



# **FGM IN IRAQI KURDISTAN: SHORT REPORT**

October 2020

# Key Findings and Indicators<sup>1</sup>



**Prevalence:** In Iraqi Kurdistan, the prevalence of FGM in women aged 15–49 is 42.8%

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**Geography:** The highest prevalence is in Erbil

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**Age:** Most girls are cut between 0 and 12 years; the average age of cutting is 4–5 years

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**Type:** Type 1 is the most common type of FGM practised (76.2% of women who have been cut)

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**Agent:** More than half of FGM cases are carried out by traditional birth attendants or midwives

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**Attitudes:** 83.6% of women aged 15–49 who have heard of FGM believe that it should be discontinued

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**Population:** Approximately 6 million

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**Infant Mortality Rate:** 23 deaths per 1,000 live births (2019)

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**Maternal Mortality Ratio:** 79 deaths per 100,000 live births (entirety of Iraq, 2017)

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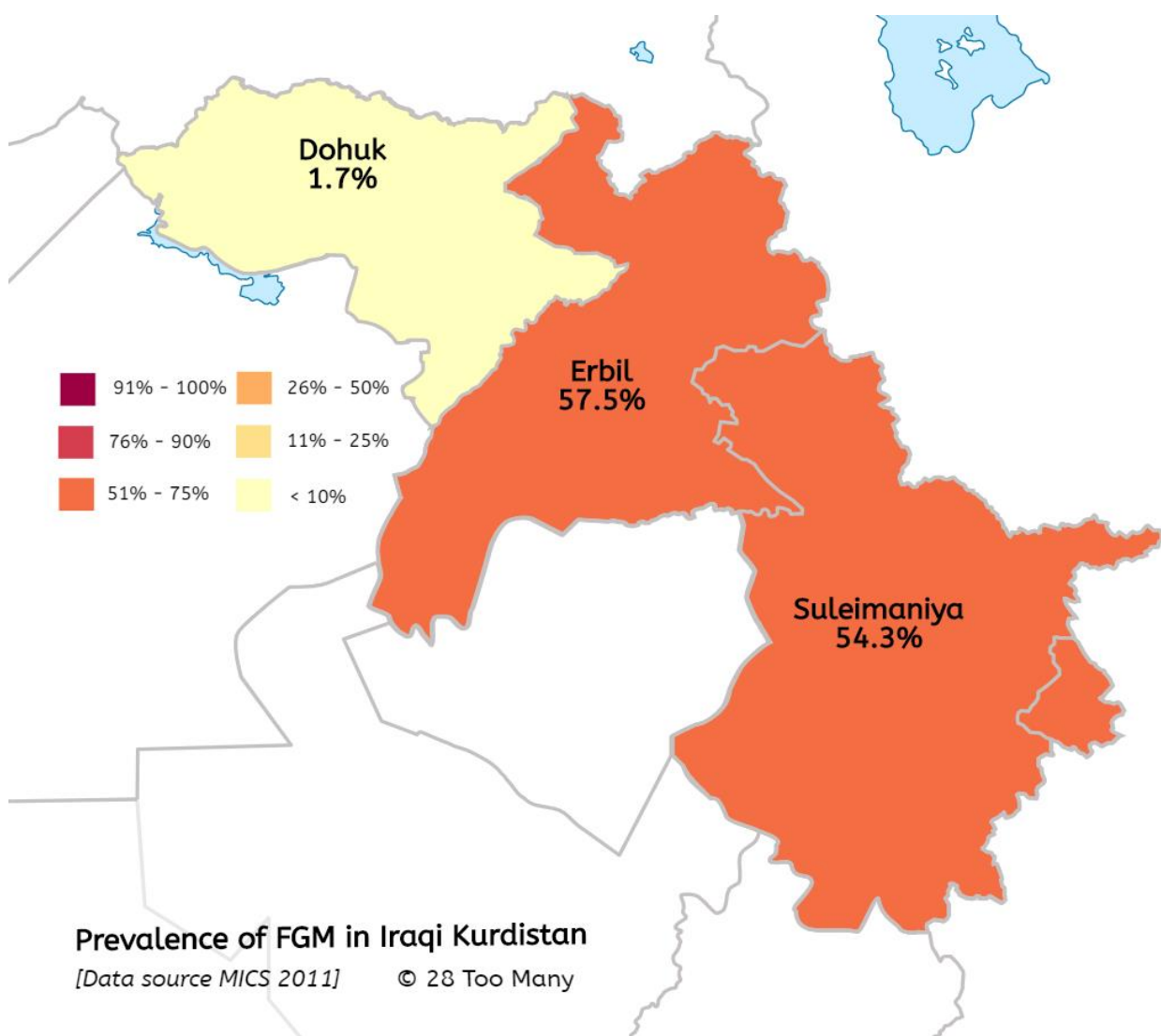
**Literacy:** 79% and 78% of the population aged 15 and over can read and write, respectively

# Background

Approximately 30–40 million Kurds live in an area of the Middle East that stretches from Syria in the west to Iran in the east, Iraq in the south and north through Turkey. Iraqi Kurdistan, a region in the north of Iraq, has an estimated population of six million Kurds (between 17% and 20% of the total Iraqi population).

In 2005, following the overthrow of President Saddam Hussein, Kurdistan was designated an autonomous federal region under a new Iraqi constitution. Although Iraqi Kurds voted for independence in a non-binding referendum in 2017, there continues to be power struggles between both central and regional governments and within the region itself, set against a backdrop of economic instability.<sup>2</sup>

# Prevalence of FGM



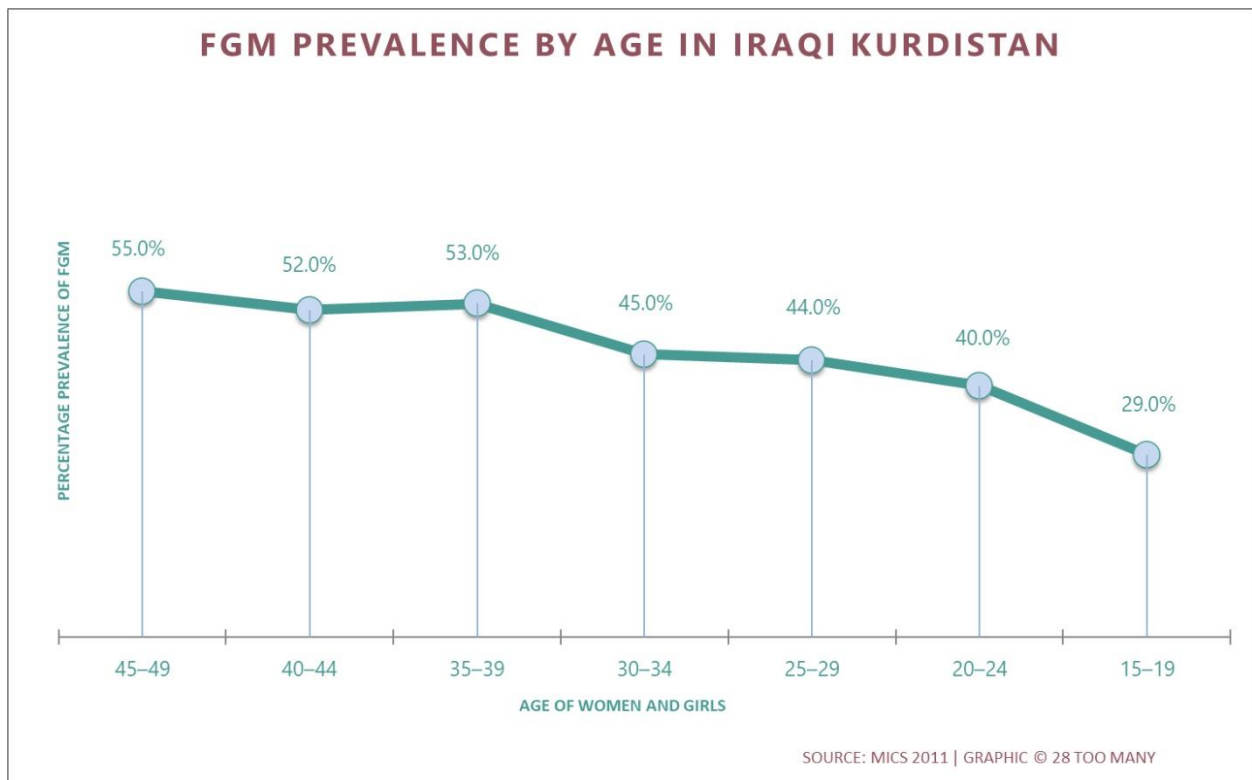
FGM in Iraq is mainly practised in the Kurdistan region. Two of Kurdistan's governorates, Suleimaniya and Erbil, have an FGM prevalence of above 50%. The final governorate of Dohuk, in the north-west, has a low FGM prevalence of 1.7%. FGM is not commonly practised in the rest of Iraq, where prevalence is around 1%.<sup>3</sup>

There is little difference between the FGM prevalence among women who live in urban areas (43%) and the prevalence among those who live rural areas (42%).<sup>4</sup> Higher FGM prevalences (around 70%) have been noted, however, in remote provinces bordering Iran.<sup>5</sup>

Over half of women (55%) who have no formal or only a basic education have had FGM, compared to a third of women (33%) who have received a secondary or higher education. Women in the lowest wealth quintile are more likely to have been cut (57%) than those in the highest wealth quintile (26%).<sup>6</sup>

As well as traditional birth attendants and midwives, others in the community (such as relatives) reportedly perform FGM.<sup>7</sup> FGM has traditionally taken place in the home, using razor blades.<sup>8</sup>

## Trends in FGM Prevalence



MICS surveys of Iraq (including Iraqi Kurdistan) prior to 2011 did not include data on FGM; therefore, it is not possible to compare the overall prevalence of 42.8% to that in previous years. However, due to the large age-range of women included in the survey, the overall prevalence may not be the best measure of any progress made in recent years. Breaking down the most recent data by age group shows that the prevalence for women aged 45-49 is 55%, while for the youngest age group this has fallen to 29%.<sup>9</sup> Despite the fact that a small proportion of women may be cut after the age of 15, the data demonstrates a clear and encouraging trend towards a lower prevalence among younger women.

# Knowledge and Understanding

86.1% of Kurdish women aged 15–49 have heard of FGM.<sup>10</sup>

Although the last MICS survey stated that 83.6% of Kurdish women aged 15–49 believe FGM should be stopped, attitudes appear to vary, with greater support for the practice coming from poorer households and women with lower levels of education. Support for the continuation of FGM is also stronger among women who have been cut than those who have not.<sup>11</sup>

Mothers reportedly make the decisions to have girls cut in 79.2% of FGM cases, and grandmothers in a further 11.2% of cases.<sup>12</sup>

The majority of Kurds in Iraqi Kurdistan are Sunni Muslim. Within practising communities, religion is cited as the main reason for the practice in 50.3% of FGM cases and 'social reasons' in 40.7%.<sup>13</sup> Other studies have noted differences between governorates in the importance given to the reasons for practising FGM.<sup>14</sup>

## Cross-Border FGM

In some countries where FGM has become illegal, the practice has been pushed underground and across national borders to avoid prosecution. Iraqi Kurdistan shares international borders with Turkey to the north and Iran to the east.

FGM is reportedly practised in communities in these border regions, but it is not known to what extent there is cross-border movement between Kurdistan and these neighbouring countries for the purposes of FGM.

## Medicalised FGM

In Kurdistan, both traditional birth attendants and midwives perform FGM in more than half of cases. These are not only unlicensed practitioners, but also those trained and licensed by health authorities. A further 15.4% of cases are performed by 'other health staff'.<sup>15</sup>

Therefore, although FGM reportedly takes place mainly in a domestic setting rather than within health facilities, it appears that some licensed health professionals are cutting girls and, therefore, medicalised FGM is a potential challenge in Kurdistan. Further data is needed to understand its prevalence.

Health professionals who perform FGM are subject to punishment for aggravated crime and a ban from practising under Article 6 of the Domestic Violence Act 2011 (see below).

# Legislation

In 2011 the **Domestic Violence Act (No. 8)** for the Kurdistan region of Iraq was passed. FGM was listed as an act of domestic violence under **Article 2** of this law.<sup>16</sup>

**Article 6** additionally sets out the penalties for performing, aiding and abetting FGM, as follows:

1. Anyone inciting FGM is liable to a fine of between one million and five million Iraqi Dinars.
2. Anyone who performs or assists FGM is liable to imprisonment of not less than six months and/or a fine of between two million and five million Iraqi Dinars.
3. Anyone who performs or assists FGM on a minor is liable to imprisonment for between one and three years and/or a fine of between five million and ten million Iraqi Dinars;
4. FGM is considered an aggravated crime if the perpetrator is a doctor, pharmacist, chemist, or midwife or one of their assistants. The court may order a ban on practising for a duration not exceeding three years.

There is no publicly available information on whether any FGM cases have been brought to court under the Domestic Violence Act. While the introduction of the law helped raise awareness in the region of violence against women, its implementation and enforcement has been widely criticised as insufficient by human rights groups.<sup>17</sup>

For further general information on FGM and law, see <https://www.28toomany.org/thematic/law-and-fgm/>.

## Work to End FGM

The practice of FGM in Iraqi Kurdistan was publicly highlighted for the first time in the early 2000s through the community work of the health and social care teams of the German non-governmental organisation (NGO) called WADI. As the extent to which FGM was practised in the region emerged through surveys and reports published by WADI in 2010 and 2012, they, together with other local civil-society and women's-rights groups, set up the Stop FGM in Kurdistan campaign to raise public awareness about the practice's health consequences and to lobby for a legal ban on it. As a result of petitions and the use of the media, together with support from some regional parliament members, FGM was consequently banned under the Domestic Violence Act (2011). In parallel, the Regional Government of Kurdistan set up the Women's Affairs Supreme Council, which is responsible for tackling all forms of gender-based violence, including FGM.<sup>18</sup>

Since then, WADI has continued to campaign to end FGM in the region, working in partnership with other stakeholders such as the Ministry of Health. The local media continues to report on the issue, and a telephone hotline was set up in 2012 to provide support (for further information, see <https://wadionlineen.files.wordpress.com/2017/04/reporhotline2012.pdf>).

As FGM is a taboo practice deep-rooted in a conservative society, there continue to be many challenges for organisations working to improve women's rights and end FGM in Kurdistan. Studies identify a continued need for long-term multi-disciplinary action to target parents, traditional birth attendants, midwives and religious leaders, particularly in the areas of highest prevalence. Greater

political and financial support for awareness campaigns and community interventions, together with enforcement of the law, are called for by activists.

Work in Kurdistan to date has also highlighted a lack of awareness of FGM among men and their absence in the decision-making process that leads to their daughters being cut. Hence, there is an urgent need to bring them further into the education and advocacy work to end the practice. Also critical to ending FGM in the region is maternal education, which has a positive influence on changing attitudes and intentions to cut future generations.

For further detail on FGM and work to end the practice in Kurdistan, please see the following WADI resources.

***WADI: The Campaign Against Female Genital Mutilation***

<https://wadi-online.org/2017/03/06/the-campaign-against-female-genital-mutilation/>

***Female Genital Mutilation in Iraqi-Kurdistan: An Empirical Study by WADI (2010)***

[https://www.28toomany.org/static/media/uploads/Continent%20Research%20and%20Resources/Middle%20East/study\\_fgm\\_iraqi\\_kurdistan\\_en.pdf](https://www.28toomany.org/static/media/uploads/Continent%20Research%20and%20Resources/Middle%20East/study_fgm_iraqi_kurdistan_en.pdf)

***Female Genital Mutilation Among Iraqi Kurdish Women: A Cross-Sectional Study from Erbil City (2012)***

[https://www.28toomany.org/static/media/uploads/Continent%20Research%20and%20Resources/Middle%20East/art\\_3a10.1186\\_2f1471-2458-13-809.pdf67](https://www.28toomany.org/static/media/uploads/Continent%20Research%20and%20Resources/Middle%20East/art_3a10.1186_2f1471-2458-13-809.pdf67)

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- 3 MICS, p.160.
- 4 Calculated from the original MICS dataset.
- 5 Rozhgar A. Saleem *et. al., op. cit.*
- 6 Calculated from the original MICS dataset.
- 7 Rozhgar A. Saleem *et. al., op. cit.*, p.543.
- 8 WADI – Association for Crisis Assistance and Development Co-operation, *op. cit.*, p.9.
- 9 Calculated from the original MICS dataset.
- 10 MICS, p.162.
- 11 MICS, p.162.
- 12 Rozhgar A. Saleem *et. al., op. cit.*, p.543.
- 13 *Ibid.*
- 14 WADI – Association for Crisis Assistance and Development Co-operation, *op. cit.*, p.19.
- 15 Rozhgar A. Saleem *et. al., op. cit.*, p.543 and 548.
- 16 *Act No. 8 from 2011 The Act of Combatting Domestic Violence in Kurdistan Region – Iraq* (2011) Available at [http://www.ekrg.org/files/pdf/combat\\_domestic\\_violence\\_english.pdf](http://www.ekrg.org/files/pdf/combat_domestic_violence_english.pdf) (accessed 26 June 2020).
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**Please note that the use of a photograph of any girl or woman in this report does not imply that she has, nor has not, undergone FGM.**

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