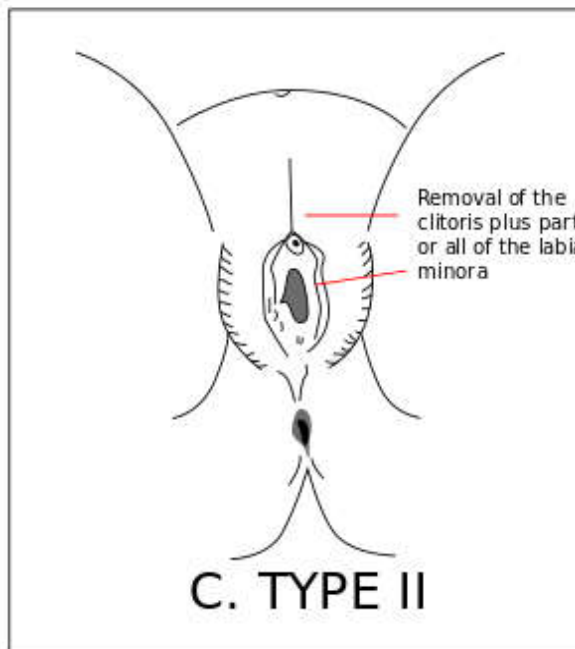
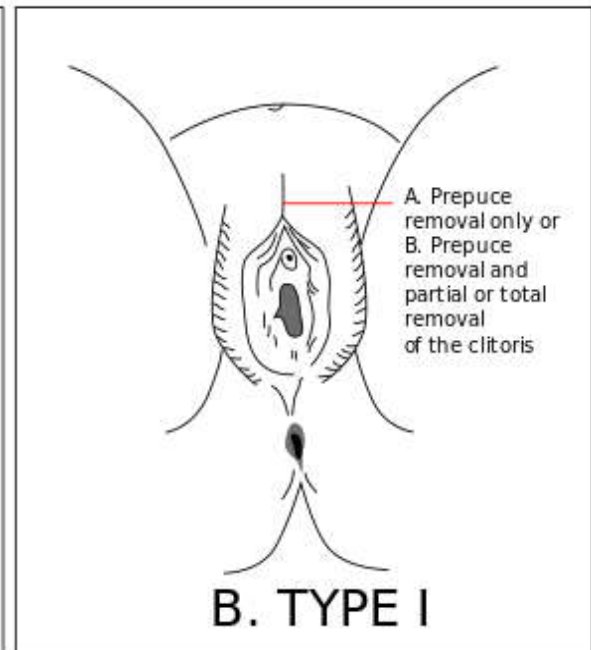
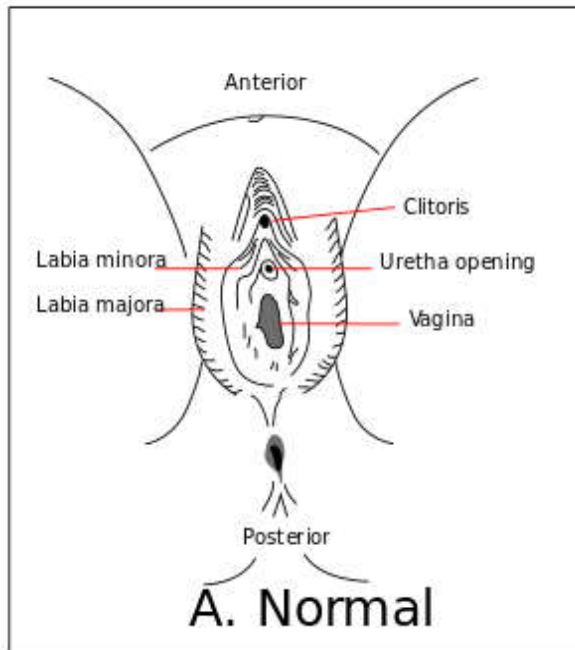
The practice generally involves partial or, in some extreme cases, the total removal of the external parts of female genitalia. In English, the term “female circumcision” has been used for this practice, to compare it with male circumcision. Nowadays however, as a result of the work of feminist activists against this practice, NO: just female

genital mutilation (FGM) is the preferred expression.⁴ The most common and acceptable typology is that of World Health Organization (WHO), which divides it into four types as described below:

Type I is the mildest type, consisting of the removal of the prepuce (clitoral hood) and/ or partial or total removal of the clitoris. Type I is divided into two forms. The first one (rarely performed) consists in the removal of only the clitoral hood which is the external skin of clitoris. The second form is called clitoridectomy or clitorectomy and consists of the partial or total removal of the clitoral hood and clitoris ([WHO, 2008](#)).

Type II is the partial or total removal of the labia minora, with or without removal of clitoral glans and labia majora. It is subdivided into three forms: removal of the labia minora; removal of the clitoral glans and the labia minora; removal of the clitoral glans, the labia minora and the labia majora([WHO, 2008](#)).

⁴ Some criticise the usage of the term “circumcision” for females since that links female genital cutting or mutilation with the notion of male circumcision which has totally different goals and procedures. Therefore, critics say, the very use of the word circumcision for female genital cutting conceals the violence of this practice by subsuming it into a familiar procedure. Thus, these critics suggest that any opposition to FGM should include eliminating the term “circumcision” in the female context. I, myself, prefer the term “girl circumcision” to “female circumcision”. The latter essentially makes sense in opposition to male circumcision and therefor emphasises a male/female conceptual distinction. I believe “girl circumcision” highlights the underage status of the victims of this practice. My main critique is that this is an unjustified tradition, generally performed in unhygienic conditions; that it is extremely painful and performed without any aftercare; and is imposed on young girls, something that violate children right.



Type III is the strictest and the most painful type of FGM/FGC that involves removal of the external genitalia and the “fusion” of the wound. In this type only a small opening is left (infibulation) to allow for the flow of urine and menstrual blood. Type III has two forms. The first one is the removal and closure of the labia minora; the second is the removal and closure of the labia majora (WHO, 2008), using thorns or stitches and poultices. For healing purposes, the legs of the victims are tied together for two to six weeks. According to the WHO, “Although only an estimated 15-20% of all women who experience genital mutilation undergo type III, in certain countries such as Djibouti, Somalia and Sudan the proportion is 80-90%” (WHO, 2008). Infibulation is practised on a smaller scale in parts of Egypt, Eritrea, Ethiopia, Gambia, Kenya and Mali, and may occur in other communities where information is lacking or still incomplete” (WHO, 2008).

Type IV: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterisation.

FGM has harmful effects on girls’ mental and physical health. In many cases the consequences are permanent

The process is normally painful as it is carried out without anaesthesia and without prior consent, often on children between the ages of 4 and 12. It is typically performed by a traditional circumciser, mostly a woman, with no medical background and training, whose only qualification is her years of experience. The tools used are razor blades, scissors or knives for the cutting, and this is mostly followed by sewing up of the wound with the help of thorns/thread. Importantly, as FGM is not a clinical procedure, it is not carried out in a hospital but in a non-sterile environment in villages. There are no medical arguments to be made for the practice and depending on the nature and severity of the procedure, FGM may compromise basic functions of the body, resulting in pain, trauma, bacterial infection, complications in childbirth, difficulties in urination, sexual intercourse, reduced sexual pleasure for women, and multiple psychological issues (Toubia, 1995), as well as increased morbidity and mortality for both male and female infants.

Historical Roots of FGM

The historical roots of FGM are not precisely known, although historians and anthropologists have done enormous research on the origin of FGM. Several sources traced it back to more than 2000 years and generally point to ancient Egypt, specifically areas around the Nile, as its geographical heartland from where it spread.

Some historians claim it to be a Pharaonic practice and that its roots lie in 5th century BC Egypt. “Pharaonic circumcision”, an expression prevalent in popular discourse, is sometimes considered as a proof of the claim. Some researchers regard it as something the Egyptians did to prevent women getting pregnant, especially slave women. Others mention it as an African Stone Age way of “protecting” a young female from rape ([Lightfoot-Klein, 1983](#)). The early Roman and Arabic civilisations linked FGM with virginity and chastity; in ancient Rome female slaves were subjected to it to repress sexual activity and to raise their value.

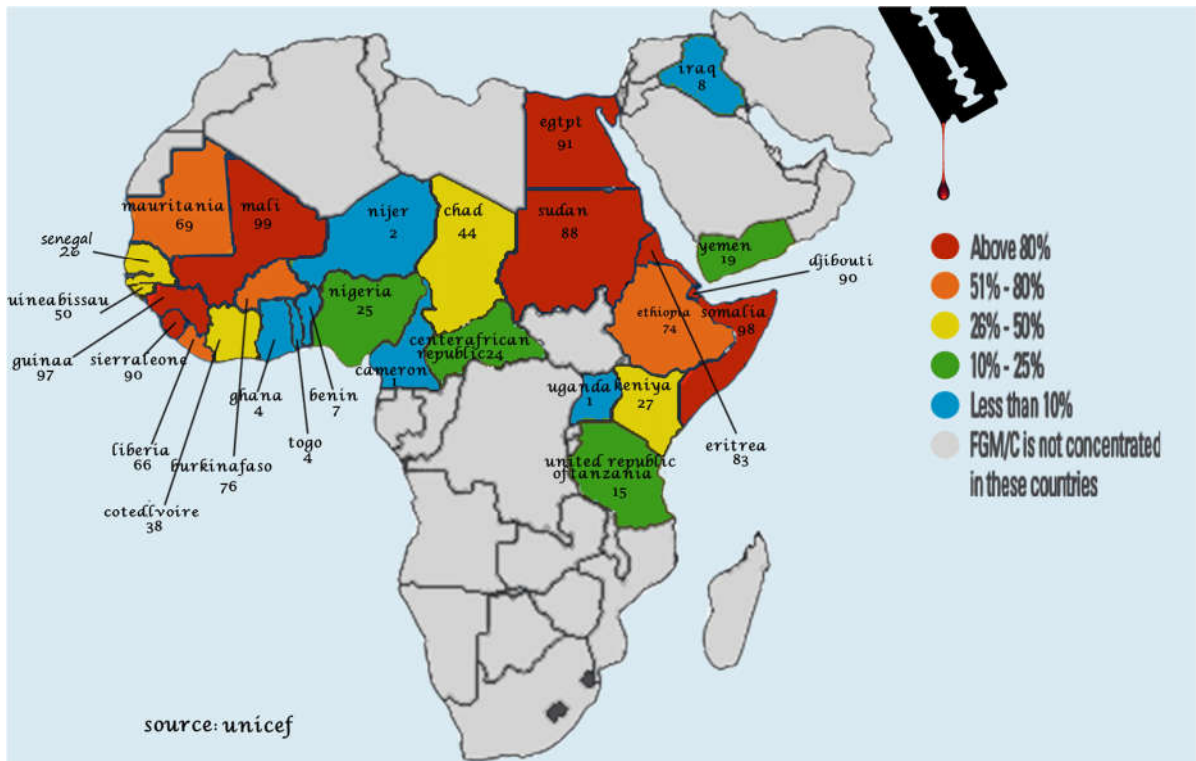
It is well known that FGM/FGC was historically practised in many parts of the world, not limited to Africa and the Middle East. It was practised by Australian Aboriginal communities, the Phoenicians, the Hittites, the Ethiopians, and ethnic groups in Amazonia, some parts of India, Pakistan, Malaysia, and Indonesia and in the Philippines. In the 19th century, FGM was practised in Europe and the US, where some physicians embarked on clitoridectomy to prevent masturbation or counteract female homosexuality and some mental disorders such as hysteria ([Brown, 1866](#)). In fact, FGM sporadically continued in the USA until 1970s in one form or another.

FGM: global prevalence

According to UNICEF data, FGM is most common in 29 countries in Africa, as well as in some countries in Asia and the Middle East and among certain migrant communities in North America, Australasia, the Middle East and Europe ([UNICEF, 2013](#)). There is no evidence for it in southern Africa or in the Arabic-speaking nations of North Africa, except Egypt ([Toubia, 1995](#)). Increased migration of people from practising countries has resulted in the spread of FGM to other parts of the world, including Australia, Canada, New Zealand, the US, and European nations ([Boyle and Preves, 2000](#)). The practice can also be found to a lesser extent in Indonesia, Malaysia, Pakistan and India ([Isiaka and Yusuff, 2013](#)).

In Iraq, FGM is practiced among Sunni Kurds, some Arabs and Turkmen. A survey done by a number of NGOs in 2005 suggest 60% prevalence among Kurds in Iraq ([Ghareeb and Dougherty, 2004, 226](#)). Later studies from the same area, following the launch of a number of local and regional campaigns to combat FGM, suggested a lower rate of FGM. According to the Kurdish regional government, UNICEF and local NGOs, FGM rates have been [dropping rapidly](#) .

Reliable figures on the prevalence of FGM are increasingly available. The statistical review by UNICEF mentions that national data have now been collected in the Demographic and Health Survey (DHS) program for six countries: the Central African Republic, Côte d'Ivoire, Egypt, Eritrea, Mali and Sudan. In these countries, the rate among reproductive-age women varies from 43% to 97%. Data for these countries also subdivides the rates among different ethnic groups. However, the statistics are silent about its presence in the US and a few other western countries. The map below shows its current prevalence in different parts of the world:



The map confirms the prevalence of the practice in abovementioned countries, and shows that Iraq has amongst the lowest rates of FGM, at 8% ([UNICEF, 2013](#)). Iran is now also on the list of practising countries.

The Politics of FGM: Motivations and the Vale of Justifications

FGM is intrinsically embedded in the social fabric of practising communities, who have an abundance of reasons they use to justify the act of removing a part of women's bodies. WHO associates the justifications with the ideologies and histories of practising societies, founded on gender inequalities and the patriarchal control of women's sexuality. The following passage will provide an overview of the justifications that help FGM to survive and flourish:

There is a (totally erroneous) belief that FGM stimulates fertility in women, decreases any homosexual urges, and increases loyalty to the woman's arranged spouse. In many cases, infibulation is performed to preserve the woman's virginity and loyalty for her husband by sewing up her vaginal opening, to be unsealed exclusively for her

spouse on the wedding night. It ensures her fidelity as well as giving extra sexual pleasure to the man, thus contributing to serving the male desire ([Lindorfer, 2007](#)). In certain communities, mutilation is carried out as part of the initiation into adulthood.

The practice of FGM has many social, religious, economic, educational and political drivers. The supporters of FGM associate it with what they claim as the empowerment of their daughters: helping to ensure the girls get married and to protect the family's good name. Cultural beliefs of the practising communities in terms of gender and sexuality also bolster FGM. The communities associate the procedure with the beautification, modesty and cleanliness of women. But many critics believe that the motivation behind this is to limit and control women's sexual behaviour until marriage; virginity is a prerequisite for marriage and in some cases families (and clerics) believe that FGM minimises sexual desires outside wedlock. Interestingly, in some of these communities, a girl who has been subject to FGM may receive a good number of marriage proposals.

Some supporting beliefs are associated with hygiene and aesthetics. In FGM-practising communities, an uncut woman is considered unclean, and some people believe that a woman's clitoris grows in size if not cut ([Lindorfer, 2007](#)). In addition, they believe that female genitalia are unsightly and dirty and that cutting will make girls pure; once she is married her cooking will be considered halal.

As we have mentioned earlier, FGM predates Islam and Christianity. However, many discourses link FGM with religion and consider it as one of the requirements of Islam, which is misleading. It is true that FGM is prevalent in abundance in some Muslim countries, but FGM is not mentioned in the Quran or Bible, nor described in any authoritative Islamic or Christian texts ([Rouzi, 2013](#)). FGM also occurs among certain groups of Christians, animists and Jews. For example, in Eritrea and in Ethiopia, Coptic and Catholic Christian communities practise FGM. In Jewish groups, namely the Beta Israel and Falasha, girl circumcision is also widespread. In these communities, religion becomes a justification for FGM, linking the practice with the purity of women and being a devout person in the eyes of the Creator.

Economic reasons cannot be ignored and are the most vital of all other justifications. In some practising communities, an uncut girl is

seen as a burden for her family and not eligible for marriage, due to the deeply rooted practice of mutilation. As a result she is unable to fetch the “bride price” for her parents. In addition, sometimes as a religious duty, clerics (both men and women), community leaders, village chiefs, traditional birth attendants/midwives and circumcisers have a prominent and influential role in promoting FGM in rural parts; circumcisers, of course, wish to ensure a regular income. The cooperation of these groups is therefore also critical in preventing and eliminating the worst forms of FGM. Prevention will go hand in hand with changing the attitudes of these actors by, for example, giving them an alternate means of income. Hence at grassroots level, development workers collaborate closely with birth attendants to convince them to play a role against the practice.

FGM: A Declining Trend

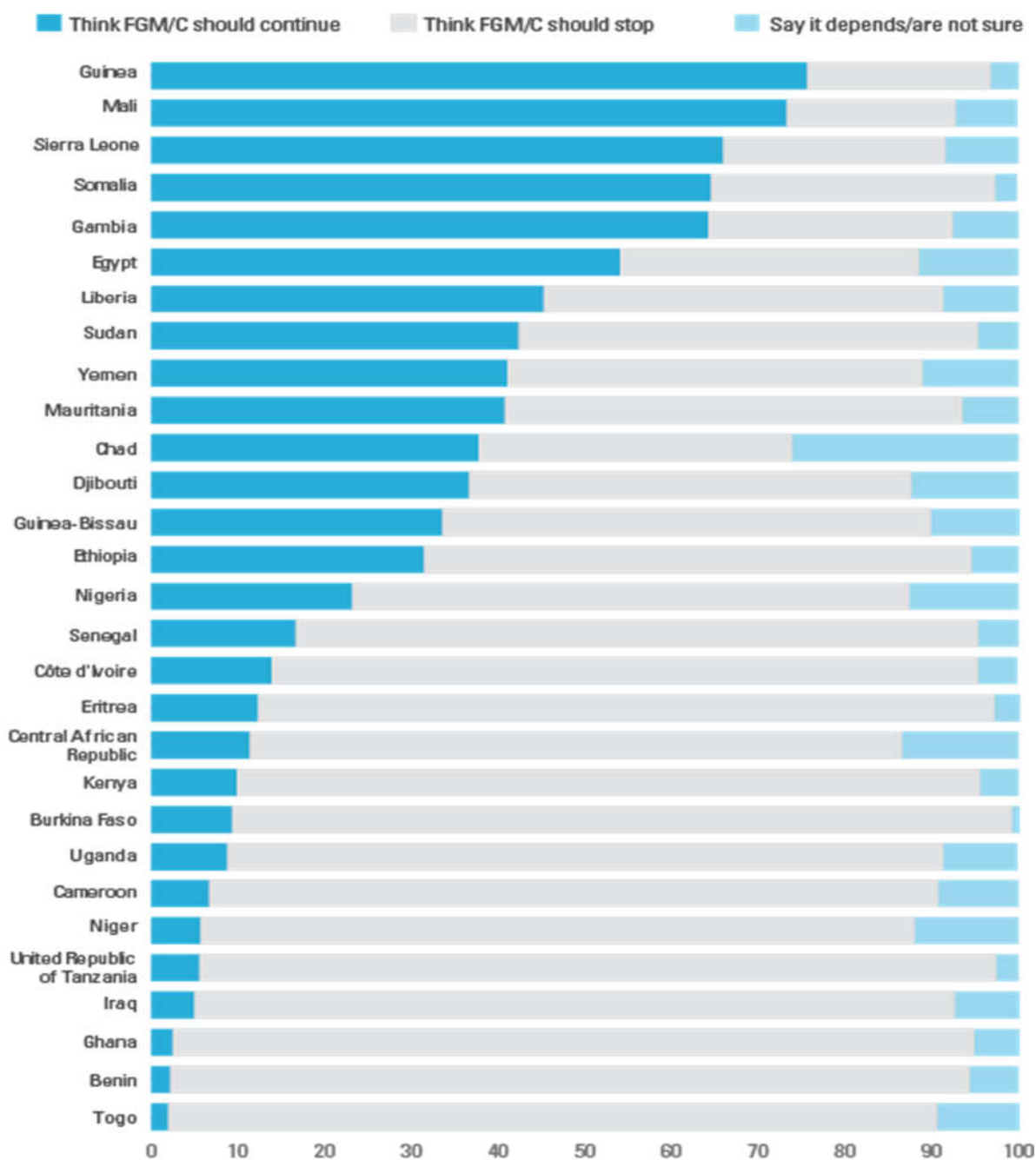
The current waves of modernisation and growing awareness have brought many changes in people’s attitude towards FGM and changed behaviours in a number of ways. Behaviour in diaspora groups may however be the converse of domestic ones where, for instance, FGM is adopted as a marker of difference from the host population.

The international development and humanitarian organisations look at the issue through the prism of violence, in particularly violence against women and children. The UN describes it as “a manifestation of deep-rooted gender inequality that assigns [women] an inferior position in society”. In this regard, significant efforts have been made at global and regional level over the past decade. A great number of FGM practitioners have come out strongly against the practice. As a result, in many countries the practice is already starting to decline. One contributing factor is the openness with which the topic is nowadays discussed in the print and electronic media and even on the streets. On 2014, the UK hosted the first Girl Summit (Girl summit, 2014), aimed at mobilising domestic and international efforts to end FGM/C as well as child, early and forced marriage (CEFM) within a generation. UNICEF co-hosted the event, which was attended by many countries and raised a large amount of funding to fight FGM.

Through awareness and advocacy initiatives, campaigns have succeeded in breaking a taboo, making FGM a widely talked about

*

issue. In some of most affected areas of the world we now see a sharp drop in the rate of FGM among many communities and positive changes in attitude towards this practice. A recent study by the Demographic Health Surveys in Yemen indicates a drop in the practice due to the efforts made by the government and other relevant stakeholders ([Al-Khulaidi et al., 2013](#)).



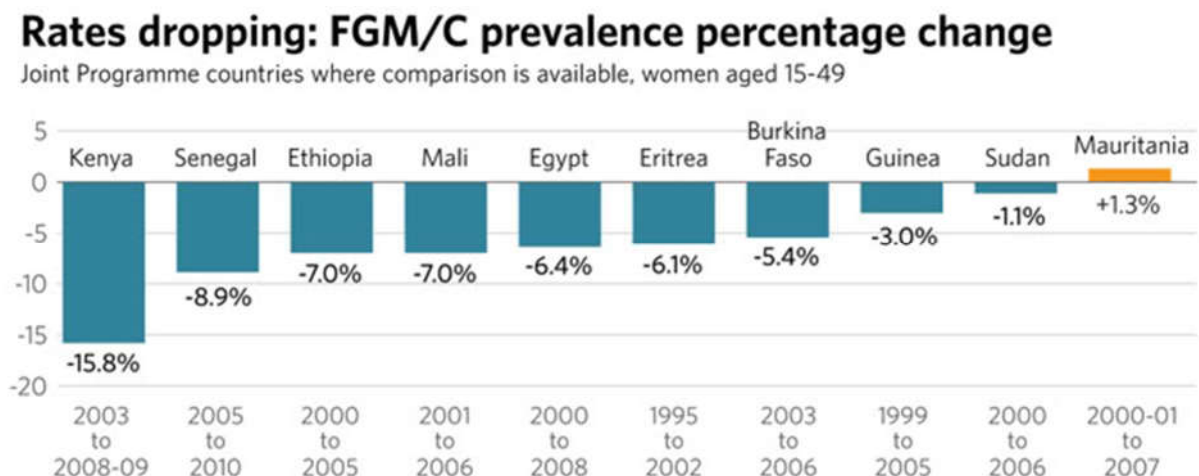
Source: UNICEF- 2013

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Similarly, in Burkina Faso, leaders explicitly acknowledge FGM as a women's and children's rights issue and they are adopting a unique strategy to tackle it through education, protection measures, and also prosecuting those involved. The government in Iraq and Egypt has arrested those who practise it, fined them and in some cases sent them to prison. In Iraq, a recent survey of hundreds of families in the Kurdish region, published by UNICEF, also shows a sharp decrease in FGM. Use of the practice has almost halved in Benin, the Central African Republic, Iraq, Liberia and Nigeria in adolescent girls.

According to the report, the most prominent role in this reduction is the attitudinal change in women who would once have gone through all this. According to the victims, the practice is useless and can bring only sorrow and pain to their own daughters; therefore they strongly condemn it.

Another report, done by the UN in 2012, shows, with the exception of Mauritania, an overall slight reduction in the number of FGM in 2,000 communities across Africa, which marked a predominant era of change across many nations and communities on the continent ([Pandit, 2012](#)). This reduction can be seen in the following graph:



Source: UNICEF- 2013

Chapter Two

Prevalence of FGM in Iran

Although neither exclusively Muslim nor a Middle Eastern phenomenon, FGM is undeniably practised among certain Muslim communities and Muslim countries, mostly among Sunnis of the Shafi'i school of Islamic jurisprudence. In Iran, the practice has a long history and there are still numbers of people who observe the ritual of FGM for the sake of their religious and cultural beliefs. The practice is found mostly in rural areas, as well as in urban outskirts, in parts of the east and west of the country. In Iran (and Iraq), FGM is mainly associated with Shafi'i Kurds who speak the Sorani dialect rather than Kurmanji⁵

In Iran today, the Twelver Shia branch of Islam is the official state religion with a 90-95% of Shia population and a minority Sunni Iranian community, of about 4% to 8%, who are mainly Kurds and Baluchs as well as Persian communities of south and Turkmen of northern part of Iran (Cheng and Beigi, 2012). The remaining 2% comprise non-Muslim religious minorities (Ameli and Molaei, 2012).

FGM in Iranian Kurdistan occurs in certain areas within the Kurdistan Sunni regions



City of Qom- photo by: [@kameelahmady.com](https://www.kameelahmady.com)

⁵ The Kurdish language has various dialects, but are generally categorized into two groups: Kermanji Kurdish and Sorani Kurdish. Kermanji is the predominant language of Syria and Turkey and a part of Northern Iraqi Kurdistan and the Kurds in North and West of Iran. Sorani is spoken in regions near Iraq's Suleimanieh, Iraqi Kurdistan, south of Western Azerbaijan and also Kermanshah, Ilam and Iraq's Khaanghin. Other Kurdish dialects include Kermanshahi, Ilaami, Laki and Kalhori.

including villages near the border with Iraqi Kurdistan. However, prevalence of FGM in these areas is patchy and varies sharply from one region to another and in some cases varies significantly between neighbouring villages.

For years, the Kurdish Regional Government (KRG) in Iraq, with the help of local NGOs and other international organizations, has been playing its part to eradicate FGM and has been relatively successful in doing so (HRW, 2010). In Iran, however, FGM is not a public discussion and is seldom mentioned. In most cases, official representatives, as well as nationalist individuals or groups, are in denial about FGM's existence. There is also a lack of interest amongst the Shi'a religious establishment to try and tackle FGM, as they feel it is an exclusively Sunni practice in which they should not get involved (EndFGM, 2012).

The four provinces known to be associated with the existence of FGM also have a history of other types of violence against women such as child marriage, forced marriage, polygamy and a number of honour killing cases. Cultural and traditional influences sometimes also lead to the self-immolation of women (Keddie, 2000). In addition to the Shi'a religious establishment, the Iranian government also considers FGM as a Sunni issue and has not made any official attempt to try to end FGM. In fact, the issue of FGM has not caught the attention of ministries or other government bodies and public institutions such as health and social services.

Having said that, the Rouhani administration has paid more attention to social problems and issues within the family. It has listened to the outcry of social activists and researchers by fulfilling a presidential election promise to consult the public and has also issued a 20-page draft of its proposed Charter of Citizen's Rights, which is being billed as a huge advance for civil rights in Iran.

In addition to the lack of public discussion on FGM, the issue is also not widely studied or researched within academia or universities in Iran. With the exception of a limited number of postgraduate student theses on the subject, there is virtually no independent research or publications within Iranian media on FGM. Due to a lack of support from the government, and to security concerns, a very limited number of serious and comprehensive studies on FGM have been conducted.

Similarly, no public engagement projects for the affected regions have ever been funded or permitted. Not even a pilot project program to determine the exact prevalence of FGM and measure the impact of education and training to flight FGM has been permitted. Most of the studies below were conducted by non-local female university students examining small samples ranging from 40, 200 and 400 cases and it seems most are similar in size, methods, approach, giving more emphasis to general information and less to analyses and solutions.

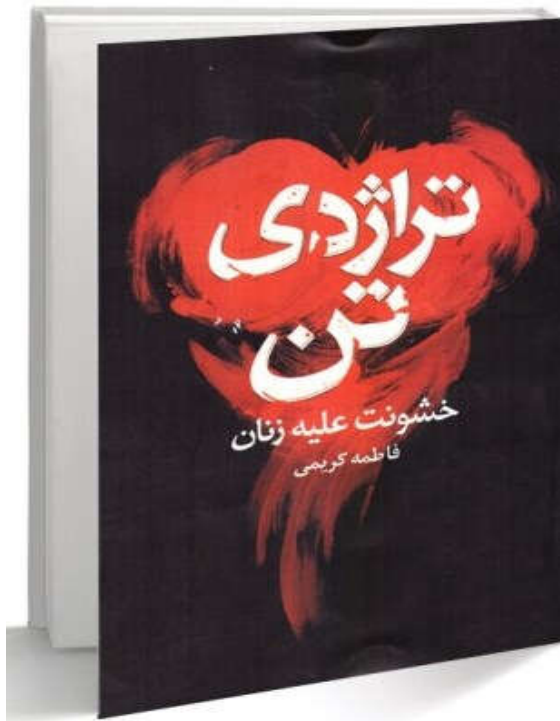
Some Relevant Research/Studies:

One of the first studies done on FGM in Iran was by Homa Ahadi, who was a student of Midwifery. She conducted research in some of Minab's (Hormozgan province) medical centers and in 2002 she produced a report, *"Prevalence, awareness and attitudes, FGM in Minab"*. As a midwifery student, she was able to examine and interview 400 female adults aged 15 to 49 years old from the region of Minab. Ms. Ahdi claims that Type 1 and some Type 2 FGM cases were seen among women of Minab. She concludes that an increased awareness among locals of the dangers of FGM, and the importance of medical care, education, and changing people's perspectives, can all play an important role in reducing FGM. Some parts of this study were subsequently published in *The Journal of Qazvin University of Medical Sciences*, and later on in *International Journal of Gynecology & Obstetrics* in 2009 (Ahadi et al., 2009).



Paissa Rezazadeh Jalali thesis

Paisa Rezazadeh Jalali, a social science postgraduate student from the Islamic Azad University of Roodhan, prepared her thesis on *"Analysis of the Cultural Origins of Violence against Women, with an Emphasis on the Circumcision of Women in Bender Kong"* 2007. Jalali randomly picked 200 case studies at one of the Bandar Kong's medical centres in Hormozgan province. She mainly focused on two factors: religion and education. Her data demonstrate that there is much more support for FGM among Sunni population than the Shi'a population, even though a minority of Shi'a women also practiced and believed in FGM. According to her data, education also played an important role among women, where more educated women refused to 'circumcise' their daughters and were against the practice (Jalali, 2007). In her abstract, she explains that her research analyses the cultural and religious reasons for 'female circumcision' in Bandar Kong. She believes this practise is an example of sexual violence against women that is done under the cover of religious and traditional beliefs and customs. She writes that some believe FGM is allowed under Islam and also deserves divine rewards. In Jalali's view, the country (Iranian government) is not aware of its obligations concerning human rights, and this is another reason for such violence. She concludes that most women in the area which she studied have come to believe that girls' circumcision does not have any benefit and is instead very harmful to them.



Another study focuses on FGM amongst the Kurdish population in Iran, and is one of the very few university studies on this subject. Fatimah Karimi conducted the study for her postgraduate thesis while she was doing her master's degree in women's studies at Allameh Tabataba'i University in Tehran 2009. However during the last stage of *defending*

her thesis, it was rejected by university officials who claim that the subject was not appropriate and was too sensitive. A year later, permission was granted to print the work and it was published as a book by Roshangaran, a women's study publisher. This was the first time a book on FGM was ever granted permission by the Minister of Culture and Islamic Guidance in a climate where the Iranian government was never keen to allow research to be published on that topic (even though some limited medical articles were published in credible journals) (Karimi, 2010).

Karimi's Book-Tragedy of the Body

Fateme Karimi's thesis is more research based; she analyzes the information and the records of face to face interviews with 40 adult women whom she compiled in and around region of the Pava Town in Kermanshah province. The method used for this study was targeting known likely subjects and then 'snow balling', i.e. asking for further introductions. The study covers a global history of FGM and international actions to prevent it, presenting different arguments by

feminists and sociologists, and quotes from other work on FGM, including some data on FGM for the region of West Azerbaijan and Kurdistan provinces which were collected by the author of this study ([Ahmady, 2006](#)). This data demonstrates the negative consequences of FGM on the body and mind of girls, and that a declining trend can be seen in Kurdish areas.

More studies should now be done and more data collected to share with treatment and educational centres, so that the public becomes aware of this problem. In Karimi's opinion, religious figures can play a vital role in the struggle against FGM and can make the mosque a place for preaching against FGM and for preventing weak religious justifications.

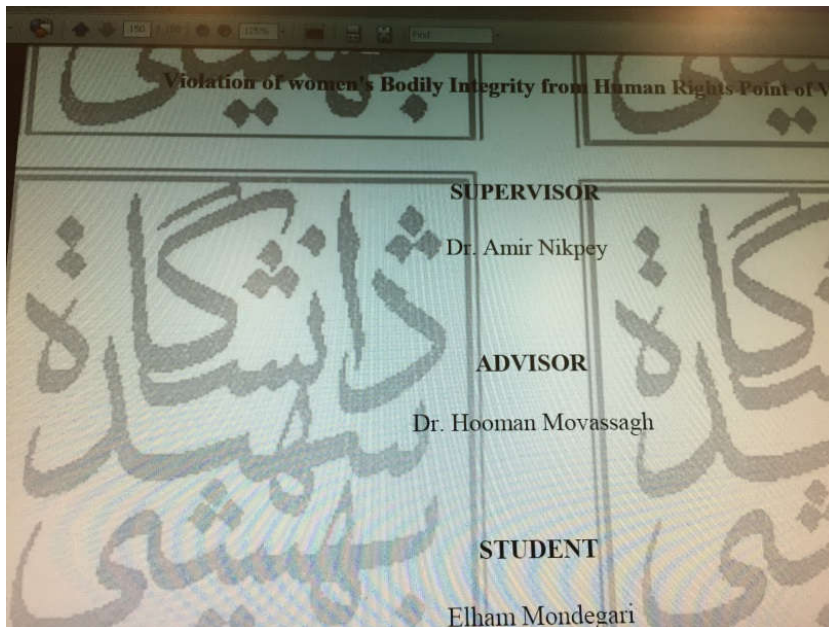
Elham Mandegari, a law student from Shahid Beheshti University in Tehran, was the first researcher to base her work on clear legal points and well-studied law, most importantly family law, Islamic law and the penal code. Her master's thesis "*Violation of Women's Bodily Integrity from a Human Rights Perspective*" was based on short fieldwork in the west and south of Iran, in which she interacted with local women and men, and most importantly collated views from some local clerics. She also incorporated a large number of references to the views of eminent scholars and religious actors, plus quotations from imams as well as the Quran. Some of these quotes and viewpoints suggest that there is no longer any need to practise FGM ([Mandegari, 2008](#)).

This study also emphasizes the negative effects of FGM on the body and mind of girls and argues that there should not be any deviation from human rights for the sake of cultural diversity. She then emphasizes that FGM is a clear example of violating the rights of women and children and breaches some of their basic rights such as the right to body integrity, physical health, not being subjected to torture or other cruel, inhumane and degrading behaviour.

Mandegari also points out the duty of the government to protect the human rights of its citizen and to make the necessary international commitments to support groups in danger and support the role of the UN and other international organizations in their efforts to promote and protect human rights. In that regard, Mandegari takes a comparative approach, analysing the performance of governments and national and international organizations. Her

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findings show that governments and international organizations have an important role in eradicating FGM. According to Mandegari, lack of political management is the most significant reason for the continuation of FGM in Iran.



Elham Mandegari's thesis

The study points out that all types of mutilation, including medicalization (which is specified as a way to reduce trauma) has negative consequences on the physical, spiritual, personal wellbeing and security of women and children. International law and universal of human rights may not accommodate cultural relativism in this respect. The principle of cultural diversity can only apply where it is not in conflict with human rights. Thus, female genital mutilation is in conflict with human rights, including some rights of women and children, the right to equality bodily integrity and health, and the right not to be subjected to torture or other cruel inhuman or degrading treatment or punishment.

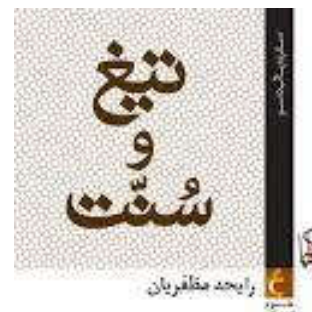
The duty of the state is to uphold the human rights of its citizens and to observe its international commitment to ensure proper supportive policies for groups in danger, in conjunction with the UN

and other particular bodies and international organizations in propelling the goals of international human rights ([Mandegari, 2008](#)).



At the 4th National and the 1st International Congress on Health, Education & Promotion, organized by the Faculty of Health and Nutrition & Nutrition Research Centre of Tabriz University of Medical Sciences in 2011, Pashaei T, Majlessi F, Rahimi A, Ghartappeh published in the Proceedings, and presented their study *"Prevalence Of Female Genital Mutilation and the Effects of Health Education based on a Behavioural Intention Model, on Attitudes And Behaviours in Women referring to Health Centres in Ravansar-Iran"*. The first part of the study was cross-sectional, involving 348 women referred to five health centres in Kermanshah province. Structured questionnaires were used to determine the prevalence of FGM and the effective factors of performing FGM. Data analysis was performed by using both descriptive statistics and the Pearson correlation coefficient. The second part of the study was experimental in which an educational intervention on 50 women who practised FGM was conducted. The researchers concluded that the elimination of FGM requires the participation of religious leaders and custodians of health and also an increase in people's awareness of the surgery and its complications. Foreign research has shown that in communities which have taken the decision to ban FGM, the practice quickly dies away (Pashaei et al., 2011).

In 2011, Rayehe Mozafarian, a demographics student from the Department of Economics at Shiraz University submitted her master's thesis on FGM *"A survey on social-cultural factors related to Female Genital Mutilation: A case study of women aged 15-49 in Qeshm Island , 2011"*. The research was conducted in various districts and villages of the Island where



Rayehe Mozafarian, Blade and tradition

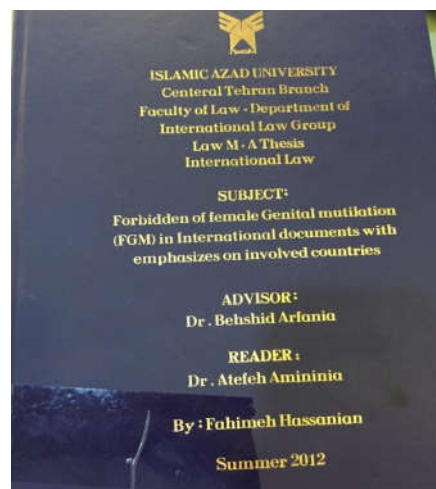


400 questionnaires were distributed within a number of medical centres and completed by locals with the help of the medical staff. Quantitative research methods and techniques were then used to compile data and findings. This thesis is more thoroughly applied in terms of the demographics, social and other indicator based questions (Mozafarian, 2011). The study abstract states that:

“The test of hypotheses indicated that there were significant relation between Female Genital Mutilation and the following independent variables: job, education, experience of Female Genital Mutilation in the family, the use of using media by women, sexual control of women, attitude of women, age of the women and marriage. Besides that, results indicated that there were no significant relations between dependent variable and the following independent variables: other way of doing violence in the family, accentuated to family, number of children and gender of children” (Mozafarian, 2011).

The same thesis was published as an e-book by “NaaKojaa” a publishing website in 2013.

The final thesis on FGM in Iran is written by Fahimeh Hassanian. She is a postgraduate student from Islamic Azad University of Tehran, department of international law. The topic of her thesis is “Prohibition of Female Genital Mutilation (FGM) in International Documents with Emphasis on involved Countries”. Her work is focused on FGM with respect to international law similar to *Elham Mandegari's thesis*, but with less information and analysis. She examines the successful international legal fight against FGM, various laws passed to tackle FGM in different countries, and include some recommendations. This study contains global data including some earlier FGM data from research conducted by the author of this study ([Ahmady, 2006](#))



In parts of the Abstract, she argues: Various forms of FGM are found in some areas of our country (Adeniran) and sadly so far the government has not paid any attention to this issue, which is universally considered to be a matter of human rights. The government should consider all necessary measures to protect women against cruel actions. There is a need not only for regulations but also for penalties against those who engage in this criminal behaviour, and for financial and non-financial compensation for

Fahimeh Hassanian's thesis

victims. Is FGM a crime in international instruments, or is it just perceived as a matter for some recommendations and suggestions? If these instruments recognise FGM as an international crime, are they enforced by punishments? The assumptions seem to be that some advice and recommendations are required, and no obligations to prohibit FGM in international documents. Decisions based on fundamental principles must be taken by countries and governments, who should be responsible for international breaches of obligations; and today in many countries according to the international documents there is some legal and social support to protect the women and girls who are the intended victims of female genital mutilation. (Hassanian, 2012).

In addition to the prominent work of the above mentioned scholars, there are a number of other news style articles and pieces written on this issue. The media reports usually happen once a year on FGM International Day of Zero Tolerance against FGM on February 6th. Most media outlets inside Iran do not however wish to cover FGM due to the fear of penalty for breaking the rules nevertheless, some activists and individuals write or give interviews to Farsi speaking media outlets or feminist news websites located outside Iran.

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Parvin Zabihi, an activist for women's rights from Kurdistan province also has undertaken fieldwork research in and around the town of Marivan where she found a prevalence of FGM in some villages of Hawaram region. She concludes that FGM stems from men's desire to subjugate women and is another sign of injustice rooted in imbalanced gender power relationships and men's power over women's bodies. She has given a number of radio and online interviews to highlight the issue of FGM. For the first in Iran music



<https://www.youtube.com/watch?v=z-QD4X6cSI>

video against FGM made by singer and artist Miss Chiman Rahmani, subtitled in English aired in most Kurdish TV and post on YouTube she tries to cover the issue of FGM and child forced marriage in her 6 minutes long video music clip.

Similarly, Professor *Mehrangiz Kar*, a human rights lawyer and writer also covered the issue of FGM in some of her work and through media interviews. She states that FGM is one of the many forms of women's right violations.

FGM in Iran

This comprehensive research shows that FGM is prevalent in the rural areas of parts of three western and one southern provinces of Iran: West Azerbaijan (Kurdish populated south), Kurdistan, Kermanshah and Hormozgan provinces, and close-by islands. The provinces of Kurdistan are populated by a Sunni Shafi'i majority and certain Shi'a communities. The remaining provinces have mixed Sunni, Shi'a and other ethnic and religious populations, such as large minorities of Shi'a Turkish Aziri and small minorities of Turkish Ahl-e-Haq (in West Azerbaijan, between the towns of Mahabad and Miandoab), plus a small community of Armenian Christians in Urumiye and Shi'a Kurdish Kalhor and as well as Ahl-e-Haq Kurds in parts of Kermanshah which do not practice FGM. However, some Shi'a women who live near Sunni populated areas in Hormozgan province do currently practice FGM; and historically many groups of Shi'a Kurdish women in parts of Kermanshah and Ilam province have practiced FGM.

It is important to stress that FGM is mainly associated with Sunni Kurds of Shafi'i sect who speak the Sorani dialect, and not those in the Kurdish Kermanji speaking areas of Iran, Iraq, Turkey and Syrian Kurdistan, even though they are also Shafi'i Muslims. Likewise, the Ahl-e-Haq Kurds, Alevi, Yezidis or Kurdish minority of Armenia as well as the forcibly migrated Kurds of the east and north of Iran practice FGM.

In Chapter Three of this book, an argument will be made for the legitimacy of the claim that FGM is not totally an Islamic belief, or more specifically that it should only be associated with Shafi'i sect.

FGM is not found amongst the Kurdish Kermanji speaking inhabited areas, nor in the large areas within mainland Iranian Kurdistan where there has been no evidence of FGM for the last three generations. As mentioned previously, it is important to highlight that the practice of FGM in Iranian Kurdistan is patchy and demonstrates sharp variations from one region to another, even from one village to another.

With respect to the southern part of Iran, it is unclear how the practice of FGM came to this region. One argument is that the custom was brought into the country through a naval exchange between India and Somalia (Mohajer, 2010), and to this date some small communities of Afro Iranian live in Qeshm.

In addition to the southern part of the country, FGM is also practiced in some villages and rural parts of Western Iran as well as in Kurdistan and Kermanshah province and in West Azerbaijan province. In some locations girls are usually 'circumcised' between the ages of three and six with sharp razor or a knife and, afterwards, some ash or cold water is applied to their mutilated genitals (though this is changing; increasingly, more hygienic materials such as Betadine and bandage pads are used). Some locals in these parts including Hormozgan province believe that FGM is a tradition from Prophet Muhammad and that circumcised women who have undergone it are purified. According to this group of believers, FGM helps keep girls chaste by decreasing their sexual desire and by preserving their virginity before marriage, and produces faithful wives.

Another local custom practiced in limited areas is *cheheltigh* (forty razors, which are believed to take away girls' sexual urges and make them smell more pleasant, and therefore more sexually appealing, to men. In the south and west of Iran, some Bibis make a small razor cut in the thigh of the girl for those parents who cannot bear to see their child suffering, this practice is called *Tighe Muhammedi* (Mohajer, 2010).

In various villages in the Kermanshah and Kurdistan provinces, some women believe that girls should be circumcised or at least cut, with a small amount of bleeding, dirty blood exits the child's for both religious and health reasons (the local term for this practice is *Pajela*).

Some citizens of Bandar Kang believe that women are evil creatures who can only be saved from the reach of the devil by being circumcised (Jalali, 2007). Bandar Kang is located five kilometres from Bandar Lengeh in the south of Iran. In Bandar Kang girls are circumcised with a shaving razor when they are 40 days old or older. According to the study by Parisa Rezazadeh Jalali, 70% of the girls in this port city have been circumcised.

Most groups which practice FGM in Iran use religion to justify the practice. They usually believe that FGM was practiced during the early years of Islamic Kingdom, where the Prophet's and Imams' wives and daughters were circumcised. Others mainly argue it is a religious duty and local tradition and because their mothers and grandmothers did it they will continue the tradition; most are unaware of FGM's medical consequences and health hazards (Jalali, 2007).

FGM remains a taboo issue in Iran even after it was included on the FGM-practicing list (Alawi and Schwartz, 2015). Government ministries either deny it exists or conceal its existence to the general population. A report from Head of the Scientific Association of Social Workers of Iran stated that FGM is more of an African issue and is not a serious problem in Iran. The report claimed that FGM in Iran only happens in a few villages with populations of fewer than two thousand people

Research Background

These enquiries started in 2005 when, for the first time after many years, the author of this study returned back to his birthplace, Iranian Kurdistan, from Europe, to find out more about FGM. Prior to his return, he had been working in Africa for a number of humanitarian relief NGOs where he observed various efforts and projects to combat FGM administered by the United Nations and UNICEF in counties like Somalia, Kenya and Sudan.

Remembering vaguely from his childhood memories that FGM also existed in some parts of Iranian Kurdistan, upon his return he decided to conduct some preliminary research starting with his very own family and close relatives; and he discovered shocking evidence to indicate that FGM has long existed in areas of Mukriyan and even in his own family, where his grandmothers, mother and sister were circumcised.

Gradually, a field study began and at the same time as going through neighbouring regions and collecting data, a film was made out of the interviews and related footage. The first and only (publicly available) documentary *"In the name of tradition"*, about FGM in Iran, was filmed by the author whilst doing fieldwork in the Kurdish villages

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and neighbourhoods of Mahabad some villages of the nearby Kurdistan province and regions of Hawraman (located between Kurdistan and Kermanshah province ([Ahmady, 2006](#)).

This anthropological documentary, now re-edited and publicly accessible alongside this study, contains recorded footage and interviews from the regions and villages of Kermanshah and Hormozgan province, and from its islands (e.g. Qesham, Hormozgan and Kish). As well as interviewing local women and women circumcisers (Bibis/ professional cutters), the documentary records the opinions of local men, medical staff, doctors, and clerics.



Field work, Mahabad-Bokan, [@kameelahmady.com](#)

Based on the findings of the film, it was clear there was a need for further research to examine FGM systematically in Iran, especially in

the geographical pockets where there is a high prevalence. A scientific country wide research project was therefore started.

Local resources were required to carry out such a comprehensive study; training was provided for a number of young enthusiastic male and female students and individuals who were willing to participate and conduct most of the face to face field interviews. Later this research various interested individuals also collaborated, and UNICEF style standardized questionnaires were used to collect data. Strong communication and networking with the local populations enabled us to win their support as well as that of some community and religious leaders and a number of academics from civil society, both inside and outside Iran.



Village of Hawraman, Marivan-Kurdistan
[,@kameelahmady.com](mailto:@kameelahmady.com)

It was decided that the research would be conducted in rural parts of Iran, rather than urban and cosmopolitan areas, because of a lack of appropriate resources, funding, and legal authorizations. Also, evidence from the preliminary research and documentary indicated that FGM is less likely to occur in towns, other than in some outskirts areas and poor neighbourhoods. Initially villages were picked randomly from the predefined geographical positions in the North, West, East, and South. However as our research progressed, more comprehensive village by village training and pilot projects were implemented.

As the fact finding mission progressed and more areas from each province were visited and samples taken, we were led to neighbouring villages and regions and finally to the South of Iran and the province of Hormozgan, where the rate of FGM is the highest in Iran.



Fieldwork in other provinces, [@kameelahmady.com](https://www.instagram.com/kameelahmady)

To assess whether other regions of Iran were affected by FGM, throughout our fact finding mission and field work we continued to identify evidence of FGM in other provinces such as Ilam, Lorestan, Chahar Mahaal and Bakhtiari, Kohgiluyeh and Boyer-Ahmad, Khuzestan, Bushehr, Sistan and Baluchestan, Golestan, Khorasne Shomali, Janobi and Razavi, Gilan, and in the more central parts of Iran such as Fars and Yezd.

Despite the fact that some Sunni Muslims live in several of the above named provinces, the study revealed no evidence in these locations of FGM. This study also confirms that there is no presence of FGM in the following: Sistan and Baluchistan - which has a significant population of Sunni Muslim of Hanafi sect (*Hanafi* is the fiqh with the largest number of Sunni Muslim) – or among the forcibly migrated Kurds of Khorasan and Turkmens of Hanafi Muslim of Golestan province, or the small populations of Turkish Sunni Shafi'i groups in Ardabil province and West Azerbaijan province.



Interestingly, the Sunni populated areas of Larestan region located in Fars province, bordering with Hormozgan province, are also FGM free. Further, whilst there are some large Sunni areas of Hormozgan province itself such as Bastak and its many villages which do practice FGM, this is at a much lower rate than in the same province in more the Southern regions and Islands.

In the provinces of Khuzestan and Bushehr, FGM was not found among both Sunni Arabs and Shi'a Lur, though there was some evidence of FGM among old women in southern areas of Khuzestan province. FGM was also not found in the provinces of Lorstan, Chahar Mahaal and Bakhtiari. Shi'a Kurds of Ilam and only in very small numbers in the villages near Mehran which neighbours Kermanshah province: there was a low incidence of FGM found amongst some women above the age of 50. The study also found that no young girls are now being circumcised, which indicates that the tradition of FGM has died away in most of the Shi'a communities of both Ilam and Kermanshah.

Data collecting, west of Iran, [@kameelahmady.com](https://www.kameelahmady.com)

Maps, local guides, clerics and personal connections in the area and with the people informed our research throughout the study. The research was conducted over the years by a small but very enthusiastic group. In some cases, bad road or weather conditions made it necessary to deviate from the scheduled route and visit alternate locations. Since the study was not a full time project and was conducted during different seasons, the initial fact finding mission, field work and training took place in the span of ten years: from 2005 to 2015.

The study employed multiple approaches such as different phases, strategies, methods, approaches, and tailor-made training manuals to

fit to the various tastes and languages of each region. A number of pilot programs were applied in different regions to the east and west where face to face visits with community stakeholders took place.

Awareness raising sessions, using different approaches and mainly with young women, were arranged to highlight the danger of FGM on women body's and human life.

The sensitisation of men was also a part of the approach. The team engaged with groups of men in mosques, houses, and many public places to measure its level of success. Different sessions of lobbying were held with community leaders and, most importantly, with clerics and local women as well local and regional Sheiks to gain their support on banning FGM and issuing local Fatwas. After each piece of fieldwork and face to face training/lobbying, we carried out follow up visits to the same villages twice and one year later to assess the success and impact of the pilot programs.

Research Methodology

International data on FGM has been collected through a separate module of the Demographic and Health Surveys (DHS) Program since the beginning of 1990. The module has yielded a rich data set comparable over many countries, mainly in Africa. Since the prevalence of FGM in Iran has not been addressed by UN/UNICEF or any other international organization, in this study we decided to conduct the first ever country-wide data collection project using a module similar to that of the DHS.

The methodological approach adopted by this study was primarily participatory due to the subject matter. This methodological framework took into account the views of women and girls, in particular those of actual victims, so that our findings would reflect their true views. The language of the interviews was simple and 'user-friendly' to avoid any ambiguity or misunderstandings between researchers and participants. Since the research stretched over a period of ten years, the methodology was adjusted along the way as we came up with new strategies.

UNICEF-style standardized questionnaires were used to collect data in the style of DHS & UNICEF's Multiple Indicator Cluster Surveys (MICS). Importantly, good communication and networking allowed the researchers to win support from the local population, some community and religious leaders and a number of academics.

Local individuals were chosen for the work, the aim being to ensure they adhered to ethical standards and maintained confidentiality. As May (1997) puts it, ethical standards in research "are binding, hence need to be adhered to irrespective of the circumstances surrounding the research; they remind us of our responsibilities to the people being researched" (2011, 54). She adds that it is easier for participants also, if they can take part with peace of mind, having all the relevant information about the research (May, 2011).

Participants were asked for their consent and were informed prior to the commencement of the research about how the data will be utilized and what its findings aimed to achieve. In some case interviews were conducted over the phone rather than in person, applying the same standards.

A total of 4000 interviews were carried out within the provinces of Hormozgan, West Azerbaijan, Kermanshah and Kurdistan. In each province, 1000 interviews were conducted, involving 750 women and 250 men. For the first time in Iran, there was a focus on the male perspective as well, to examine their role in the perpetuation of FGM.

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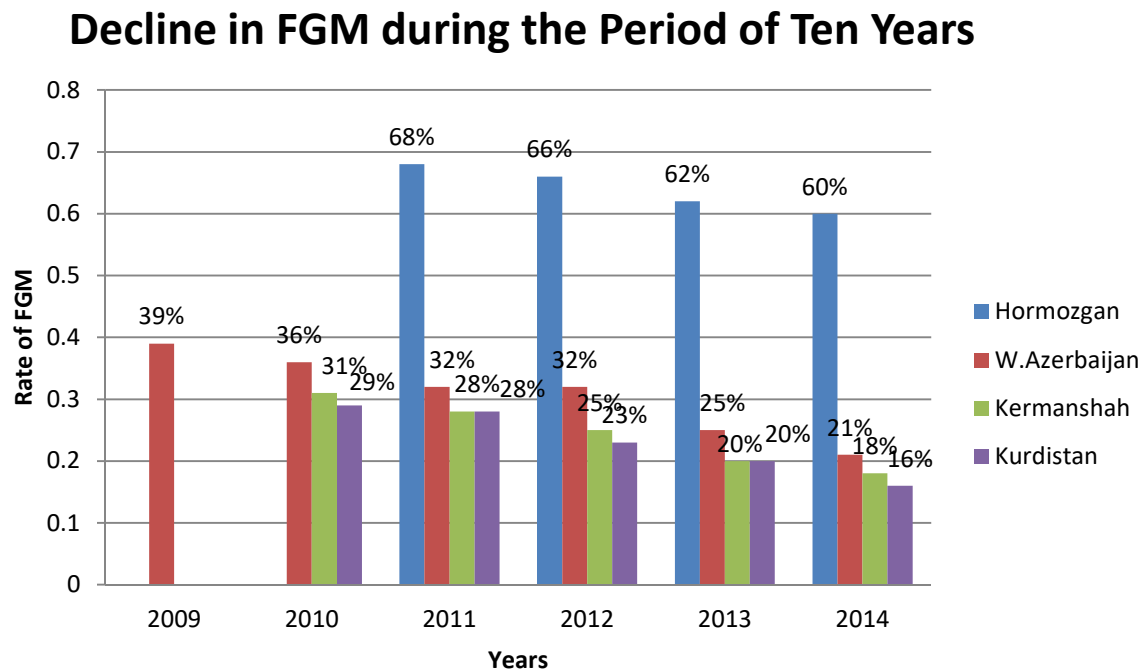
How widespread is the Practice

FGM occurs in some villages of three western and one of the southern provinces of the country. Western provinces are populated by a Sunni Shafi'i majority and the southern province of Hormozgan and its islands have a significant Sunni Shafi'i community.

Given that the different religious and ethnic groups are dispersed in all these provinces, drawing an exact FGM-affected map with rates of FGM is problematic and unlikely. For example, practicing FGM in Iranian Kurdistan is patchy and will show sharp variations from one region to another, even from one village to nearby village. In some cases elements of FGM tradition are very evident but in others (even nearby villages), FGM has been in decline for the past two or three generations.

Changing times and modern life, the death and non-replacement of Bibis, lack of willingness to accept FGM by the younger generation, education, and the impact of the media, as well as some level of support from the clerics, are all factors in the declining rate of FGM. During the decade of this study, we have observed that the rate of FGM is declining every year, for the reasons above and because of the training and awareness raising campaigns conducted by this study.

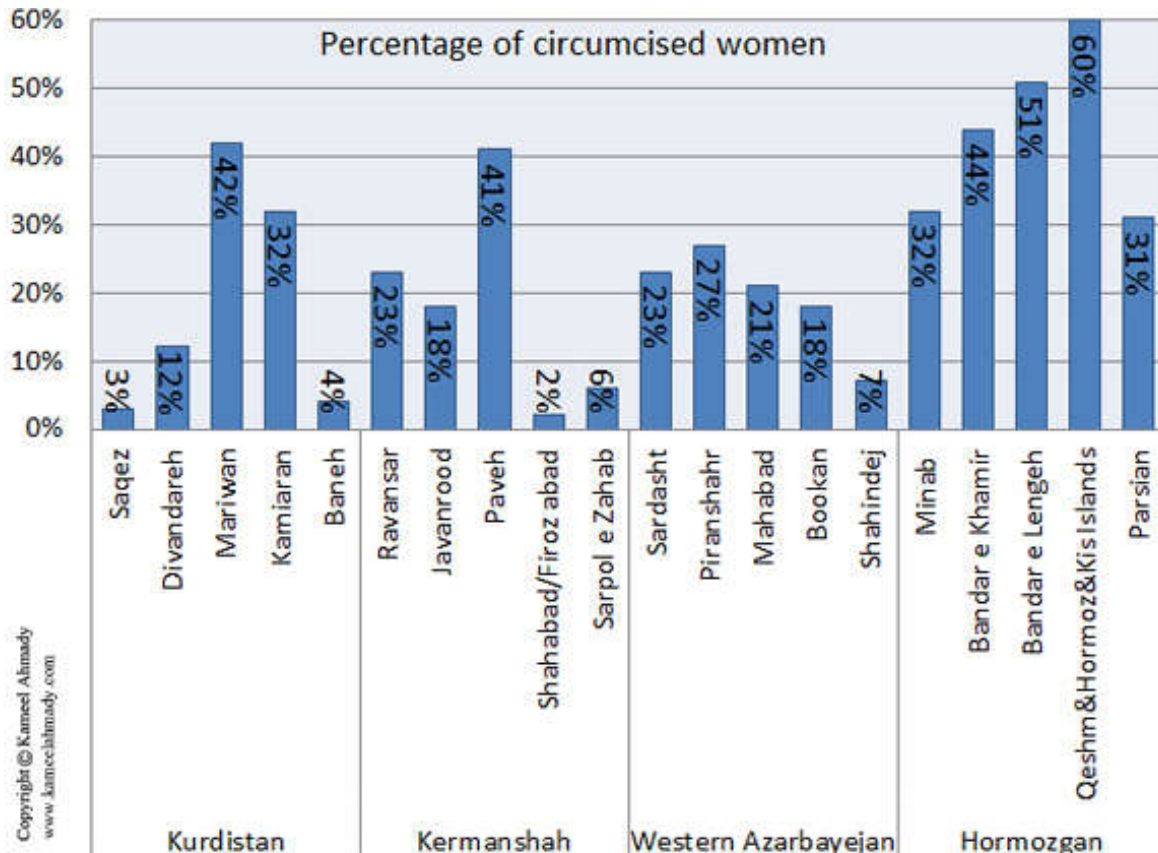
The following graph demonstrates the reducing rate of FGM practice during the last six years:



As previously discussed, the prevalence of FGM is declining across the globe, including in the secret pockets in Iran. They are 'secret pockets' because the world has very little knowledge about the presence of FGM in these provinces. Within Iran, a very limited number of people, all of whom belong to FGM-affected provinces, have knowledge about its practice and existence within the country. The graph shows a slow pace of change during the six-year timeframe, starting with West Azerbaijan in 2009. During the year of 2010, Kurdistan and Kermanshah also showed responses to the wave of change and some decrease in the practice.

Hormozgan province, where the prevalence of FGM is the highest in the country, still has a rate of more than 60% at the end of 2014, while for the same period, it was 21% in West Azerbaijan, 18% in

Kermanshah, and 16% in Kurdistan. It is quite evident from the graph that the process of transformation has been initiated and the affected regions are responding and adopting change.



The following section offers information on these four provinces consecutively.

Profiles of the Selected Provinces

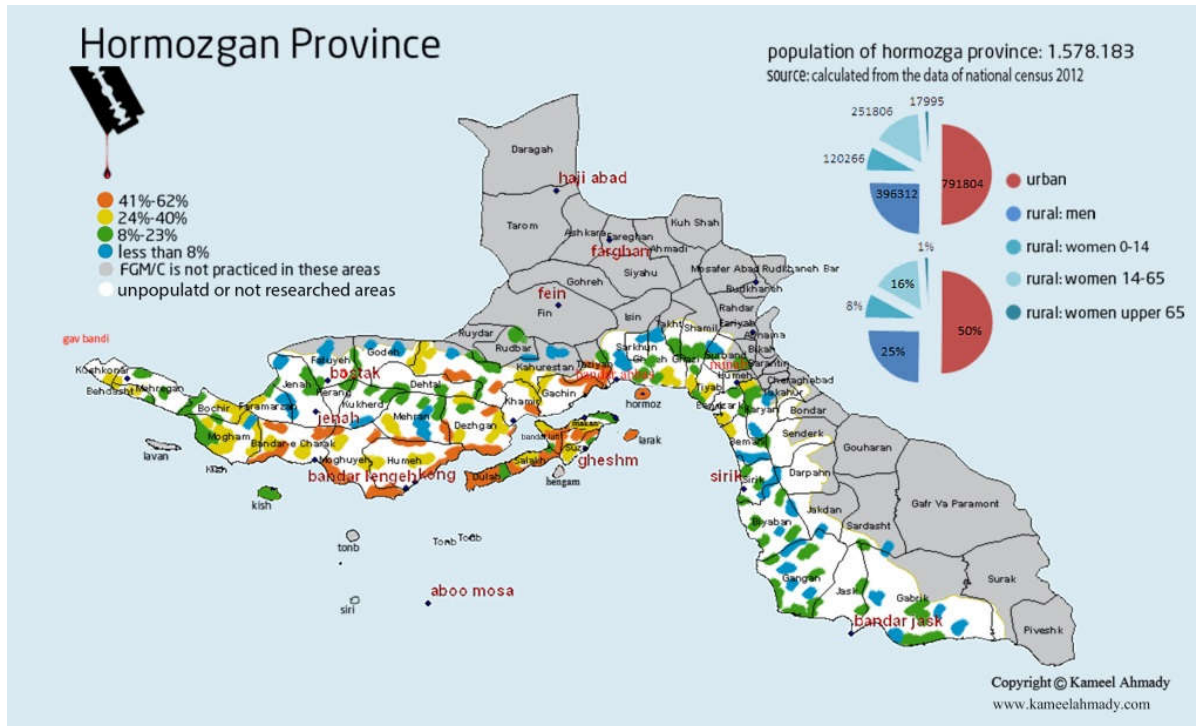
Hormozgan: The total population of Hormozgaan is 1.5 million. Data shows that FGM is practiced on a massive number of baby girls in most Sunni Shafi'i Villages of Hormozgan province. Some villages in the town of Minab (some Shi'a families also practice FGM), villages and parts of small towns of Bender Poal, Bender Kang, Lengeh,

Gavbandi (Persian) and Khamir are also affected. FGM is also practiced on the small islands of Hormuz and Larak. Qeshm, which is the largest Island in the province, has a high rate of FGM among the mostly Sunni populations. Qeshm Island is also home to large migrant groups of Shi'as from Minab, Bender Abbass and other mainland Iranian towns who do not practice FGM. Even on Kish Island, which is a tourist spot and one of Iran's wealthiest places, girls undergo FGM. Research indicates that Type I is common in this province. Homa Ahadi reports in her research on the prevalence of FGM in Hormozgan province that, of the 400 cases she interviewed, 87.4% had Type I (Ahadi et al., 2009).

United Arab Emirates (UAE): With local people having families in the Gulf region and other nearby countries, it is likely that FGM occurs in the Gulf. Based on interviews with locals from the South (who are dual nationals and some entirely immigrated) and a short field work trip to the UAE, we have confirmed that FGM does occur among Muslim families in the United Arab Emirates. Immigrant groups of Muslims from Iran, Oman, Yemen, Bahrain and other countries practice FGM. Most neighbourhoods have their own local bibis and many families plan to 'circumcise' their children while visiting their home countries.

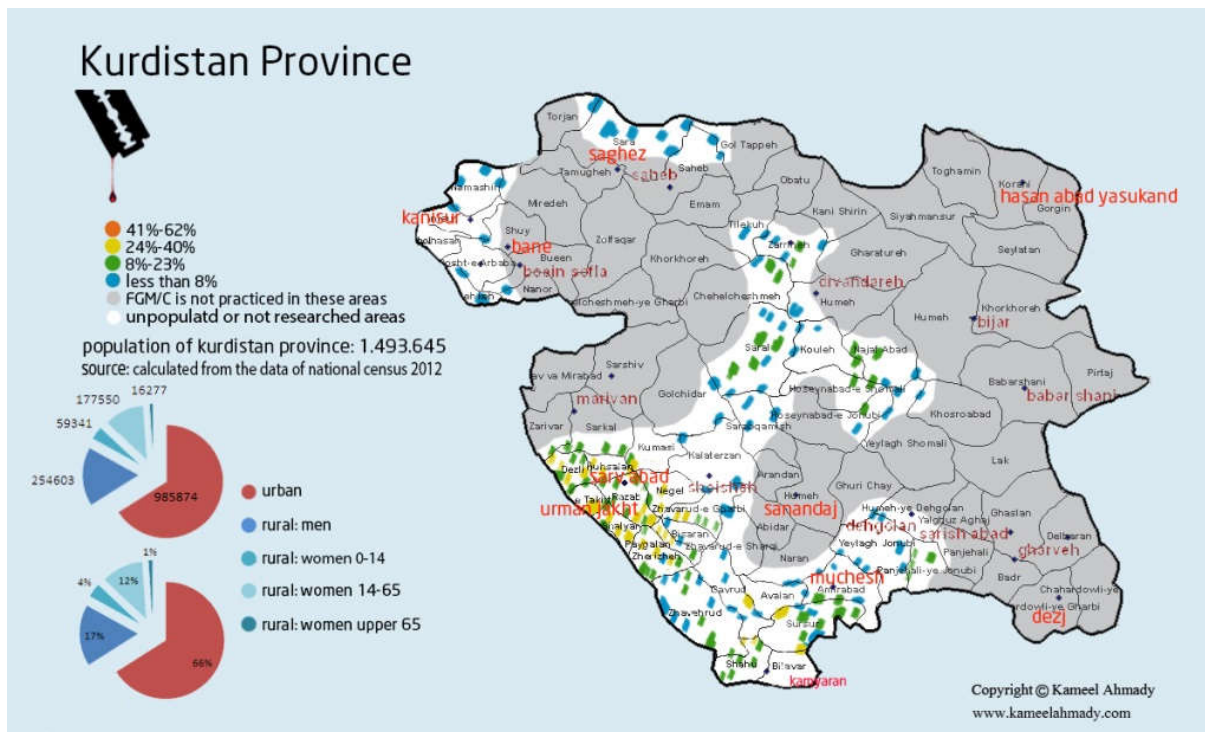
FGM is also practiced in some neighbourhoods of Shehba, Noof and Garain in Sharjah, and Sherisha and Jolan in Ras Al Khaima and Satwa in Dubai. These neighbourhoods have their own local practitioners, as of the date of this study: two bibis in Noof, one bibi and two family bibis in Jolan still practice FGM.

The table below shows the prevalence of FGM in Hormozgan:



Kurdistan: The total population of Kurdistan is 1.3 million. The practicing religion of Kurdistan is Sunni Islam. A Shi'a minority of Kurds and some Turks live in Qorveh and Bijar. The main language is Kurdish, spoken in various dialects. Sorani/Ardalani is the main dialect; others are Kalhori and Hawramani (though some Hawramanis do believe that their language and ethnicity is independent of Kurdish). Kurdistan is, together with Kermanshah, the most FGM affected province in west of Iran. Some villages of Mariwan region and in particular Hawramn Tekht (part of the Upper Hawraman region) have high rates because they are situated close to Kermanshah province, which is also affected by FGM. Villages of Hawramn Tekht (recently declared districts) have the highest rate of FGM in both Hawram areas, which is divided between the two provinces of Kermanshah and Kurdistan. Other villages such as Kemalle, Belber, and a number of other towns in Sandenj Kamyaran, and in Saqqez and Bana, however, are not affected by FGM; local inhabitants in these places have confirmed that it has not been practiced for decades.

Prevalence of FGM in Kurdistan:

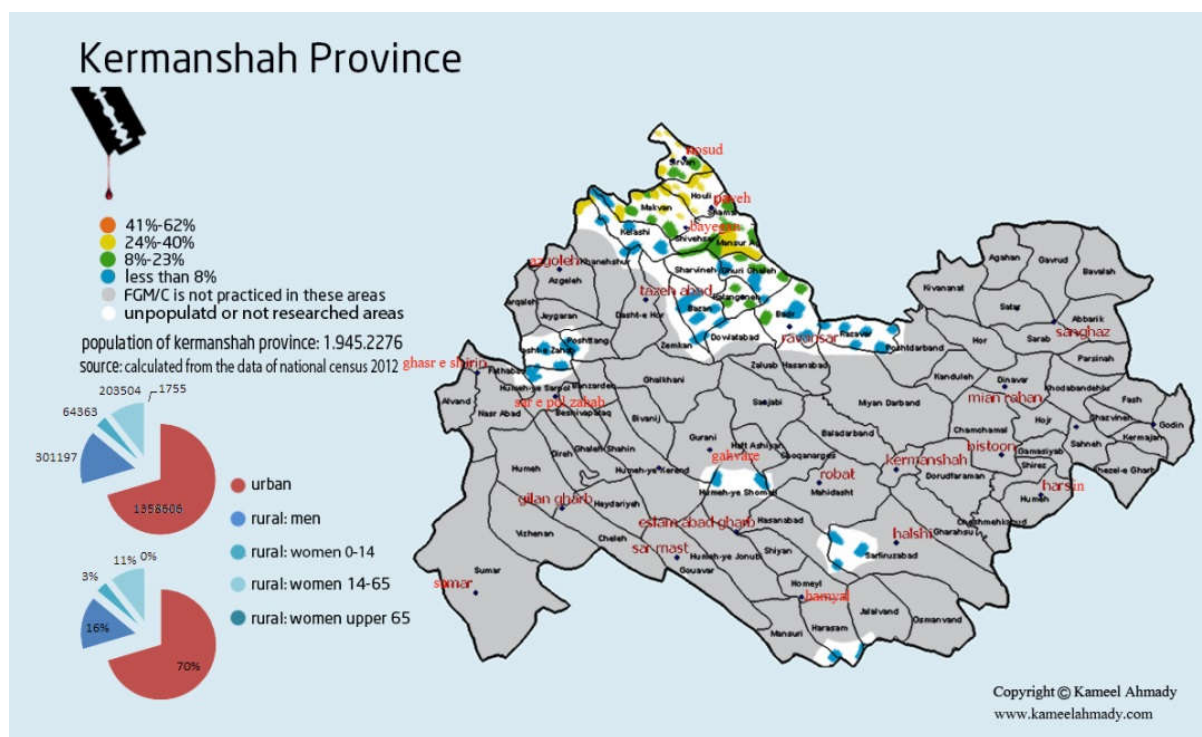


Kermanshah: The total population of Kermanshah province is 1.8 million. The province is divided among groups belonging to the Shi'a and Sunni Shafi'i branches of Islam, but there are, among others, a large minority of Ahel Haq, Lak and a small Bahai minority. The main languages spoken in Kermanshah are Kurdish (Jaff, Feyli and Kalhori), Hawramani, Laki and Persian. FGM is mainly found in the area called Hawramant (part of Hawraman region is also located in neighbouring Kurdistan province) and in the region of the Jaff tribe (Jaff is also named after dialect). Various villages belonging to Kamyarn, Revanser, Jevanrod, Pava, Nodsha, Nosod (Mansoor Agai) are the most affected areas in Kermanshah province.

The incidence of FGM among young women is however considerably lower; and the same apply for Kamyarn and Pava, though not in all villages. At least this is evidence in some of the above districts that people abandoned the practice decades ago. Children

and juveniles are less likely to be cut, but among women older than 30 to 35 the rate increases. It becomes even higher among those older than 50 years of age. It is important nonetheless to recognize that the low rate among juveniles may also be caused by the custom of late mutilations. In the other places, late mutilations are marginal.

The table and chart below depicts the prevalence of FGM in Kermanshah;



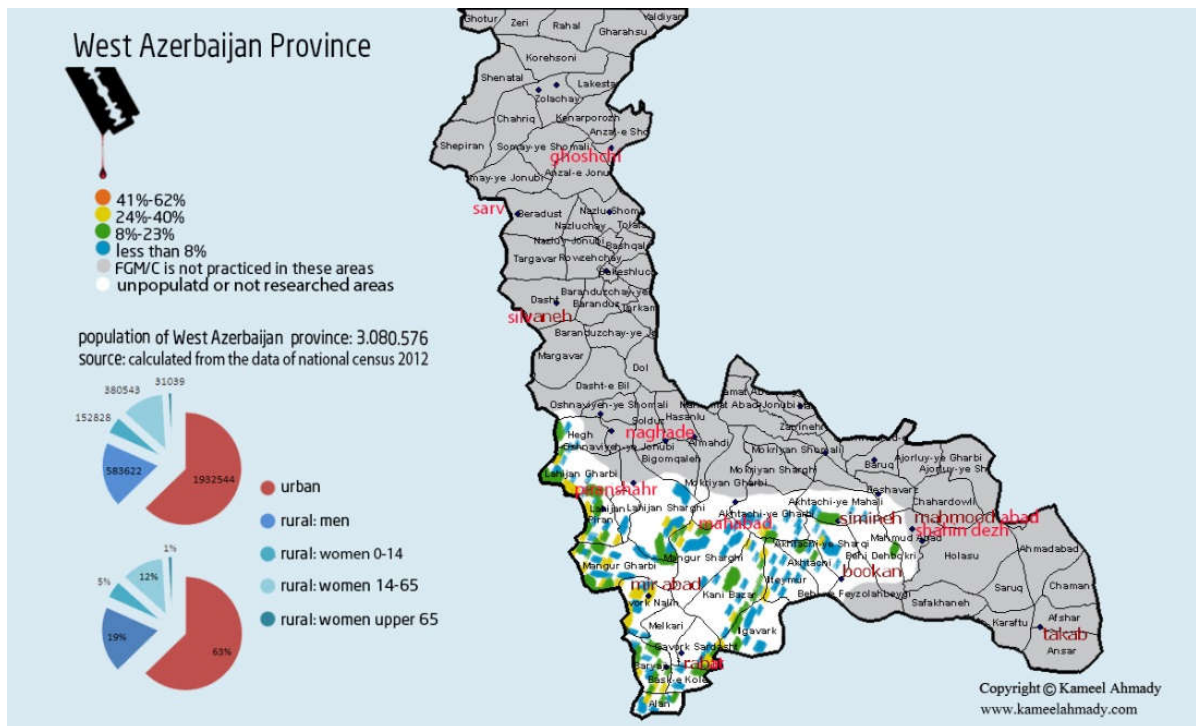
West Azerbaijan: The total population of West Azerbaijan is 3 million and Kurdish populations mainly live in southern part of the province; however a minority of Kermanji speaking Kurds also live by the border with Turkey from Uromiya to the town of Mako.

Field research indicates that the ratio of the mutilation of elderly women is alarmingly high; and in complete contrast, the rate of FGM among children is very low and declining every year. The study found that in some villages of the Mokrian regions, few of those above the age of 10, were mutilated. One of the reasons behind this diminishing rate in the south of West Azerbaijan province relates to the seasonal illegal crossing of gypsy/Roma groups (locally called Dom/Gerechi) from Iraqi Kurdistan into Iranian Kurdistan.

These groups make extra money by carrying out FGM in the area. The majority do not use safe methods, and there is a serious risk of multiple types of disease and even disability. Years of monitoring the

rate of FGM along the border with Iraq found that most of West Azerbaijan province and villages nearby the border with Iraq are dependent on Iraqi Kurdish Gypsy groups to mutilate their daughters. The tightening of the border security by the Iranian border guards, and the regional conflict within Iraq, means that fewer of these groups manage to cross the border illegally, which has resulted in a decrease in the rate of FGM (in this particular province). However, unlike West Azerbaijan province, Kurdistan and Kermanshah rely on their own Bibis and self-trained old women to keep the tradition of FGM alive. The rest of this study offers an overview of FGM from multiple perspectives;

Prevalence of FGM in West Azerbaijan:



Prevalence of FGM by Age

The table below gives an overview of circumcised women by age in selected four provinces. For uniformity in result, an equal number of villages per province have been selected for the research. The results clearly demonstrate that there are regional differences in FGM prevalence.

The first table shows that the percentage of circumcised women is high in some of the villages of Hormozgan province, where it can reach 60%, in some villages of Qeshm, Hormuz and Larak islands. Prevalence is lowest in some ethnic Parsain villages, at 31%; northern parts of the province were FGM free.

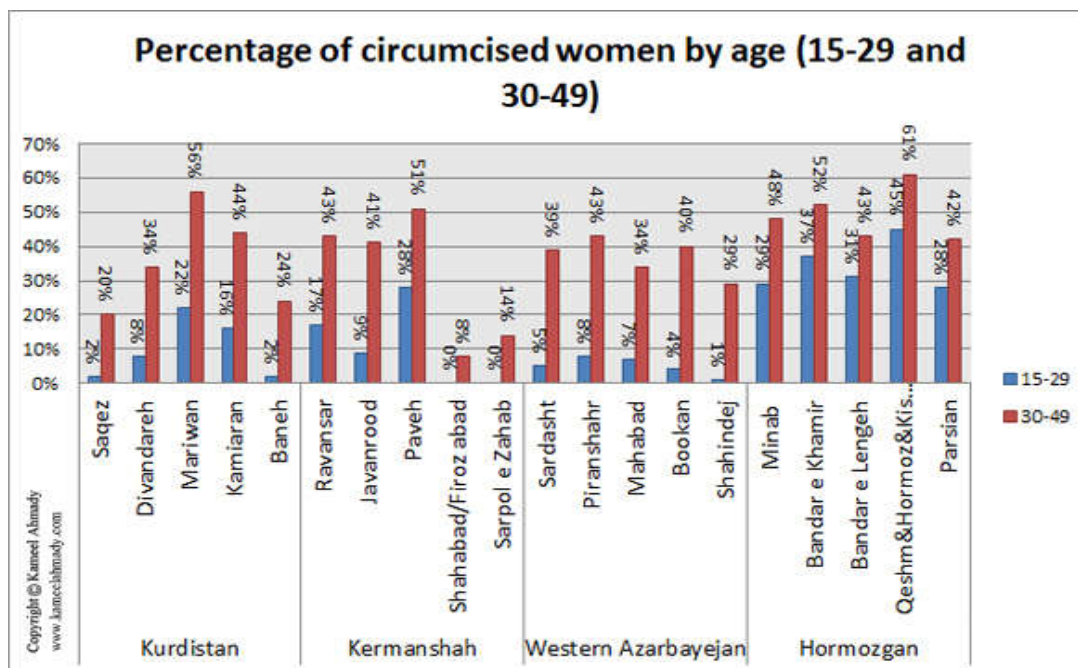
Kermanshah province had the second-highest prevalence of 42% in some villages of Marivan. However, in Kermanshah the rates are a little lower and in West Azerbaijan, the numbers are comparatively lower still.



Baby cut from age two months-Photo by: Sh Telenda

Analysis shows that the proportion of circumcised women in the 30-49 age bracket is higher than among women and girls aged 15 to 29. In some villages of Hormozgan and in Qeshm Island, the prevalence of FGM among women aged 29 to 49 reaches 61%; on the other hand, it appears to have been eliminated in Lakastan in Kermanshah, where this study found no evidence of it among women and girls aged 15 to 29.

These findings therefore demonstrate an encouraging trend: FGM is decreasing in all of the four provinces. For instance, in Piranshahr, West Azerbaijan, the rate is less than 10% among the young generation. Similarly, in Javanrood in the same province, there is a sharp decline from 41% in older women to 9% in younger women and girls. In some of the villages of Ravansar, it has again drastically decreased and reduced to 17% from 43%.



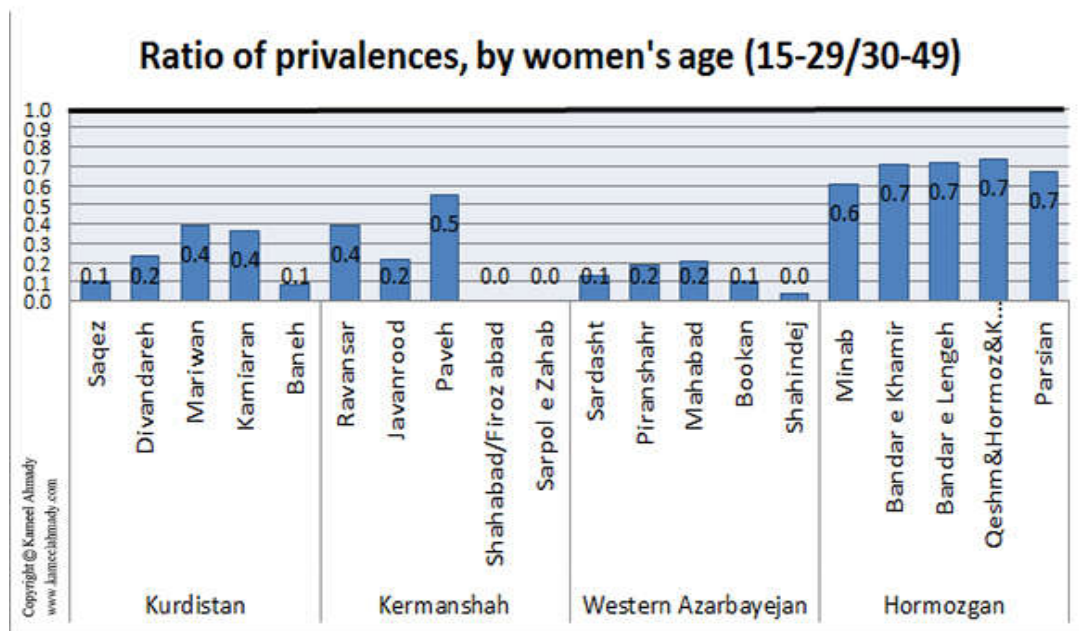


Table 2.1 shows Proportion of Circumcised Women by Age;

Generational Trends



Women with less FGM in West Azerbaijan province,
[@kameelahmady.com](https://www.instagram.com/kameelahmady)

The inverse relationship between age and FGM prevalence reveals that women who have been circumcised know the suffering this practice brings. Our feedback indicated that the new generation is aware and has their own thinking about how to lead their lives. Therefore when a couple get married they prefer their daughters to not suffer the way women of previous generations did.

Data was compiled to measure the proportion of circumcised women by age through separate analytical questions, in order to analyze the attitudinal change of mothers towards FGM over time. The findings of the survey revealed a big change in favour of ending FGM.

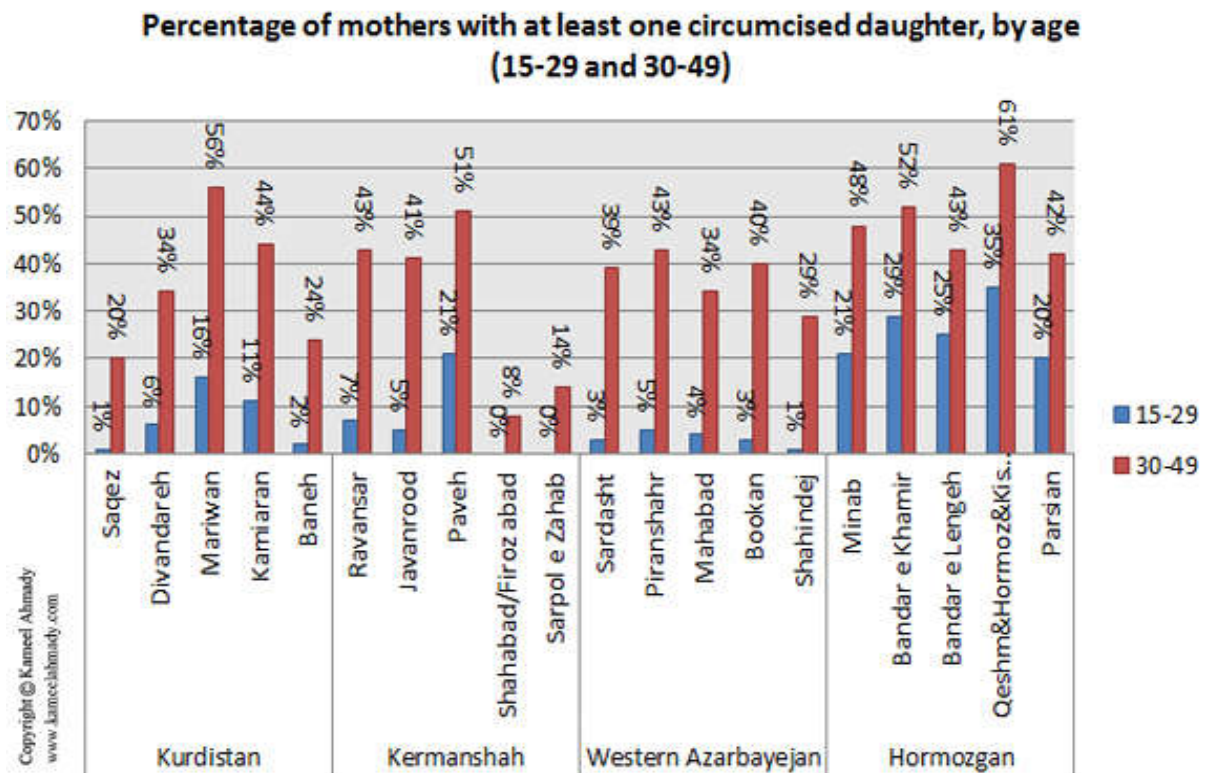


Table 2.2 shows the ratio of women who have undergone FGM aged 15 to 49 with at least one daughter circumcised. The difference among the 15 to 29 and 30 to 49 age brackets is very prominent in Kermanshah, where we see a decline exceeding 90% in Javanrood and in Ravansar, and around 50% in Paveh. As previously noted, we found no evidence of FGM in the 15 to 29 age bracket in Lakastan area, and the same applies in Sarpol e Zaheb. In Hormozgan province, the data shows around a 50% decrease; in West Azerbaijan a 90% difference between generations is recorded. Kurdistan also mirrors Hormozgan, showing a decrease in excess of 90% in some areas.

It is pertinent to mention that the following data reflects those mothers who had the opportunity to circumcise their daughters and refused. There were a large number of women who mentioned that their other daughters are still too young, and that once they reach an appropriate age they will undergo FGM.

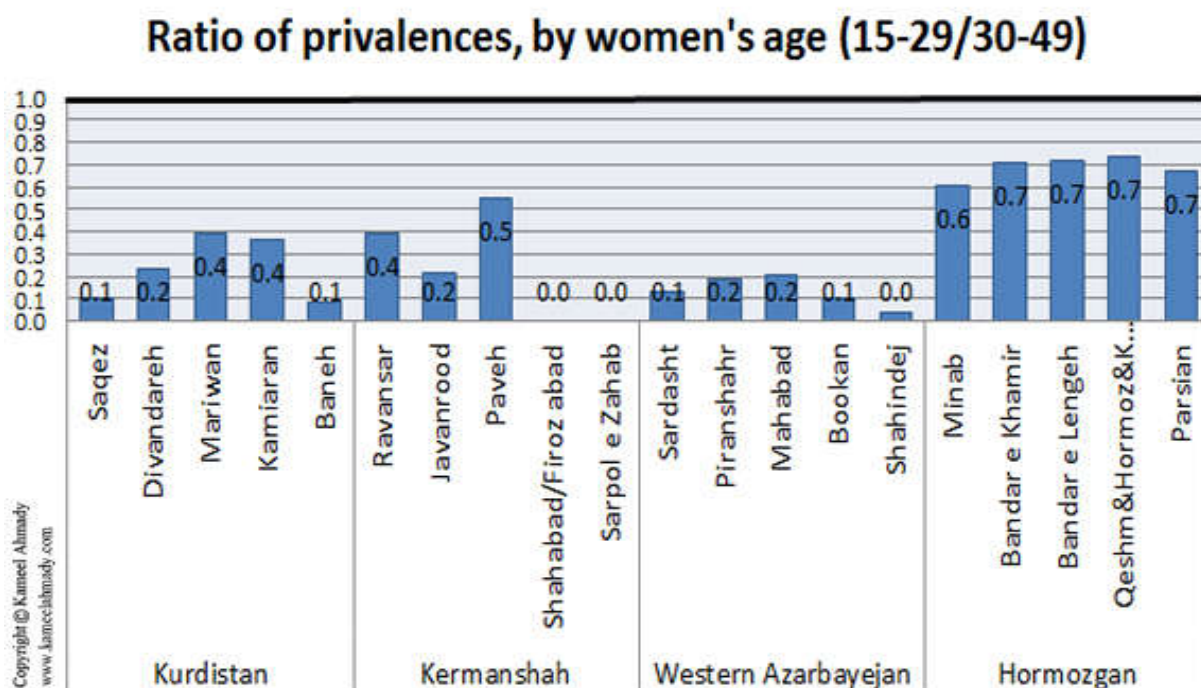


Table 2.2: Proportion of mothers surveyed with at least one circumcised daughter;

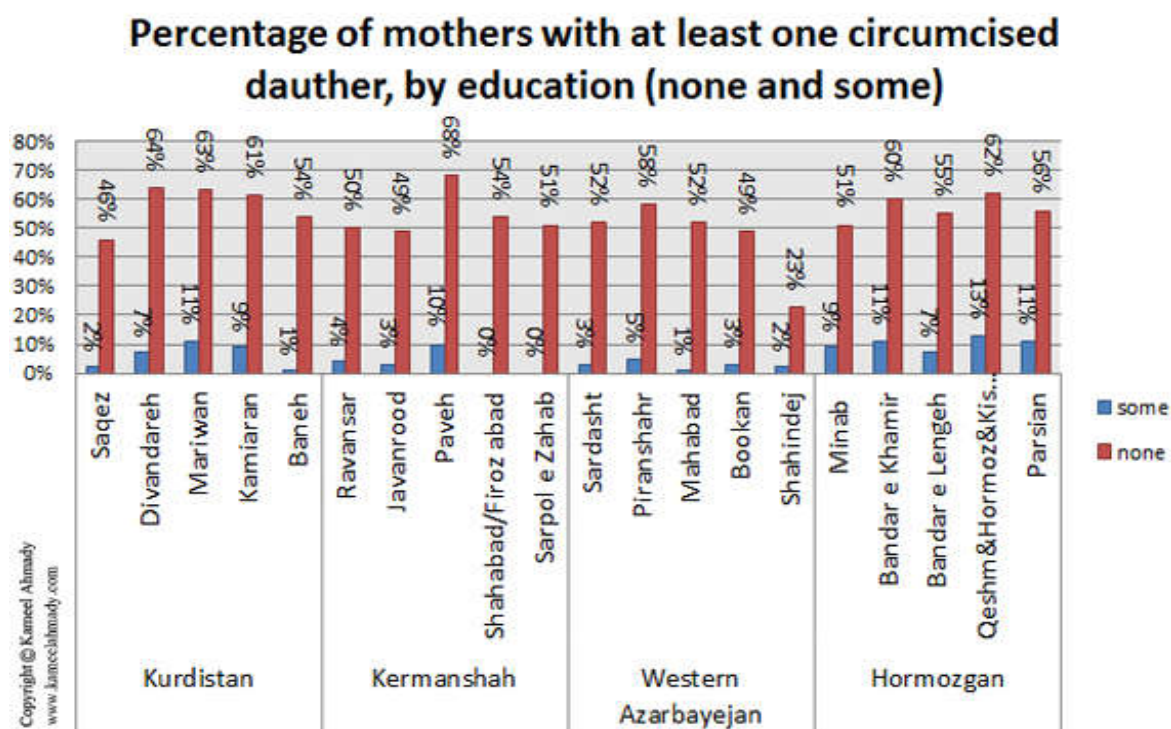
Impact of Education

Following the guidelines of DHS and MICS, we collected data on the educational attainment of mothers, to examine the relationship between this and FGM rates in their daughters.

The table shows a significant impact regarding the educational level of mothers in respect of whether a girl is subject to FGM or not. It can be seen through the available findings show that a woman's educational attainment is one of the important factors to influence whether the daughter will be genitally mutilated or not. The research and conversations with women revealed that highly educated women prefer not to victimize their daughter in this way; the lower the educational attainment, the more likely a mother is to follow the tradition blindly, considering it a social norm or religious duty.

But some educated mothers have nonetheless circumcised one of their daughters, although the rate is vanishingly small in four of the provinces or no case has been found among educated women. The data collected from Kurdish region suggests that the practice is in decline due to increasingly high levels of education among women.

The findings also show that highly educated women are less likely to support FGM generally, with fewer than 20% of those surveyed doing so. However, for such attitudes to make a practical difference, empowerment of women is also required.



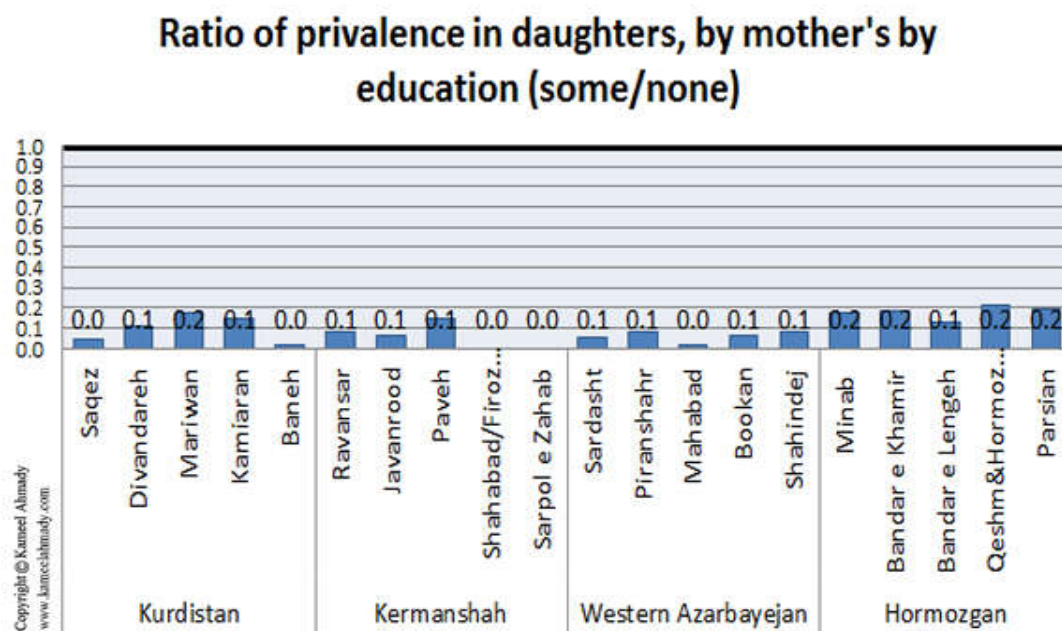


Table 2.3: Proportion of educated mothers with at least one circumcised daughter

Impact of Religion

Previous studies and the underlying research found that FGM is a ritual performed by a majority of Sunnis in Iran. Though a myth, most of the world considers FGM an Islamic practice. However, even within Islam there is division of opinion on the practice. For Shias, who make up the majority in Iran, they see FGM as a tradition related to Sunni sect and do not consider this as a part of their religious obligations. Therefore, the prevalence of FGM is strikingly low in Shia population.

The following findings from this research show a significant difference in FGM prevalence amongst Shia populations versus their Sunni counterparts: Shias in Kurdistan do not practice FGM, and in West Azerbaijan only 2% of Shi'as does, in Shahindej villages. In Lekastan and Sarpol e Zahab villages, the rates are 4% and 5% respectively among Shia. In Hormozgan province, some evidence of FGM in Shia communities have been recorded in selected villages, which shows that though in little number FGM continues in some Shi'a communities in Hormozgan.

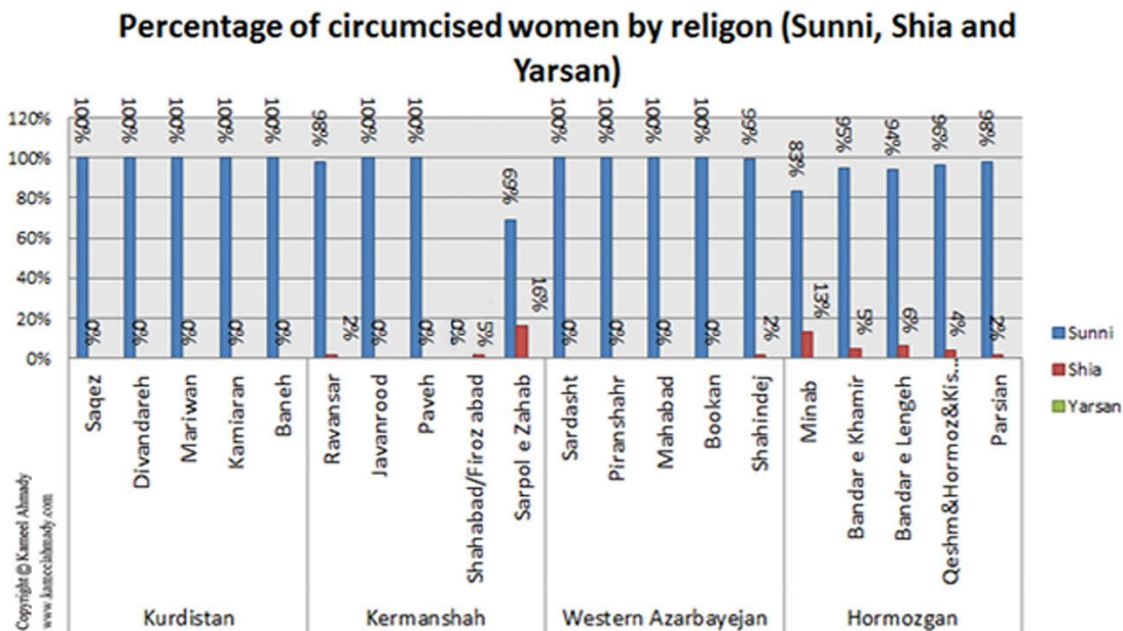


Table 2.4 shows Proportion of circumcised women by sect.

Impact of Household Wealth

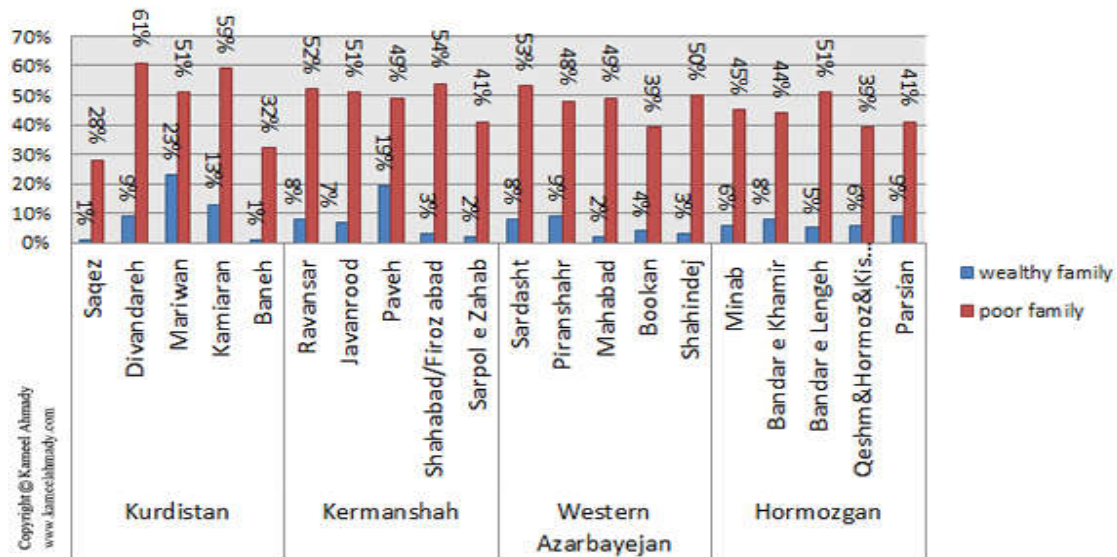
Poverty also plays a role in the prevalence of FGM in Iran. There is a link between those who practice FGM and their financial status. In order to measure the impact of financial status, DHS and MICS questionnaires were used to gather information on household assets and household ownership data along with characteristics of dwellings such as available sanitation facilities and access to safe drinking water.

Each asset (factor) is assigned a weight, and individuals are ranked according to the total score of the household in which they reside.

Overall, FGM predominance appears to drop among women from families with a wealthy background, but the relationship between household wealth and FGM is not always consistent. Overall, as table shows, FGM predominance appears to lowering among women of families with wealthy financial background. In our four provinces the prevalence of FGM among richer women was under 15%;

The findings revealed that in the selected four provinces, there is homogeneity in terms of prevalence of FGM among wealthy households. Only in some of Mariwan villages in Kurdistan and Paveh villages in Kermanshah were the rates higher, at 23% and 19% respectively among wealthy household, while the rest shows less than 15 % occurrence in richer women. Improved financial status allows for wealthy families access to a better life, education, exposure, and knowledge; therefore, their perceptions about life and practices are different. However, some among the wealthy still adhere to FGM.

Percentage of circumcised women by familywealth (Poor and Wealthy)



Ratio of privalence by family wealth (Wealthy/Poor)

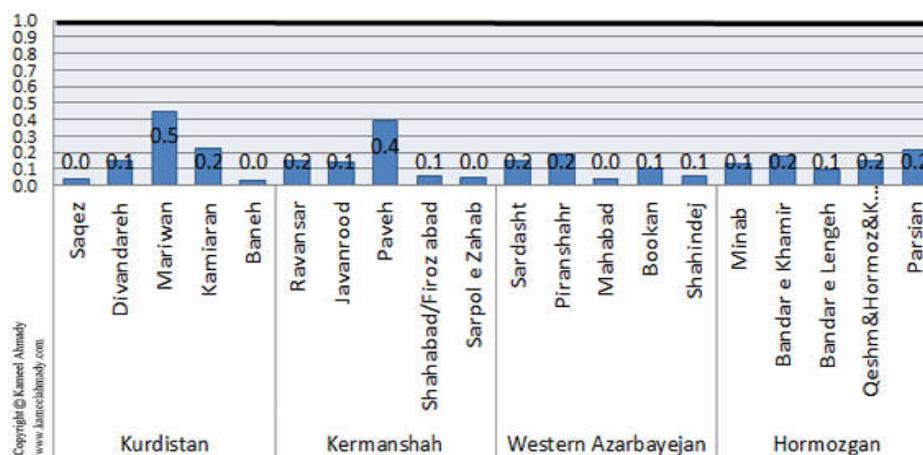


Table 2.5: Proportion of circumcised women by financial status

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Role of Men and Women's Perceptions in FGM



Most men aware of FGM, photo by: Sh Telenda

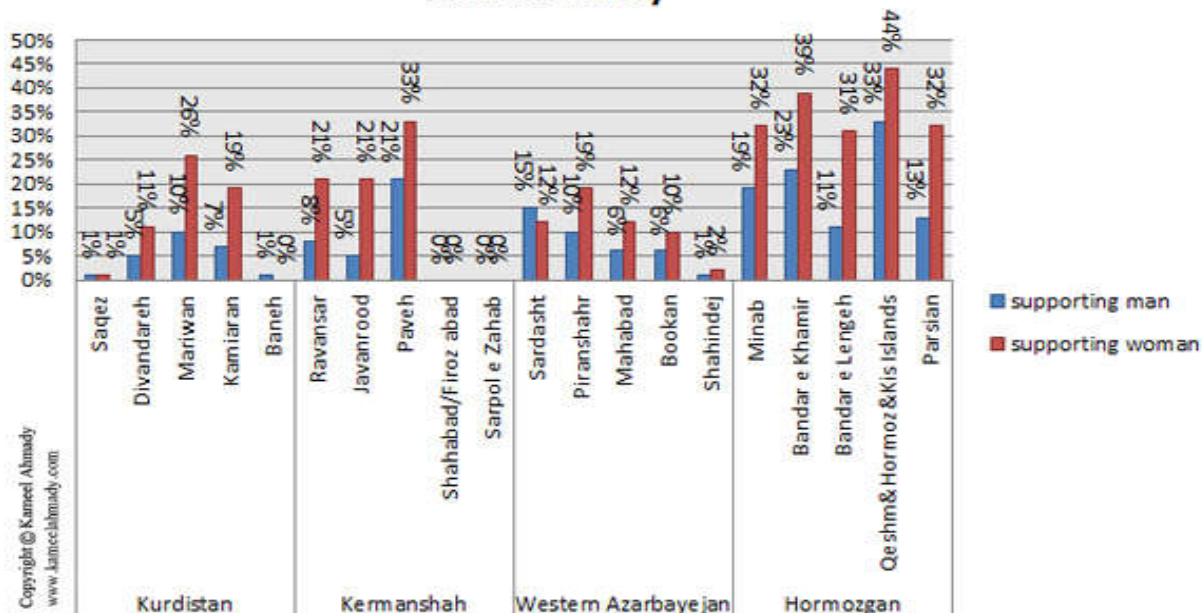
It is important to understand how the perceptions of men and women about FGM influence its survival, and also to find out who plays a prominent role in taking decisions to go ahead with FGM. The research used gender-focused questionnaires to determine the facts.

The data shows that the most prominent figures in determining whether a girl is subject to FGM are female, mostly the mother or grandmother, but sometimes another female relative; men have some say in this but not a dominant one.

As for general support for FGM, the figures show that in Hormozgan it reaches up to 44% among women in Qeshm, Hormuz and Larak islands while the corresponding level among men is 33%. In Paveh and Javanrood in Kermanshah support is lower, at 21% of women and less than 10% of women.

The results show that despite the patriarchal nature of society, men appear less concerned about FGM than women. However, it is the women who feel the silent pressure of the patriarchy and are compelled to continue with the ritual.

Percentage of circumcision support in family (men and women)



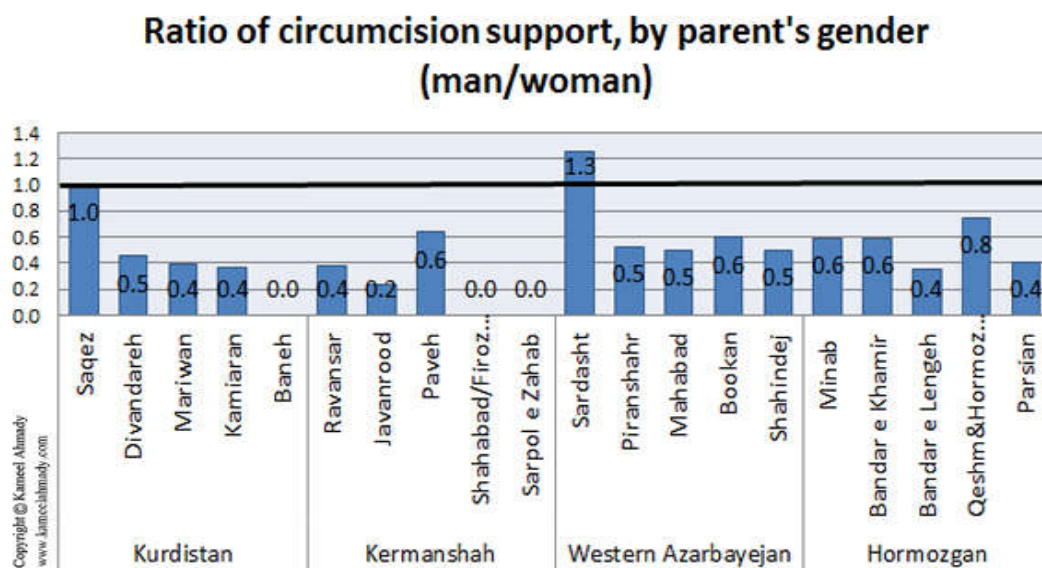


Table 2.6: Proportion of supporters of FGM among men and women

Influence of the Type of FGM Practitioner

Another contributing factor to the perpetuation of FGM is the vested interest of the circumcisers who are available within each community. The financial rewards they receive for the practice may be the only source of their livelihood. FGM in Iran is performed by three types of people: Roma groups, bibis (midwives) and family members (in practice, older women).

The scenario in every province is unique. In Hormozgan, FGM is mostly performed by traditional practitioners including bibis; however, in some areas or situations, family members may get involved. In West Azerbaijan, FGM is mainly done by Roma groups who illegally cross from Iraqi Kurdistan into West Azerbaijan province of Iranian Kurdistan, and who also run the risk of arrest by the Iranian border police (due to not having a passport or visa). These groups make good income by carrying out FGM in the area. The majority do not use safe methods which cause multiple types of diseases. In addition to the Roma groups, a mixed trend among family members and traditional practitioners was also found. In Kermanshah and Kurdistan villages, it is carried out by traditional practitioners, although in some villages, Roma groups and bibis are still active. They perform FGM with a razor, thorn, or knife, without anaesthesia; there is no concept of medicalized and hygienic circumcision.



Woman from Minab in Qeshm Island, Photo by: Sh Telanda

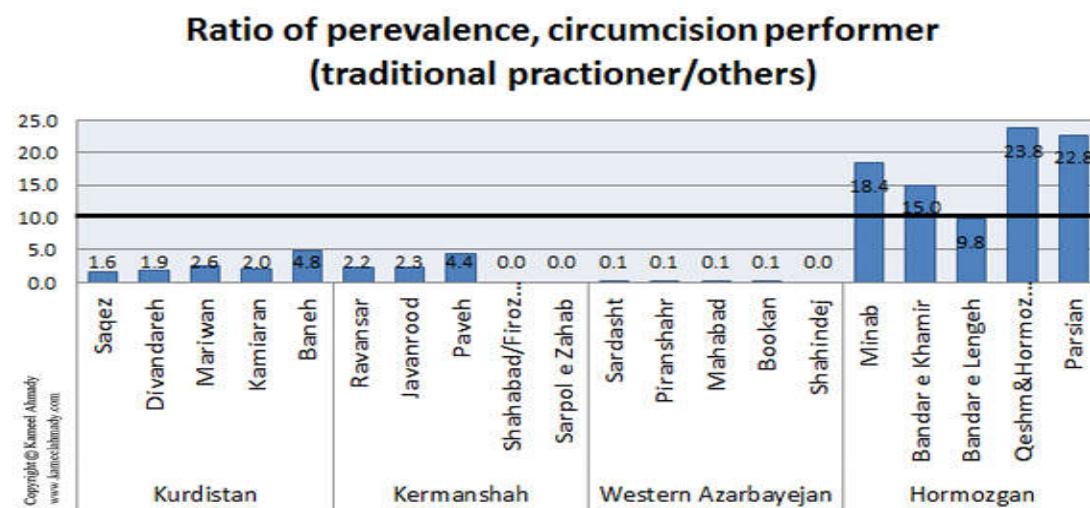
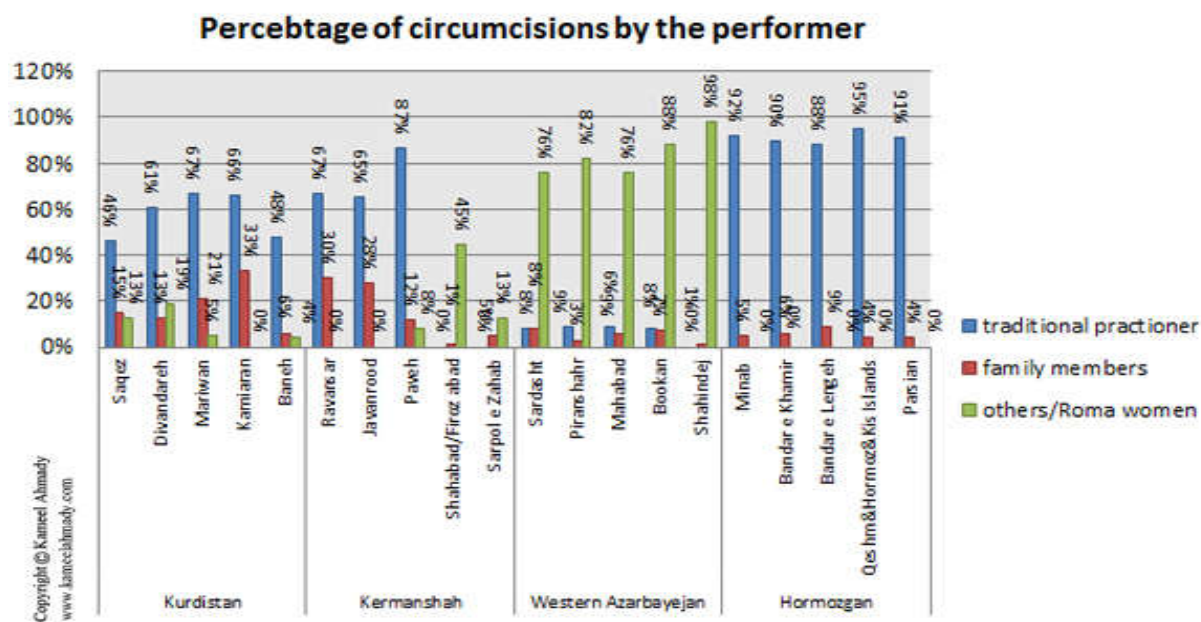
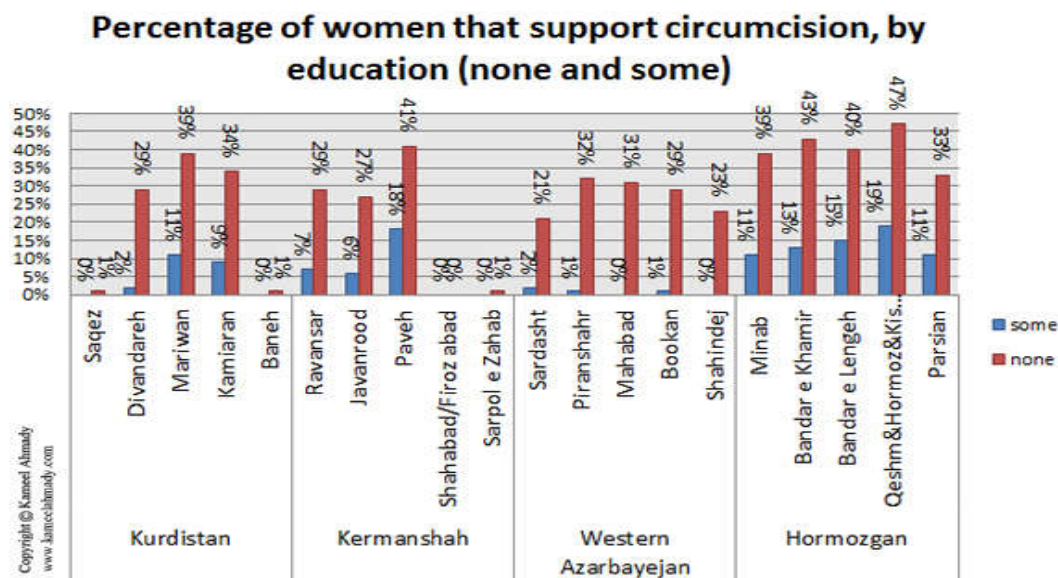


Table 2.7: Proportion of circumcisions by practitioner;

Ratio of Educated Women in Supporting FGM

Education plays a significant role in shaping people's opinion and influencing their point of view. In order to gauge whether or not differences between levels of education can affect the level of support for FGM, a survey was carried out in the four selected provinces in Iran. The findings show that highly educated women are less likely to support the continuity of the practice. The ratio of supporting FGM among educated women is relatively high in Hormozgan province and falls to between 11 to 19 %.

In West Azerbaijan, the level of support for the practice among educated women is very low. Similarly, in Kermanshah province, FGM encounters opposition by non-educated women of 6%, 7%, and 18% in Javanrood, Ravansar, and Paveh villages, respectively. Kurdistan's situation is similar: some educated women still support the continuation of the practice, while the rest are against the practice. It is clear that education can be a factor to influence behaviours, attitude, and opinions; however, there are other pre requisites of empowerment which together can also make a difference.



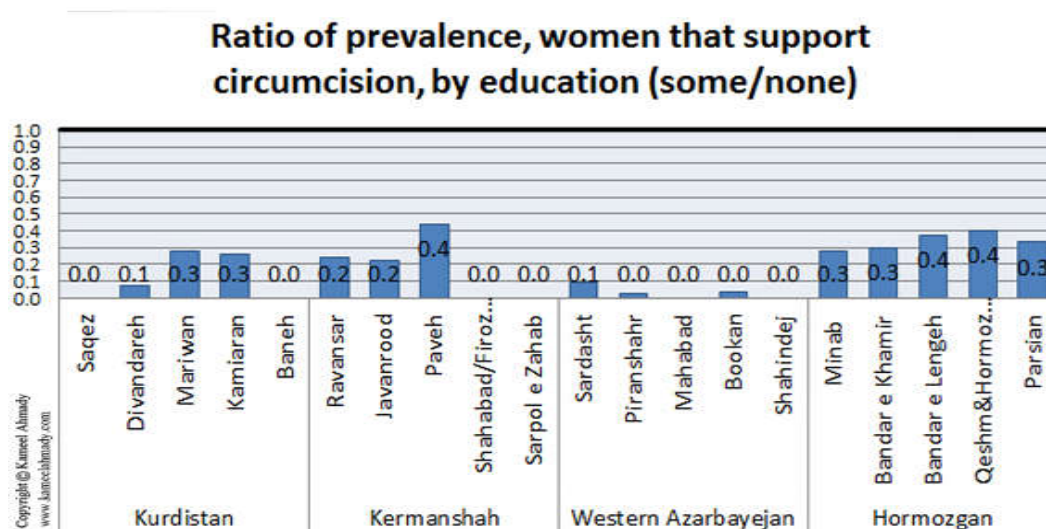


Table 2.8 ratio of educated women supporting FGM;

Summary of Findings

Most parts of this research had come to a stop by the end of 2014. Despite this apparent setback, much has been achieved over a decade of studying the subject of FGM in Iran. It included travelling thousands of kilometres, visiting more than 200 villages and interviewing over 4,000 women and some men from various areas and social classes in order to compile comprehensive data about the FGM practice in Iran. Although this research has not yet been fully evaluated,



Women with no FGM in Boshier, [@kameelahmady.com](https://www.instagram.com/kameelahmady)

preliminary findings demonstrate that FGM in some selected villages is widespread among women and girls (around 60% in some villages of Qeshm Island for example), especially in the villages of four provinces in the northwest, west and south of Iran. Within these provinces, however, FGM was not practiced in the northern parts of West Azerbaijan where people are Kurmanji Kurdish speakers, nor in the Southern parts of Kermanshah and Northern parts of Hormozgan.

The real rate of FGM today is something that must be gleaned from the number of newborns and young children who are being mutilated. It is a good sign that the percentage of FGM among women and girls aged 15 to 29 is lower by 30% in comparison with women aged 30 to 49, and it appears lower than 8% among children below the age of 10. These points lead us to the conclusion that the rate of FGM has fallen steadily in the last few decades.

From interviews with people of both sexes aged 15 to 49 indicate that 38% still support the practice of FGM for reasons of religion, tradition and culture. Such rates clearly show that immediate intervention, and awareness programs together with public engagement projects, are urgently required in order to change attitudes.

Although it is clear that support among younger generations is lower, and FGM rates have declined in each of the past 10 years, it is difficult to decide whether FGM as a whole is declining fast, although over the past 10 years seen a lower rate with each successive year.

The few important factors in this decline are what we might term “modernity”; better access to education; lack of interest in religion among youth; greater access to various mediums of media, partly through the impact of technology; and the impact of migration from villages to towns (a large number of villagers have a secondary home in a nearby town). What is more, elderly bibis may not be able to travel around to perform circumcisions and are not being replaced with a younger generation of practitioners.

The research undertaken for this study employed mixed research techniques. Interviews used both open-ended and closed questions and the data was prepared with a mix of qualitative and quantitative methods. This was for the reason that the raw data cannot give an accurate picture of the reality on the ground situation.

Likewise, when trying to evaluate the impact of even a simple development intervention, we found that complex factors were involved, which cannot be captured by a single evaluation procedure. Mixed methods, through the combination of apparent and hidden realities given by the outcomes of qualitative methods, and statistical information provided by the quantitative methodology, produce a comprehensive analysis of the problem (Bamberger, 2000). An example is table 2.6, showing the highest percentage of women who support FGM and who play a predominant role in FGM as compared to their male counterparts. According to these women’s responses to the underlying research questionnaire, a woman’s virginity is of a vital importance to secure her future and to gain her a marital status. If a woman cannot protect her virginity, it means she has ruined the honor of her family. This ultimately overburdens her to preserve the family reputation by any means and, in order to meet that objective; women continue the ritual of circumcision in the family.

The Pilot Interventions



After collection of the initial data, in 2010 pilot projects were launched. These pilot interventions aimed to examine different and locally modified methods to reduce the prevalence of FGM in parts of Iran, the Persian and Arab regions in the southern part, the Kurdish region in the west of Iran.

The idea was based on the assumption that certain defined low profile interventions can bring about a grassroots abandonment of the practice by the community itself, as opposed

to forced elimination by the government or outside the community. This study went forward with an approach grounded in Iranian traditions and culture. Adopted a holistic, culturally sensitive, participatory approach based on a firm foundation of human rights project interventions.

Project interventions were divided into two categories: one category focused on the community and the second one was based on advocacy and networking. Focusing on community means the interventions were specifically designed to find ways to prevent the practice of FGM. For this purpose, it was imperative to adopt an indirect approach because FGM was a ritual engraved in the souls of the local people and any direct attempts to erase the practice could prove lethal for the entire research project. The second category enabled us to work with the local people. Below is a brief overview of the pilot project interventions.

As this was a pilot project, the resources were limited. Within the resource limitations of the study, services of fully trained local

professionals (one social worker, one psychologist, and one nurse) were engaged. It was imperative that they were locals from the same community group as those interviewed, in order to attract the best level of cooperation and trust by the local both men and women. The researchers have been trained to enable them to undertake maximum field work on their own through social and local engagement in order to obtain better coverage. The members started to map their own areas and worked independently, using social events as a potential platform e.g. weddings, Quran lessons and funerals. The basic purpose of this strategy was to gain better and greater access to public.

The pilot intervention supported the findings from this research: FGM is widespread in some areas and in some parts it is declining. Since then, the focus of work gradually shifted from providing medical care to FGM awareness training, including lobbying and networking with stakeholders and religious and community leaders.

Chapter Three

Fight against FGM-A Historical Perspective & Present Scenario

In the present era we are witnessing the realisation of our goal, namely the abandonment of FGM, a matter that has received enormous attention across the globe. However, the issue is not merely the realisation of the goal but also ensuring that it has productive outcomes. This chapter puts the fight against FGM in a historical perspective and looks at where we are today. It elaborates on the international laws against the practice, and their weaknesses, and looks at discussions on FGM with prominent Muslim clerics, along with many fatwas on the topic. Eventually we discuss the role of the major actors who can play a vital role in discontinuing the practice, including the responsibilities and obligations of the Iranian government.

Historical Overview of the Fight against FGM

Efforts to combat FGM began in Africa in the early 20th century, based on the available documentation, although it is possible that the undocumented history of this struggle by the local people is older than this.

With the arrival of European colonial administrators and Western missionaries in Africa, a debate about banning female circumcision rapidly came to the fore. They objected to the practice on the grounds that it violated Christian principles and behaviours, but their efforts to eliminate it did not produce any result. Soon after the end of the colonial era, many laws which attempted to stop FGM emerged but these laws quickly faded away as they were based on ineffective information and inconsistent efforts.

In 1929, the Kenya Missionary Council began referring to female circumcision as “female genital mutilation”. In this regard, the name of Hulda Stumpf is of eminent importance. An American missionary and strong opponent of FGM, she was murdered after being circumcised by her killer, according to some accounts (Robert, 1996).

In the 1960s and 70s, many women groups raised their voices against FGM through massive campaigns and rallies. It was also a time when medical professionals in FGM-practising countries started to mobilise opinion through articles in medical journals. These were based on personal observations of the clinical complications female victims of FGM encountered. In 1979, the first global seminar on the subject was sponsored by the WHO. It focused on the findings of an American journalist, Fran Hosken, who had researched the subject in Africa. She talked of the need to stop all forms of these harmful traditional practices but her efforts encountered rejection and the issue remained unresolved. However, the event did give an international platform to the issue of FGM.

Since then there have been worldwide endeavours to convince experts to abandon it, which culminated in the recognition of FGM as a human rights violation by the United Nations General Assembly in 2012. Initially, the campaign mainly focused on the physical harm caused by the cutting of body parts. However, in the 1980s FGM started to be viewed as a human rights violation and the need for a gender lens with respect to the laws and human rights was felt mandatory. During the 1990s, the emergence of the themes of “women’s rights as human rights” and the prevention of violence against women gave this campaign international recognition, which helped many countries to outlaw the practice. This decade saw many international conferences address the human rights aspects of FGM: the World Conference on Human Rights in Vienna in 1993, the International Conference on Population and Development (ICPD) in Cairo in 1995, and the Fourth World Conference on Women in Beijing (Beijing Conference) in 1995 are especially prominent. Finally, in 2012, the UN General Assembly voted to recognise FGM as a human rights violation.

In addition to international efforts, African women have also made innumerable efforts to abolish FGM. They continued with their struggle even after the failure of the WHO conference, and in 1984 an Inter-African Committee on traditional rituals affecting women’s health was formed in Dakar, Senegal. It now operates in 26 African countries to educate national governments and common people about the evils of FGM.



The African women's struggle proved immensely productive and in February 2003, the IAC conference in Addis Ababa, Ethiopia, declared 6 February as the day of "Zero Tolerance to FGM". The following year UNICEF's Innocenti Research Centre published a seminal report entitled *Changing a Harmful Social Convention: Female Genital Mutilation/Cutting*.

In recent years, efforts against FGM have focused more on raising awareness through information, education and communication campaigns. Artistic methods, such as music, theatre and film, are used in abundance to reach the masses. In addition, the health sector, legal and human rights organisations are very proactive and have included information on FGM in training programmes on women's rights for lawyers, judges and society at large.

One of the most significant recent events is when the UK government and UNICEF jointly organized the first international Girl Summit conference in UK in July 2014 (RCW, 2014). Predominantly focused on child marriage and FGM, it brought together officials from the affected countries and high-income countries, community leaders, civil society, the private sector and figures from the media. The conference aimed to mobilise political will, ensure governments and communities commit to ending FGM, and make sure efforts against FGM were adequately funded. One of the highlights was an affirmation to end the sense of social obligation to practise FGM. The conference ended with a commitment by 21 countries to be a part of the global movement to end this practice. The UK government's Department for International Development (DFID) agreed to form a team to follow up on commitments made during the conference.



The Tostan project in Africa is also using innovative indirect approaches to spread awareness of the health consequences of FGM. It has designed a community empowerment programme which engages local people to build on their own ideas for bringing about change (Tostan, 2015). The methodological framework includes classroom sessions on rights to health and freedom from violence. Their work has led to a public declaration to abandon FGM from over 7200 communities in Djibouti, Guinea, Guinea-Bissau, Mali,

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Mauritania, Senegal, Somalia and The Gambia. However, according to Tostan, although “public declarations are critical in the process for total abandonment and necessary for building critical mass, eventually leading FGM to becoming a thing of the past, it’s not a 100% success.”

International Laws

With the gradual recognition of FGM as a violation of human rights, a worldwide campaign started to draft and implement laws against it. Many countries are committed to protecting the rights of women and children and have ratified a number of international and regional treaties that address various forms of discrimination and violence. For example, approximately 17 out of 28 FGM-practising countries in Africa have laws that specifically prohibit FGM, including Burkina Faso, Senegal, Côte d'Ivoire, Ghana, Djibouti, Guinea, Togo, Tanzania, Kenya, the Central African Republic and Egypt. In addition, Senegal, Sudan, Egypt and Ethiopia took an extra step and incorporated FGM as a crime in their penal code. Most countries receiving immigrants from FGM-practising countries have also passed specific legislation on FGM/FGC. Some European countries, like the UK, Sweden, Norway and Belgium have chosen to enact specific laws to criminalise the practice. Yet others, such as France, have addressed FGM/C under general criminal law provisions. In 2011, the Spanish



government
initiated
efforts
against
immigrant
families
taking their
daughters to
their country
of origin for
FGM. In early
2015,
Spanish
medical
specialists

proposed setting up examinations and getting immigrant families to sign declarations not to put daughters through FGM.

The Weakness of Laws against FGM in the Middle East and in Iran

The President/Head of the Iranian Association of Social Workers shared: although female circumcision is not rooted in ancient Iranian customs, yet we witness that such crimes are committed against

Iranian girls in some villages and remote parts of the country. According to Jahan's social report, based on the published statistics of the UN, this crime is committed on six thousand girls in Arabic, African and some Asian countries each day and has around two million victims each year.

Based on the same report, this operation is also carried out in some villages of Iran to explicitly decrease a girl's sexual stimulation. However, the President/Head of the Iranian Association of Social Workers said that girls' circumcision is very rare in Iran and can only be seen in a few villages with populations less than two thousand. He also told Jahan's reporter: This operation is done mostly in African countries. Neighbouring countries also practice it to some extent but its centre is in African countries.

Since the practice of FGM/FGC is centuries-old and so embedded in the culture and norms of the communities practising it, it can be difficult for new laws criminalising FGM, and even the incorporation of measures against FGM into penal codes and existing laws, to bear fruit. With FGM being a taboo subject in the Middle East, there was no official acceptance of the practice's existence, so enforcing a law against something which does not officially exist is out of the question. Nevertheless, there have been some government actions against FGM. For example, Iraq has enacted a law to tackle FGM, especially in the south of Iraqi Kurdistan, but the results have been minimal at the beginning and now get better. Similarly, Egypt still has high rates of FGM and there is little action against the practitioners. However, the Arab Spring has provided some opportunities to give FGM a higher profile.

In the case of Iran, taking action against FGM is even harder, because there is a lack of support from the government and the lack of organised NGO groups. Indeed, Iran refused to ratify the Convention on the Elimination of All Forms of Discrimination against Women. During the tenure of President Muhammad Khatami, the Iranian Parliament passed a bill in favour of joining CEDAW, but it was vetoed by Iran's powerful Guardian Council on the basis that it contradicts Islamic principles.

Nevertheless, Iran has laws which can be used to prosecute and punish mutilation of the body. Here we can mention the Women's

Responsibilities and Entitlement Charters on the right to life, physical integrity, protection against victimisation, the right to mental and physical health and protection against family violence. Nonetheless, since most of the abovementioned laws are patchily enforced, it is hard to find successful claims made by victims of FGM. Also, the laws do not mention FGM specifically and therefore the Islamic law of Iran does not protect women from FGM (Alawi, 2015). These laws mean that FGM is carried out in people's houses by midwives and not by medical practitioners (Alawi, 2015). The secretive nature of FGM is increasing the health risks to women. The lack of information coupled with the government's denial of the existence of FGM, make it difficult for the issue of FGM to catch the attention of the relevant ministries.



A village in Marivan, [@kameelahmady.com](https://www.kameelahmady.com)

Iran has incorporated some general anti-mutilation laws in its penal code and according to the Article 479 and Article 663 of the Islamic Penal Code, *qisas* can be invoked when there is cutting of female genital organs. Mutilated persons can also look to the Iranian Protection Law for People with Disabilities which was enacted in 2003, and the Convention on the Rights of Persons with Disabilities, which become law in 2007.



In addition, Iran has ratified the Convention on the Right of the Child (CRC). Article 2 paragraph 2 of the Convention states that “States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child’s parents, legal guardians, or family members.” Article 24 of the CRC puts emphasis on the health of child, which would be violated in the event FGM was carried out on the child.

According to Ms Shirin Telenda, a lawyer from Island of Qeshm which has the highest rate of FGM in Iran that:

“The Iranian penal system features broad and general provisions that prohibit bodily mutilation. According to article 479 of Islamic penal code passed in 1991 and articles 663 and 664 of the same penal code, passed in 2013, female genital mutilation is punishable by the payment of blood money. According to article 12 of the Iranian constitution, it seems that the purpose of the legislator was enactment of a general rule. Based on article 12 of the Iranian constitution, [Shia](#) Islam (which follows the Jaafari school of Islamic jurisprudence) is the official state religion although the followers of other branches of Islam (such as Hanafi, Shafi’i, Maliki, Hanbali and Zaydi) are free to adhere to their own religious ceremonies and obligations. That would mean that if FGM were considered a religious duty, no female victim would be able to claim compensation in court. However, according to article 21, paragraph 1 of the constitution, the government must ensure the rights of women in all respects. The overall picture is thus a somewhat confusing one, and the Iranian civil code does not help as it does not address FGM”.

Mr. Mansour Eskandari in Tehran is a lawyer (Attorney at Law) who believes and recommends that according to the Iranian laws:

“Another law under which FGM/FGC-affected people might seek redress is the Law on the Protection of the Rights of Children and Adolescents passed in 2003. According to article 1, all types of child abuse leading to physical, mental or moral harm are prohibited. In the same vein, article 4 states: “Any intentional abuse of children and ignoring their mental and physical health as well as forcing them to leave school is prohibited, and the wrongdoer would be sentenced to three to six months’ imprisonment or a fine of 10,000,000 Rials; while article 5 classifies child abuse as a criminal offence, so eliminating the need for a civil complaint in FGM cases.

To understand what might be possible under these provisions, we need to review of FGM through the prism of Sharia obligations. Under the Sharia, time is of the essence: if female genital cutting is necessary, it must be done when it is practical; where it is not practical it must be prevented, which does not entail any violation of Islamic obligations.

Although Islamic penal code does not criminalise female genital mutilation/cutting, the affected person could file a lawsuit using articles 21, 22 and 34 of the Iranian constitution. According to article 3 of the civil code, the judges could not refuse to hear the case on the pretext of silent rules as well as vague statutes, conflict of rules and too broad rules.

The question comes to mind is that who can file a lawsuit where children are the victims of FGM? As we have already mentioned, article 5 of the Law on the Protection of the Rights of Children and Adolescents makes it possible for the attorney general to pursue cases. Also, according to article 66 of the criminal law passed in 2014, “NGOs whose statutes explicitly state that their duties involve the protection of children, adolescents and women can file lawsuit against offenders”. Furthermore, note 2 of the same criminal code states that the judicial authorities are obliged to make victims aware of the existence of such organisations. In the final analysis, it should be asked whether parents have the right to put their child through FGM/C? It seems that the answer to the question is “no”; Sharia and parental responsibility laws make clear that the parents do not “own” their child but are guardians. To illustrate this further, we could cite article 158 of the Islamic penal code, which stipulates: “The actions of the parents and guardians of children to protect and discipline

them are not punishable, but the same actions are punishable if the child would not be referred [to] as a child anymore.”

We suggested that a new law should be passed to protect girls: female genital mutilation/cutting before puberty should be done only with the permission of the coroner, and after puberty the individual would be considered capable of making a decision independently.

It is clear that stronger laws can bring about a slight reduction in FGM but not its elimination. In order to eliminate FGM, it would require long-term commitment on behalf of the communities, particularly the influential elites, clerics, bibi and law providers, plus the regional and central governments.

Major Contributing Factors

Ending FGM requires the joint efforts of activists and victims. But who are the main parties involved?



“Countries that have succeeded in lowering the rate of female genital mutilation, like Senegal, have used varied methods: alternative rites of passage into womanhood, campaigns in which brides and bridegrooms state that they both reject the custom, and the involvement of clerics and priests.”

The practice originated as one form of control over the fidelity of women particularly when men were away for long time. Salam and De Waal link this to the social acceptance of women by their communities and societies. The following passage will provide an overview of the role played by the society and other major actors in igniting FGM.

Often it is governments that violate the human rights of citizens. Similarly, the implementation of many human rights is not possible without the support of the government concerned. However, patriarchal culture and norms often prevail even where the

government is trying to do something, especially in the context of women's and children's rights – as ongoing FGM in Iran and Egypt shows. Despite the governments' efforts to ban it, and despite many fatwas about the forbidden status of the practice in Islam, FGM is still flourishing. In addition to the patriarchy, the political structure and system are equally responsible for this.

The mutilations are performed without any direct involvement of men. However, it appears that a large majority of men in the Kurdish and southern areas of Iran are at least aware of the practice. This "disconnection" of males seems to apply to other "women's issues" as well. Many studies confirm that men have no knowledge of the reproductive health of a female; in most of the societies we are focusing on, it is considered to be women's issue or "secret", and men have no say in it. But men may be influenced by clerics and imams who preach about the practice as having diverse benefits and a connection with religion.

It is interesting to discuss the attitudes of some of the women who have undergone FGM. According to them, those who are not circumcised are not a "full woman". For them, FGM is something that needs to be done to bring dignity to both women and girls and to preserve their chastity. These women do not question FGM as they consider it an old tradition. Importantly, FGM is mostly done when a girl is too young to have any say in the matter. The practice is perpetuated when women put their daughters through FGM as they consider this mandatory for getting married.

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Women discussing FGM, Kermanshah, [@kameelahmady.com](https://www.kameelahmady.com)

More on the Male Perspective



Wedding in Hawraman, Kurdistan, [@kameelahmady.com](https://www.instagram.com/kameelahmady)

Although FGM is something that happens within the female realm, the role of men cannot be overlooked. Some men take cover behind religion and see any endeavour to end FGM as a Western idea on women's liberation. In addition, FGM may give men more pleasure because of the tighter vaginal opening and in most conservative FGM-practising societies men refuse to marry an uncut girl. Some Iranian men from practising communities believe that FGM controls women's sexual drive and may say their community is much purer, with fewer moral problems compared with Shia Persian or Turkish communities. A common argument used by men in the Sunni populations studied is the following: if their women were not circumcised they would not be able to control them which could result in behaviours similar to their Shia counterparts or women in sexually oriented TV programs or films. During our study, some men shared that they had sexual intercourse with uncircumcised women from other parts of Iran. They stated circumcised women's genitals are much smoother, smaller in shape and enjoyable for sex; however, they also claimed that uncut women were better for foreplay.

A few of the male interviewees had no knowledge of FGM or whether their wife had been cut. Interestingly, once we informed them on the dangers of FGM and its negative impact on women's sexual enjoyment (i.e. that they cannot enjoy sex with their husbands due to the fact that their clitoris have been partly or fully cut therefore they can't be aroused fully), most confirmed this was the case in their sexual relations with their wives and said their women were "not hot" or "do not give us pleasure". They also admitted that to feed their sexual desire they had other sexual partners or simply married a younger second wife. Later they were asked whether, in light of their new knowledge of FGM, they would be willing to have their own daughters cut and therefore suffer the same agony and perhaps be cheated on by her husband. Our interviewees could not answer and instead remained silent and looked away.

Religion: an Opponent of FGM or its Defender?

In Iran and many other Muslim countries, FGM is mostly justified

The four Sunni Islamic schools of jurisprudence and their views on circumcision

Hanafi and Maliki schools: Circumcision is inherent to human nature but not obligatory. It is recommended for men but for women although it is better to be done, is not recommended. (Ibn Aabedin, Ibn Jazee, Albaahi, Ibn Al-jalaab)

Hanbali School: Circumcision is obligatory for men but for women there are two hadith; according to the stronger one it is recommended but according to the other it is obligatory for women as well as men. (Ibn Ghedameh, Ibn Teemeeye, Almardawee)

Shafi'i school: As with the Hanbali School, circumcision for men is obligatory but for women there are two hadith. The more authentic implies obligation of female circumcision. The second which was weak when issued is confirmed by most of Shafi'i scholars now. According to this one, circumcision is recommended for women.

According to the hadith which declares female circumcision obligatory, the procedure should be to cut a small piece of clitoris just symbolically/ minimally and not mutilate the organ. And at the end of the saying it is added: The less you cut clitoris, the better.

The second hadith starts with the term "qila" that implies a weak statement but as it has been confirmed and recited by most scholars, to some extent it has become stronger. (*"Tohfeh" AbnAlnhaj Volume 9 P 198-199*)

with religious arguments, as we alluded to in earlier chapters. A campaign to challenge FGM by an NGO in Sudan in 1998 faced strong opposition by Islamic clerics, who advised the Muslim community to resist Western pressure and stick to traditional norms. Similarly, imams in Sulaimaniyah in Iraqi Kurdistan label those who believe that female circumcision is not an Islamic practice as ignorant.

It is worth stating that majority of the Muslim world does not practice or have full knowledge of the existence of FGM. Therefore, there has been no response from the non-Shafi'i Muslim world after FGM started to be covered by the international media.

FGM is not a religious obligation; indeed, the practice conflicts with numerous aspects of Islam. Nonetheless, an ordinary person with limited knowledge of Islam somehow relates it to their faith, while strict Shafi'i Muslims consider FGM as a way of life and fervently support it.

During the time of the Prophet Muhammad, many tribes were practising it as a tradition. Therefore FGM was with them for some time before Islam, and it is clear that female circumcision was not introduced by the Prophet Muhammad. Sara Ali clarifies in her book *A Woman under Threat* that "the Qur'an, as a text providing mainly general guidelines (with some injunctions or laws spelled out specifically) does not address the issue of circumcision of either males or females. The Qur'an does however refer to the sexual relationship in marriage as one of mutual satisfaction that is considered a mercy from Allah."



Hurmoz Island, [@kameelahmady.com](https://www.kameelahmady.com)

The Quran clearly indicates the significance of a husband and wife to derive pleasure from each other: “It is lawful for you to go in unto your wives during the night preceding the (day’s) fast: they are as a garment for you and you are as a garment for them (2:187); and “He has put love and mercy between you (30:21)”. Clearly any act that interferes with fulfilling a sexual relationship contradicts the essence of Islam. According to *Fiqh Alnaji*, a book of jurisprudence: “The power of men and women to have sexual intercourse and taking pleasure from it is a gift endowed by God to human beings. This power is one of the strongest instinctive abilities in animals. According to Islamic laws, the power to enjoy sexual intercourse is one of the definite goals. Therefore it belongs to the basic rights of every human being”⁶.

An FGM FAQ published by the UK-based Foundation for Women’s Health Research and Development indicates that *“although the Quran mentions many duties regarding women; such as pregnancy, breast-feeding, divorce, menstruation, etc., it says nothing about FGM”*. The Quran teaches that *“In God’s creation, everything is complete. God does not create anything with fault.”* FGM can be seen as an intrusion by man for the deformation of God’s perfect creation, subjugating women to deprive her of pleasure and the right which God has given her as a human.

Some people attempt to justify FGM using the sayings (hadith) of the Prophet Muhammad. There are several hadiths which have been interpreted as supporting FGM. One, known as the hadith of circumcision, is often told thus:



“Muhammad met a woman called Umme Attiyyah. This woman was known to be a circumciser of female slaves. Muhammad said to her: “Trim, but do not cut into it, for this is brighter for the face and more favourable with the husband”⁷

⁶ FiqhAlnaji V3 P 395 Dr. Mustafa Algn, Dr. Mustafa Albga, Dr. Ali Alshbi)
⁷ Sunan Abu Dawûd, Book 41, No. 5251



Wedding in South of Iran, photo by: Sh
Telande

This saying is ambiguous and has been used by both the supporters of FGM and those against it. For supporters, it is a matter of great relief that FGM is not forbidden; for opponents of FGM, the Prophet has advised keeping cutting to a minimum, which in practice must mean doing no harm at all.

The life of Prophet Muhammad was a real depiction of the teaching of Quran. Since the Quran does not discuss female circumcision, the reliability of this hadith is also suspect, and Abu Dawud (a compiler of hadiths) himself classifies it as “weak”. His is the only one of the six classic hadith collections to contain it (Chapter 1888). According to Sayyed Sabiq, a renowned scholar and author of Fiqh-us-Sunnah, all hadiths concerning female circumcision are unauthentic.

There is much debate on the issue and many Muslim scholars have provided evidence both for and against FGM. In 2006, a conference held in Egypt at Al-Azhar University in Cairo, attended by eminent religious scholars, concluded that FGM should be banned as it is outside Islam. Professor Ali Goma, then the Grand Mufti of Egypt, told the conference that “FGC harms women psychologically and physically. Therefore, the practice must be stopped in support of one of the highest values of Islam, namely to do no harm to another, in accordance with the commandment of the Prophet Mohammed, ‘accept no harm and do no harm to another’. Moreover, this is seen as punishable aggression against humankind.

Fatwa on FGM in Kurdish Iraq-English Translation

With regard to ruling about FGM in Islamic jurisprudence, and also what is the view of the Higher Committee for Fatwa with regard to this issue. The Kurdistan High Committee for Fatwa in Kurdistan responds as follows:

... In fact Islam did not introduce FGM, but it is an old traditional practice that was prevalent among ancient people. The famous ancient Greek historian Herodotus says those who carried out FGM in ancient times were the Egyptians, Assyrians, Kussidiuns and Ethiopians. Other people learned the practice from Egyptians.

Sheikh Mahmood Shaltot, a former Sheikh of Al-Azhar, says the practice of FGM is an ancient one, many people did that since the start of history, they continued doing so even until the appearance of Islam.

In 2010, the Higher Committee of Fatwa in Iraqi Kurdistan issued a fatwa on FGM. Its stance was that FGM predates Islam and so it denied any link with Islam; however, it also mentioned that FGM is Sunnah and there is no punishment for those who practise it. This fatwa was poorly received by FGM opponents, of course. Whereas the Al-Azhar conference left no room for the practice of FGM and

provided firm grounds for ending it, the fatwa committee had basically created a loophole for it to continue.

Sects & FGM: Religious Complications in Iran

As we discussed in earlier chapters, the Shia-led Iranian government is reluctant to intervene in FGM, which is considered a Sunni Shafi'i practice that happens mostly in underdeveloped Kurdish border provinces and among Sunni Persian-speaking communities in the south. The notion of sectarian rivalry among Sunnis and Shia is centuries-old. There is a lack of trust on religious and ethnic grounds between the two branches of Islam, so any intervention against FGM by the state may spark feelings of resentment against high-handed interference.

For this study, besides contacting and lobbying Sunni religious leaders in FGM-affected areas, we visited the holy cities of Qom and Mashhad where most of the 18 Marja-i-*Taqlid*⁸ are based and have official advisory offices. They hold what are called Knowledge Rings (HelqeiMahreft) two days per week. Some of these Grand Ayatollahs were consulted, either in person or via their representatives, about the validity of FGM within Shia Islam. Although some of their responses were mutually contradictory, they stressed that FGM is more rooted in Sunni Islam and not obligatory for Shias. If it happens among Shia minorities in parts of Iran or Iraq, it is because of close proximity to a mainly Sunni population and is more cross cultural than anything else.

⁸ Marja or Source of Emulation are Shia authorities who make legal decisions based on Islamic law. Out of 25 Shia Marja-i-Taqlid, 18 live in Iran.

توصيات المؤتمر

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

انعقد "مؤتمر العلماء العالمى نحو حظر انتهاك جسد المرأة" في الأول والثاني من ذي القعدة ١٤٢٧ هـ الموافق ٢٢-٢٣/١١/٢٠٠٦م في رحاب الأزهر، وألقي فيه عدد من البحوث، وبعد مناقشات السادة العلماء والأطباء والمتخصصين والمهتمين من مؤسسات المجتمع المدني في مصر وأوروبا وأفريقيا توصل المؤتمر إلى ما يلي:

١. تحرم الله الإنسان فقال تعالى: ﴿وَلَقَدْ كَرَّمْنَا بَنِي آدَمَ﴾ فحرم الاعتداء عليه أيًا كان وضعه الاجتماعي، ذكرًا أم أنثى.
٢. حثت الإنثاء عادة قديمة ظهرت في بعض المجتمعات الإنسانية، ومارسها بعض المسلمين في عادة أقطار تقليدًا لهذه العادة دون استناد إلى نص قرآني أو حديث صحيح يفتح به.
٣. الحثان الذي يمارس الآن يلحق الضرر بالمرأة جسديًا ونفسيًا، ولذا يجب الامتناع عنه امتناعًا لقيمة عليا من قيم الإسلام، وهي عدم إلحاق الضرر بالإنسان، كما قال رسول الله صلى الله عليه وسلم "لا ضرر ولا ضرار في الإسلام" بل يُعدّ عدوانًا يوجب العقاب.
٤. يناشد المؤتمر المسلمين بأن يكتفوا عن هذه العادة، قماشًا مع تعاليم الإسلام التي تحرم إلحاق الأذى بالإنسان بكل صوره وألوانه.
٥. كما يطالبون الهيئات الإقليمية والدولية بذل الجهد لتثقيف الناس وتعليمهم الأسس الصحية التي يجب أن يلتزموا بها إزاء المرأة، حتى يقلعوا عن هذه العادة السيئة.
٦. يُذكر المؤتمر المؤسسات التعليمية والإعلامية بأن عليهم واجبًا محتمًا نحو بيان ضرر هذه العادة، والتركيز على آثارها السيئة في المجتمع، وذلك للإسهام في القضاء على هذه العادة.
٧. يطلب المؤتمر من الهيئات التشريعية سن قانون يُجرّم ويُجرّم من يمارس عادة الحثان الصارة فاعلاً كان أو متسببًا فيه.
٨. كما يطلب من الهيئات والمؤسسات الدولية مد يد المساعدة بكافة أشكالها إلى الأقطار التي تمارس فيها هذه العادة كي تعينها على التخلص منها.



Of course, Shia fatwas are not going to carry much weight amongst the Sunni population. Moreover, Sunni Muslims mainly follow “Sunna” and the concept of following a fatwa is not as common as it is among Shia Muslims.

The above discussion reveals a dilemma, that fatwas against FGM given by clerics of Shia sect such as Marja-i-Taqlid would not occupy a reliable place among the FGM supporters of Sunni sect. In addition, any attempt to impose Shia fatwas may backfire and ignite anger among Sunnis. Though the ruling power in Iran is Shia dominated, support of Sunni clerics for legislative purposes can provide smoother approval by the lawmakers.

Perspectives of Prominent clerics

In the course of our research period, we obtained 14 different fatwas, guiding notes and recommendations from Sunni clerics in Iran and made useful contacts with more prominent clerics and officials within the Sunni Clerics Council of Kurdistan, West Azerbaijan, Kermanshah and Hormozgan provinces. Some of them were condemning of FGM. However, fatwas issued in one area may not have much impact in other provinces or in some cases even in nearby villages. Given that each village has its mosque and independent clerics whose salary is paid by local contributions, any fatwa issued by clerics of the same rank in nearby territories can be considered weak or invalid by the local cleric.

We have presented below some Sunni clerics’ views compiled through our research. In general, they either looked positively on the idea of abandoning FGM or supported the practice. Viewpoints of both camps are featured in the short documentary *In the Name of Tradition*.

Mullah Talib Mudizadeh, from Bandar Pahl, Hormozgan province, 2010: Regarding the proven medical and psychological arguments about the dangers of female circumcision and availability of concrete accounts testifying that female circumcision causes frigidity and sexual problems in marriage; and also considering the fact that religion always puts great emphasis on science and the Prophet of Islam has said “Go in quest of science, even to China”, and most



Clergy apposing FGM, Gamberon Village, Hormozgan, [@kameelahmady.com](https://www.instagram.com/kameelahmady)

sciences have proven the disadvantages of this act and insist that it shouldn't be performed, so it is better not to be performed. My wife (Mulavi Amineh) and I have always strictly recommended people of this port and neighbouring villages not to circumcise their daughters but circumcision is good and compulsory for their sons. (Bandar Pahl-Hormozgan province-December 2010)

Mulavi Sheikh Salahedin Charaki, from Parsiaan, Hormozgan province, 2012: There are good reasons that female circumcision is not necessary any more. It has many disadvantages and maybe leads to disloyalty of men and even having several wives. Imam Shafi'i has two different opinions about circumcision and other Sunni imams do not believe that it is compulsory. Therefore, I think now that it has been proven that it is not good for sexual relations and the amount to which the cutting should be done is not definite, not doing it would be better and more appropriate. I have not circumcised any of my three daughters because I am afraid of the dangers to their body and soul (Parsiaan- Hurmozgan province- April 2012).

The most interesting and more liberal point of view came from Hajji Mullah Seyyed Hassan Vazhi, Sunni cleric from Piranshar in West Azerbaijan province. He believes that new medical knowledge emphasises the damages and harms of female circumcision on the body and mind. He says that according to Imam Shafi'i and the hadith referenced in, girls' circumcision is good for brightening the face and increasing sexual appetite and easing sexual intercourse. With this is mind, he argued that we cannot immediately rule out FGM, but according

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https://www.facebook.com/malahasan.vazhi?fref=pb&hc_location=n=friends_tab&pnref=friends.all



Mosque in Mahabad, West Azerbaijan, [@kameelahmady.com](https://www.kameelahmady.com)

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general inference from Islam about causing harm and damage by an act or acts, and the fact that medical science now considers female circumcision harmful and giving that the general command advised to cut only a little, Islam gives the authority to decide on female circumcision to the girl:

She can seek the opinion of a specialist and in case of availability of an expert circumciser, after reaching a legal age, can make the decision to do it or not.

Parents are not required to have their children circumcised; the decision rests with the sons and daughters. In case parents are doubtful or insist on circumcision, Shafi'i followers can follow the principles of three other schools of Sunni jurisprudence, which do not make female circumcision compulsory. For Sunnis, under certain circumstances, switching from their usual school is allowable.



He says: *“in my opinion, girls’ circumcision does not have many advantages for the girl and I have personally warned my family members, relatives and friends about it. I have also given advice and guidance about female circumcision in my sermons during Friday prayers and I have prevented this act to be carried out on my own family members.”*

(Ashara al-Mubasharîn Mosque, Piranshar, West Azerbaijan -April 2015)

Elham Mondegari, in her thesis *Violation of Women’s Bodily Integrity from Human Rights Perspective*, also reports the views of two Sunni clerics in the south of Iran:



Sheikh Ahmad Rahmani shared that *“fallibility exists in all religions. If it was not so, Imam Shafi’i himself would not have two opinions (as he knows cutting the sexual organs of women both wajib (compulsory) and mustahabb (recommended)). Fallibility might have different reasons. One reason might be that Imam Shafi’i has old and new sayings; old sayings belong to the time when he was in Iraq and he might have got those opinions from his masters or the hadiths he had available. Then he went to Egypt, and surely met other scholars and got to know them and in some issues gave up on his old opinions.”*



Sheikh Mohammad Mehdi, from Qeshm Island, states: *"The opinion of religion cannot be the opinion of all sages. There was a time that it was compelled; religion had its opinions in its own realm, now many fatwas of Imam Shafi'i do not have any application in some areas. We get to the point that some hadiths of the Prophet of Islam do not have any application in some places, because they are Ejtehaadi (interpretative). The same goes with the matter of circumcision. What I mean is that if Shafi'i School has stated anything then it is only applicable in Egypt. In those times there were certain situations that required this Fatwa of Imam Shafi'i and it could be that his Fatwa cannot be used for Iran. Jurisprudent discussions can never be the main evidence, meaning that it is possible that a command given by a scholar in some circumstances and compulsory in one area be useless in another place."*



Student studying religion, Hormozgan photo by: Sh Telenda

Elham Mondegari also interviewed Mullah Jamal Aldin Vazhi in Pesve village, West Azerbaijan province. He believes that the reason for many cases of adultery in marriages [in Pesve], according to valid information, is the lack of mutual satisfaction from sexual relations where each partner blames the other one for lack of sexual satisfaction and subsequently seeks such satisfaction from a third party. He argues that this problem is actually rooted in non-Islamic female circumcision. In addition, according to his research, gynaecologists believe that in some cases a large labia minora causes disturbances in sexual relations. In these cases, and according to studies available in medical books, only a part of that organ can be cut. It must be added that at the time of publishing this book, no reports have been published linking a large clitoris/labia minora to disturbances in sexual relations.

It is widely understood that changing ordinary people's perceptions of FGM is closely linked with altering the clerics' beliefs on the issue. The scrutiny of FGM has compelled prominent Islamic scholars to research the Quran and hadiths further and has brought some positive outcomes in terms of pronouncements against FGM. Some high-profile sheikhs and clerics, including some brave Iranian Sunni religious leaders, have denounced FGM in clear terms or called it "permissible but not obligatory". The quotes we included earlier give an idea of the range of arguments they use. Sheikh Alerefe also responded to one of our queries about the practice of FGM as a harmful practice. However [it is widely agreed that] the four schools⁹ of Islamic jurisprudence consider it obligatory or preferable; on the other hand, some scholars from Al-Azhar University in Cairo have their own stance which contradicts that of the four schools of Islamic Jurisprudence.

Legal Retribution or Compensation for FGM

Some pro-FGM clerics in Iranian Kurdistan and the South of Iran defend and require FGM and base their arguments on the hadith mentioned earlier in this chapter. This can be interpreted as an instruction to limit the extent of female circumcision to a very minor cut. Of course many forms of FGM are extreme and damage the woman's body and soul from every perspective – for example, the cutting of the labia.

Islamic jurists from all four schools state that cutting both labias needs full *diyya* and each labia half *diyya*¹. The idea is that someone who loses the ability to enjoy sexual intercourse should be given full financial compensation (*diyya*) equal to compensation for a murder (blood money). For example, if someone breaks another's back, the victim should receive one full *diyya* for the resulting paralysis and another full *diyya* for losing the ability to have sex. In the case where the person is still able to have intercourse but no semen is excreted, this rule still applies¹.

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⁹ Shafi'i, Hanafi, Maliki, Hanabli

¹ MgnaAlmtajShrbini V4 P 74 & NahaiteAlmetleb, Jotini V 16 P437

¹ TohfehAlmtajAbenHejer V8 P482 & NahaiteAlmetleb, Jotini V 16 P437

In addition, "toffee", one of the canonical sources of Shafi, explicitly states that if the victim is able to have sexual intercourse but cannot take pleasure from it, then he must receive a full *diyya*. If we apply the same [hadith] to a woman who has undergone FGM, it can be argued that a woman who has undergone a Pharaonic circumcision should also receive a full *diyya*¹ .²

Given that female circumcision is seen as one of the religious rites, no specific discussion is devoted to it in the sections related to *diyya* and/or crimes. However, there is another general principle according to which, if any abuse or harm is done to somebody for which no compensation is defined, then the judicial system must determine one. The extent of harm to the body and soul and corresponding *diyya* are defined. Nevertheless deprivation of sexual pleasure is included in the cases for which full *diyya* should be paid¹. Circumcisers can be liable under Islam due to the fact that circumcision follows specific instructions and anyone who does not follow them correctly, causing any harm to sexual organs, becomes obliged to pay [a full] *diyya*¹.

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This research suggested that a new law should be passed to protect girls: female genital mutilation/cutting before puberty should be done only with the permission of the coroner, and after puberty the individual would be considered capable of making a decision independently.

1	Tohfeh, V 8 P482	2
1	MegniAlmtaj V4 P77 &Tohfeh V8 P 482	1
1	Beihaqi V8 P325	4

Chapter 4

Conclusions, Lessons Learned and Recommendations

Conclusion

FGM occurs worldwide to subjugate women in the name of culture and religion. Though not imposed by the religion, people link Islam to the procedure to compel communities to practise it. The use of religion also helps FGM fulfil another goal, namely to subjugate women's desires; ironically, women play an important role in perpetuating the practice. And although Africa considered to the heartlands of FGM followed by parts of the Middle East and part of Asia may be, the problem cannot be ignored in the rest of the world since it moves as migrants make new lives elsewhere.

UNICEF data shows that a massive number of women around the world are suffering directly or indirectly as a result of FGM/C. UNICEF cites the figure of 140 million as the number of women who have been cut and mutilated, and 3 million girls are at each year of the fear of being cut. Nevertheless, the practice is in decline in many countries and people's attitudes towards it are changing. Although the lack of proper monitoring makes it hard to assess these trends or the effectiveness of past campaigns against FGM, we can draw some general conclusions which will help to review and strengthen interventions and policies aimed at eliminating FGM/C.

In chapter 1 we dealt with the global prevalence of FGM along with the historical background and linked the practice to patriarchal traditions which are thousands of years old. The link between FGM with religion was also seen to be doubtful, since FGM predates Islam and Christianity; some Christians and Jews practise it, as do some communities with beliefs not linked to Middle Eastern monotheism, such as Aboriginal Australians.

Chapter 2 dealt with the prevalence of FGM/C in Iran. This research shows that FGM plays a profound role in the social and cultural power structures of the communities in Iran that practise it, and that the resilience of the practice requires endeavours against it to be both comprehensive and protracted. The research gives us preliminary data to construct the connection between the motives and cultural frameworks behind the practice, its prevalence, and a way forward to design fool proof strategies to combat it.



Engagement ceremony, South of Iran photo by: Sh Telande

Data by UNICEF shows that there are a massive number of women in the world today who are suffering from FGM/C. The UNICEF mentions the figure of 140 million women who have been cut and 3 million girls are at each year of the fear of being cut. This ritual is practicing worldwide to subjugate women in the name of culture and religion. Though not imposed by the religion, people attached this ritual with Islam to compel the communities to practice it with divine beliefs. Many studies shows that FGM is not only an African practice but has found its roots in the Middle East, Asia, immigrant in Australia, New Zealand, Canada, Europe, and the United States (Malmström et al., 2011).

In Iran, the tenacious nature of the practice of FGM makes it challenging for the human right activists and organizations that how to eliminate it from roots. Nevertheless, this study shows in its first chapter that the practice is in decline in many countries and other changes in attitudes toward the ritual are also underway. Nevertheless, the data also indicate that in other countries, the prevalence of FGM remains nearly unchanged. Lack of proper monitoring means that the findings of efforts to eradicate FGM in recent decades cannot be fully assessed, but a general conclusion can be drawn on the basis of



Women asked about FGM, Kuzestan province, @kameelahmady.com

available data about alterations in prevalence and shift in attitudes towards it. These findings can be contributing to review, and strengthen strategies, objectives, policies, and interventions towards the elimination of FGM.

The findings of the research contribute to the realization of the fact that FGM is a clear infringement of the women/girls rights. A comprehension of the social setting uncovers the defensive inspirations that underpin the practice. The research clearly indicates that FGM occurs in other parts of the world besides

Africa. The first chapter of the research dealt with the global prevalence of FGM along with the historical background and links this with the patriarchy which is more than 2000 years old. The affiliation of FGM with the religion is also doubtful as it pre dates Islam and Christianity. In addition, it is evident from the first chapter that FGM also occurs among Christians and Jews and other communities such as Aboriginal Australians. Among Christians, the example of Eitherea and in Ethiopia, while in Jews group Beta Israel and Falasha (Favali and Pateman, 2003) are quite well known for keeping this ritual continue. The religious justifications for imposing FGM as a tool to subjugate women's desires are without question. Yet, women play a predominant role in imposing the ritual on new generations, and they act as a proactive catalyst in its existence and prevalence.

FGM in Iran is not new; however, the unavailability of data made it practically invisible. What's more, the government was reluctant to admit its existence and ordinary people were also silent as the whole subject became taboo. Our study has highlighted already existing research in the form of the postgraduate theses by non-local students, the majority of them female. Data clearly shows that the highest rates of FGM can be found in Hormozgan province, although it is also common in a few other provinces in the north-west and west of Iran.

In chapter 3 we looked at the roles of national and international treaties and laws in the elimination of the practice. Although we saw that FGM is not imposed by Islam, the role of clerics and imams is significant in the practice. Our research also clearly shows that laws alone cannot change perceptions; it needs a firm commitment on the part of the communities and government to work together and make it happen.

Lesson learned from the Research and Pilot Programme

Over ten-year journey this study learned many lessons. The work benefited from engaging and cooperating with communities at all levels, which helped encouraged vital participation among the groups we wanted to interact with. The government and human rights organisations have acquired new data as a result of our research about the harms of FGM and how it infringes human rights, and this has brought a wave of new awareness which has created a paradigm shift towards elimination of the practice.

The pilot interventions have benefited from this shift and gradually transitioned from providing medical care to broad-based FGM awareness training, which include lobbying and networking with stakeholders, religious figures and the community. Awareness-raising campaigns and advocacy are generally appropriate and important ways to impart knowledge, but are not sufficient to eliminate FGM. Similarly, concentrating on the health hazards of



Wedding in Qeshm, Hormozgan photo by: Sh Telenda

The practice will only encourage modified patterns of cutting. However, the combination of advocacy, awareness-raising and medicalization can proved an efficient way to achieve that goal. Beyond that, more interventions will be required so that the community will be able to explore other culturally acceptable and less harmful rites of passage into adulthood for their daughters.

This research learned that any productive and enduring effort within Iranian society must involve developing the trust of local and national government. In the case of FGM, the best partner and mediator to smooth the path for future negotiations with the Iranian health ministry and social services are the UN & UNFPA agencies in

Tehran, which are trusted by the Iranian authorities. Future cooperation between such agencies is vital to transfer experience and data so that they start talking to the government in behalf of NGOs

Community ownership of change, and/or integrated socioeconomic development approaches, are the most effective ways to bring about lasting changes. Furthermore, all social groups, health workers, religious and other leaders and local authorities have a role to play in abandoning FGM. Working together as stakeholders enables the community to achieve great things. A holistic approach, also addressing other basic needs and prominent concerns, while at the same time focusing on rights and health-related issues, appears to be the most viable path. In addition, the capacities of communities need to be strengthened to promote change as well as to empower them internally. Although the involvement of religious leaders was challenging during the pilot interventions, it also proved quite influential especially for those groups who were insisting FGM is a part of Islam.



An unobtrusive observation from the research concerns the self-reinforcing behaviour of mothers in FGM-practising areas. It starts from the home, where mothers organise a new round of the brutality which they themselves experienced. They play a significant role in transferring the legacy of pain and torment to the next generation. For them, the motivating factor is the good life they believe their daughters will have after circumcision, because mutilation guarantees they will get married. Ultimately, society is the culprit and people must realise that the subjugation of women by controlling their sexuality and bodies is not an appropriate for the 21st century.

The Way Forward: Recommendations

The recommendations which follow have been extracted from the findings of a decade long journey of struggle and take into account the opinion of the communities and other stakeholders involved.

- The role of government in combatting FGM is of pre-eminent importance. Should the government of Iran recognise the practice as a women's rights

Children in Qeshm photo by: Sh Telenda

violation, it would encourage the community to view FGM not only as a life-threatening practice but also one that is not morally sound. Once the government acknowledges FGM's existence, developing an effective action plan should be the next step. The government should embrace a rights-based approach to deal with FGM. It is imperative step is to use political discussion and dialogue to synchronise any action plan with the universal human rights commitments. The government should enhance the endeavour to end FGM by responsibility and supervision to national and international organizations. Collaboration with other countries where FGM exists but is in decline will support the government's efforts.



Iranian Cartoonist, Mana Neyestani on FGM

- The government must work effectively to ensure that measures to fight FGM are merged into national education and health programmes to protect girls and disseminate information about FGM. It is also imperative that the

government ratify the existing appropriate international human rights pacts such as Women's Conventions (CEDAW); the Children Rights Convention; the International Covenant on Civil and Political Rights; the International Covenant on Economic, Social, and Cultural Rights Covenant and so on, the Banjul Charter, the European and the American Conventions (Rahman and Toubia, 2000). Ratification of these treaties will be a first step towards social change which should be followed up by reviewing national legislation to bring it into harmony with these treaties.

New laws must also be enacted to address FGM. Merging of community efforts with national efforts can bring a sustained end to the practice of FGM. The endorsement of community efforts by state actors will give them courage and strength to continue with their efforts. Besides, the national government should give special attention to the four affected provinces of Hormozgan, West Azerbaijan, Kermanshah, and Kurdistan. A special action plan should be devised with the involvement of the provincial ministries of the respective provinces and authorities.



Pilot intervention, Kermanshah
@kameelahmady.com

- National health care services, social services and the education ministry should provide resources in rural areas for communities with limited or no access to the cities. Healthcare services should mainly focus on treating women and girls for FGM-related conditions, provision of training and alternative work to bibis, and creating awareness among communities regarding the evils of FGM. Social services, through the use of mobile teams, should organise meetings and hold face to face sessions with the affected communities, and arrange awareness campaigns including meeting with clerics etc. The education sector should access nurseries and schools to reach out to children and provide them with health-care related information, and also identify girls who already live with FGM.



- Implementation of laws requires immense courage in the Kurdish regions and the south, societies where clerics and influential women can play a provocative role in the name of religion and culture. The role played by religious leaders is among the most influential in its perpetuating FGM, so they need to be persuaded to make a proclamation against FGM in order to empower their communities in the struggle to end the practice. The pilot intervention has provided a platform for religious leaders to speak out against the ritual. These interventions need to continue, which can be ensured through advocacy work with and the lobbying of clerics to persuade them to state clearly that there is no religious basis for FGM. This should become a formal campaign so that the effort can be properly implemented and acknowledged. Women NGO, [@kameelahmady.com](https://www.kameelahmady.com)
- Capacity-building of health providers is also imperative so that they can reach out to women beyond those who come forward because they have FGM-related complications. Health issues related to FGM are embarrassing for women, too, so tend to be hidden and doctors are unable to diagnose and treat them. We need a trained cadre of health professionals who can identify problems, offer counselling and recommend treatment. This was already practised

through the mobile health service in pilot interventions. Such interventions merit replication and suitable funding. The government must also enhance the national reproductive health strategies to address women who have already suffered with the ritual of FGM/C.

- Women and girls living with FGM are also more prone to psychological issues and illness than those who have not been 'cut', and the severity of psychological conditions depends on multiple factors such as severity of cutting, the cultural context etc. Government recognition of FGM as a women's rights violation would greatly assist in addressing these concerns. Professional education and training programs should be devised for medical professionals, counsellors and youth workers to understand the seriousness of the issue and to train them in tackling the psychological consequences of FGM in a sensitive and non-judgmental manner.
- Reconstructive surgery can reverse the effects of FGM (Foldès et al., 2012). This study recommends that government should take appropriate measures to introduce such treatments in Iran. It should be covered by a national medical insurance scheme so that poor and vulnerable women can access the surgery.
- Sympathetic local media can change the entire scenario in the context of FGM. The pilot interventions have used the media as an avenue to combat FGM. Media cover of community efforts against FGM would be helpful; online media could, for example, interview clerics and medical professionals about the ill effects of the practice.
- A trained cadre of youngsters is required to engage in effective dialogues using the power of social networking tools. The traditional print media should be encouraged to cover FGM, something government can do by provide an environment for writers to discuss FGM/C without fear of a backlash. Favourable media coverage is essential to speed up the elimination process. Capacity-building is also needed

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within the media to ensure that journalists are culturally sensitive in their coverage.

- Education officials should produce tailor-made programmes for schools in FGM-affected provinces, taking into account local sensitivities.



Clergy man in Meshed,

[@kameelahmady.com](https://www.kameelahmady.com)

- Iran lacks comprehensive national research programme to track FGM. New funding is imperative to build up the monitoring and evaluation competencies in order to streamline and shape interventions. Resource mobilization will ultimately contribute to a paradigm shift regarding FGM/C which will add to bring a sustainable change in social norms. There is an urgent need to strengthen the capacities of the organizations and individuals to employ initiate evidence based research, monitoring, and evaluation on this delicate issue. Besides, Academic Funded research should take a gender and human rights-based perspective. Producing

a nationwide report on FGM with the involvement of healthcare and social services can prove an effective tool to highlight the issue.

- In addition to the role of laws and legislation, we recommend a participatory approach to developments in affected areas. Culturally sensitive interventions are necessary for women and girls who have already suffered from FGM/C, and for that, working with communities is a significant part of the effort to prevent and eliminate the practice. Engaging key community influencers and leaders, including men, and providing support for community-based activities to change social norms always brings about durable change (de Souza and Communication, 2007, Shrestha et al., 2014). Furthermore, the involvement of young women as activists will be important in preventing a rite in which women are the direct victims and also the perpetrators.
- Capacities of NGOs and community-based organisations (CBOs) need to be enhanced so that they can perform their role as an agent of change effectively. International funding to build local organisations is needed and the government should take the initiative to discuss this with UN agencies. In addition, the Iran-based arms of UNICEF and UNFPA can help empower local organisations in terms of creating awareness of FGM in all its aspects; the UN has the knowledge and expertise to deal with FGM as it is working to eliminate the practice in most FGM-affected countries. This is imperative because local organisations are the one which access communities and work with them; therefore, skilled teams are a prerequisite to contribute to the cause.
- It is a conundrum that in Iran the official religion of Iran is the Shia branch of Islam, while the practice of FGM is common among Sunni communities. The government often lacks the trust of communities in Sunni majority areas. The reports and findings of every civil society organizations and NGO go straight to the government with suggestion and recommendations. The role of government is therefore very crucial in this regard. Lack of cooperation and trust is a massive hurdle to clear in the campaign against FGM.

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Community actors and government bodies have a duty to address these differences and work together. The government should develop ways to gain the trust and confidence of Sunni communities so that they can appreciate the efforts the government is making to end FGM.

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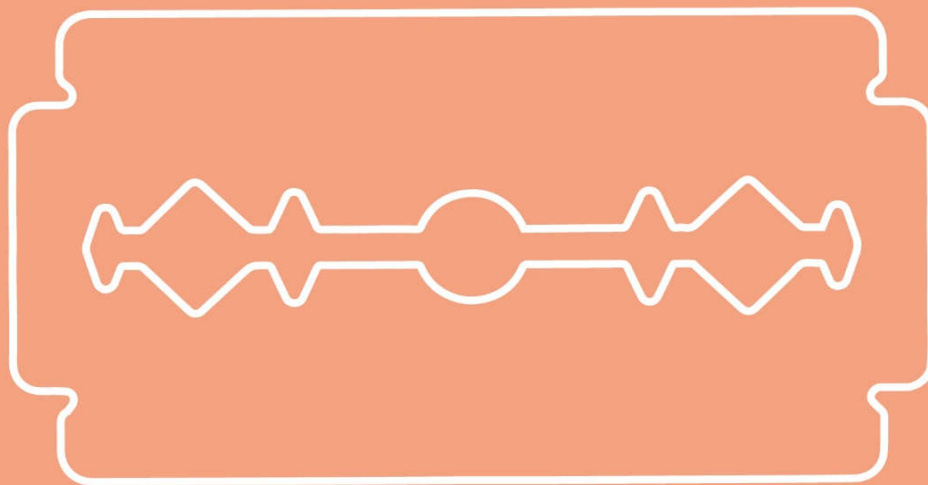
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This comprehensive study investigates, explores, and analyses the existence of Female Genital Mutilation/Cutting (FGM/C) in Iran. FGM is prevalence in four West Azerbaijan, provinces of Kurdistan, Kermanshah, and Hormozgan. FGM is a longstanding ritual which continues to violate aspects of women's sexual rights. It prevails in societies because of certain beliefs, norms, attitudes, and political and economic systems. While there is some data available on FGM in Iran, it is limited in scope. The aim of this study is to provide in-depth data on FGM in Iran and, at the same time, provide the building blocks for a comprehensive programme to combat FGM in Iran and bring this issue onto the world's agenda. The communities will benefit from recommendations of this study and for the first time government, individuals, and other NGOs will have access to updated authentic large amount of data about the existence of FGM/C in Iran. The findings of this study will also contribute to two larger perspectives. Firstly, it will work as a baseline for future studies and research in Iran which is required; secondly, it will help increase awareness about the presence of FGM/C in Iran. On a broader scale, it will also refute the longstanding belief that Africa is the only continent where FGM takes place the same time provide enough evidence so FGM never to be denied again. The exposure to this fact will assist Iranian society, children right lobby and international organizations in starting a dialogue with the relevant stakeholders in Iran to help address and combat FGM in Iran.