
THE CHANGING PARADIGMS OF FGM

Country Report on Female Genital Mutilation/ Cutting (FGM/C) in Iran

With an introduction to Male Circumcision / Male Genital
Mutilation (MGM/C) in Iran

Kameel Ahmady



GIRLS IN QESHAM ISLAND, PHOTO: SH. TELENDIA

“There was this woman who got married at age 20. When they found out that she had not been cut, they took her and cut her by force. She was hurt so badly. People used to say she’s shameless and indecent because she hasn’t been circumcised. She stayed in bed for a week to recover her strength.”

Female respondent, 27 years old
Hawraman Takht Village - Mariwan
Kurdistan province



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Acronyms & Abbreviations

AFGM	Anti-Female Genital Mutilation
BBC	British Broadcasting Corporation
ECM	Early Child Marriage
FGM	Female Genital Mutilation/Cutting
MGM	Male Genital Mutilation
MPs	Medical Practitioners
NGO	Non-Government Organization
NHS	National Health Service
PMC	Project Management Course
UN	United Nations
UNICEF	United Nations Children's Fund

Acknowledgment

Preparation and composition of this country-wide report faced challenges, especially the limited timeframe during which it had to be organized and delivered. The text could only have been researched, compiled, and redacted under such circumstances with the dedication of professionals from whom I was fortunate to receive advice and assistance.

The research gave immense courage to the movement speaking for excision's victims on local and global forums. The study enabled us to celebrate in Iran the IAC-initiated day of Zero Tolerance to Female Genital Mutilation for two consecutive years. It developed a like-minded cadre who initiated dialogue and opened ways to talk about the issue. A great change has been witnessed in media attitudes toward broadcasting about FGM, and all this happened as a consequence of our efforts to collect missing pieces of a subdued narrative.

With like-minded researchers, I offer our cooperation the health authority from whom we request the underwriting of a nationwide effort to raise awareness, reach out to communities, encourage involvement, start dialogue between relevant stakeholders, and synchronise any action plans with our universal Human Rights commitments. To complete my investigation of FGM in Iran, many people and organisations provided assistance, such that the fact-finding research and field-based training owe their existence to this support.

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Furthermore, I would like to express appreciation for the crucial role of staff who gave permission to use all required equipment and necessary records, with special thanks to Feriba Almasi for her outstanding work in drafting text, uncovering

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Kameel Ahmady

6 February 2017 , International Day of Zero Tolerance
for Female Genital Mutilation

ABSTRACT

Within some areas of three western and one southern province, Female Genital Mutilation (FGM) is embedded in the social fabric of Iranian culture. While lack of interest by government officials has abetted public ignorance of the subject, researching FGM has been part of awareness-raising since 2007 and possibly earlier. The work first came to prominence when in 2015 a pilot project, shooting a film¹, and later through comprehensive research published in 2015² carried out.

Anthologist and researcher Kameel Ahmady, with a fieldwork teams, surveyed hundreds of women and men in Iran over a six-year period. The research revealed excision mostly by Sunni minorities in West Azerbaijan, Kurdistan, Kermanshah and Hormozgan provinces. Indicating reliability of the gathered data in the same provinces, repeated surveys show that the practice is in decline, yet still highly prevalent in some areas. Nonetheless, villages chosen as pilots for training showed great improvement and sharp declines in FGM while other highlighted villages still display a declining trend but at a slower pace.

This report analyses the impact of awareness raising to eradicate or reduce FGM rates in West Azerbaijan, Kurdistan, Kermanshah and Hormozgan provinces and offers up-to-date data and descriptions of current practices after pilot interventions. It follows publication of *In the Name of Tradition: Female Genital Mutilation in Iran*.

Introduction

Female Genital Mutilation is an ancient ritual which violates women's and children's sexual rights. It owes its existence to political and economic systems as well as beliefs, norms, and attitudes. This chapter reveals deep roots of the practice in cultures whose religious or conventional beliefs and customs support it. Poverty, illiteracy, gender inequalities and healthcare shortage fortify it. And beyond its status as a human rights and child abuse issue, amputating the clitoris or even 'merely' damaging the clitoral hood imperils women's enjoyment of heterosexual relationships, causes dissatisfaction with marital life between couples, increases rates of divorce and sometimes creates health and birth complications.

¹ http://www.aparat.com/v/6OKyL/In_Name_Of_Tradition-Female_Genital_Mutilation_In_Ira

² <http://kameelahmady.com/fgm-in-iran/> & Ahmady, Kameel. *In the name of tradition*, 2015. Uncut voices press, Germany



LOCAL WOMEN, HAWRAMAN, KURDISTAN PROVINCE

PHOTO: HAIDE GHOBADI

This report provides detailed information on the impact of FGM³ abandonment interventions. While some data on FGM in Iran has been available in student university theses,⁴ books, and a number of articles,⁵ it was limited in scope. For the first time, *In the Name of Tradition* provided a comprehensive overview of FGM prevalence on a country-wide scale focusing on the most affected areas in three western provinces and one province in the South. Not undertaken in a matter of months, the research required a decade to map prevalence and to chalk out combating strategies.

This report updates information since the last study⁶ ended in 2015, now published as a book in English⁷ and Farsi.⁸ It documents a series of

operational levels including scanning, mapping, and field interviewing multiple respondents (natives, local informants and public figures) in a four-month time frame. Prior research carried out various missions and pilot programs to examine the impact of instruction on excision's negative outcomes. Several villages in each of the four provinces were chosen and revisited to measure the progress of previous interventions. The "Action against Female Genital Mutilation/Cutting in Iran" mobilized local communities to advocate for the rights of girls and women by stopping the practice as well as by lobbying local and national governments to ban it by law and embed anti-FGM articles in Iran's new family planning law.

We measured reductions in parts of Iran targeting the districts of West Azerbaijan, Kurdistan, Kermanshah, and Hormozgan. In these regions like elsewhere in Iran, men are generally regarded as dominant actors and most women are seen as dependent on them. This perceived dominance is systematic and endemic. It is reflected through normative values and traditions and endorsed by the beneficiary social institutions. Under these circumstances, women's struggle is especially hard.

³<http://swiftjournals.org/sjssh/abstract/2015/november/Kameel.php>

⁴ Mendegari, I. 2012. Law and FGM in Iran. Behashti university press & Mozafarian, R. 2011. *Blazor and tradition, Nakoja publication* / &Karimi, F. 2010. *Tragedy of the Body*, Tehran, Roshangaran and women study publishing.

⁵ www.refworld.org/pdfid/522ec5aa4.pdf; see also Women's Health Care, "Related factors of female genital mutilation in Ravansar (Iran)", 2012, available from www.omicsgroup.org/journals/2167-0420/2167-0420-1-108.pdf.

⁶ <http://kameelahmady.com/fgm-in-iran/>

⁷ <http://kameelahmady.com/wp-content/uploads/2015/03/FGM-in-Iran-order-form-2.pdf> &

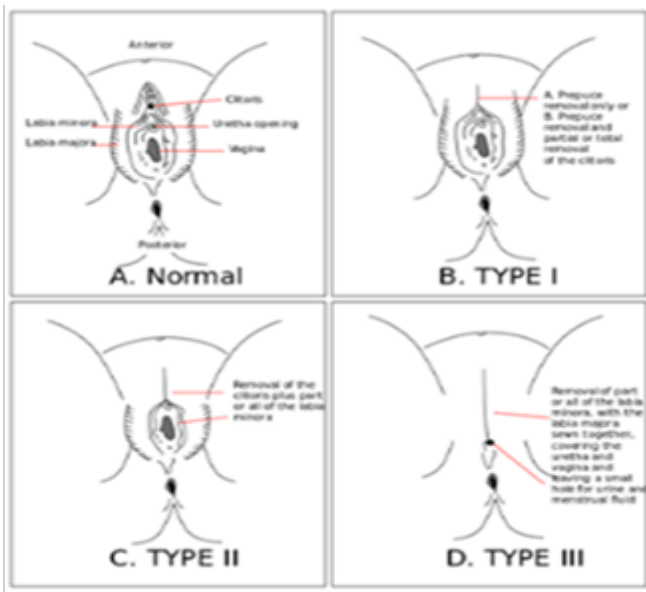
Ahmady, Kameel. In the name of tradition, 2015. Uncut voices press, Germany

⁸ <http://shirazeh.org/product/%D8%A8%D9%87-%D9%86%D8%A7%D9%85-%D8%B3%D9%86%D8%AA/>



WEDDING, SELEKH VILLAGE, QESHAM ISLAND

PHOTO: TELENDA



FOUR TYPES OF FGM
(UNICEF, 2005)

FGM in Iran: Background & Achievements

The above-mentioned FGM research and campaign in Iran was initiated by British-Iranian anthropologist Kameel Ahmady⁹ in 2005. Born and raised in Iranian Kurdistan, Ahmady moved to the UK to study anthropology; only after graduation did he discover the existence of excision in his home nation and immediate family. Prior to his return, he had been working in Africa for humanitarian relief NGOs where he observed various projects to combat FGM administered by the United Nations and UNICEF. News that clitoridectomy existed in Iran was shocking as the country had not (yet) been listed as practicing excision, nor is it now officially listed by the Iranian government, the UN or UNICEF. At first, a number of young female professionals joined the campaign, and soon after, several women's NGOs from various Iranian regions joined in. Documentary films¹⁰ and written materials/articles¹¹ were produced which helped to spread knowledge on the custom on national¹² and,



INTERVIEWING KURDISH TRADITIONAL FEMALE CIRCUMCISERS IN WEST AZERBIJAN. PHOTO: KAMEEL AHMADY

to some extent, international levels¹³ through anti-FGM networks and universities.¹⁴ Some meetings were held with the Iranian Social Services (Behzisti) and the National Health Ministry (Vezaret-e Behdasht). Subsequently, more young volunteers, both male and female, teamed up with the campaign.

Thus, research designed to identify prevalence of FGM in Iran investigated the role of diverse contributing factors. In 2005, the field study began and, while travelling through neighbouring regions and collecting data, a documentary was made from the interviews and related footage. The documentary, "In the name of tradition"¹⁵ about FGM in Iran was filmed while doing fieldwork in the Kurdish villages and neighbourhoods of Mahabad, some villages in the nearby Kurdistan province and regions of Hawraman in Kermanshah province as well as in Hormozgan in the south of Iran (Ahmady 2006). The film, recently

⁹ <http://kameelahmady.com/biography/>

¹⁰ http://www.aparat.com/v/6OKyL/In_Name_Of_Tradition-Female_Genital_Mutilation_In_Ira

¹¹ <http://kameelahmady.com/articles/>

¹² <http://entekhabkhabar.ir>

¹³ http://www.stopfgmkurdistan.org/html/english/articles/article_004e.htm

¹⁴ <http://www.stopfgmmideast.org/countries/iran/>

¹⁵ <https://www.youtube.com/watch?v=RID4FnKf7oE&feature=youtube> - <http://www.aparat.com/v/6OKyL>

broadcast by the British Broadcasting Corporation (BBC)¹⁶ and shown at the 2008 London film festival, contains recorded footage and interviews from the regions and villages of Kermanshah and Hormozgan province and its islands (e.g. Qeshm, Hormozgan and Kish). As well as interviewing local women and circumcisers (Bibis/ professional cutters), the documentary records the opinions of local men, medical staff, doctors, and clerics.

A comprehensive study to explore and analyse Female Genital Mutilation in Iran began in 2005 and ended in 2014. It provides in-depth data and, at the same time, building blocks for a comprehensive program to combat the custom and bring the issue to global awareness. Alongside hardships and limitations during active research work (2005 to 2014), it also inspired a new study on Early Child Marriage in Iran.¹⁷ Beginning immediately after our investigation into FGM, Early Child Marriage (ECM) caught our attention during field missions where in some regions excision paved the way for ECM so that the two harmful traditional practices seemed to correlate.¹⁸ The methodological approach to studying FGM was primarily participatory due to the sensitivity of the subject matter, and most research ended by late 2014. Despite this premature termination, much has been achieved over a decade of investigation in Iran that had included travelling thousands of kilometres and interviewing over 3,000 women and 1,000 men from

¹⁶http://www.bbc.com/persian/arts/2015/06/150604_aparat_2_2015

¹⁷ <http://kameelahmady.com/ecm-in-iran/>

¹⁸ to read more about ECM and its relation with FGM please refer to <http://kameelahmady.com/wp-content/uploads/2016/10/English-final-web.pdf>

various areas and social classes including influencers, community leaders, clerics and religious leaders. Comprehensive data emerged, and findings demonstrated that FGM in some villages was widespread (around 60% in some towns of Qeshm Island in Southern province of Hormozgan and to a lesser degree in the three western provinces). Within these provinces, however, excision was absent from the northern parts of West Azerbaijan where people are Turkish Azeri and Kurmanji Kurdish speakers, nor did it appear in the Southern parts of Kermanshah and Northern parts of Hormozgan.

Having gained global recognition, this research was featured in the Guardian¹⁹ and on the BBC²⁰ on June 4th, 2015, when the study was launched. International Media^{21,22} and the United Nations²³ picked it up to raise awareness internationally. Soon after the book launch, the United Nations Human Rights Council in Geneva invited the author to discuss it on 19 June 2015 at a session on eliminating FGM. In addition, Reuters²⁴ published an analysis of the research, considering it a rare contribution to the history of Iran. Published in Farsi, the book²⁵ was well received by the people in Iran; it enjoyed a launch in Tehran's National Library²⁶ and a book tour in FGM

¹⁹<http://www.theguardian.com/world/2015/jun/04/female-genital-mutilation-iran-fgm>

²⁰http://www.bbc.com/persian/iran/2015/06/150604_nm_fgm_iran_women

²¹ <http://rudaw.net/english/middleeast/iran/030720152>

²² <http://europe.newsweek.com/female-genital-mutilation-performed-young-girls-iran-328246>

²³ <http://www.unwatch.org/en/>

²⁴ <http://www.reuters.com/article/us-iran-fgm-idUSKBN0P600F20150626>

²⁵ <http://kameelahmady.com/wp-content/uploads/2015/03/FGM-in-Iran-order-form-2.pdf>

²⁶ <http://www.ibna.ir>

affected provinces²⁷ and other major cities.



"IN THE NAME OF TRADITION" BOOK LAUNCH IN GENEVA HUMAN RIGHTS COUNCIL. Photo: Tobe Levin

During the study period, a pilot project based on the 2007 research findings was also begun in program areas. Those pilots aimed to reduce the prevalence of FGM in the Persian and Arab regions in the south and Kurdish region in the West. We assumed that low-profile interventions would bring about a grassroots abandonment of the practice by the community itself, as opposed to forced elimination from above and outside the community. The study went forward with an approach grounded in Iranian traditions and culture. The team adopted a holistic, culturally sensitive, participative strategy firmly anchored in Human Rights. Designed to prevent FGM, interventions were divided into two categories with one focusing on community. It was therefore imperative to adopt indirect approaches because the ritual to be

²⁷ <http://ziryan.ir/NewsDetail.aspx?itemid=13392>

expunged appeared engraved in the souls of the local people, making any direct attempts to erase the practice potentially lethal for the project management and staff. The second category -- advocacy and networking--, attempted to recruit indigenous inhabitants to work together for the same cause.

With limited resources, two local mobile teams comprised of one social worker, one psychologist, and one nurse were trained to enable maximum field work on their own through engagement of local staff for better coverage. The members started to map their areas and work independently by using social events as a potential platform, i.e. wedding and funeral ceremonies. This strategy enabled better and greater access to women in the community. The mobile units discovered that female Genital Mutilation is widespread in certain villages.

Iranian Government's Role

In Iran, FGM is not openly discussed. In most cases, official representatives, nationalists, or groups from the Shiite religious community simply lack interest in addressing the phenomenon as they feel it's a Sunni practice and should neither concern nor involve them.

The four provinces that host FGM also have a history of violence against women such as pressuring them to immolate themselves (or to commit suicide by other means),²⁸ child marriage, forced marriage,

²⁸ Aliverdinia, A. & Pridemore, W. A. 2009. Women's fatalistic suicide in Iran: a partial test of Durkheim in an Islamic Republic. *Violence against women*.

polygamy and 'honour' killing cases.²⁹ For the Iranian government, FGM is a Sunni issue, the reason that the central Shiite-dominated regime makes no official effort to end excision and thereby forfeits the trust of the Sunni population. FGM goes unmentioned by public institutions such as Health Services, Social Services, and universities, nor is the average citizen informed, despite the fact that President Rouhani has paid more attention to social affairs and family-oriented issues than previous regimes and has begun taking social problems into account, even lending an ear to the outcry of social activists and researchers. The issue was raised with the Iranian vice president in Rouhani's cabinet responsible for Women and Family Affairs as

well as with officials in the justice ministry, National Health Services, Social Services, MPs and Parliamentary Health and Social Commissions. A joint meeting of these officials was promised but never materialized.

Due to lack of government support, besides MA theses later published as books and some medical articles, no serious, country-wide, comprehensive research has been conducted on FGM in Iran. This explains the complete lack of public engagement in the affected regions where no projects have ever been allowed, let alone funded. We therefore had no opportunity to run pilot epidemiological programs or measure the impact of education and training on fighting to end FGM.

"If we realized it's harmful for our daughters, we surely wouldn't do circumcision. They told us not to do it but didn't say why, no one talked about its harms and so we still do it. We just cut a scar. In the past they were cutting so deep but we only make a scratch."

Female respondent-Goori village
Hormozgan province

²⁹ Keddie, N. R. 2000. Women in Iran since 1979. *Social research*, 405-438



VILLAGE OF HAWRAMAN TEKHET, KURDISTAN PROVINCE PHOTO: KAMEEL aHMADY

Impact of the Anti-FGM Movement: Overview

Years of research on FGM in Iran resulted in the first film³⁰ and comprehensive reports as well as other publications by researchers showing a strong commitment to championing abandonment. These

documents promoted dialogue while navigating many disparate agendas and coalescing into one voice against the practice. The author³¹ engaged the media, launched strong communication campaigns to promote ending the practice, and mobilized core groups of

abolition advocates among medical professionals, religious figures, legal personnel, journalists, youth groups and civil society.

A holistic approach amplified actors' ability to address the chronic issue. Targeting disadvantages of clitoral ablation, we have disseminated knowledge and built capacity on two planes – increasing staff awareness by offering seminars at community level and at universities. These capacity-building activities have sensitized a significant number of the target-community members to the threat of FGM.

³⁰<https://www.youtube.com/watch?v=RID4FnKf7oE&feature=youtube> - <http://www.aparat.com/v/6OKyL>

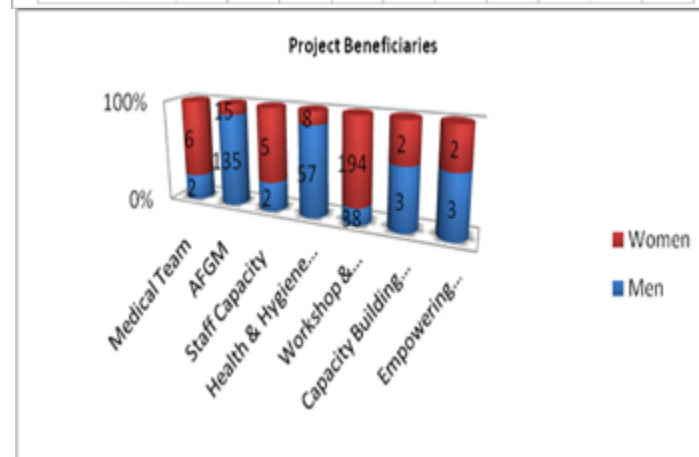
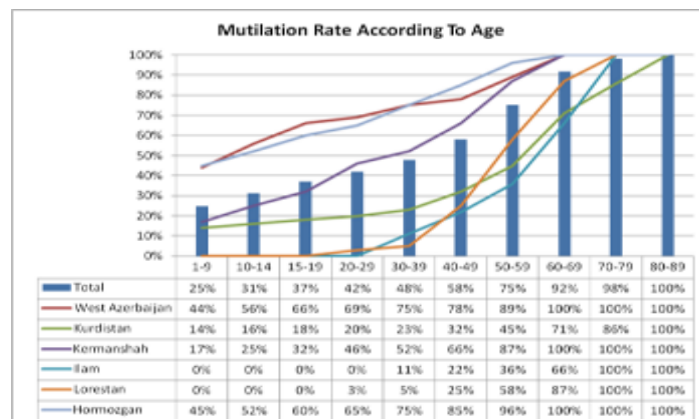
³¹ <http://kameelahmady.com/biography/>

The study established useful contacts and received support from academics and individuals in civil society as well as some officials in Social Services (Behzisti) and NHS (Behdast) organizations. All provinces are populated by significant Sunni (Shafi'i school of thought) as well as Shiite Muslims. Note: Select populations of Turkish Azeris (e.g., northern West Azerbaijan), Shiite and Ahl-e Haq Kurds (in Ilam and Kermanshah) do not practice FGM. However, we found some Shiite women in Hormozgan, Kermanshah and Ilam provinces who do indeed excise.

Target groups who have been sensitized in an indirect manner include clergymen, bibis, and Roma from Qesham Island and Coastal villages situated in the south of Iran, and nursing school students. Groups of Roma originally from Iraqi Kurdistan cross into Iranian Kurdistan every spring and camp outside towns such as Sardasht, Mahabad, Piranshahr and surrounding villages.

The graph gives an overview of project beneficiaries with gender bifurcation.

SHIRAZA PRESS 2015, BOOK LUNCH " AN ECHO OF SILENCE" EARLY CHILD MARRIGE, 2017, AT THE NATIONAL LIBRARY OF TEHRAN- SEPTEMBER 6TH, 2016. PHOTO : PEDRAM VERSHOEI



Objectives of Pilot Interventions

The anti-FGM program, designed especially for rural areas, focused on education and awareness-raising. What were its objectives?

- To encourage and empower women and girls - through education, social and psychological support
- To raise local community awareness of excision's physical and psychological consequences, specifically Bibis and Roma



- To inspire women to talk about their own experiences, pain, and agony (mostly for the first time) in groups or with the team's psychologist
- To increase awareness among mem of their sexual health, trained by male staff
- To establish networks of local and regional clergymen to support the campaign
- To advocate for anti-FGM policies and legislation at local and national government level
- To facilitate academic research and peer-reviewed publications by offering workshops and courses to university students and media campaigns.

Methodology and Research Techniques

The 2017 field research on the impact of pilot interventions was conducted by new and former professional surveyors. They assisted social workers and networks of active public figures who in turn coordinated university students, NGO activists and others keen to join hands and strive for the same end. Long-term goals could be met only with the help of many who put transparency first. Our trained team of social researchers investigated 4 top provinces for prevalence of FGM during the last four months of 2016 and early 2017. In each province a total of 32 villages were selected to measure the impact of trainings in 16 that had hosted awareness-raising pilots while another 16 had experienced no such interventions. Located in provinces with varying levels of FGM but similar rates of early marriage and childbearing, the study was intended to explore children's vulnerability to adverse sexual

Story of Fatima

This is a story of a young woman, her name is Fatima. She called the clinic hot line to seek help about her problem within the family. She found out that her husband was not happy about their sex life and wanted to marry younger women and keep them both in the same house as its custom in the south. During discussion, it was revealed that she has been the victim of FGM in her early age.

She shared that she never enjoyed sex and normally not willing to have it with her husband.

Clinic social worker start training Fatima as to how perform foreplay and taught her various techniques to reach orgasm and get relax before sex. Seeing some positive changes later on, she convinced her husband to talk to a male staff to receive the same training. He learnt that how to ensure wife's orgasm.

He was convinced by the staff that sex must be enjoyable for both and if one party doesn't get equal share their sex life will face problems. He realized that lack of happiness in their sex life make either party to look elsewhere for sex and for that reason man decides to marry other women thinking this is going to solve the problem, not knowing that all women in this region suffer from the same problem.

Since then, the couple themselves (especially the woman) referred few friends and relative with similar problems, all received proper counseling.

This shows this that project interventions have started affecting people lives in positive manner.

By using indirect approaches to mobilize communities, the project is gaining trust of the people and the time is so close that the community will take the lead and promote their basic human and sexual rights to exploring new things somehow non-traditional to save their marriage and gain happiness.

and reproductive health outcomes and their ability to adopt protective behaviours. What did we find? Variation in settings at different stages of the epidemic practice. A cross-sectional study, comprising a pre-survey qualitative phase and a survey, was conducted during FGM status updates. The following report represents the findings.



TRAINING AND FGM SEMINAR, UNIVERSITY STUDENTS OF TEHRAN. PHOTO: MEHSOOMA MAHAERFVEND

Findings of this Report

The study revealed that in some cases FGM remained striking but in others, even nearby villages, it has been in decline. While perceived as traditionalist, Iran has proven amenable to change as long as the drive is internalized and owned by the community, and

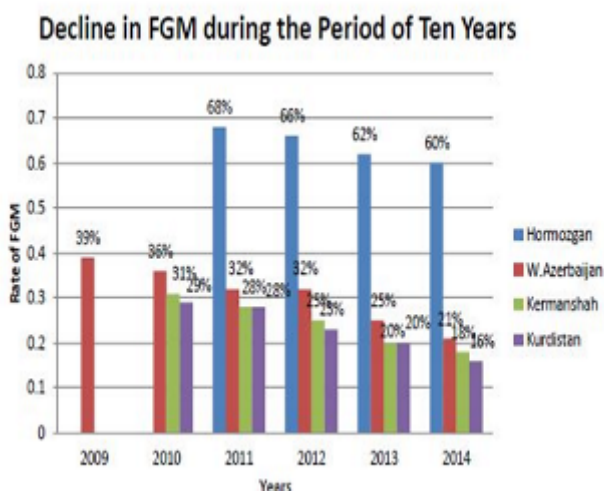
motivation is pioneered by groups with a vested interest. As this review will prove, alteration in the practice is already evident and will continue if funding, training, and awareness remain, and provided we have appropriate combinations of people and inputs.

Changing times, adapting to modern life, deaths with non-replacement of Bibis, the younger generation's lack of willingness to accept FGM, higher levels of education, the impact of media, and some support from clerics are all factors in the declining rate. ***FGM still exists in Iran, but the good news is it's declining year by year.*** Three of the western provinces have shown great improvement. However, in the Hawraman region (a large area located within Kurdistan and Kermanshah provinces) as well as in several villages around Kamyaran, Ravansar and Paveh in Kermanshah province, resistance remains.

Although Hormozgan province still takes first place in FGM prevalence, including Qesham Island, decline is evident even there. In all four provinces, villages selected for the pilot project showed a sharp decline in FGM rates, proving the influence of training and awareness-raising.

Kermanshah province retained the second-highest prevalence at 42% in some villages of Marivan. However, in Kermanshah rates had tumbled, and in West Azerbaijan, the numbers were comparatively lower still.

Analysis showed that the proportion of 'circumcised' women in the 30-49 age bracket was higher than among females aged 15 to 29. In some villages of Hormozgan and Qeshm Island, the prevalence of FGM among women aged 29 to 49 reached 61%; yet it appeared 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 demonstrate an encouraging trend: FGM is decreasing in all four provinces. For instance, in Piranshahr, West Azerbaijan, the rate is less than 10% among the young generation. Similarly, in Javanrood in Kermanshah province, we measured a sharp decline from 41% in older women to 9% in younger women and girls. In some of the villages of Ravansar from the same province, the practice has again drastically decreased, reduced to 17% from 43%.

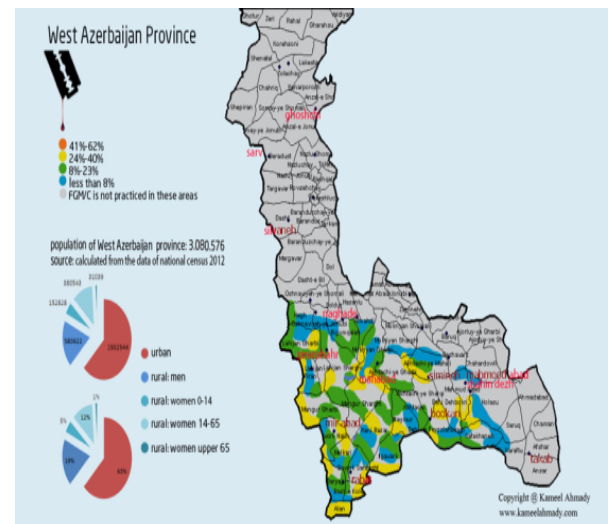
The comprehensive research shows that FGM continues prevalent in rural areas in three western and one southern province of Iran: West Azerbaijan (Kurdish populated south), Kurdistan, Kermanshah and Hormozgan provinces, and near-by islands. Where have we found no FGM? The provinces of Kurdistan are populated by a Sunni Shafi'i majority with a minority of Shiite communities. The remaining provinces have mixed Sunni, Shiite and other ethnic and religious populations, such as large groups of Shiite Turkish Azeris 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 Shiite Kurdish Kalhor as well as Ahl-e-Haq Kurds in parts of Kermanshah who do not practice FGM. However, some Shiite women residing near Sunni-populated areas in Hormozgan province currently excise; and historically many groups of Shiite Kurdish women in parts of Kermanshah and Ilam province had practiced excision.

Current waves of modernisation and growing awareness have brought many changes to people's attitudes towards FGM and altered behaviours in progressive ways. Customs 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.

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, many nations offer evidence of decline. One contributing factor is the openness with which the topic is nowadays discussed in print and electronic media. However, sustainable change within such communities depends on continuing governmental intervention backed by local agents and cooperating NGOs.

The following sums up analysis of the four provinces in terms of intervention impact authored by anti-FGM activities in Iran.



West Azerbaijan

The Newest Scale of the Problem

With a mixed population of Kurdish and Turkish residents, West Azerbaijan has been one area of interest for FGM studies, showing a descending trend through years of regular annual updates and workshops leading to a rise in public knowledge and health.

The population of West Azerbaijan is 3 million; ethnic Kurds live mainly in the southern part of the province with minorities of Kermanji-speaking Kurds from Orumiyeh to the town of Maku as neighbours near the border with Turkey. For the first sampling cluster, top practicing cities and towns were selected (such as Sardasht, Mahabad, Orumiyeh, Piransher, Boukan and Miandoab) from among which the second cluster of related villages was chosen (such as Zangalan, Rabat, Bonawile Kuchak, Leilan, Mozaffar Abad, Kitke).

Ahmady: Lobbying with Clergy and Community Elders)Field research indicates that the ratio of mutilation/cutting of elderly women had been alarmingly high, whereas in complete contrast, the rate of FGM among children is very low and declining every year. The study found that in some Mokrian villages (a region between Sardasht, Piranshaer, Mahabad, Orumiyeh, and Boukan), few of those above the age of 10 had been mutilated. One reason behind this diminishing rate in the south of West Azerbaijan relates to the seasonal illegal crossing of gypsy/Roma groups (locally called Dom/Gherechi) from Iraqi Kurdistan into Iranian Kurdistan. These travellers, who augment their income by carrying out FGM in the area, tend to neglect safety measures and thus increase the risk of disease and disability. Years of monitoring the rate of FGM along the border with Iraq found that most of



“One of my daughters has recently given birth to a baby girl. She’s 5 months old and an old woman in the village is supposed to circumcise her.”

Female respondent
West Azerbaijan province

“In this village girls marry not before the age of 16. There are some 16-year-old girls who haven’t been circumcised. It was being done as a matter of loyalty and control over women but nowadays the village Health Care nurse doesn’t let this happen.”

Female respondent
West Azerbaijan province

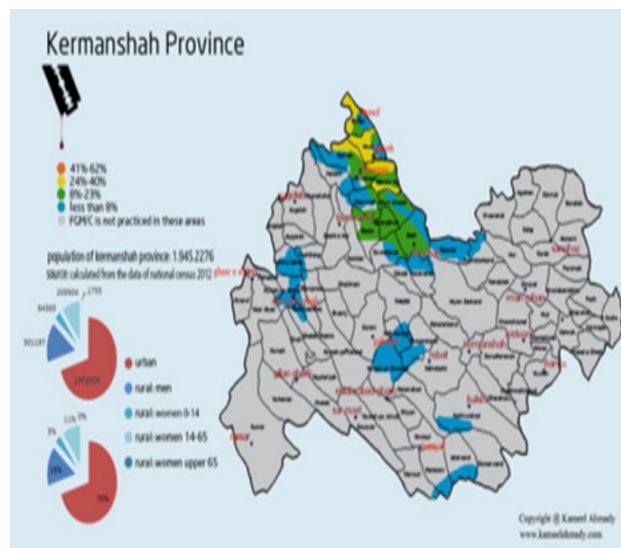
West Azerbaijan province and villages near Iraq are dependent on Iraqi Kurdish Gypsy groups to mutilate their daughters. Iranians’ tightening of border security and regional conflict within Iraq has ironically meant fewer illegal cutters crossing the border, which in turn has lowered the rate of FGM in this province. However, unlike West Azerbaijan, Kurdistan and Kermanshah rely on their own Bibis and self-trained old women to keep the tradition alive.

Kermanshah

The Newest Scale of the Problem

With a total population of 1.8 million, Kermanshah province is divided among Kurdish groups belonging to the Shiite and Sunni Shafi'i branches of Islam, but, among others, we find a large minority of Ahl-e Haq and Lak. The main languages are Kurdish (Jaff, Feyli, and Kalhori), Hawramani (though some Hawaramis believe that their language and ethnicity are independent of Kurdish nationality), Laki and Farsi.

FGM in Iranian Kurdistan occurs in certain areas within Kurdistan Sunni regions including villages near the border with Iraqi Kurdistan. However, prevalence in these areas is patchy and varies sharply from one section to another and in some cases varies significantly between neighbouring villages. FGM is mainly found in Hawramant (part of Hawraman region is also located in neighbouring Kurdistan province) and in the area inhabited by the Jaff tribe (Jaff is also named after the dialect). Various villages belonging to Kamyarn, Revansar, Jevanrood, Paveh, Nodsha, and Nosod are the most affected in Kermanshah province as well as the large village of Mansoor Agai/Shaho and surrounding near town of Paveh. For the first cluster sampling top cities and towns for FGM included Javanrood, Ravansar, Paveh, Harsin and Songhor, from among which the second cluster of related villages were chosen (Mansoor Agai, Dazavar, Mivan,



Sefid Ab, Baba Aziz, Golmat Abad, Sefid Barg, Kosai Hejj and so on).

The incidence among young women is, however, considerably lower; and it stands true for Kamyaran and Paveh, though not in all villages. At least this is evidence that in some of the above-mentioned districts people abandoned the practice decades ago, and at present, children and juveniles are less likely to be cut. Still, among women older than 30 to 35, we found an increase in the numbers cut, a figure that climbs even higher among those older than 50. Thus, we speculate that the low rate among juveniles may also result from the custom of late mutilations. In other places, late mutilations are marginal.

The research team noticed reluctance to change where FGM rates had remained alarmingly high, as illustrated by previous annual updates. A hierarchical social structure that applies old customs to the newest generation has survived. Fads in a modern lifestyle have not penetrated the walls of tradition and resistance to anti-FGM programs is mostly observed near the Kurdistan and Kermanshah borders and in Ravansar, Javanrood and Paveh. The aforementioned declining trend was in evidence but proceeded at a slower pace and with less impact in these areas.

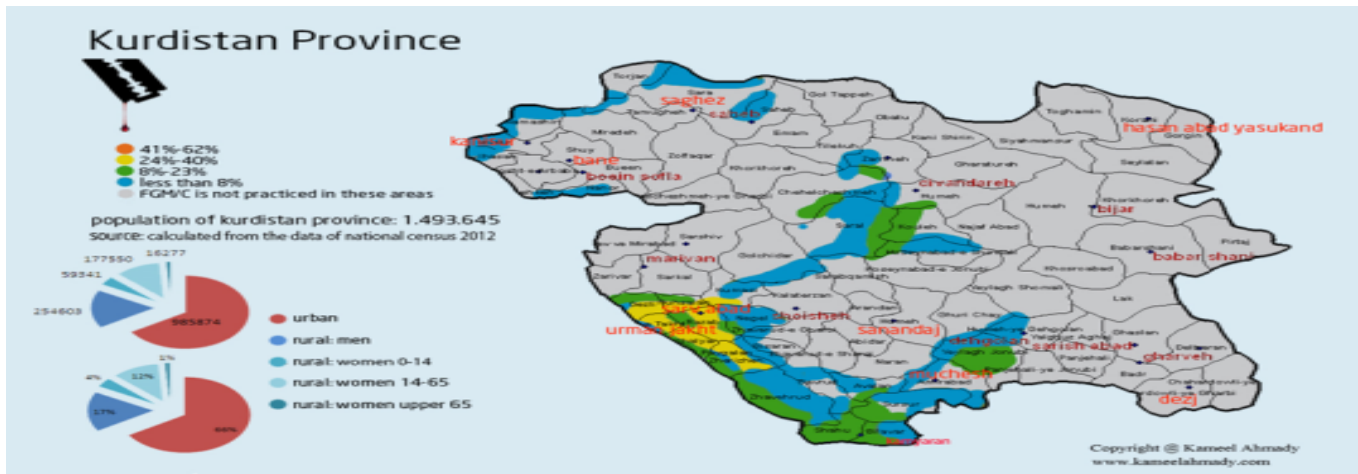
"I was circumcised but can't remember when, and I won't circumcise my daughter although the village clergyman says it's a tradition and has to be done. My daughter is 2 and my husband called the clergyman to ask what to do. He said in my thought you must do it, but in the end it's up to you. Some years ago, a group came to our villages and trained us about the danger of FGM to children."

Female respondent, 32-years-old
Mansour Aghai Village
Kermanshah province

"I have been cut but I didn't let my daughters to be circumcised. There was this woman named Keshvar, coming here from Paveh, she used to do this. But now she's dead and there is no one to take her place and just for respecting the tradition people now only pass the razor under the girls' skirt (without cutting) and say: now it's been circumcised.

My neighbor is a girl whom her mother cut her 3 times. She says she has no feelings of love or sexual desire. I asked her if she has a problem. She said: Even if I be touched until the morning, I never feel a thing."

Female respondent- 33 years old
Hajji Village
Kermanshah province



Kurdistan

The Latest Scale of the Problem

With a population of 1.3 million, Kurdistan is majority Sunni Islam. However, a Shiite minority of Kurds and some Turks reside in Qorveh and Bijar. The main language, Kurdish is spoken in various dialects. Sorani/Ardalani is the main one; others are Kalhori and Hawramani (though some Hawramanis would tell you that their language and ethnicity are independent of Kurdish nationality).

For the first sampling cluster of top FGM-practicing cities and towns we included Baneh, Diwandareh, Kamyaran, Saghez and Mariwan among which the second cluster of related villages were chosen, e.g. Hawaman Takht, Kamalle, Belber, Balen, Dare Kaji and villages in the Ser Benav region of Kamyaran.

Together with Kermanshah, Kurdistan is the most affected province in the west of Iran. Some villages in the Mariwan region and in particular Hawramn Takht (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 Takht (recently declared districts)

"I was doing the cutting job myself, not only for my own daughters but also to everybody else's. I was doing the right thing but now people don't cut their daughters much. The last time I circumcised a girl was 20 years ago. I used to cut them at the size of a lentil by razor when they were 1. I was so satisfied with what I did as it was an order from the past."

Female Bibi/ Cutter - 56 years old
Mariwan-Kurdistan province

have the highest rate of FGM in both Hawram areas divided between the two provinces of Kermanshah and Kurdistan. However, other villages such as Kemalle, Belber, and towns in Sanandaj, Kamyaran, and in Saghez and Baneh are not affected by FGM. Rates have declined to near zero. Our research team found very promising figures in some villages of Senendej and Kamyaran such as Sarchi, Kule Sareh and Masan in which the harmful tradition has been long

abandoned. Local inhabitants in these places have confirmed that it has not been practiced for decades, and the reasons native locals mentioned for this decline emphasize exposure to preventive media messaging and Kurdish Iraqi satellite channels, as well as schooling of community members amplifying levels of knowledge. In addition, Bibis' deaths without replacement have contributed to eradication.

"There was this woman who got married at the age of 20. When they found out that she is not cut, they took her and cut her by force. She was hurt so bad. People used to say she's shameless and indecent because she hasn't been circumcised. She stayed in bed for a week to recover her strength.

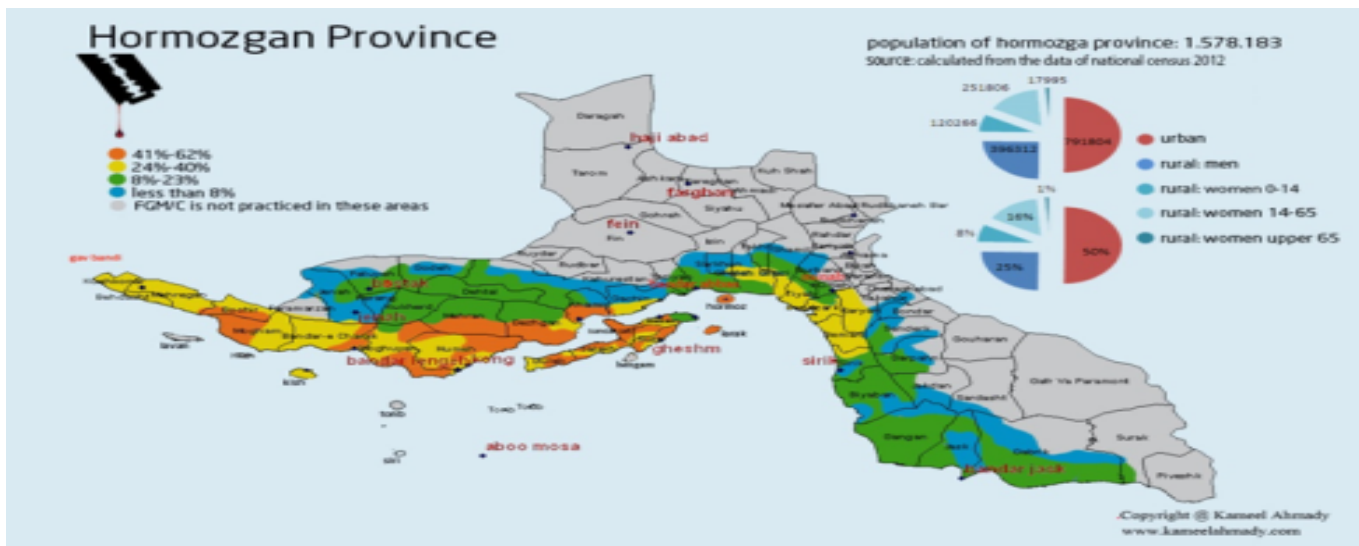
I myself was 4 when they circumcised me. A Bibi coming from Hawraman was paid to do this. My mother thanked her so much, as if she has done oblation. Relatives bring gifts to a girl who has been cut to calm and consolate her, telling her that now you're becoming a grown up."

Female respondent, 27 years old
Hawraman Takht Village- Mariwan
Kurdistan province

"Until 4 or 5 years ago, when a little girl was walking into the alley, women used to fool her with a candy or a doll or something and cut her. The cutter wouldn't take any money in return as she was doing this practice for good. They had just heard it's a tradition from the prophet's time when they cut their women while their men were in war so that she wouldn't have sexual needs or lust before her husband returns.

Though in recent years some researchers like you came here and told us about circumcision's problems and told us not to do it anymore."

Female respondent- 40years old
Belber village- Mariwan
Kurdistan province



Hormozgan

The latest Scale of the Problem

At 1.5 million, Hormozgan province shows FGM practiced on a massive number of baby girls in most Sunni Shafi'i villages. Some villages incorporated in the town of Minab (Shiite families also practice FGM) as well as parts of Bandar Poal, Bandar Kang, Lengeh, Gavbandi (Persian) and Khamir are also affected. The small islands of Hormoz and Larak perform excision, too. The largest island in the province, Qeshm has a high rate of FGM among the mostly Sunni populations but it is also home to large migrant groups of Shiite Muslims from Minab, Bandar Abbas and other mainland Iranian towns who do not practice FGM. Nonetheless, even on Kish Island, a tourist spot and one of Iran's wealthiest places, girls undergo FGM. Research indicates that Type I is common in this province.

The first sampling cluster of top cities and towns where FGM occurs included, e.g. Sirak, Gheshm, Jask, Bastak and Minab from among which we chose the second cluster of related villages comprising the entire province and Qesham Island,

"It's been years since girls haven't been cut here anymore. That is for ignorant people. There is no Bibi or gypsy here to do that. One of Marja's clerics announced years ago that it's not religiously necessary to circumcise women."

Female respondents- group interview
 Roodan village
 Hormozgan province

e.g. Guri, Dustku, Gurun, Roodan, Shib Deraz, Mir Hashem and so on.

In western provinces, as previously stated, the pilot study required 16 program areas where the team educated locals, and another 16 villages without intervention as a control group. The results claim a direct negative relation between the received schooling

and FGM performance in recent years. Where



FIELDWORK IN BENDER KHAMIR, HORMOZGAN PROVINCE PHOTO BY: KAMEEL AHMADY

knowledge was provided to native locals who are mainly illiterate as well as to the younger generation, rates of FGM declined significantly in comparison to the control venues. All in all, Hormozgan province is the most entrenched geography where FGM continues. This province and its regions near Qeshm Island have maintained disturbingly high excision rates for all years of the update study with a slower pace of decline, that a clear manifestation of native reluctance to adapt novel knowledge and lifestyles. However, the younger generation has showed a tendency to walk a different path from their elders and appear more accepting of modern lives.

"I have read somewhere that women have sexual desire that is 7 times stronger than men. That's why according to one Sheikh near here, circumcision must be done on them. Following this Sheikh(religious leader), I have had all my daughters circumcised. If a woman weren't cut, how her sexuality that is 7 times more than men, can be controlled and taken cared of? Without circumcision, in this hot climate that strengthens sexual lust the whole society would get swerved and deteriorates."

Male cab driver
Hormozgan province

"I was 15 when they cut me. They said I wont be able to cook or anyone can drink and fed from hand since it wont be Helal. They ruined our lives and killed our needs. Now they have come to think circumcision is a reason for getting divorced."

Female respondent- 27 years old
Minab town, Hormozgan province

Male Genital Mutilation in Iran (MGM/C)

Practiced worldwide despite many modern anti-circumcision movements at global level, male circumcision remains widely practiced among Jews, Muslims, and Christians in the United States (at currently 60% of new-borns). It also survives among certain tribes in Africa, natives in Australia, parts of Europe and, since the 19th century, in the US.³² Circumcision is thought to facilitate male genital hygiene and reduce lust for females.



SCHOOL BOYS, ALL CIRCUMCISED IN THEIR EARLY YEARS. PHOTO: SH. TELENDA



WEDDING CEREMONY IN HORMOZGAN PROVINCE. PHOTO BY: SH. TELENDA

Performed with or without anaesthesia or with a mild topical analgesic, without suturing and at times with unsterilized instruments, removal of the sheath or prepuce of the penis defines male circumcision, overtly intended to increase cleanliness and to reduce infections. To witness the event, relatives and guests are invited to celebrate (locally called Khatena Soran). The boy is held in a seated position with both legs apart and a probe, i.e. a utensil made from wood and a razor are used to excise the foreskin. Ash establishes haemostasis (staunches bleeding), and other substances, including ghee, dung and urine, may also be applied. Nowadays, however, some new-borns are cut at the hospital and special clinics.

Because Islam is the official religion in Iran, males consider circumcision a vital obligation. Sharia commands cutting off the skin covering the male genital. Besides Muslims, Jews also circumcise their boys. In fact, Jews were the first to adopt the practice. However, it has a long history in the ancient Middle East and was closely related to rituals dedicated to ancient fertility gods and goddesses. For Jews, the

³² Wood, Julia. Gendered lives. Nelson Education, 2012.

religious imperative is clear; they associate the practice with a covenant made between God and Abraham.³³ Historically, pre-Islamic Arabs and African societies are also known to have practiced it in early times. Africans often consider it the passage from childhood to adulthood.

Now, whereas the Jewish commandment is clear, Islamic motivation remains mysterious. For Jews, according to the Torah, circumcision is the distinguishing mark of ethnicity. Muslims, in contrast, won't find it in the Quran and yet, associated with the Prophet, it is considered obligatory.

Like the Quran, reports in hadith literature, sometimes contradictory, reveal little information concerning the reason for male circumcision among Muslims. For instance, reports point to circumcision as a sign of one's status as a Muslim, a practitioner of the faith of Allah. Other traditions teach that certain Islamic practices require participants to be circumcised Muslims. This requirement applies to conversion, the pilgrimage to Mecca, inheritance, and even prayer. Shiite traditions regard the practice as obligatory and tend to lean toward the extreme side on this issue.

It was believed that circumcision reduces the incidence of HIV, herpes, simplex virus type 2, and human papilloma virus.³⁴ But regardless of its health benefits, hazards associate with male circumcision. A

³³ According to the Torah, God commanded Abraham to "circumcise the flesh of your foreskin, as a sign of the covenant between me and you. At the age of eight days, you shall circumcise every male child born to you throughout the generations". To this day the Jewish people renew the covenant each time a baby boy is circumcised on the eighth day after his birth. The eighth day is chosen because the first seven days represent the creation of the physical world. On the eighth day the baby is said to have transcended the physical world and is ready to enter the covenant made between man and God.

³⁴ Wood, Julia. Gendered lives. Nelson Education, 2012.

study conducted in Iran shows that early and late complications may occur,³⁵ but harmful sequelae are rare when trained and experienced providers do the cutting with adequate supplies in hygienic conditions. However, urgently needed are comprehensive, on-going programmes for physicians and non-medically trained providers, covering all aspects of the procedure and after-care to avoid unnecessary morbidity currently associated with the procedure in many settings.

Along with the historical record that has made male circumcision, aka male genital mutilation (MGM), appear a simple, common sense event, groups of experts, students and lay citizens have begun questioning its benefits. Some believe that MGM/C does indeed affect men's sexual desire but negatively, by increasing the velocity of orgasm and leaving partners behind. This creates unsatisfactory and unhealthy sexual liaison among couples. There have been a few scholarly discussions on disadvantages of Male Genital Mutilation and its interference in healthy sexual relationships. According to these [articles](#), circumcision inevitably decreases coital duration so that action stops short and induces dissatisfaction in female partners. Discussing MGM in academic settings and related conferences, some activists in virtual networks have begun positing Genital Mutilation as a malfunction for males as it is for females. It has been said that some parents among the younger generation, especially in more populous Iranian cities, are reluctant to circumcise their boys, leaving it to the children to decide on their own once they reach age 18. If an enlightened academy and social atmosphere increase in readiness to objectively address this cultural-

³⁵ Yegane, RA., Kheirollahi, AR., Salehi, NA. et al. *Ped Surgery Int* (2006) 22: 442

scientific issue, we will face a considerable research take to investigate the topic.

CONCLUSIONS & RECOMMENDATIONS

This report documents considerable transformation in the practice of FGM following successful implementation of a pilot project. Although the change may be partially linked to social and economic conditions irrelevant to direct anti-FGM projects -- such as urbanization, women's education and smaller family size -- the scale of alteration over a relatively short time suggests that at least some of the project investments have reaped benefits. It also indicates that these efforts are currently at a crucial point in their history with emerging clarity on what may be the most effective methods.

Ending FGM requires a blended approach that reflects the joint effort of activists and victims (often one and the same). We therefore need to identify principal actors. Given evidence that FGM is embedded mainly in social structures and gendered power relations regarding sexuality and reproduction, substantial investment in exploring clinical complications is no longer justified. Such research provides information to only a relatively small number of activists while likely decreasing funding for broader preventive messages beyond health concerns. Prioritizing religious and traditional leaders as well as FGM/C providers in the choice of groups to be targeted is another area of current investment that needs to be revisited. Women and girls remain the main social groups who suffer directly from this practice and are potentially the best agents to bring about its demise. To meet the global goal of no new cases by 2030, synergy among international organizations, political and religious leaders, the media, civil society, and the medical corps is called for. As younger generations in

the four provinces targeted by our study illustrate, people can be educated to abandon harmful traditions. Moreover, a movement directed at the issue in Iran appears more promising if launched in the nation's south -- that is, Hormozgan province where the highest rates of FGM stubbornly prevail. National Health Services, social services, and the Ministries of Education and Justice must inform the public -- parents, children and local NGOs. If simple training can produce major change, comprehensive government planning could do wonders. Furthermore, FGM and child marriage parallel each other. No doubt every individual has a role to play, but the lion's share falls to the regime and should not be left to NGOs alone. A grass-roots or community mobilization, yes, but not without national and international commitment from government and parliament who must allocate resources to educate, inform and legislate against the practice.

Politicians, professionals, religious and community leaders at all levels including the media and the arts must cooperate to influence attitudes favouring eradication. Similarly, seminars and workshops should disseminate research findings on sequelae, physical and psychological, from FGM. ‘



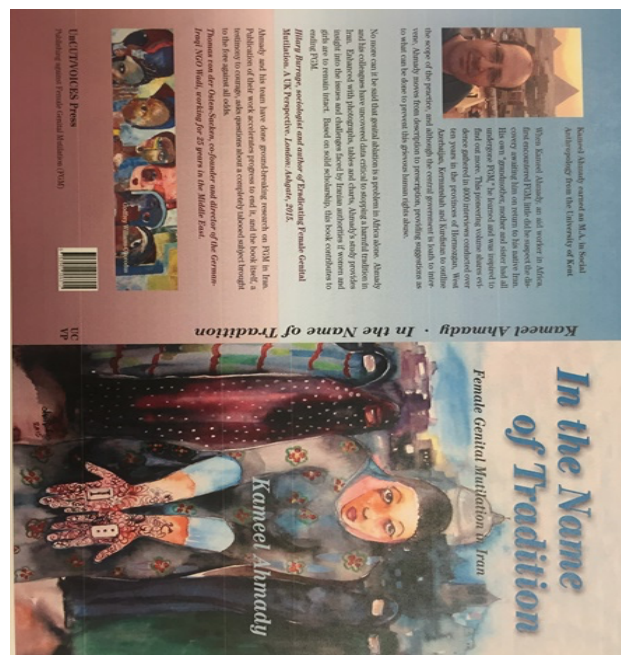
LOBBYING WITH RELIGIOUS LEADERS DURING FIELD MISSIONS-2016.
MALA HASSAN VAJI, PHOTO: KAMEEL AHMADY

When FGM's adherents name faith as their primary motive, it is claimed that religion prescribes it. Belief, therefore, increases the challenge of eliminating it, and applying secular law demands courage. Therefore, In Kurdish regions and the south, clerics and influential women have an enormous role to play in advocating to end FGM in the name of tradition.

Given clerical influence on perpetuating FGM, religious leaders must be persuaded to oppose it, and educated communities empowered. Our pilot intervention provided imams with platforms to speak out against the ritual, an innovation worthy of duplication. We must lobby them to state clearly that only a few weak hadiths provide any basis for genital ablation. A formal campaign should ensure proper implementation and acknowledgement.

Grassroots progress can be chalked up to the anti-FGM program currently in place in Iran. However, effectiveness could improve if efforts were communicated to the government more publicly and collaboration was initiated at the project level. A coalition against FGM would have a stronger voice in lobbying, would be more likely to obtain sustainable funding and thereby succeed. Appropriate strategies should be incorporated into national health policies aimed at eradicating 'FGM/C' in public health care. For example, traditional birth attendants should be expected to explain the harmful effects of

FGM.



"IN THE NAME OF TRADITION" THE ONLY ENGLISH BOOK ON FGM IN IRAN

Education is the key to eliminating FGM. Inadequate elementary schooling has deprived people of the critical thinking skills needed to challenge the social stigma surrounding psychological issues per se. However, repercussions stemming from harm to the vulva hinder girls' ability to focus on their studies, resulting in turn in lowered economic opportunity. This lack of education relates as well to child marriage. Thus, anti-FGM programs need to advocate for girl's education, but educating men and boys on FGM is equally crucial.

To do this, sustainable funding is imperative. Curricula and research projects must be financially supported. Media should extend reporting on current FGM practices at a global level, particularly those taken on by the UN, UNICEF, UNFPA and WHO, for this attention is crucial to ensure NGOs and charities

the long-term resources they need. High among priorities, the millennium development goals call for improved well-being and ending poverty; eliminating gender-biased practices, ironically, receives less publicity than accorded other crises – war, famine, climate change -- but the inequitable social status of women and girls lies at the heart of most global ills. Thus, end FGM = improve the world.



Abbreviated Abstract

This report updates research on FGM in Iran. A deep-rooted tradition, the practice has prevailed in four main provinces: West Azerbaijan, Kurdistan, Kermanshah and Hormozgan. In all areas where anti-cutting programs ran, the ritual has been declining, albeit at widely differing velocities. Interventions took place during years of [longitudinal research](#). The pilot study investigated the importance of anti-FGM training on eliminating the practice in the four districts with the highest rates of women's FGM. Though harmful customs are difficult to challenge in a traditional society such as Iran's, we found that where pilot programs were offered to village residents and local practitioners, the practice has begun to wane.