

**F** **FGM**

**female genital mutilation**  
in Iraqi-Kurdistan  
an empirical study by wadi



# wadi

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WADI - Association for Crisis Assistance and Development Co-operation - is a German NGO, that supports programmes of development, gender-mainstreaming and conflict resolution in Northern Iraq, Israel, Jordan and Syria since 1992. WADI's work is dedicated to support Freedom and Human Rights in the Middle East. Gender-mainstreaming and educational programmes are main fields of activities. Besides, WADI works for the rehabilitation of victims of chemical weapons in Iraq. Since 2005, WADI is part of the Stop-FGM-in-Kurdistan campaign, an initiative of local and international NGO for a legal ban on Female Genital Mutilation.

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# Introduction

# 1

## 1.1 FGM in Northern Iraq

For several years now, the fight against female genital mutilation (FGM)<sup>1</sup> has been a central feature of international efforts to defend women's and children's rights. Many countries treat FGM as a serious crime and subject it to accordingly severe sanction. FGM contravenes numerous international conventions and treaties.<sup>2</sup> Nevertheless, FGM continues to be practiced in at least 28 African countries and, although this is less well known, also in parts of the Middle and Far East (Yemen, Oman, the United Arab Emirates, Bahrain, the Kurdish regions of Iraq and Iran, India, Malaysia and Indonesia). The practice is likewise to be found in Europe, the USA, Canada and Australia. In such western societies, it is for the most part restricted to immigrant communities. An estimated 100 to 140 million women and girls worldwide are currently living with the consequences of FGM. Despite international efforts to outlaw the practice, each year an estimated three million girls are at risk of undergoing the procedure.<sup>3</sup>

These numbers are sobering. They are even more so when one considers that they might well be low-end estimates that understate the true scope of the problem. After all, despite widespread evidence that FGM is not only practiced in Africa but also in many Asian countries, the genital mutilation of girls is still frequently regarded as an »African disease«.

All experts working in the field agree that breaking the silence is the first and most difficult step on the road to universal condemnation of female genital mutilation. This is not only a task for local women, but also for international agencies. Numerous reports of international agencies continue to disregard that FGM is endemic in Kurdish northern Iraq, where it is practiced by a majority of the female population.<sup>4</sup>

The silence surrounding female genital mutilation on the terrain is largely due to the fact that the practice – like everything related to sexuality – remains highly taboo. FGM is done, it is not talked about.<sup>5</sup> Preliminary unsystematic surveys that were conducted in 2005 repeatedly showed that even young local women were not aware that FGM was practiced in their own neighborhoods or families.

But international human rights professionals and aid workers appear to have been struck by the spell of silence as well. Information about the prevalence of FGM in Kurdish northern Iraq and other regions of the Middle East has been available for several years now.<sup>6</sup> But the evidence has not been examined in a systematic way. As a result, there has been a lack of statistical data about the practice of FGM in the states of the region. At least as concerns northern Iraq, merely blaming regional governments for failing to identify human rights violations as a central issue would be too limited an explanation for this oversight.

International relief organizations and United Nations agencies have been active in northern Iraq for many years now and they have been able to conduct their work without much interference from local governments. The World Health Organization (WHO), for example, conducted work in northern Iraq for more than a decade. The WHO collected data about the health situation of the local population, including in regions where more than 60% of the women have been genitally mutilated. But FGM was never a matter of interest for the WHO staff.

1 Other terms like »circumcision« or »female genital cutting« are sometimes used instead of »mutilation.« In this study, we use the term »mutilation,« since it highlights the gravity of the physical and mental consequences of the practice and its character as a human rights violation. Most international organizations, including the WHO and United Nations agencies, have adopted this label. In Kurdish northern Iraq, however, the term »circumcision« is the expression commonly used in everyday discourse.

2 Most notably, the »Convention for the Protection of Human Rights and Fundamental Freedoms,« adopted in 1952, but also the »UN Convention on the Elimination of All Forms of Discrimination Against Women« (CEDAW) of 1979, the »UN Convention on the Rights of the Child« of 1989 and the »UN Declaration on the Elimination of Violence against Women« of 1993.

3 World Health Organization, »Eliminating female genital mutilation: an interagency statement« (Geneva, 2008), p. 1.

4 For example, the UNICEF Annual Report 2008 refers neither to Iraq nor to Iran. It does not mention Indonesia either, despite the fact that FGM is reportedly widespread there.

5 Gerry Mackie, »A Way to End Female Genital Cutting«, The FGC Education and Networking Project (consultable at <http://www.fgmnetwork.org/articles/mackie1998.html>, accessed Nov 18, 2009).

6 Evidence can be found for example in Fran Hosken's work: *The Hosken Report: Genital and Sexual Mutilation of Females*, Fourth Revised Edition (Women's International Network News: Lexington, MA, 1993)

It is hardly surprising, then, that FGM in Kurdish northern Iraq appeared not to exist as far as the international public was concerned. It was only in 2004 that information about the practice managed to get beyond the borders of the region. The members of a so-called Mobile Team came upon the practice by pure chance during their work in local villages.

These teams are made up of a social worker and a doctor. Since 2003, they have been working on behalf of WADI in rural areas where women and girls lack even basic health-related infrastructure or where they are especially affected by war and displacement.

The teams provided medical assistance and social services, while at the same time raising awareness about women's rights and practical issues such as health care and children's education. To a certain extent, concrete practical assistance served as a sort of »gateway« to the village community. The local women gradually developed trust in the »teams from town.«

**International human rights professionals and aid workers appear to have been struck by the spell of silence as well.**

The team had already been visiting the villages regularly for about a year and a half when a few women first began to talk about the mutilations and their consequences. Thereafter, the team continued to ask about the practice. From among the 1544 women interviewed at that time, 907 said they had been genitally mutilated. As it happens, the doctor in precisely this mobile team herself figured among those very few local women who are unaware of the existence of FGM.

Had it not been for this chance fact, it is possible that the significance of the mutilations and the associated health problems might even have escaped the attention of the WADI teams.

Since then much has happened. The local authorities were for the first time confronted with the existence of FGM. Additional interviews were conducted and these interviews largely supported the evidence found by the Mobile Team in Garmyan. In some regions, like Pishder, FGM turned out to be even more prevalent. In early 2007, WADI sponsored the creation of a network of local women's organizations and initiatives dedicated to the legal prohibition of FGM and the raising of public awareness about the health consequences of the practice. In the same year, the network collected 14,000 signatures on a petition for a law against FGM and placed ads in all the major newspapers of the region on International Women's Day. Television commercials, educational brochures and films were used to inform the population about the serious consequences of FGM and information centers were set up to the same end.

The present investigation was begun in 2007. Its aim is to overcome the shortage of reliable data on female genital mutilation in Kurdish northern Iraq and to collect information on both the motives underlying the procedure and the circumstance in which it takes place. Such information is essential in two respects: on the one hand, it can form the basis for further educational work in the field and, on the other, it may help us to counteract the still widespread ignorance about the plight of girls and women in Kurdish northern Iraq. As regards the latter aspect, two further points need emphasizing: firstly, that FGM is not exclusively an African problem and, secondly, that the practice violates universal human rights and is a crime against the physical integrity and sexual autonomy of women.

## 1.2 The Interview Process

The present study was written under the scientific supervision of Professor Hubert Beste of the Faculty of Social Work at the Landshut University of Applied Sciences.

The total population that represents the basis of this survey is made up of the adult female population of the Iraqi Kurdish Autonomous Region (from 14 years of age and up).

From September 2007 to May 2008, 1692 fully standardized interviews were conducted in northern Iraq with girls and women from 14 years of age and up. The interviews were designed to reveal information about the prevalence of FGM; about the possible influence of factors like region, education, religious affiliation and ethnicity; and about the justifications for and precise circumstances of the mutilations.

The questionnaire included 15 questions about living situation and family background; 8 questions about sexuality and contraception; and 28 questions about FGM. There was an additional questionnaire for mothers with daughters under 14 years of age. This questionnaire contained 22 further questions about the genital mutilation of the daughters.

# introduction

The knowledge gained through this study should help to design future FGM prevention programs in the region and to support local initiatives. Moreover, the data will leave no doubt about the existence and the prevalence of FGM in northern Iraq and should thereby signal the need for action on the part of the UN and other international bodies.

## 1.3 Method

In August 2007, a test survey was conducted with 120 interviewees in the governorates of Arbil, Suleymaniya and Kirkuk. About 5% of the interviewees gave additional information about daughters under the age of 14. For ethical reasons, the latter were not themselves interviewed. The test survey served to train the interviewers and gave the team an opportunity to appraise the responses and improve the questionnaire accordingly. Moreover, the interviewers reported about difficulties and misunderstandings that arose in the course of the interviewing process. The evaluation of the test survey led to the revision of certain questions and of some of the answer choices proposed.

Due to a lack of reliable statistics about the female population of northern Iraq, the *random-sampling* method could not be applied to determine the survey population. Therefore, the interviewees were selected as a *non-random sample* using the *random-route* method. This area sampling method was applied to the whole Kurdish Autonomous Region, i.e. the three provinces of Dohuk, Arbil and Suleymaniya, plus Garmyan/New Kirkuk. The latter is *de facto*, but still not *de iure*, part of the Autonomous Region. It is made up of the northern part of Diyala governorate and the eastern part of Kirkuk governorate.

Following the consideration of criteria such as geographic distribution, the proportion of urban to rural areas, as well as religious and ethnic composition, a list was compiled of the places that the interview teams were to visit. In each place, a given number of interviews were conducted. The teams went from door to door to find women over the age of 13 who were willing to be interviewed. This was reportedly not always a simple matter. In the countryside, most women were prepared to provide the roughly half an hour of their time required to conduct the interview and to respond to our numerous and often intimate questions. In urban areas, however, such readiness was much harder to come by.

The interviews have been conducted anonymously. All participants gave their verbal consent to be interviewed. They were not paid or provided any other form of compensation. Participants filled out the questionnaire with the help of two interviewers who read out the questions and the answer choices. The interviewers explained the questions if necessary, but otherwise did not comment in any way. Logical inconsistencies in a participant's answers were neither mentioned nor corrected. Women who had daughters under the age of 14 filled out an additional questionnaire specifically designed for mothers.

The questionnaire consisted of seven pages (plus four pages of additional questions for mothers). It was filled out by hand on location in the villages. A few interviews could not be evaluated and had to be excluded, either due to missing pages or major logical contradictions that suggest that errors occurred during the interviewing process. The data was evaluated using the Statistical Analysis Software SPSS and Microsoft Excel 2007.

## 1.4 Special Case Dohuk

The FGM rate recorded in Dohuk governorate is about ten times lower than in other parts of the country. While the rate is 77.9% in Suleymaniya, 81.2% in Garmyan and New Kirkuk, and 63.0% in Arbil, it is merely 7.0% in Dohuk.

We were unable to find a plausible explanation for this considerable deviation, which appeared exclusively and exactly within the borders of this province. Some local residents stated that people had practiced FGM in the past, but had recently stopped doing so. But we were not able to ascertain any possible reasons for this alleged cessation of the practice.

Data collection in Dohuk region was accompanied by considerable difficulties. Since WADI does not have any projects in Dohuk, none of its own staff was available to conduct the interviews. As consequence, we had to rely on a newly formed team composed of persons who were previously unknown to the organization. WADI staff had no insight into the details of the survey process as it occurred on the ground.

Dohuk is traditionally regarded as a difficult terrain for empirical research. This was, for example, also the experience of investigators in the context of the UNDP study »Iraq Living Conditions Survey 2004«.<sup>7</sup>

Considered in conjunction with the extraordinary difficulties we faced during the survey process, the large deviation of the data made us suspicious. We had to conclude that the accuracy of the data from Dohuk could not be guaranteed. We cannot rule out that the data is correct. But we also cannot rule out that grave errors have occurred or even that interested parties have manipulated the results. Therefore, we have decided to exclude this data (284 cases) from the analysis. No data from Dohuk is included in this present report.

The present study is thus based on 1408 interviews: 565 in Arbil, 534 in Suleymaniya, and 309 in Garmyan and New Kirkuk.

## 1.5 About the Evaluation

All figures and charts are based on the results of these 1408 interviews. We have always been careful to provide the exact phrasing of the questions. Some questions include the use of the word »circumcision,« which otherwise we usually try to avoid in order to draw a clear distinction between FGM and the circumcision of boys. FGM is a much more serious intervention, which involves the removal of an important body part. It is for this reasons that we generally use the word »mutilation.« On the ground and in personal conversations with victims it may, however, be useful to apply the trivializing terminology that is customary in the region. Occasionally, the note »proportion of those who gave answer« is attached to figures and charts. It signals that some interviewees declined to answer the question and that abstraction is being made from these non-responses, in order better to represent the distribution of the answers that were received. Often the only reason for an interviewee not responding was that the question did not apply or was believed not to apply. For example, those 27% of women not affected by FGM abstained from answering all questions about »their circumcision.« Similarly, the questions for mothers of girls under 14 years of age were only answered by those 424 women who belonged to this category.

Almost all the items in the questionnaire are multiple choice questions. Occasionally, more than one answer was given. In order to include these multiple answers in our calculations, each interviewee was assigned one »vote« per question. In the case of multiple answers, this one »vote« was sub-divided among the answers given. Cross tabulations were calculated accordingly, in order to portray the relative weights of the responses in a clear and consistent manner.

<sup>7</sup> »Iraq Living Conditions Survey 2004«, conducted by the Ministry of Planning and Development Cooperation, Baghdad, and published by the U.N. Development Program in 2005. <http://www.fao.no/ais/mideast/iraq/imira/Tabulation%20reports/Content%20arabic%20reports.html>



# Survey

# 2

## 2.1 The Mutilation Rate

The overall mutilation rate in the Kurdish Autonomous Region of northern Iraq except Dohuk Governorate amounts to **72.7%**, which is much higher than the previously assumed 60%. In Arbil Governorate, the rate is comparably low at 63.0%; in Suleymaniya it is 77.9%; and in Garmyan and New Kirkuk, it is as high as 81.2% (Chart 1).

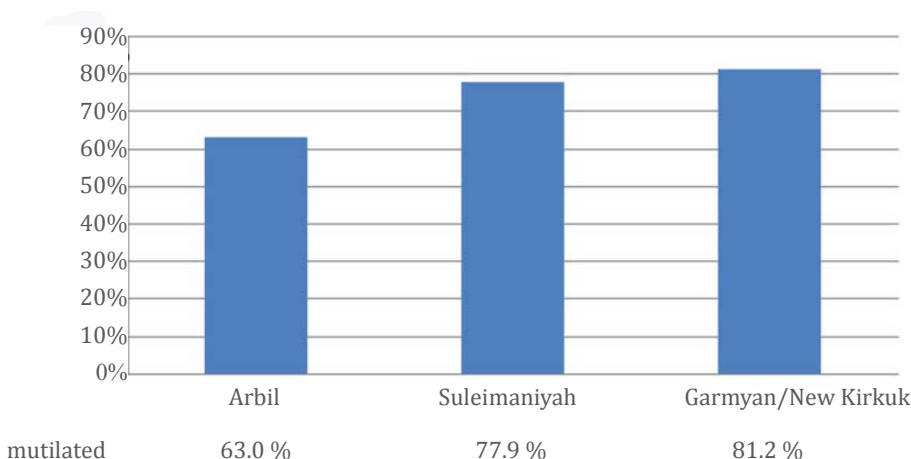


Chart 1:  
**FGM rate - by governorates**

Today, the odds of girls escaping mutilation seem to be better than only some decades ago. Among women under the age of 20, the mutilation rate is 57.0%, while in the 30-39 age group, it is 73.8%. The rate rises up to 95.7% among women over 80 (Chart 2).

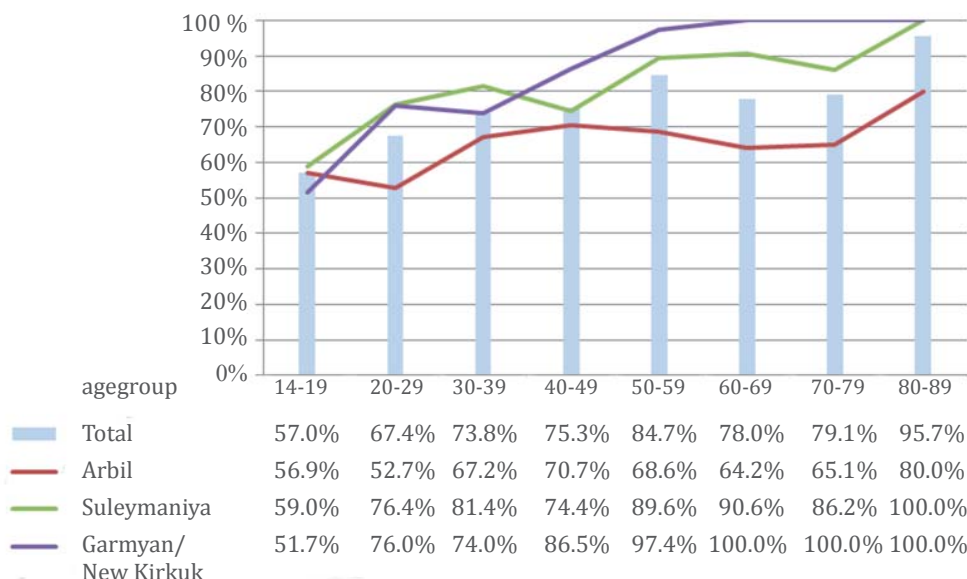


Chart 2:  
**Mutilation rate - by age**

There are regional differences. For instance, in Garmyan and New Kirkuk the rate among women over the age of 60 is 100%, while in Erbil, it is »only« 65.8%.

In Garmyan and Suleymaniya, there is a significant drop of about 20% among women under 20. In Erbil, such a decline took place earlier. In fact, today we are observing a slight increase in Erbil.

The overall trend might continue, as only **46.2%** of the interviewees said that FGM is still common in their community. On an optimistic assessment, the current FGM rate could be already below 50%.

To determine the current rate, mothers would have to be interviewed on their present behavior. This has been done on the additional questionnaire for mothers, albeit on a modest scale (424 respondents): When asked whether they had their daughters mutilated, 34.4% respond with »all« or »some«. However, those mothers are not included who have not had their daughters mutilated *yet*, because the daughters have not reached the »right« age or due to lack of opportunity. Thus, the recorded percentage is not very significant. Only 10.0% indicated they would also have their next daughter mutilated. Almost one quarter, however, refused to answer this question. Although this result contributes little to clarifying the situation, it does show that the issue is connected to blame and shame, especially as concerns one's own culpability.

The FGM rates we found differ considerably from region to region. In the metropolitan area of the city of Erbil, we discovered what may be the sharpest contrasts. In Ainkawa, Bahrka and Kani Kani, the recorded rate was 0%; in Qushtapa, 10%; in the collective towns of Shawis and Sebran, 77.8% for each; in Dostapa and Daratu, over 80%; and in the city quarters of Arbil, between 50% and 100%. We found exceptionally low rates also in the far northern town of Mergasor (27.1%), in Penjwen, east of Suleymaniya (17.5%), and in Qoratu in Diyala Governorate (16.7%).

In the town of Kalar, near Qoratu, we found a rate of 94.0%. We also found very high rates in the area around Lake Dokan (Raniya, 95.5%; Qaladiza, 97.4%; Dukan 94.4%), in Choman to the north (97.3%), and in an area to the south of Lake Dokan (Beramkron 100%, Takia 100%, Halai Sarchawa 100%).

These numbers should be regarded as merely rough estimates, since some of them are based on sample sets of 9 interviews or less.

## 2.2 Ratio Town - Countryside

The results of the survey do not confirm the assumption that FGM is more prevalent in the countryside. On the contrary, the rates in rural areas proved to be somewhat lower than those recorded in urban areas. Thus, 69.2% of the respondents from villages stated that they had undergone FGM. This compares to 60.4% of the respondents from collective towns and 74.8% of those from towns and cities.

Most of the towns and cities of northern Iraq do not have a very long history. It was only at the end of the 1980s that the number of inhabitants started to grow rapidly as a consequence of deportations and Saddam Hussein's so-called »Anfal« campaign against the Kurdish civilian population. Human Rights Watch notes that between February and September 1988 alone, at least 50,000 and up to 100,000 Kurdish civilians were killed.<sup>1</sup> Thousands of villages were attacked with poison gas and destroyed by Iraqi military units. Men were abducted and put to death and women were raped. Hundreds of thousands of survivors, most of them women, were forcibly relocated, either to the towns or to the newly-built so-called »collective towns.« The latter were in fact permanent camps for displaced persons. Especially in the collective towns, people found themselves deprived of income sources and remained entirely dependent on scant government aid.

The next chart shows the birthplaces of different generations and bears witness to this cruel history (Chart 3 - next page).

<sup>1</sup> Human Rights Watch, *Genocide in Iraq: The Anfal Campaign Against the Kurds* (New York, 1993); consultable at <http://www.hrw.org/legacy/reports/1993/iraqanfal/>

# survey

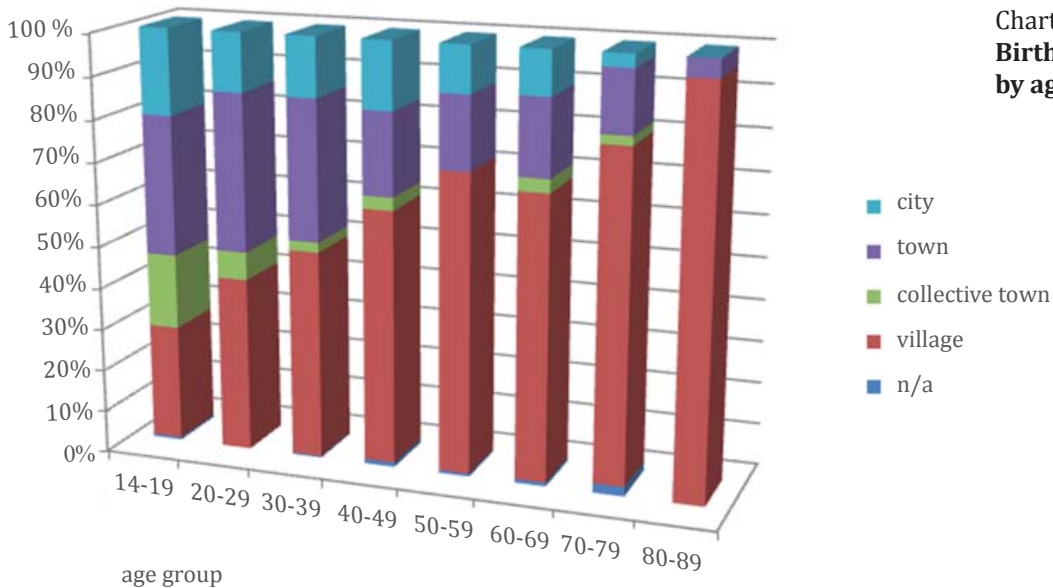


Chart 3:  
**Birthplace -  
by age**

Many of today's city dwellers came from the countryside. But according to our findings, despite its inevitably corrosive effect on primordial bonds, the urban environment exerted no observable influence on the FGM rate. Today, FGM is at least as prevalent in the cities as it is in rural areas.

One reason for this surprising result may lie in the fact that the movement into the cities took place in a forced and collective way. Frequently, whole village communities were deported as a group to their new urban neighborhood. Thus, the social setting remained stable. Customs and traditions, including forms of ritualized violence like FGM, were preserved or their practice was even increased, since they provided these exiled people with feelings of unity, continuity and identity. Transition to an urban environment was not accompanied by the usual process of individualization. The latter is in any case limited in Middle Eastern cities, where life is not shaped by pluralism, anonymity and the dissolution of traditional ties to the extent that can be observed in European cities.

Nevertheless, the mutilation rate is much higher among women born in the countryside (83.1%) than among women born in towns and cities (63.1%). This difference is leveled out as a consequence of the rural exodus.

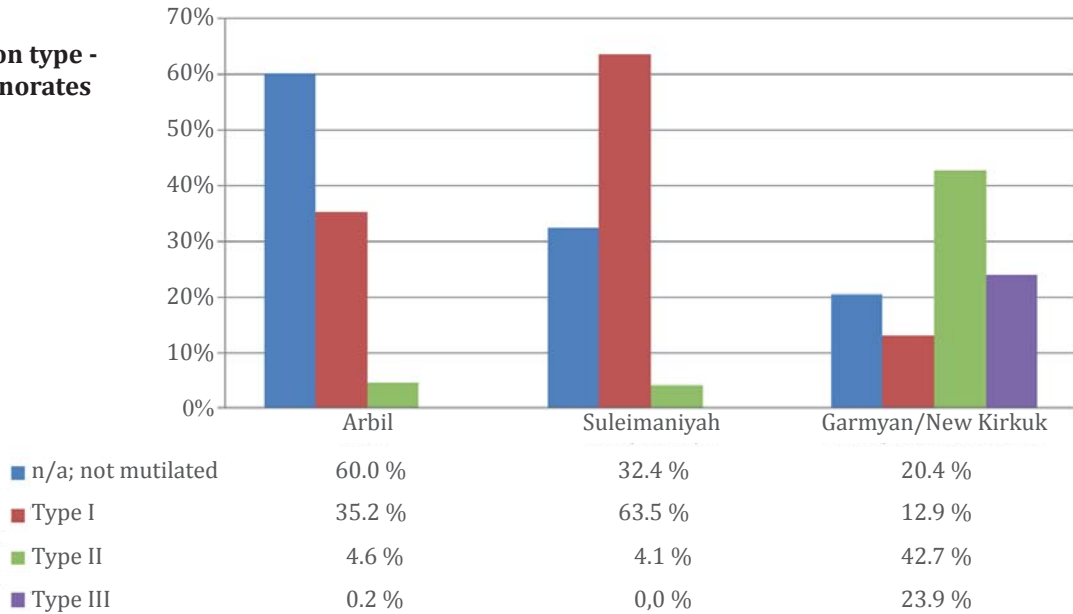
We find a similar outcome regarding the question »Have you had your daughter(s) circumcised«? Thus, 37.7% of mothers living in rural areas said they practiced FGM on all or some of their daughters, compared to 34.2% in urban areas. It is only when birthplace is taken into consideration that a significant disparity again becomes evident: 41.9% of mothers born in the countryside answered »Yes, I had some or all of my daughters circumcised« as compared to 25.2% of mothers from the towns.

## 2.3 Type of Mutilations

The questionnaire contained a sketch of female genitalia, on which the mutilated area was marked. We classified the marks into three types. (N.B. our classification does not correspond to the WHO classification!) The types are defined as follows: type I: amputation of the clitoris; type II: clitoris and inner labia; type III: clitoris and inner and outer labia.

With respect to the prevalence of these types, we found there to be substantial differences among the governorates (Chart 4).

Chart 4:  
**Mutilation type -  
by governorates**



If these findings are correct, then in Garmyan and New Kirkuk more severe cuttings would be more common than in the rest of Iraqi Kurdistan.

Thus, 42.7% of the women in Garmyan/New Kirkuk responded that they had undergone type II mutilations. In Suleymaniya and Arbil, type II mutilation occurs only in a strip between the city of Arbil and the Pishder region (Raniya/Qaladiza), where it affects roughly 10% of women. Moreover, type III mutilation, which is all but inexistent in all other regions, was indicated by 23.9% of women in Garmyan and New Kirkuk.

But we have to take these results with a certain degree of caution. There remain several unanswered questions:

1. Can we trust in the accuracy of the marks? Or are they just the »fingerprints« of the different teams of interviewers?
2. Are the women well-enough informed about their mutilations to provide such detailed answers?
3. Why has our staff never heard of these different FGM practices?
4. Why do women with more severe mutilations indicate that they have suffered somewhat less complications? See Chart 5.

Chart 5:

### Proportion of those who indicated problems in the context of their mutilation:

n/a	4.30 %
Type I	26.50 %
Type II	17.20 %
Type III	21.30 %

We urgently recommend further detailed investigations concerning this issue.

## 2.4 The Mutilation Procedures

### 2.4.1 Places

Almost all mutilations take place in the family’s own house or sometimes in a neighbor’s house (Chart 6). Hence, doctors and public institutions are not involved in the procedure.

Place of the mutilation:	
at home	80.0%
at a hospital	0.1%
at a neighbour’s house	13.5%
other	6.4%

Chart 6:  
**Place of  
mutilation**

Amputation of the clitoris constitutes the lion’s share of the genital mutilations. If our findings prove to be right, then these amputations are sometimes, depending on the region, accompanied by the removal of the inner and/or outer labia.

### 2.4.2 Tools

Asked which tool was used for the mutilations, almost every respondent specified a razor blade. Only 1.0% answered »knife«. Considering all the regional differences that will be pointed out below, the unanimity across the governorates concerning this question is striking. It might be regarded as evidence for the existence of a common mutilation tradition in the whole Iraqi Kurdish region and possibly beyond.

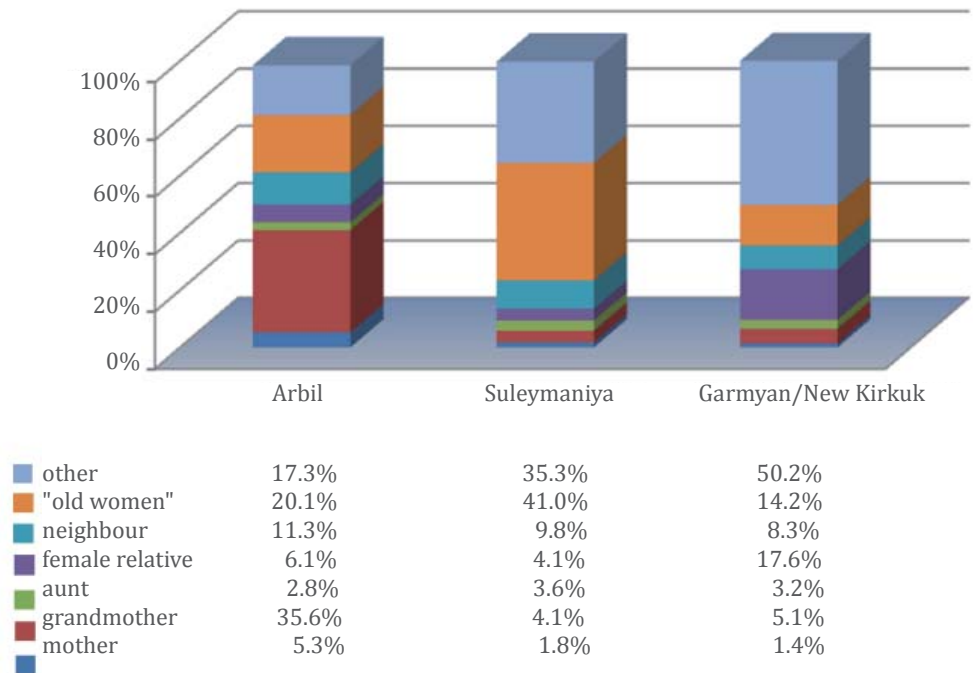
### 2.4.3 Perpetrators

In 80.7% of the mutilation cases, the mother was said to have arranged for the procedure. Apart from the mother, only the grandmother and, in rare cases, also aunts and sisters were indicated. It is very likely (77.6%) that the mother is at the crime scene. There was little difference among the three governorates as concerns these questions.

But the mother is only rarely the actual perpetrator. This matter again requires us to make distinctions among the governorates (Chart 7). Stuningly, in Arbil it is grandmothers who carried out more mutilations than anyone else (35.6%). In Suleymaniya, this distinction goes to the »old women« (41.0%). The »old women« are professional mutilators who sometimes live in the village and sometimes are itinerant, going from one village to another and offering their skills for a small compensation.

More than 35% of respondents answered »other«. In Garmyan/New Kirkuk, the women answering »other« even constituted the largest percentage. Further investigations should focus on whether this response is in fact pointing to a definite group of people.

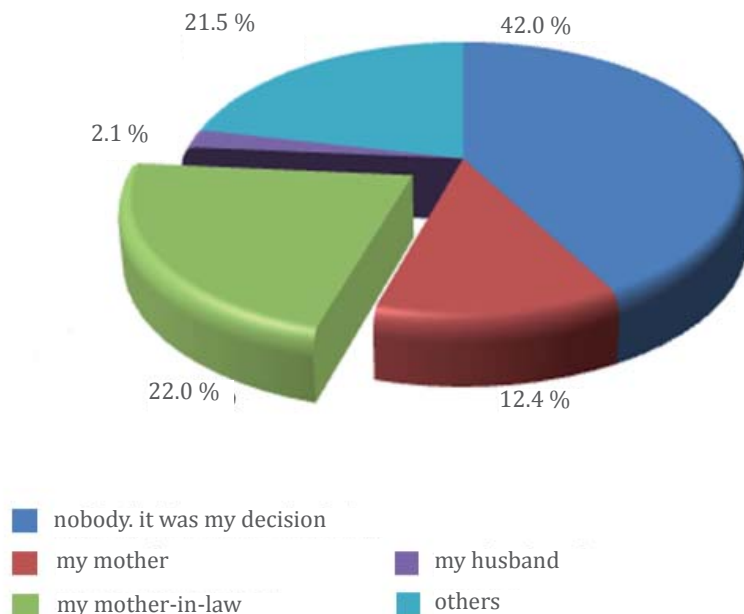
**Chart 7:  
Who  
circumcised  
you? - by  
governorate**



Note: proportion of those who gave answer

The responses of women who had their daughters mutilated show that the grandmother (mother-in-law) also acts as a driving force. Thus, 22.0% of respondents suggested that they arranged for the mutilation at the behest of their mother-in-law (Chart 8). The mother-in-law is thus the person who pushes the mother most to perform FGM.<sup>2</sup>

**Chart 8:  
Who advised you  
to circumcise your  
daughters?**



<sup>2</sup> On the tragic role of mothers-in-law within the cycle of patriarchal victimization see: David Ghanim, Gender and Violence in the Middle East. Westport, CT: Praeger, 2009

## 3.1 Impact of Education

### 3.1.1 Educational Situation of Women

The literacy rate is a valid indicator for the level of education of a population. In northern Iraq, illiteracy is extremely prevalent among women and men alike. But the share of illiterate women exceeds that of men. According to our findings, the illiteracy rate among women over the age of 14 in the KRG area (except Dohuk) is 51.1% (Chart 9). Four out of five women only finished Primary School. Some 87.9% of their mothers and 72.0% of their fathers are illiterate.

#### Education of the women interviewed

Illiterate:	51.1%
Read and write:	12.7%
Primary school accomplished:	15.8%
Secondary school accomplished:	10.2%
Diploma (Institute):	4.0%
Baccalaurean (university):	1.9%
Other:	4.3%

Chart 9:

Educational opportunities have improved considerably for the younger generation. Among girls and young women between the ages of 14 and 19, only 10.1% are illiterate (Chart 10). But the rate rises precipitously with women's age. Among women in their twenties, it is already 28.3%!

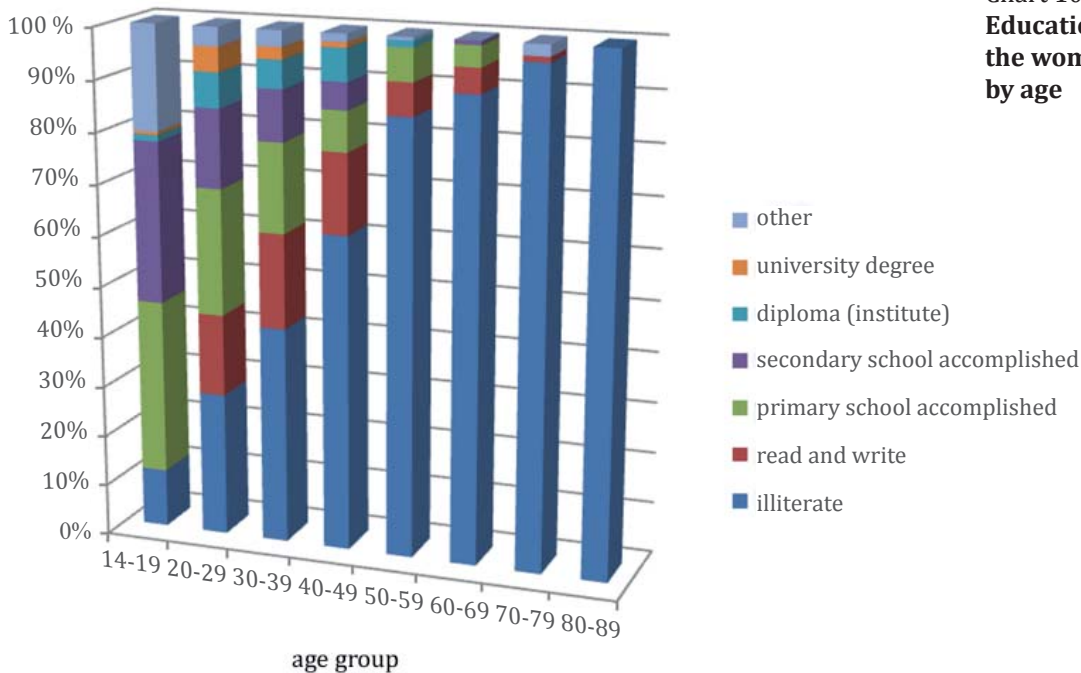
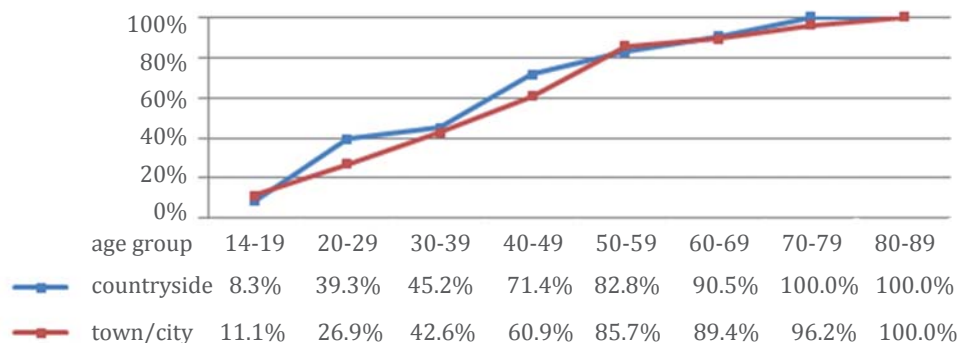


Chart 10:  
Education of the women - by age

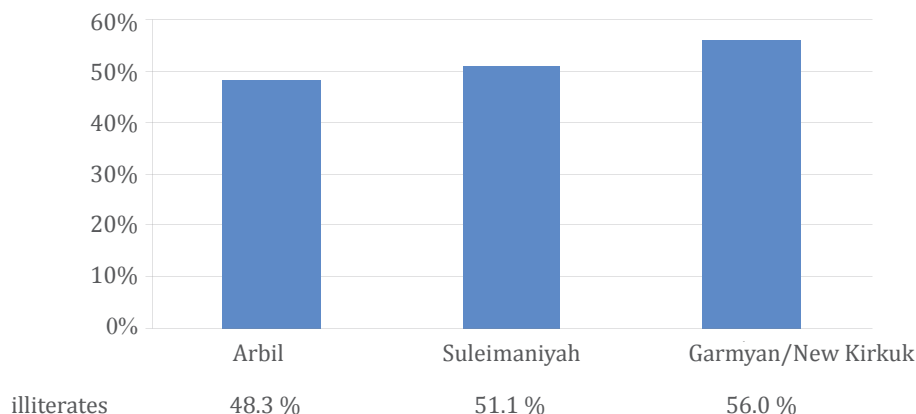
There is hardly any urban-rural divide as far as education is concerned. The situation in this regard appears to be very balanced. While the illiteracy rate among women is 53.7% in rural areas, it is 50.4% in towns and cities.

**Chart 11:  
Illiteracy rates  
age-based -  
countryside &  
city compared**



At 56.0%, Garmyan/New Kirkuk is the governorate with the highest illiteracy rate among women (Chart 12).

**Chart 12:  
Illiteracy rates -  
by governorates**

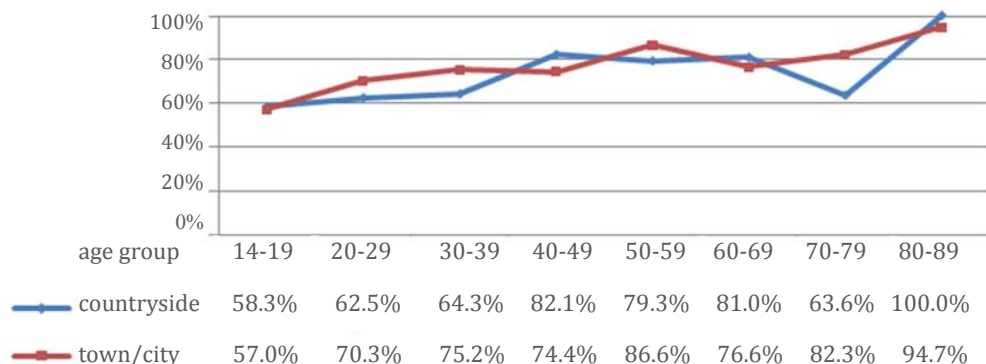


The breakdown by age groups shows that educational opportunities for girls were greatly extended in the last 10-15 years, particularly in the countryside (Chart 11).

### 3.1.2 The Interrelationship between Education and FGM

Chart 13 provides a comparison of the mutilation rates in rural and urban areas for different age groups. Like the illiteracy rate, the mutilation rate hardly differs between town and countryside (Chart 13).

**Chart 13:  
FGM-rates  
age-based  
countryside &  
city compared**





Unlike the illiteracy rate (Chart 11), the graph shows a mutilation rate among young women which remains on a fairly high level, only a few percent lower than among older women. Nevertheless, the existence of an interrelationship between a lack of education and female genital mutilation has been fully proved. (As will be shown in the following, the lack of education of the children allows us to draw certain conclusions about the parents.) Whereas the FGM rate is 84.0% among illiterates, it is 57.6% among those with a secondary school education and »only« 37.0% among those with a university degree (Chart 14). Similar correlations can be observed with respect to the education of the husband and that of the parents (especially that of the mother).

The interrelationship is also reflected in the regional statistics. Thus, the exorbitant mutilation rate in Garmyan/New Kirkuk corresponds with a high illiteracy rate of 56.0%. In Suleymaniya and Arbil, the illiteracy rate is 51.1% and 48.3% respectively.

In Arbil, the interviewees included women over the age of 60 who could read and write. In the other governorates, this was not the case. An alarming finding was that in Garmyan and New Kirkuk, 13.8% of females are illiterate even in the 14-19 age group. This is about 5 percent above the rates for the other governorates.

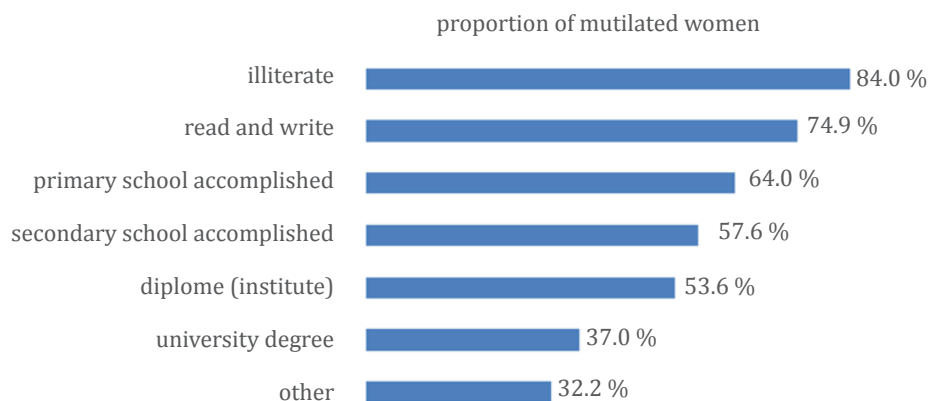


Chart 14:  
**Relation between lack of education and FGM**

But, as Chart 13 shows, (basic) education is not the only key to fighting female genital mutilation. Otherwise, we would observe a decline in the mutilation rate among younger age groups similar to the decline in the illiteracy rate.

In any case, it is important to bear in mind that all these documented correlations do not provide any information about causal relationships. Correlations may always come about as unrelated symptoms of other unknown causes. In the present case, educational level can be regarded as indicative of a more comprehensive social environment that encourages and facilitates genital mutilations.

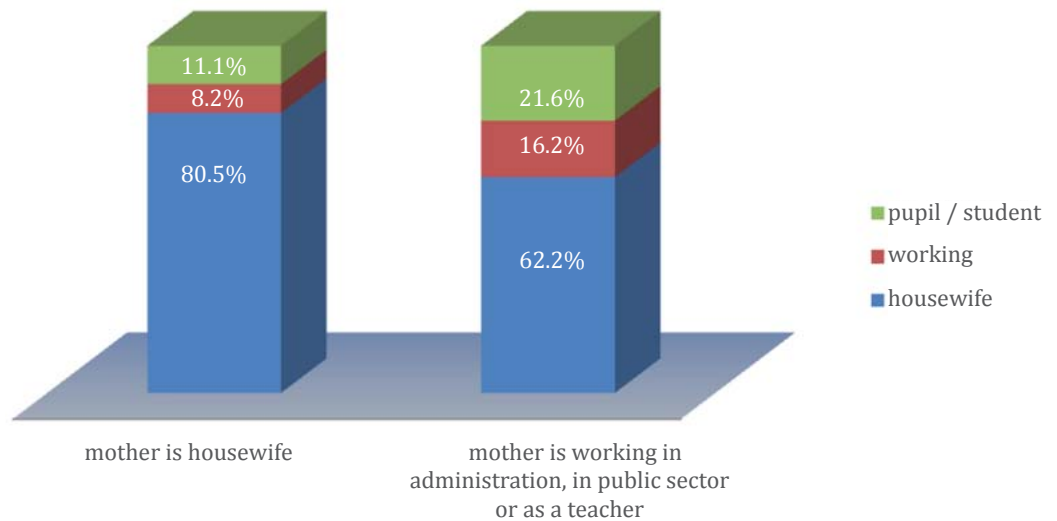
In considering Chart 14, the reader should recall the relative proportions of the different categories in the total sample. Only 27 of the 1,408 women interviewed have a university degree.

### 3.1.3 Impact of the Parents' Education Level

Female employment is a correlative indicator of the prevailing level of education. Of the women interviewed, 8.2% have a job and another 8.5% are pupils, university students or trainees (Chart 15). Among the mothers, only 6.3% have a job, most of them in the civil service. However, it should be kept in mind that a certain number of the mothers described as »housewives« might be retirees.

A mother with a job means better education and better job opportunities for the daughter.

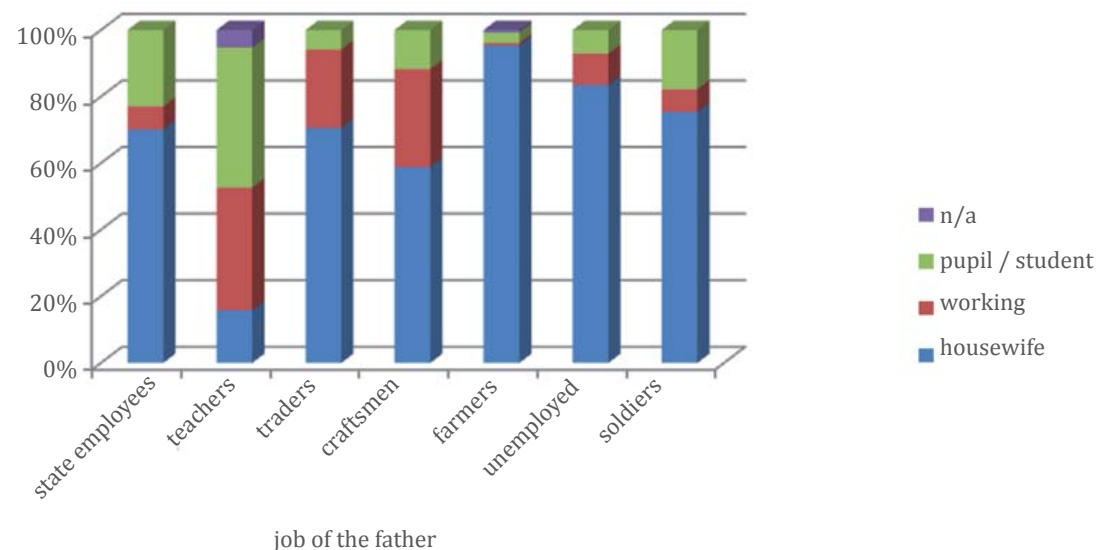
**Chart 15:  
Daughter's  
education and job,  
depending on the  
job of the mother**



The father's job is even more crucial for determining the daughter's access to education and employment. The fathers are predominantly employed in the public sector: 37.0% in the civil service, 9.5% as soldiers and 2.5% as teachers. Traders and craftsmen represent 2.2% each; 29.3% are unemployed and 16.7% are farmers.

The daughters especially of teachers and, to a somewhat lesser extent, also those of traders and craftsmen are able to gain employment more frequently than others. On the other hand, farmers' daughters have virtually no chance of ever earning their own income (Chart 16). State employees and soldiers likewise do not provide their daughters with many opportunities. The illiteracy rate and the mutilation rate are also the highest among farmers' daughters (62.5% and 79.7% respectively).<sup>3</sup>

**Chart 16:  
Daughter's access  
to education and  
job, depending on  
the job of the father**



<sup>3</sup> Women who did not indicate having a father displayed similarly high rates. These might be older women whose fathers have passed away. Or the father may have died prematurely or been killed in action, such that the mother had to provide for the family, often under difficult circumstances. Both options mean a heightened probability of illiteracy and female genital mutilation for the daughter(s).

# research

One arrives at similar results in considering the women's level of education with respect to the professions of their fathers (Chart 17). Thus, 62.5% of the farmers' daughters are illiterate, whereas most of the teachers' daughters finished secondary school or even obtained a university degree.

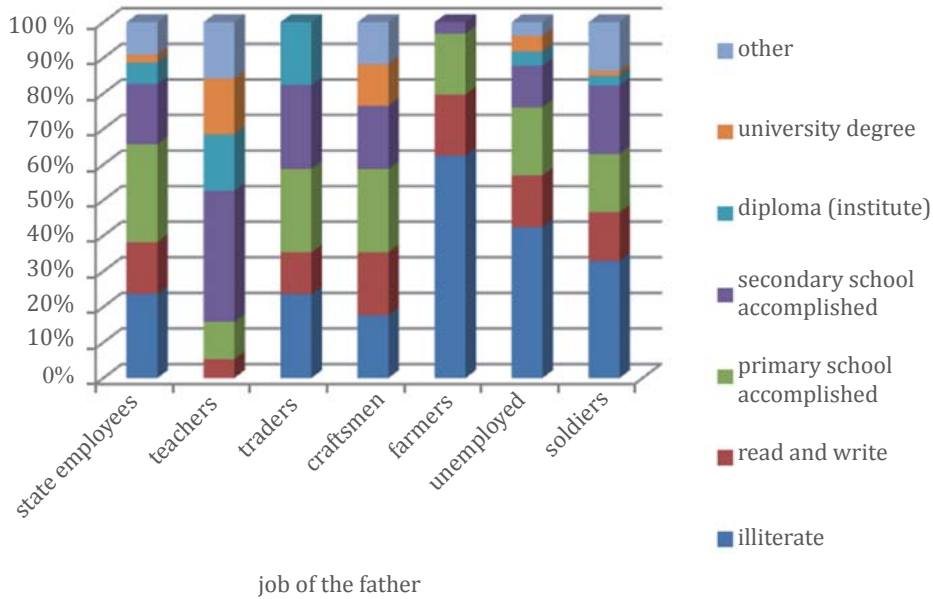


Chart 17: **Women's education, depending on the job of the father**

However, as shown in Chart 18, despite the substantial educational and career support that they receive from their parents, more than one third of teachers' daughters fall victim to female genital mutilation.

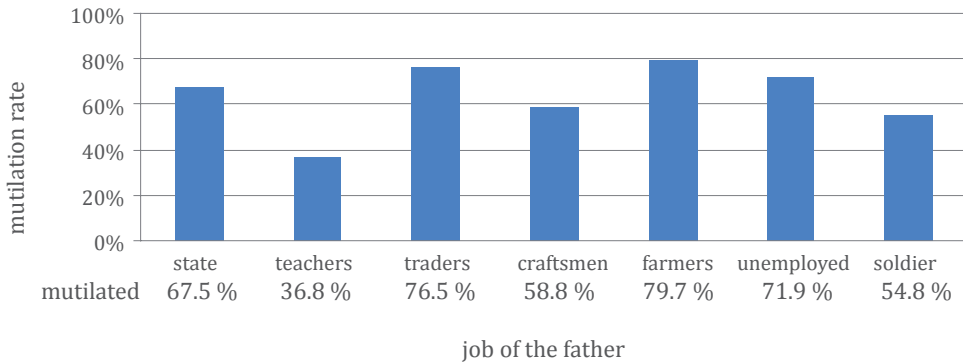
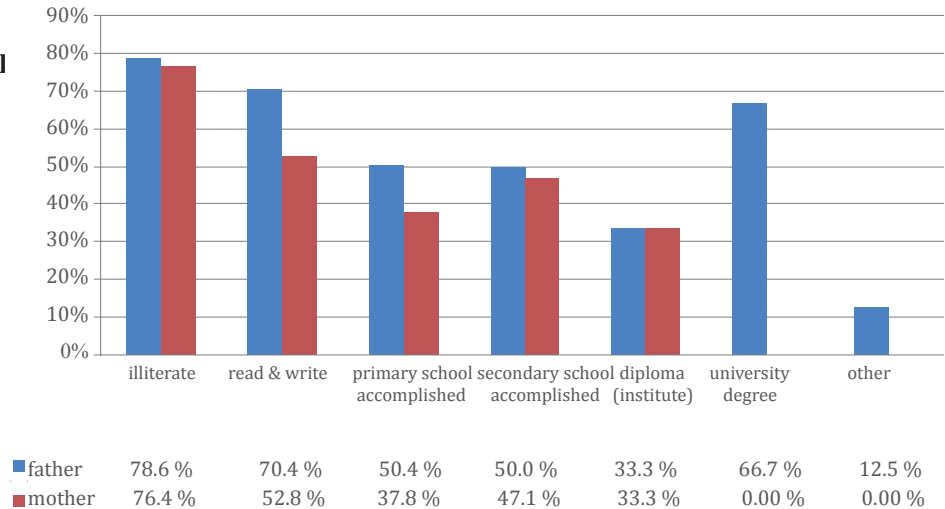


Chart 18: **FGM rate, depending on the job of the father**

Considering the FGM rate with respect to the parents' level of education provides a more consistent picture (Chart 19). The high rate recorded for the daughters of fathers with a university degree may be regarded as an anomaly due to the small sample set: only six of the interviewees fit this description. Provided the mother has had some education, the mother's educational level is a more significant predictor. There is, in effect, a manifest relationship between a higher level of education and a lower FGM rate. It has to be acknowledged, however, that even many parents with a good educational background have their daughters genitally mutilated.

**Chart 19:  
FGM rate, depending  
on the education level  
of father/mother**



In short, parents' educational background is one of the decisive factors determining whether daughters will be genitally mutilated or not. But it is not the only decisive factor. Even in better educated families, FGM is not a rare phenomenon. Even among the few women who themselves held a university degree, 37% had undergone FGM (see Chart 14). The relationship between the parents' education and the daughters' education is more direct. Self-employed fathers (can) provide their daughters with better educational opportunities than state employees, including soldiers, or farmers. (The latter often still live in serf-like relations of dependence vis-à-vis the landlords.) This dynamic is only reflected in the mutilation rate to a very limited extent. Indeed, with respect to the FGM rate, daughters of traders, at 76.5%, even hold one of the top places.

### 3.1.4 Impact of Education in Other Respects

Women with a higher level of education have fewer children. Whereas illiterate women in their forties had given birth to 6.1 children on average, women with primary school education only had 4.4 children. According to our findings, even women with a university degree still have 3.5 children on average.

Illiterate women have a greater tendency to live in polygamous marriages. Thus, 12.8% of the illiterate interviewees live in a polygamous marriage, as compared to 7.3% of the women who can read and write and 5.0% of those who have finished primary school.

Women of all levels of education rarely ever go to a doctor. Some 8.2% have never visited a doctor. We did not find there to be any relationship to the level of education. According to our findings, illiterate women even go to a gynecologist more frequently than women with more education. (Some 70.0% of the illiterate women have been to a gynecologist at least once) The interviewees were also asked who introduced them to women's health care (Chart 20). It turned out that women with some education could rely on their mothers in this respect. Illiterates, however, usually do not receive any help.

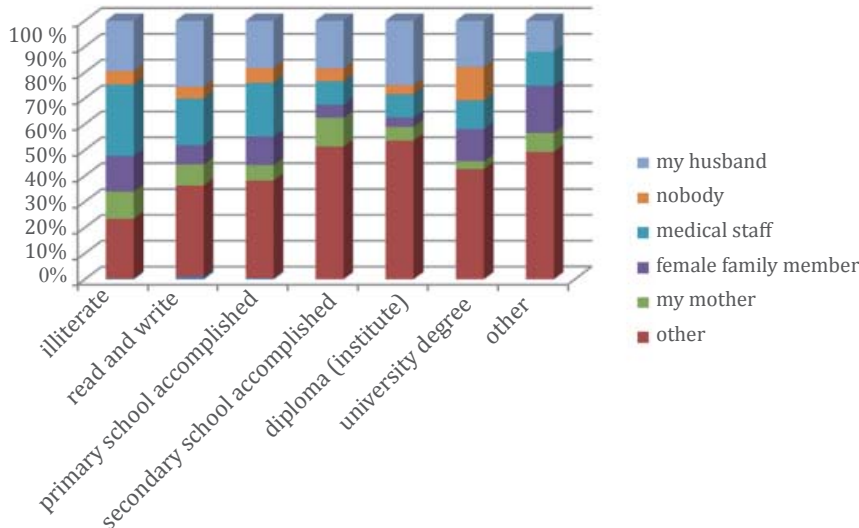


Chart 20:  
Who taught you about sexuality? - by level of education

The question »Who taught you about sexuality?« yielded similar results. An even greater proportion of the illiterates (45.7%) answered they had not received any guidance about sexuality. Only 16.5% were informed about sexuality by their mothers. By contrast, 43.4% of women with a secondary school education were provided information by their mothers. It is clear that girls from poorly educated social strata have even less hope of benefiting from maternal help and protection in this regard. But regional differences also play a role. Although the level of education of women in Garman/New Kirkuk is only marginally worse than in the other governorates (see Chart 12), the following graph shows that in this region especially women are often not provided any information about sexuality and that they are only rarely provided information by their mothers or female relatives (Chart 21).

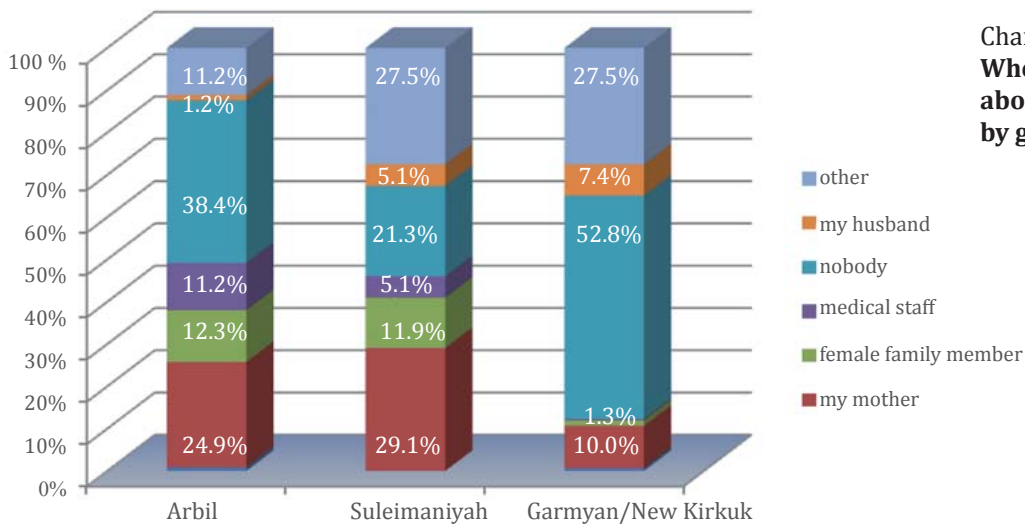


Chart 21:  
Who taught you about sexuality? - by governorates

## 3.2 Impact of Religious Affiliation

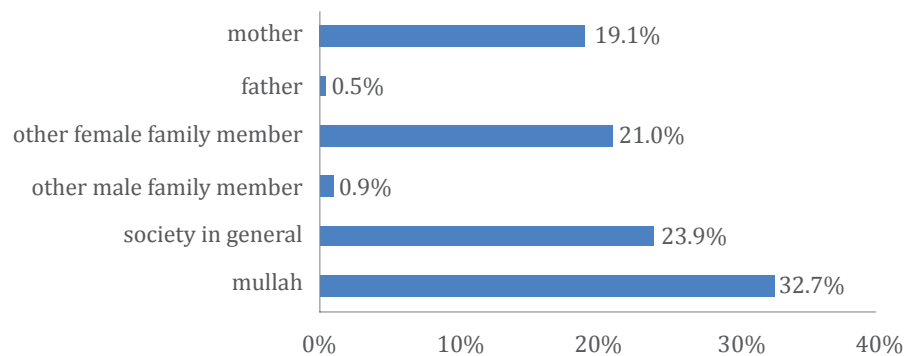
### 3.2.1 Role of Islam

Some 94.8% of the interviewees are Sunni Muslims. The Sunnis are unquestionably the principal practitioners of FGM (FGM rate: 75.4%). This is so even if a few women from other religious communities also declared that they had been mutilated. In our survey, 3 Shiites (23.1% of the Shiites) and 13 Kakai (39.4% of the Kakai) indicated that they had been mutilated. Among Christians, we did not find there to be any genital mutilation. The same was true for Yazidis. Since, however, the Yazidis were all interviewed in Dohuk governorate, they are not included in the study. Without exception, all the mothers who indicated that they had arranged for the genital mutilation of their daughters were Sunni Muslims.

Contrary to widespread assumptions, the analysis of our results shows a clear link between Islam and the practice of female genital mutilation. Regardless of the theological reflections of religious scholars, many women, men (if they are involved in the process) and local clerics regard FGM as part of Islamic religious practice.

The considerable influence of Islamic religious authorities on the practice of mutilation is evident. Thus, almost one third of the women who indicated that FGM was a common practice in their communities also indicated that the local mullah supports the mutilations (Chart 22). Another 1.4% pointed to the Imam. Somewhat less frequently, women referred to »society in general« (23.9%), their mothers (19.1%) and other female family members (21.0%) as supporters of FGM. Hardly anyone mentioned the influence of the father or other male family members (1.4% overall).

Chart 22:  
**Who supports  
circumcision in  
your community?**



On the other hand, only 6.0% of the respondents indicate that they have ever actually heard religious authorities demanding or defending the genital mutilation of women. Even among those who see the mullahs as supporters of FGM, the percentage is only 8.6%. This contradiction could be explained by the fact that explicit demands for FGM are neither common nor deemed necessary in the prevailing social climate. The coercion has long since been internalized as moral stricture and the mullah is universally recognized as an important guardian of the morality in question.

### 3.2.2 »Tradition« and »Religion«

When asked why they were mutilated, women refer in about equal measure to »tradition« and »religion«. When we consider the governorates separately, we get a highly differentiated picture: In Garman, respondents tend almost exclusively to provide a religious explanation, whereas in Arbil the cultural justification is predominant (Chart 23).

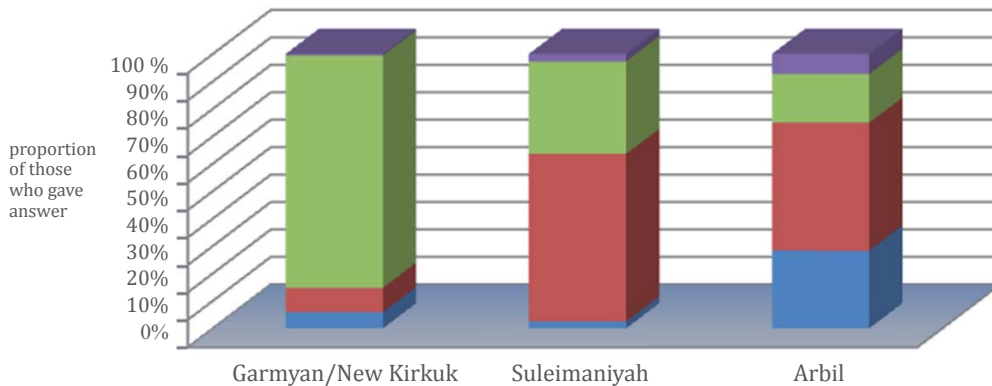


Chart 23:  
Why did they circumcise you?

social pressure	0.5 %	2.6 %	7.2 %
religion	84.7 %	32.7 %	17.8 %
it has always been like this /tradition	8.8 %	59.1 %	46.6 %
I don't know	5.9 %	2.4 %	28.3 %

When broken down by governorates, the answers to the question »Who supports circumcision in your community?« (Chart 24) reveal similar tendencies. If not definitive proof, these results can be regarded as a strong indication of the fact that the principal supporters of FGM and/or justifications for the practice vary considerably from one governorate to another.

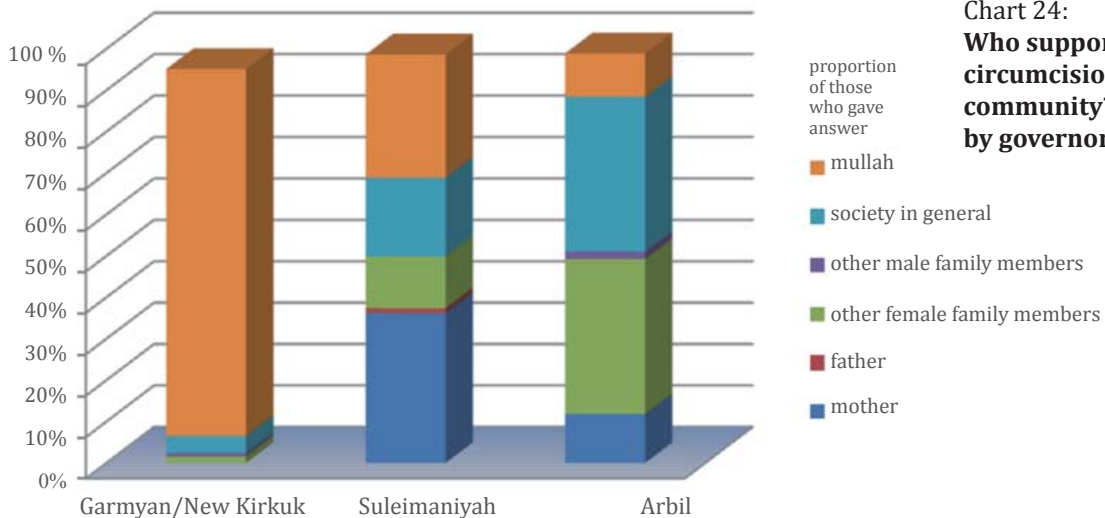
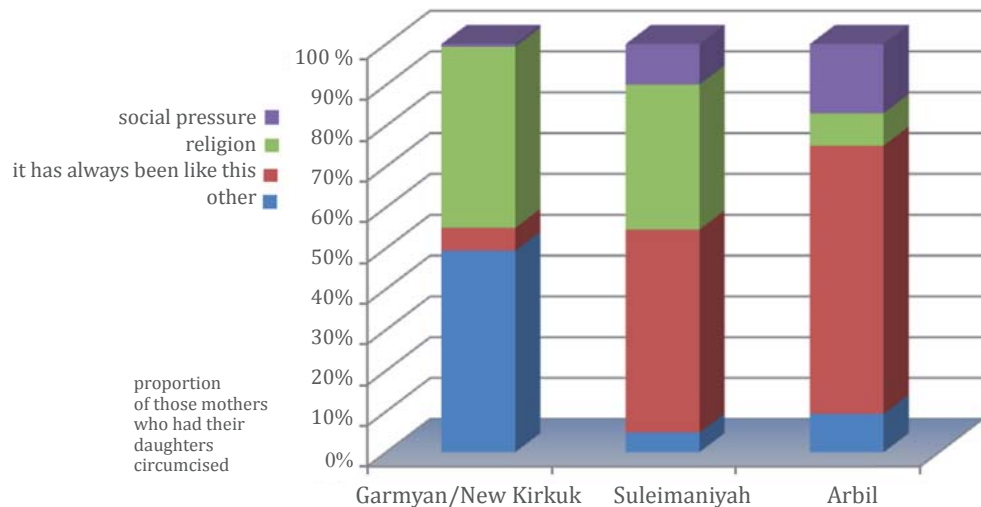


Chart 24:  
Who supports circumcision in your community? - by governorates

In Garmyan/New Kirkuk, 88.6% of respondents answered the »mullah«, while in Arbil, most women chose the options »society in general« or »other female family members«. Curiously, the latter were for the most part not specified even though the questionnaire allowed for detailed responses.

Asking mothers why they mutilated their daughter(s) led to similar results (Chart 25):

Chart 25:  
**Mothers: Why have you had your daughters circumcised?**



Such highly different results suggest that the governorates must be examined individually. There is, however, reason to doubt that the results are in fact as different as they appear at first glance. Our experience has taught us that many people in the region do not distinguish between »religion« and »tradition«. In practical terms, the distinction does not exist for them. Religion determines tradition and moral concepts, whereas tradition is perceived as the way of life that is pleasing to God. Islam is a religion that is extremely focused on tradition. In Islam, faithfulness to tradition (*taqlid*) constitutes the idealized antipode to innovations (*bid'a*). The latter are generally considered to be evil. To this extent, tradition and religion are often perceived as mere aspects of an overriding idea of proper life conduct, which revolves around notions like guidance, virtuousness and honor.

As shown, the results provided by the several sets of questions addressed in this study form a coherent picture and hence do not appear to justify any doubts concerning possible methodological errors. Nevertheless, we recommend taking the unusual finding concerning »religion« versus »tradition« as a hypothesis to guide further studies. Our local staff members have not hitherto noticed any such differing justifications for the practice of FGM from region to region. Further clarification of this matter would, however, certainly contribute to a better understanding of the motivations for the practice.

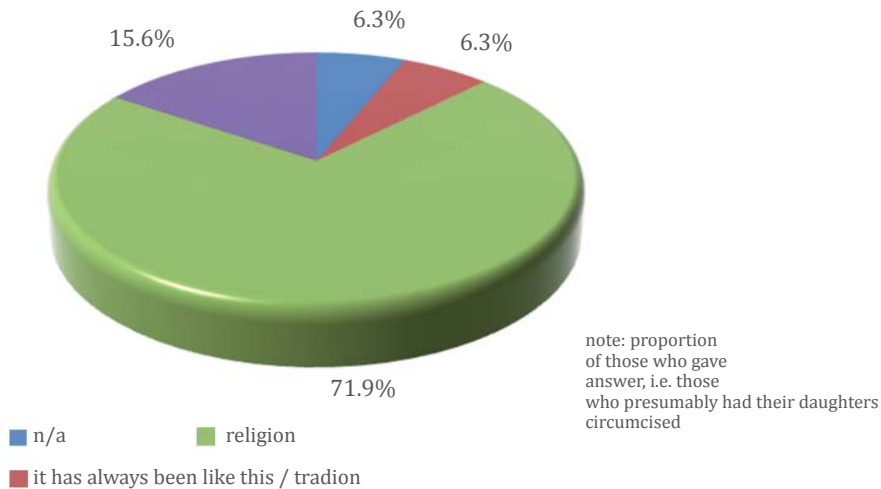
The fact that almost all respondents chose either »religion« or »tradition« is possibly due to the greater familiarity of these terms. The answers »social pressure« and »political pressure« were also available and these sorts of pressure undoubtedly play a significant role in the context of FGM. Depending on the prevalent local interpretation, however, they are brought to bear via »tradition« or »religion« and in this guise are hardly identified as such. Only in Arbil governorate, where traditional family values count much more than religion, did women tend to choose the answer »social pressure«.

Across all governorates, 38.0% of the women in question opted for »tradition« when asked to specify why they had their daughters circumcised.



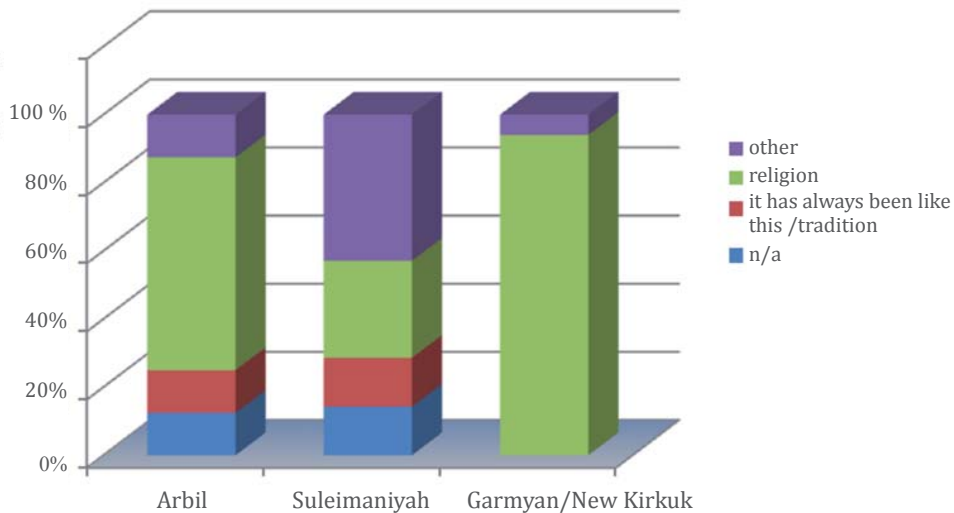
# research

But for those intent on continuing to practice FGM, Islam comes clearly to the fore (Chart 26):



**Chart 26:**  
Mothers who intend to practice FGM on their next daughter: reasons

A breakdown by governorates shows that even in Arbil »tradition« is only infrequently given as the most important motive for continuing the practice of FGM (Chart 27):



**Chart 27:**  
Mothers who intend to practice FGM on their next daughter: reasons - by governorate

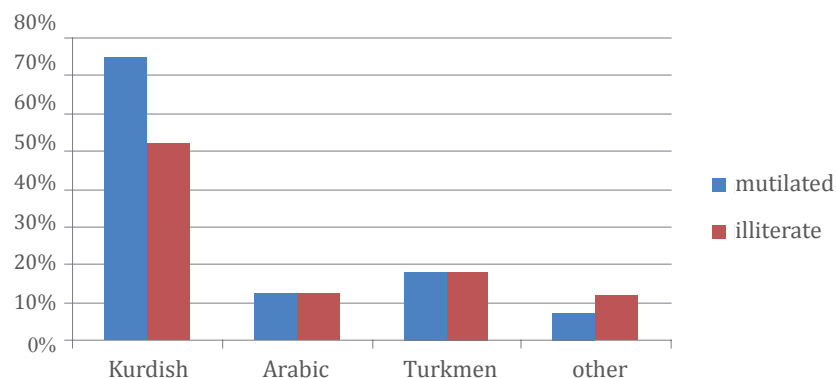
Perhaps what we are observing here is the use of the references to »tradition« and »religion« as two different but complementary strategies to justify FGM. Tradition is at the core of an exculpatory reasoning, which is directed towards the past and tends to place the subject in the passive role of a victim. On the other hand, the reference to religion predominates within an active discourse of promotion and legitimation of FGM, which is directed toward the future.

### 3.3 Impact of Ethnic Affiliation

The collected data also reveals a correlation between female genital mutilation and ethnicity. Some 74.8% of the Kurdish women indicated that they had undergone FGM. This compares to only one of eight women of Arabic origin, two of every nine women of Turkmen origin and one of every 20 women of other ethnic origins. Among the non-Kurdish groups, only one woman in each group said that FGM is common in her community. Of the 40 non-Kurdish mothers of daughters under the age of 14, none had her daughter(s) genitally mutilated. These results support the hypothesis that FGM is practiced in a systematic way only among Kurdish women. The results also show, however, that non-Kurdish identity is not a guarantee that daughters will be exempted from FGM.

The close relationship between FGM and lack of education is yet again readily observable in connection with the factor »ethnicity« (Chart 28):

Chart 28:  
FGM rate and illiteracy rate - by ethnic belonging



Given the small sample sets of Arabs, Turkmen and other ethnic groups, chance might have played a role in this connection. The FGM and illiteracy rates recorded for these groups should only be regarded as rough guides. Nevertheless, the close matching of FGM and illiteracy rates supports the theory of a linear relationship between the frequencies of the two phenomena (which, as mentioned above, is not to be mistaken for a causal relationship).

The relatively high level of education among non-Kurdish minorities is in any case a notable finding. Not only do we find a low rate of illiteracy rate among non-Kurds, but also on average more years of schooling. These findings also hold for the father, mothers and husbands of non-Kurdish respondents. For example, 6.4% of the fathers of all respondents have at least a secondary school degree. Among non-Kurds, the percentage is 21.9%. Non-Kurdish fathers tend to work less in the state sector and more as independent professionals. Not a single non-Kurdish father identified in this survey was a farmer. The percentage for the total sample is 9.1%. Some 9.8% of the non-Kurdish mothers worked as teachers! The figure for the total sample is 0.9%.

There are other correlative indicators that suggest a higher education level among the non-Kurdish population. For example, the average number of children is lower and fewer women said that they have never been taught about sexuality (14.6% versus 35.1% for the sample set as a whole).

Hence, the correlation between FGM and ethnicity can also be interpreted as a mere byproduct of the FGM-education correlation. However, the reasons for the educational disparity between Kurds and non-Kurds remain unclarified.

### 3.4 The Role of Men

#### 3.4.1 How Much Do Men Know?

The mutilations are apparently done without any help or involvement of men. Typically, the mother arranges for the mutilation of her daughter and either the grandmother, an »old woman« or another female member of the extended family carries out the procedure. The mother is nearly always present and sisters and other female relatives are frequently present as well. But what about the fathers, brothers and uncles? Do they know about the mutilations? Again, we have here to break down the data by governorate:

**Yes, males in my community know about female circumcision**

Chart 29

Arbil	23.9%
Suleymaniya	78.6%
Garmyan/New Kirkuk	78.6%

(Note: proportion of those who gave answer)

If the responses of the interviewees are truthful – and, by and large, we have no reason to doubt that they are – then FGM is extremely taboo in Arbil governorate and only a few men in this governorate even know that it goes on. The subject is also taboo in the other regions, but the taboo appears not to be so strictly enforced. It appears that a large majority of men in Suleymaniya and Garmyan are aware of the practice.

In Arbil, only 35.8% of the women in question say that their husbands know about the genital mutilation of their daughters. In Suleymaniya, the figure is 70.4% and in Garmyan/New Kirkuk, it is 85.2% (Chart 30). These results can be regarded as a confirmation of the tendency observed in Chart 29.

The study produced several corroborative findings of this kind. This does not rule out the possibility of erroneous findings, but it does considerably reduce their likelihood.

**Yes, my husband knows about the circumcision of our daughters**

Chart 30

Arbil	35.8%
Suleymaniya	70.4%
Garmyan/New Kirkuk	85.2%

(Note: proportion of those who gave answer)

Still other indices support the conclusion that men in the Arbil region are largely disconnected from the practice of FGM. Thus, only one interviewee in Arbil (1.5% of the respondents) affirmed that her husband had forced her to mutilate their daughters. In both Suleymaniya and Garmyan/New Kirkuk, there were seven positive responses (representing 5.3% and 7.9% of respondents respectively).<sup>4</sup>

This »disconnect« of the men seems to obtain for other »women’s issues« as well. Only 1.2% of the interviewees in Arbil affirm that they were taught about sexuality by their husbands. This compares to 5.1% in Suleymaniya and 7.4% in Garmyan (see Chart 21).

<sup>4</sup> The education level of these men is not significant, but all the women in question are illiterate or have had no schooling.

### 3.4.2 The Influence of the Men – Differing Views

It is remarkable that in Kurdistan as a whole, almost two-thirds of the interviewees believe men could end the practice of FGM practice if they demanded it (63.1% or, respectively, 70.7% of those who answered the question). What is even more remarkable is that this holds even for those women who maintain that the men in their community are entirely unaware of the practice. In Arbil governorate, 84.2% of the women who answered the question were convinced of the power of the men's say-so.

Are the men all the more likely to be attributed power over the violent ritual the less they actually know about it? Is the strength of the FGM taboo a gauge of the extent of patriarchal rule?

There remains the question of a possible connection between the ignorance of the men in Arbil and the prevailing belief that FGM is a traditional custom and not a religious duty. The Arbil area is commonly thought to be particularly marked by tradition. Kurdish nationalism can likewise be described as »traditionalist«, since it is not regarded as a secular, modernizing force and is not opposed to an »established order«. In Arbil, Islam is intrinsically tied to the Kurdish nationalist idea. In the Suleymaniya, Garmyan and New Kirkuk regions, secular tendencies are more readily observable in many different sectors of society and everyday life. One possible hypothesis for explaining the attitudes of the women in Arbil could run as follows. To a large extent, the religious and the profane spheres are still not separated in Arbil. If women in Arbil associate FGM more with tradition than with religion, this is not an argument against the importance of religion in their lives, but, on the contrary, evidence of the omnipresence of religion. For these women, FGM is not first and foremost a matter of »Islam«, because »Islam« has not yet become an independent category for them. Islamic teachings have combined with the prevailing moral principles that guide everyday life in the region. As consequence, Islam gets refracted through ideas of nation and family and is experienced as part of one's own identity. It is integrated into the domain of that which »has always been as it is«: tradition. By contrast, in Suleymaniya and Garmyan/New Kirkuk, religious notions came to be separated from personal identity. Religion became »externalized«, so to say. As such, it came to be seen by individuals as an authority standing over against them.

Such a development is a clear sign for secular tendencies in society. In contrast to Arbil, Suleymaniya and Garmyan/New Kirkuk are on a clear path to modernization: a process that is always accompanied by symptoms of fragmentation, institutionalization and the disintegration of traditional relationships. In the process of secularization/modernization, the religious sphere does not, however, lose its power or its interpretive authority.

The validity of this hypothesis could be further investigated via question-sets focusing on the constituents of personal identity and canvassing the interviewees on their attitudes towards religion, family, tribe, state and nation.

The greater importance attached to family in Arbil is reflected in the fact that a close family member, the grandmother, was identified most frequently (35.6%) as the person who carried out the FGM procedure. More detailed questioning would likely reveal that in the majority of cases the grandmother in question is the mother of the father.<sup>5</sup> Traditionally, it is the father's mother who as mother-in-law monitors the behavior of the immediate family and serves as a sort of »enforcer« of the prevailing moral concepts in the community. In Suleymaniya, 4.1% and in Garmyan, 5.1% identified the grandmother (see Chart 7) as the person who carried out the procedure. Moreover, in Arbil the grandmother also figures almost three times as often as in other parts of Kurdistan as the person who arranged for the mutilation procedure. Throughout Iraqi Kurdistan, however, it is the mother who is most often named (namely, in around 80% of the cases) as the person responsible for organizing the procedure.

5 Compare also the mother-in-law's (grandmother's) role as an advocate of FGM, chapter 2.4.3.

### 3.5 Attitudes

#### 3.5.1 The Consequences of Female Genital Mutilation

Most women (73.4%) affirm that they have not suffered from any negative consequences of their genital mutilation (Chart 31). A plurality of the women who indicate that they have suffered consequences describe the latter as »problems with my husband« (7.0%). Further answers are »psychological problems« (4.3%), health problems (4.1%) and »other« (5.5%).

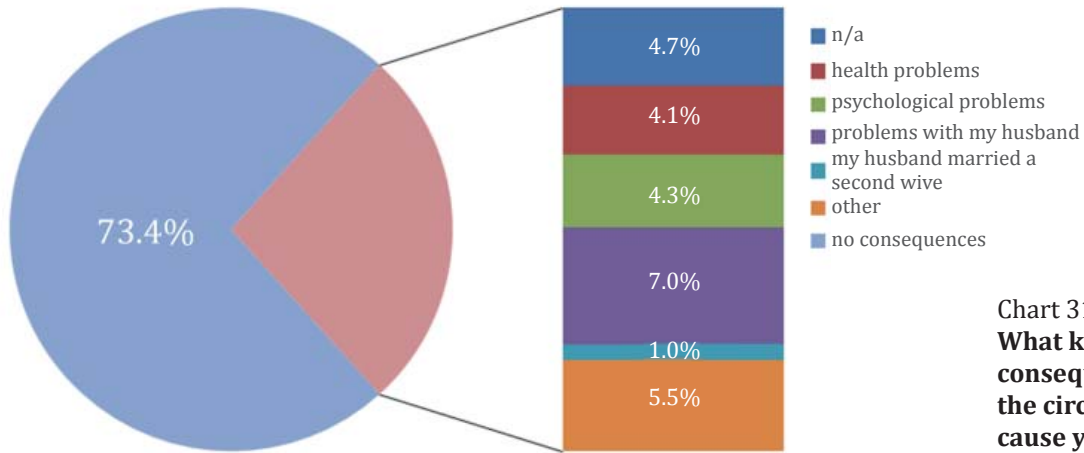


Chart 31:  
**What kind of consequences did the circumcision cause you?**

note: proportion of those who are themselves affected by FGM

Members of the 40-49 age group mention problems most often (Chart 32). These women are approaching the age when they will be mothers-in-law and grandmothers. On average, they have given birth to and raised 5-6 children. »Problems with my husband« is their most frequently mentioned concern.

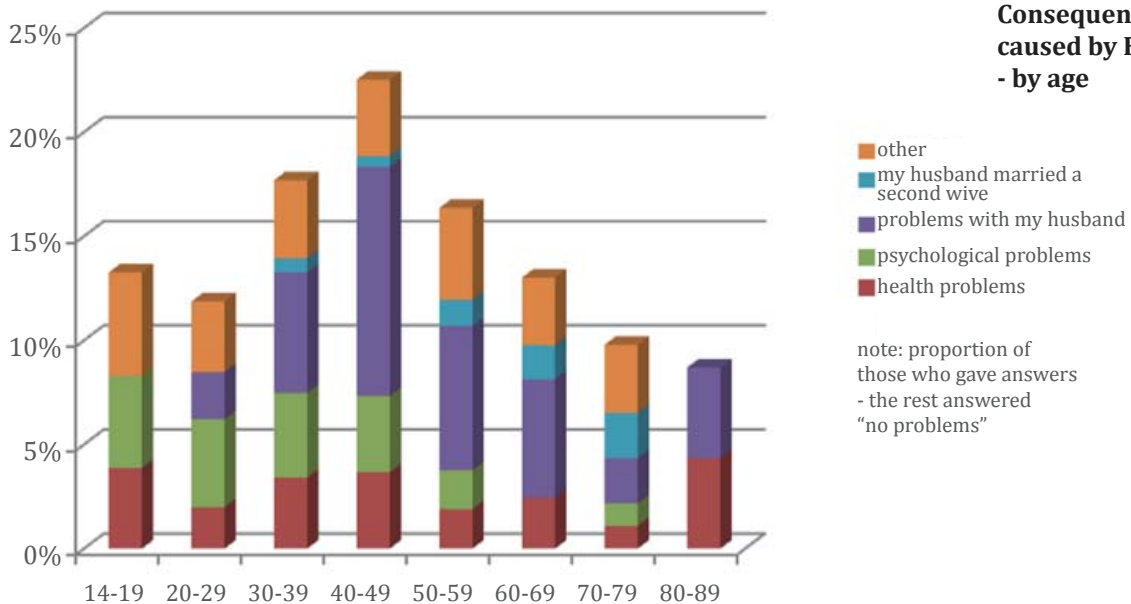


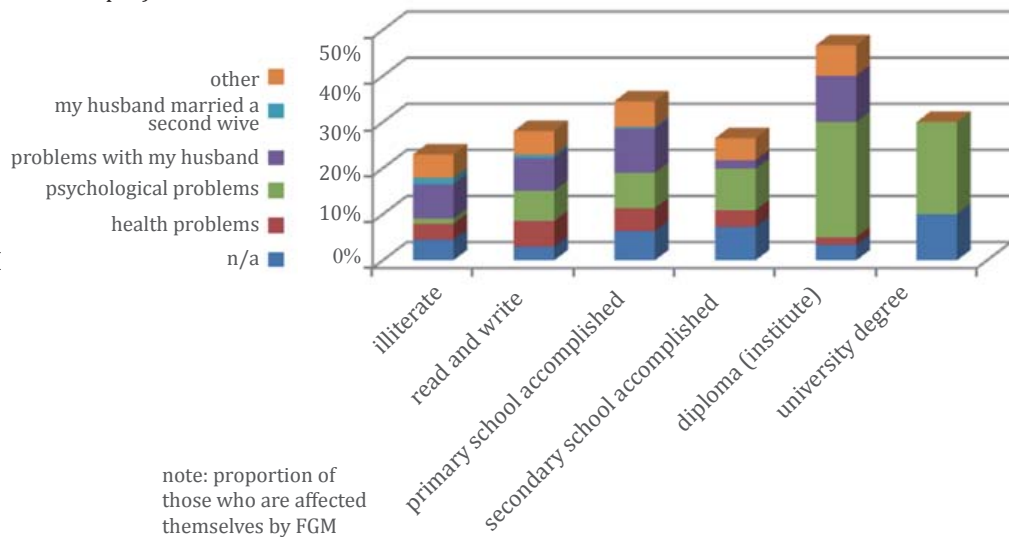
Chart 32:  
**Consequences caused by FGM - by age**

note: proportion of those who gave answers - the rest answered "no problems"

It can be assumed that women with a higher level of education are better able to recognize and identify certain problems as consequences of genital mutilation, since the very recognition of a problem requires some degree of critical reflection.

Such a correlation is apparent in the statistical breakdown, though it is not perfectly linear (Chart 33). The data makes particularly clear that the identification of psychological problems as such presupposes a certain level of education. On the other hand, the perception of »problems with the husband« – which are primarily problems of a sexual nature – or of health problems appears not to be affected by education level. (The last column, »university degree«, is based on only 10 interviews and may therefore reflect anomalies resulting from the small sample.)

**Chart 33:  
Consequences  
caused by FGM  
- by level of  
education**



Only 10 women (0.7%) state they have seen a doctor on account of their mutilation. The education level of these women is above the average – only two of them are illiterate. In general, no correlation was found between education and the willingness to go to a doctor (see p. 24).

### 3.5.2 The Supporters of FGM

A large majority of the women interviewed are in favor of educating children about FGM and protecting girls from the practice. Some 88.2% are for teachers informing their pupils about the risks of FGM and 86.4% want the Iraqi state to protect girls by means of law and education. In each case, slightly more than 8% oppose the proposals. The opposition groups were largely identical in both cases - 7.5% oppose both. In what follows, we will call these women »the supporters« of FGM, although in individual cases the assumption of their support might be inaccurate.

For the purpose of future educational and prevention activities, it is extremely useful to have a more precise picture of the number, origins and motives of these open opponents of education on FGM. Let us have a closer look at this group.

The next chart (Chart 34) provides striking evidence that elderly women tend much more frequently to oppose education on and protection from FGM, thereby at least tacitly defending the practice. This trend has been observed many times in Africa.<sup>6</sup> It is notable, however, that even among very old women this group does not constitute a majority.

<sup>6</sup> Compare also the mother-in-law's (grandmother's) role as an advocate of FGM, chapter 2.4.3.

# research

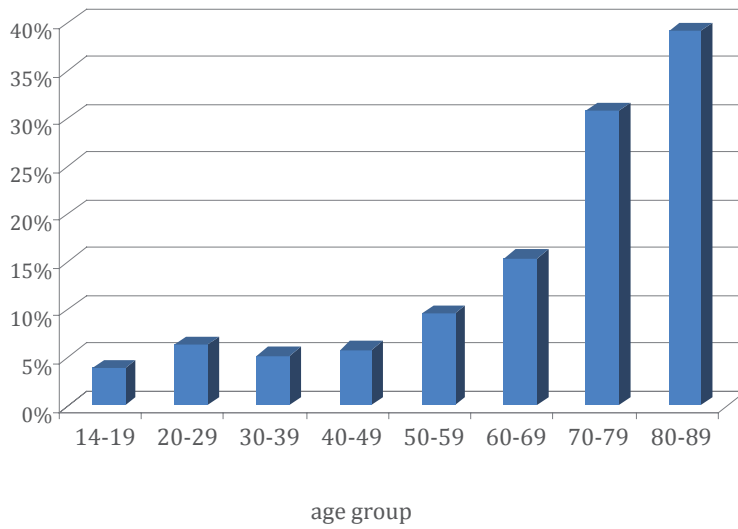


Chart 34:  
**Proportion of FGM supporters (women who dismiss education and protection) within the age groups**

The picture changes when we consider the absolute numbers (Chart 35). All the age groups are more or less equally represented among the FGM supporters. Young women between 20 and 30 are overrepresented due to their high share within the total population (*youth bulge*). So too are elderly women over the age of 60, due to their greater propensity to embrace a standpoint of support.

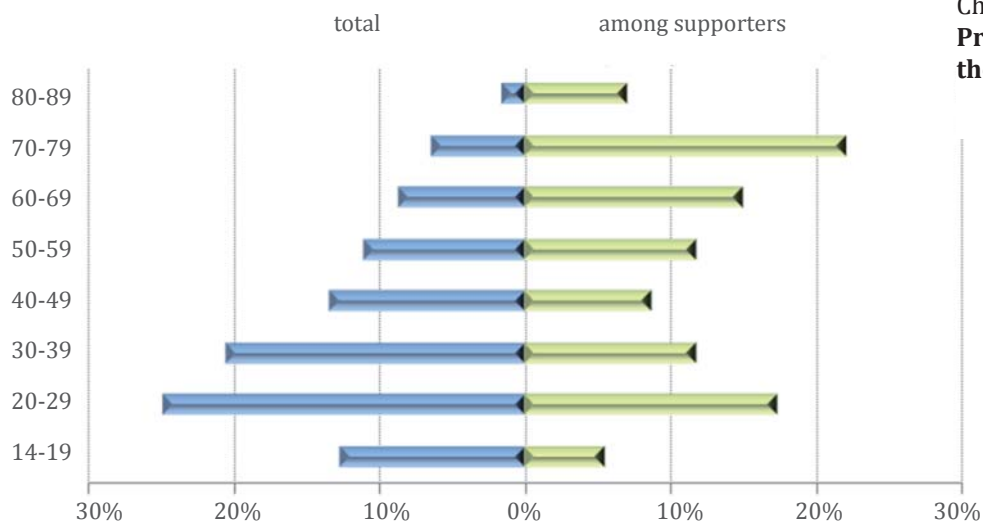


Chart 35:  
**Proportions of the age groups**

Illiterates are very overrepresented among the supporters (75.6%). Women with schooling, on the other hand, are quite rare (9.5%, although they represent 36.2% of the women as a whole). With respect to the issue of support for FGM, Garmyan/New Kirkuk yet again displays particularities. Resistance to education about FGM is far greater in this region than in the others. More than a quarter of all interviewees in Garmyan/New Kirkuk opposed the aforementioned proposals (Chart 36).

Chart 36

**Proportion** of supporters in the governorates

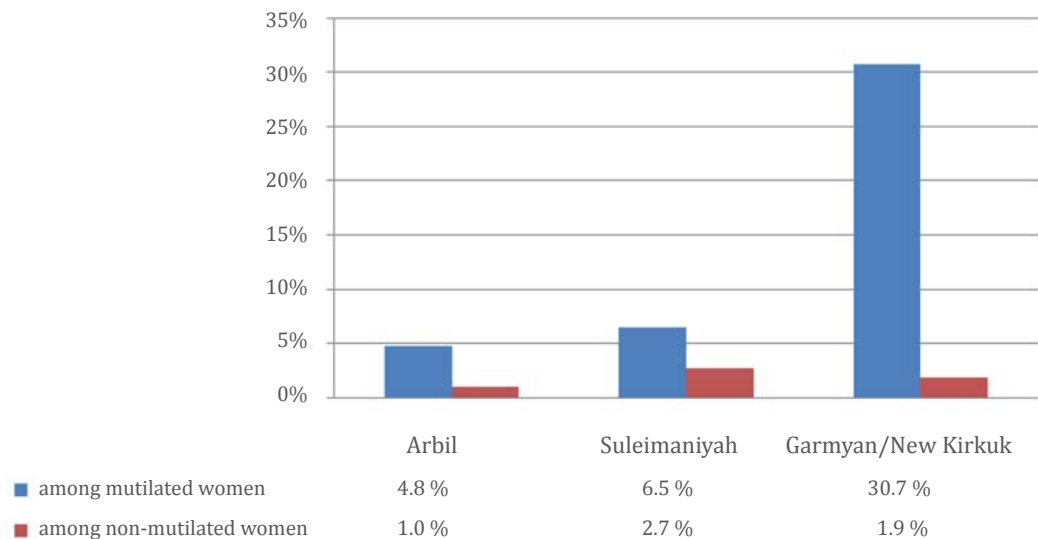
Arbil	3.4%
Suleymaniya	5.6%
Garmyan/New Kirkuk	25.2%

Kifri, Khanaqin and Kalar appear to be the most important strongholds of the supporters. Over 30% of the interviews in each of these towns can be counted among the supporters. In Bebaz (close to Maidan, between Kalar and Suleymaniya) and in Qaradagh, south of Suleymaniya, the percentages are also conspicuously high.

Women who have themselves undergone FGM have a greater tendency to support the practice or minimize its consequences. Thus, only 1.1% of the intact women opposed state action against FGM via education and legislation, whereas among women who had been mutilated the number was 11.0%.

Similarly, 1.6% of the intact women dismissed the idea of teachers informing pupils about the risks of FGM, whereas among those who had been mutilated the number was 10.7%. These differences are striking. They reveal a tendency to trivialize and make excuses for FGM among the victims of the practice and, in the final analysis, reflect a sort of intergenerational transmission of violence. Nonetheless, it should be noted that even among women who have themselves suffered FGM, the overwhelming majority was for education and prevention. The connection between one's own experience of mutilation and approval of the mutilations in general is likewise reflected in a statistical breakdown by governorates (Chart 37). Thus, even in Garmyan, we do not observe any greater opposition to protection and education than in other governorates if the sample is limited to intact women. (The age patterns in the samples of the governorates are very similar and hence will have hardly had any influence on this result.)

Chart 37:  
**Proportions of FGM supporters**



The special »atmosphere« in Garmyan is limited to the women who have been mutilated. The reasons why education and protection are so controversial in Garmyan and New Kirkuk should be a subject for further investigation.



### 3.5.3 Protection of FGM

Asked who could protect the girls and stop FGM, the women pointed, above all, to religious authorities and, to a lesser extent, to political ones. A large majority of the elderly women trust solely in the power of religious representatives, whereas younger women accord nearly equal importance to the political class (Chart 38).

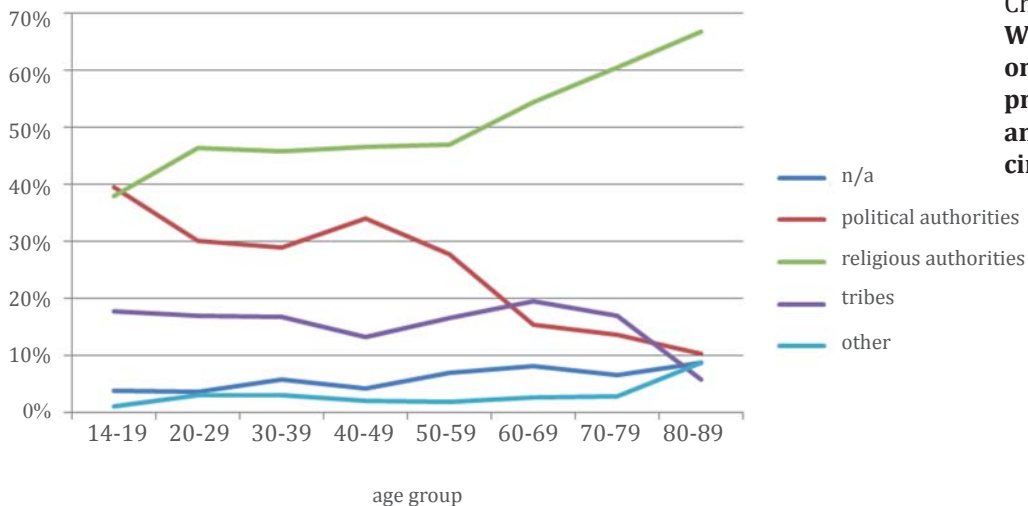


Chart 38:  
**Which authority or group could protect small girls and stop circumcision?**

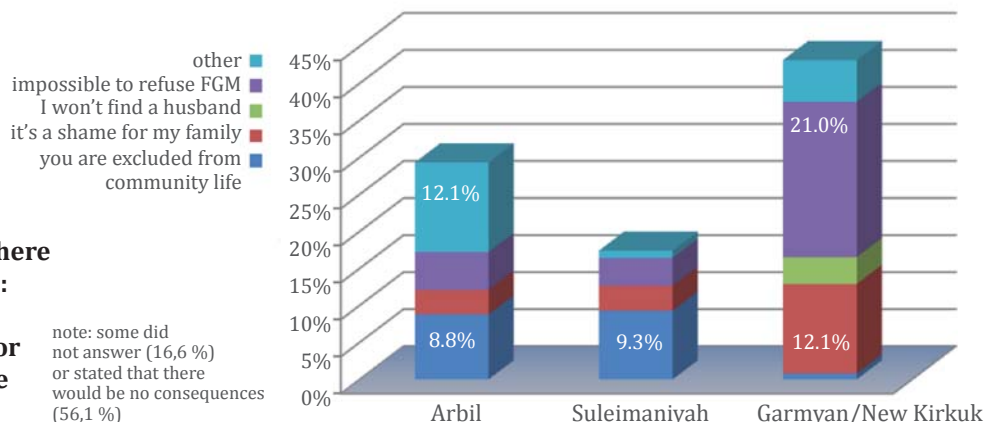
Similarly, women with better education tend to place somewhat more faith in political forces than in religious ones.

A breakdown by governorates reveals that Suleymaniya is the province in which the public has the most confidence in politics. Here, the political authorities have a score roughly equal to that of the religious authorities. In Arbil and Garmyan, the women place their trust, above all, in the power of religious institutions and also in that of the tribes. Belief in the power of the tribes seems even to be rising among the younger generation.

The answers to the question «What Are the Consequences for You if You Refuse Circumcision?» (Chart 39) bring out two important findings. Firstly, communal ties – in the form of family, clan and tribe – are stronger in Arbil than in Suleymaniya and in Garmyan/New Kirkuk.

These traditional communal structures are a well-known source of repression. Some 8.8% of respondents in Arbil are convinced that refusal would mean exclusion from the community. Secondly, the practice of FGM is nowhere so »totalitarian« as in Garmyan/New Kirkuk. Fully 43.2% of respondents from Garmyan expect that a refusal of FGM will have consequences. Some 21% stated that it is simply impossible to refuse. The below chart shows the answers of those women who had earlier declared that FGM was common in their community.

**Chart 39:**  
**Women from**  
**communities where**  
**FGM is common:**  
**What are the**  
**consequences for**  
**you if you refuse**  
**circumcision?**



Note: The rest did not answer (16,6%) or claimed there were no consequences (56,1%).

The majority of women affirmed that girls or women who refuse FGM do not have to bear any consequences. This could lead one to conclude that the mutilations happen on the basis of individual free choice. But such an assumption must appear highly unlikely in the context of the well-known and ubiquitous constraints of a traditional society. In such a society, women especially are for the most part denied any right to free choice.

Instead, the claim that there are no consequences might point to just how alien the very idea of opposing the community is for these women. The notion of conflict between the values of the community and individual choice is perhaps literally unthinkable for them. The answers given to the question about the health consequences of FGM (see Chapter 3.5.1.) might be shaped by similar dynamics.

Under such circumstances, all the more attention should be paid to the minority of women who expected problems in the event of a refusal. Although their smaller number might lead to some inaccuracies and perhaps distortions, the results for this subgroup can be regarded as a rough depiction of the situation of all affected women.

### 3.6 Awareness about FGM

#### 3.6.1 Where Do Women Get Their Information about FGM?

Only a few years ago, the violent «custom» of female genital mutilation was shrouded in silence. Nowadays, people with access to the mass media have many ways of getting information about the practice. But not everybody belongs to this group. It is still the case that more than half of the women in the region cannot read or write. Hence, they cannot obtain information from books, newspapers or the internet. In remote areas, moreover, such sources of information are simply unavailable. Many households still lack electricity, which usually means that there is no TV. The most reliable medium to reach the greatest number of people is thus the radio. All other information is spread by word of mouth. If FGM is discussed at all, however, it is certainly not discussed between the sexes. So, women can only obtain information from female relatives or friends.

In Suleymaniya, every second woman said that she got information about FGM from the television (Chart 40). In the other governorates, the percentage is considerably lower. The reason for this is not evident. However, it is well-known that many households in Garmyan and New Kirkuk are not connected to a (public or local) power supply or are not equipped with TV sets. It has also been known to happen that people install satellite dishes on their rooftops without owning a receiver or a TV set, just to enhance the prestige of the family.

In Garmyan, almost 20% of respondents identified the awareness campaign as the source of their information about FGM and another 20% identified »medical staff« as their source. This can likely be attributed to the influence of Wadi’s mobile teams, which have been active in the region since 2004. Garmyan is still today a regional focus of Wadi’s anti-FGM awareness campaign.

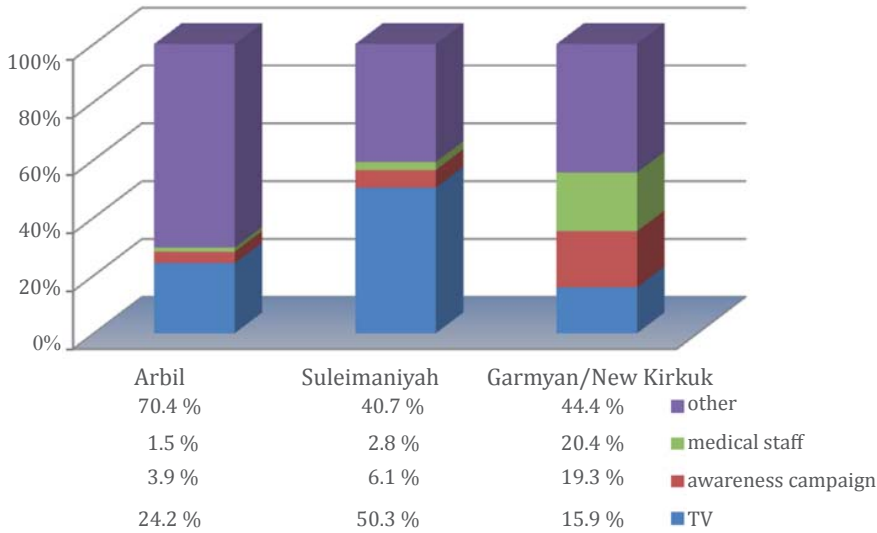


Chart 40:  
**Where did you get information about female circumcision?**

The high percentage of women who opted for the response »other« indicates that many women felt uncomfortable answering this question.

### 3.6.2 Reasons for Refraining from FGM

What are their motives of mothers who refrain from practicing FGM on their daughters? In Arbil, it is again tradition that is the most common determining factor – this time in a positive sense. In Garmyan, it is compassion for the child (Chart 41). The anti-FGM awareness campaign has only been underway for a few years. So, the actions of most of the mothers of daughters under 14 years of age could not have been influenced by it. Nevertheless, in all three governorates more than 20% of the respondents gave the answer »mobile teams advised me.« The reason for this is perhaps to be found in the fact that, contrary to our intentions, almost all the mothers answered the question, including even those who did have their daughters mutilated.

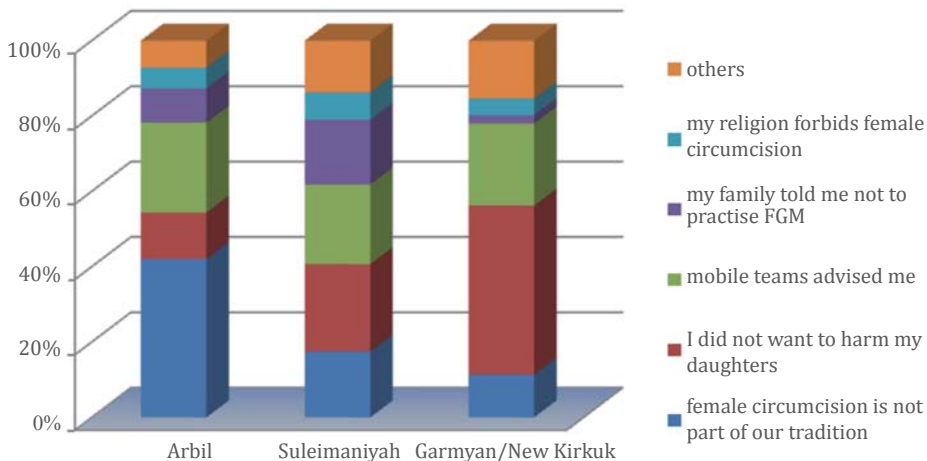
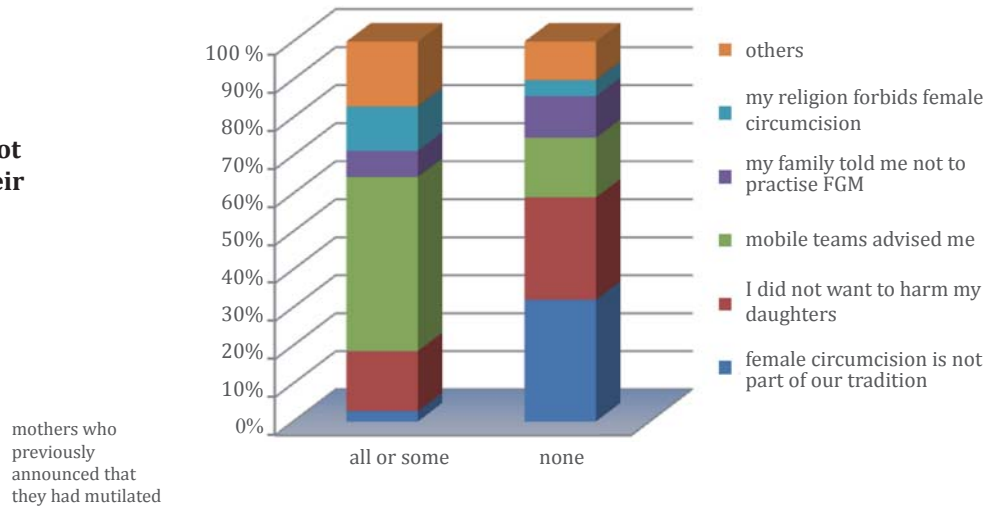


Chart 41:  
**Mothers who did not practice FGM on their daughters: why? - by governorates**

Perhaps what we are observing is mothers describing their own coming to consciousness about the issue. Here, then, a comparative look at the reasons given by mothers who indeed have practiced FGM in the past, but who are perhaps signaling why they are determined not to do so anymore (Chart 42).

Chart 42:  
**Mothers who did not practice FGM on their daughters: why?**



### 3.6.3 The Question of Credibility

According to the data summarized in Chart 42, some 45.9% of young mothers who have hitherto practiced FGM on daughters say they have been advised to stop by mobile teams. These declarations are questionable in themselves and the supposition that all of the previously FGM-practicing mothers have now seen the light and chosen to stop cannot be true. If we believed in the accuracy of this data, then we would have to assume that FGM in Kurdistan is hardly a problem anymore. Daily experience on the ground shows the opposite to be the case. Therefore, the most that can be determined about the influence of the mobile teams based on these findings is that they play a certain role in raising awareness.

Another result is similarly misleading. Only 32 mothers (10.0%) admitted that they intended to practice FGM also on their next daughter. It seems likely that this admission was made primarily by the most convinced supporters of FGM: those who perhaps wanted to send a message. This suggests that FGM is generally held in low regard and that women nowadays do not merely suspect, but know that it is a destructive and violent practice. Further examination provided at least partial confirmation of this impression: 19 of the 32 mothers, it turns out, belong to the group of »champions of FGM« described in Chapter 3.5.2.

The answers show us that we can no longer expect frank admissions when asking about the intention to mutilate. The same can probably be said as well for our question about daughters who have died as a consequence of FGM. Contradicting all experience on the ground, none of the women in our survey admitted to having had to mourn one of their children as a result of the practice.

The appearance of such false statements is clearly bad news for future surveys. It is, however, an encouraging sign, which suggests that the message of FGM-awareness is getting through. This represents a crucial first step toward the elimination of FGM. Its importance should not, however, be overestimated. The vast majority of women do not belong to the group of convinced »supporters.« They likely feel uneasy when thinking about the next mutilation. But, unfortunately, this does not mean that they will refrain from carrying it out. Awareness alone cannot bring the cycle of violence to a stop.

# Conclusions

# 4

The most striking finding of our research is the prevalence of FGM in almost all the areas studied. Abstracting from Dohuk, it can be concluded that most girls in northern Iraq are likely to have undergone FGM. In some areas, the FGM rate is virtually 100%. The average rate is at 72.7%.

The survey provides us some preliminary information concerning connections that are important to identify, in order both to discover the motives underlying FGM and to develop a sustainable strategy for combating it. For example, within certain limits it is possible to establish a link between the mutilations and the education level of those affected. Some 84% of illiterate women have been genitally mutilated, whereas »only« 37% of women with a university education have been. Given the huge range of possible education levels from illiteracy to an academic degree, it is clear that this should be regarded as merely a preliminary finding.

Education is closely linked to many factors, such as social and family background, income and property, as well as the influence of regional differences. These other factors need to be investigated in a separate survey. More generally, we have to assume that social status, made up of a range of these factors, essentially decides on the appliance of FGM. Education is a critical factor. It should be noted that a particularly striking correlation exists between access to education and the ability of women to avoid the mutilation of their own daughters. But education alone does not guarantee the protection of girls, as is shown by the still quite high FGM rates that are found among educated persons. In this respect, cross-cutting factors like religious beliefs which should also be investigated more closely probably play a role.

All available data about the educational conditions of women suggests that the education sector is still in great need of expansion. According to our findings, 51% of the female population in the region is illiterate. The Kurdish regional government has undoubtedly undertaken considerable efforts to raise the education level among females, especially in rural areas. In light of such statistics, however, it cannot be claimed to have had great success.

Intergenerational comparisons produce some interesting results. Among younger women, the FGM rate is significantly lower than among older women. This is reflected in the fact that »only« 46.2% of all women indicated that FGM is common in their communities. The latter finding can in turn be taken – within certain limits – as an indication that the practice of FGM is already on the wane and that the mutilation rate of girls today is lower than the recorded rate.

One particularly important finding of this study is that although genital mutilations are a daily occurrence in all provinces, they are judged, justified and carried out differently. Garmyan/New Kirkuk and Arbil have consistently emerged as prototypical extremes, with respect to which Suleymaniya tends to occupy a middle position.

Garmyan/New Kirkuk stands out as an especially problematic region, on account of the following elements.

- an FGM rate of greater than 80%
- the evidently more severe mutilations
- the large percentage of women (about 25%) who justify FGM and defend it against prevention measures

Our findings suggest that the resistance against consciousness-raising measures in Garmyan might be explained by the fact that FGM is justified in the region almost exclusively using Islamic arguments. In other provinces as well, convinced »supporters« of FGM show a marked preference for Islamic justifications.

In Arbil, on the other hand, the predominant view is that FGM is less a religious duty than a cultural tradition. Discussion of the practice is taboo: especially discussion with men. The grandmothers exert a decisive influence on the members of the immediate family. In Arbil, family ties appear to be more constraining than in other regions.

To a greater or lesser degree, the subject of FGM – like all issues pertaining to the female body and sexuality – is shrouded in silence throughout Kurdistan. In Arbil, the exclusion of men from discussion of the topic appears to be particularly effective. Approximately three quarters of the men in Arbil presumably know nothing about FGM (see Chart 29). In Garman, silence reigns to a particularly large degree even among women. Over half of the females in the region have never been taught about sexuality (see Chart 21).

The behavior of the mothers in all provinces displays certain similarities. It is the mothers who arrange for the mutilations and thus ensure that their own experience of violence is passed on to the next generation. They are usually present at the scene, but they are almost never the direct perpetrators. The procedure is typically performed by a professional mutilator or by the grandmother.

# Final Remarks

# 5

The present study represents an attempt to provide an objective factual basis for the discussion of the highly emotionalized issue of FGM. FGM remains taboo and shrouded in silence. It is too often outright denied that it occurs, and it is the subject of raging debate not only in Kurdistan. In many respects, we have entered uncharted territory with this study and we could not rely on previous comparable research. We also cannot account for all the inconsistencies in the data obtained. In a society that had been systematically under attack for decades by the Iraqi central government, the conditions are simply too complex.

It is not the aim of the study to denounce the Kurds of northern Iraq or the people living in those Kurdish regions where FGM is practiced. On the contrary: Kurdish society has made major progress toward democracy and the upholding of human rights – and not only since the fall of Saddam Hussein's regime in 2003. The interviews that constitute the basis for this study deal with a highly sensitive issue. In other parts of Iraq or in other countries of the Middle East, it would in all likelihood have been impossible to conduct such interviews.

As for all survey-based analyses, so too here it needs to be emphasized that our results reveal at best a blurred picture of the reality and identify some important indicators, benchmark findings and trends. This lies in the nature of the method. Even the answers to basic definitional questions – such, for instance, as the question »Have you been circumcised?« – result in indicators that, strictly speaking, are not definitional, but merely correlative. We can work with the data only because we know we can assume a true answer in most cases. The problem is presumably all the more vexed when the questions at issue deal with subjects of a highly personal nature that may be laden with guilt or shame.

Furthermore, data might become corrupted during the survey and evaluation processes. The present study was realized with limited funds and, despite careful evaluation of the data, it is possible that it contains some sources of error. For example, it cannot be ruled out that some of the habits adopted by the interviewers in filling out the questionnaires led to certain striking results. The interviewers had, after all, to serve in a sense as »intermediary« between questionnaire and interviewee. Similarly, it is not impossible that errors occurred during the inputting of the information from the questionnaires into the computer system or during the data processing. In theory, any such error could have a systematic character and distort the results significantly.

Moreover, the study leaves open certain important questions. Thus, for example, we have not been able to establish the death toll brought about by genital mutilation. Directly questioning the mothers on this subject did not yield informative responses. We know from experience on the ground, however, that a sizable proportion of the girls die either as a direct result of the procedure or later as a result of its consequences.

Furthermore, it might have been useful to examine the political and religious beliefs of the interviewees more closely, in order to determine whether and to what extent there is a correlation with the interviewees' attitudes toward the practice of FGM. The impact of the violent experience of FGM on a woman's relationship with her mother and other persons of trust was likewise only touched upon in passing. The same applies for the consequences for marriage, friendship and sexuality. Experience on the ground, however, has made increasingly clear that FGM has a negative impact on almost every aspect of social life. In Kurdistan, we are still only in the early stages of gathering information on these sorts of issues. For instance, it has only gradually become clear just how many divorces are FGM-related. In the future, more attention has to be given to such social ramifications of FGM.

The above methodological reservations notwithstanding, there are several findings in this study that are supported by the responses to multiple questions. The questionnaire is designed in such a way that several questions sometimes cover the same or an equivalent subject matter. Comparison of these related indicators almost always yielded the expected correlation and thus confirmed the identified trend.

One of the correlations confirmed in this way is that between education level and FGM rate. It is our belief that in the future the greatest efforts must be made in this domain. Education is the single factor that can most contribute to a reduction of the FGM rate. The high illiteracy rate among women is cause for great concern. Apart from improving education, especially among women and girls, it is crucial that FGM be discussed in schools and be made a matter of public debate in the mass media and through consciousness-raising campaigns.

Some first steps have been taken in this regard since FGM first became publicly known in Iraqi Kurdistan. Since 2005, the WADI-backed grass roots initiative »Stop FGM in Kurdistan«<sup>1</sup> has been trying to raise awareness about the issue among the Kurdish public. Among other things, a petition was launched to have FGM banned. Some 14,000 signatures were gathered in just a short time and the petition led to discussion of the issue in the media and also, finally, in the Kurdish regional parliament.

In the parliament, however, all initiatives to have the practice banned have met with delays up till now. The point of such initiatives is not to criminalize the people concerned. But only a law will make it possible to address the issue of FGM in a systematic way: for example, in schools or through consciousness-raising campaigns in the media and in the country's political institutions. We hope that the Iraqi government will recognize the existence of FGM and take appropriate steps to outlaw the practice. In this context, it is also of great importance that the World Health Organization finally recognize the existence of FGM in northern Iraq. Otherwise, it will remain difficult, if not impossible, for local and international NGOs to act effectively against the practice.

Within the broader context of efforts to stop FGM, we believe that further studies are urgently needed. Such studies should try to address some of the weak points in the present one: for example, by covering the Dohuk region or by producing an even more comprehensive sample than it was possible for WADI to do. Attention should be given to several new questions that have gotten raised in the course of the present study. These questions include the following:

1. Is the genital cutting more radical in Garmyan (FGM Types II and III<sup>2</sup>)?
2. Is there another group of perpetrators besides the »old women« and the grandmothers, as the frequent answer »other« suggests (Table 7)?
3. What are the implications of the regional differences in the justifications given for FGM?
4. What significance do family and clan, on the one hand, and Islam, on the other, have for understanding the behavior of people in Arbil, Suleymaniya, Garmyan/New Kirkuk and Dohuk?
5. Why does raising awareness about FGM and the protection of girls run into so much resistance especially in Garmyan/New Kirkuk?
6. How high is the percentage of girls who do not survive FGM?

All answers obtained should ultimately help us to respond to the pivotal question: How can FGM awareness and eradication strategies be optimized in light of local mentalities and circumstances?

1 See <http://www.stopfgmkurdistan.org>.

2 According to our own classification. See p. 26.





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