AN UNDERESTIMATED HUMAN RIGHTS ISSUE: FEMALE GENITAL MUTILATION IN IRAQ

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hey say “it is Islam” and “we always did it” when asked why they cut their daughters’ genitalia. According to a large survey conducted in 2009, Female Genital Mutilation (FGM) is prevalent in all governorates of the Kurdish Northern Iraq, except in the far northern Duhok region. More than 72 percent are affected, in villages and cities alike, among illiterates but to a lesser extent even among academics. FGM is virtually everywhere.

This area, heavily struck by Saddam’s genocidal poison gas attacks in the late 80s, by civil war in the 90s, and threatened by Saddam’s army and Islamic groups until 2003, is also marked by very high rates of honor killings, domestic violence, forced marriages, and other gender-related crimes. FGM is just another product of the prevailing authoritarian and extremely patriarchal gender structures based on control and obedience, domination and subjugation, suspicion and fear. Women are not supposed to have control over their bodies, their sexuality or their course of reproduction.

Femal Genital Mutilation (FGM) as a Cultural Phenomenon

Female genital mutilation (FGM, hereinafter) is a form of gender-related violence that was hitherto only known to be practiced in many African countries and in Yemen. In FGM, according to the prevailing local customs, parts or whole of the girls’ genitalia are cut during infancy or adolescence. The World Health Organization (WHO) classifies FGM into four types: clitoridectomy; excision; infibulation; and other harmful procedures such as piercing, scraping, and pricking. The severest form, called infibulation, involves narrowing the vaginal orifice leaving just a very small hole. The most common form seems to be clitoridectomy, the cutting of the clitoris. All forms occasionally lead to death, and all forms may cause psychological problems and serious long-term health consequences. The justifications for this practice are manifold and differ from region to region. However, they are all rooted in a fear of female sexuality and self-determination.

FGM in Northern Iraq

Mobile health teams of the German-Iraqi relief organization WADI first reported the existence of this practice in Iraqi Kurdistan in 2004. One year prior to that, the region had been freed from the tight grip of Saddam Hussein’s cruel and blood-thirsty dictatorship infamous for its mass killings and devastation of Kurdish


society and lands.

In Northern Iraq, FGM was surrounded by a total taboo until the recent trends that have brought it into public discussion. In some regions, even many fathers and husbands were not aware of these strange but ubiquitous cuttings performed by grandmothers or midwives, while in other places, it was preached in the mosques. After the toppling of Saddam Hussein in 2004, when the threat had gone and people could breathe again in an emerging democracy, time seemed to be ripe for this taboo to be tackled, gradually. Women in some villages started to talk about the pain and agony caused by the physical and psychological long-term consequences of the mutilations forced on them when they were little girls.

Democracy and freedom of press, despite all their shortcomings in this autonomous region, have laid ground for a successful public campaign against FGM. “Stop FGM in Kurdistan”, founded in 2007, was not a campaign controlled from above, as would previously have been the case in the region. It is a grassroots initiative launched by local human rights organizations, as well as artists, journalists, doctors, and other committed individuals, aiming to involve both the public and the decision-makers. The feedback was overwhelming: although some traditionalists warned that it will harm the reputation of Kurdistan, a petition for a law banning FGM gathered more than 14,000 signatures in a single month. During that time, there was almost no support from outside. Despite much evidence, the UN even refused to include Iraqi Kurdistan to their list of affected countries.

From the beginning, anti-FGM campaigns in Kurdistan were not carried only by women. Many men were also among the activists, explaining that apart from wanting to express solidarity with women, they also felt affected by many problems caused by FGM in the realms of sexuality and partnership. Many relations suffer from the impact of the mutilations, such as low sex drive and pain during intercourse.

Nowadays, FGM is a matter of public debate, which was unthinkable just a few years ago. Initially against the Government’s will, public pressure and growing international attention finally led the Kurdish Regional Parliament to enforce the adoption of a very broad-ranging Family Violence Bill which renders many forms of violence against women and children punishable, including FGM.
This caused some religious leaders – those who are fierce proponents of the practice – to break their silence and join the debate in a desperate move, calling FGM a question of honor and divine duty, asserting that beating women and children is required by Islam and indispensable to preserve men’s honor.  

For the first time it is all on the table and this is a welcome trend for women’s rights activists. Now it is up to the people to follow the debate and decide which argument is more appealing to them. Discussions will continue, skepticism will inevitably grow, and this violent so-called tradition will eventually erode, even if it is not evolving in a linear process at the moment.

FGM in the Middle East as an Issue on the International Community’s Agenda

FGM does not stop at the borders of Iraqi Kurdistan. As much as it is not an “African problem,” it is also not a “Kurdish problem.” Some argue that it may be an Islamic problem, or a problem of the Shafi’i School of Law, which is predominant in many of the affected countries and regards FGM as a religious duty similar to circumcision of boys.

Nevertheless, one can also find clerics opposing FGM. They assert that mutilating little girls has nothing to do with Islam or the Prophet’s tradition. Just recently, participants of a Beirut conference about FGM in the Middle East agreed that it should not be labeled as an Islamic practice, although many clerics adhere to it.

FGM is a human rights issue which should be dealt with on the human rights arena, irrespective of the bizarre ways of justification people might choose for this act. The more profound reason for FGM to be practiced is not based on religion but on the dominant cultural and social values that demand total control over the female and her sexuality because she is imagined to carry the family’s honor between her legs.

The Beirut conference on FGM in the Middle East, held in 16-19 January 2012, was the first of its kind, with participants from Egypt, Yemen, Indonesia, Iraqi Kurdistan,

and Southern Iraq. The message conveyed during this conference was that FGM in the Middle East needs more international attention because it is a problem of enormous, yet still not fully known, dimensions. It is worth more than only a footnote in a WHO report. Programs to investigate and combat FGM throughout Asia should be launched on a UN level.

In Asia, FGM is known to be practiced in Iraq, Iran, Yemen, Oman, UAE, Saudi Arabia, Pakistan, Tajikistan, Indonesia, Malaysia, the Maldives, and parts of India and Thailand. It may be assumed that this is still not the whole picture since there is a lack of data from other countries.

At the conference, a physician from Southern Iraq presented interview recordings which indicate FGM is also practiced in Central and Southern Iraq. She reported: “Many are doing it – Sunnis, Shi’is, in Amara, in Basra, in Samawa, everywhere.”

FGM is a taboo for Iraqis in general and the Iraqi Central Government representatives do not acknowledge that it is practiced. However, the Central Government will have to deal with this inconvenient truth. So far, no investigation on FGM in Central and Southern Iraq has been carried out. WADI has now started the first investigation in the Kirkuk governorate. Although the results are not yet published, partial evaluation indicated that around 70 percent of the Kurdish and almost 30 percent of the Arab female population, Shia’s and Sunnis alike, are affected.

The Kurdish experience should teach Baghdad officials that further denial is pointless. It is the government’s duty to care for all of its citizens, and physical integrity is one of the most crucial criteria. Apart from the adoption of the Family Violence Bill in summer 2011, even the Kurdish Regional Government has not yet taken action to eliminate FGM within the borders under its jurisdiction. Concrete steps like large-scale state-sponsored awareness programmes and support of those who abandon the practice would help greatly in accelerating the process of eventual end of the practice at large.

**WADI’s Efforts in the Fight against FGM**

WADI has now adopted a well-proven strategy from Egypt – the “FGM-free villages.” Under this new strategy, several villages dissociate themselves from FGM and swear in public to stop the cuttings in return for some small community projects. The project is not a reward for stopping FGM but a compensation for propagating this in public and in front of the media, as an “FGM-free village.” Before joining the network, WADI monitors the village’s determination about its decision.

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5 Quote taken from a conversation the author had with the mentioned physician from Southern Iraq.
Toutakhel, situated somewhere between the towns of Dukan and Taqtaq, is a good example of such a village dedicated to the cause of stopping FGM. Nearly every girl in Toutakhel had been mutilated until they were visited by an awareness team a few months ago, in 2011. The villagers said they were not aware of the dangers of the practice. After gaining awareness, the villagers showed to be willing to accept FGM as a malpractice, and declare this in public. They were not only determined to stop FGM but they also wanted to be the first village to declare this.

Working with those who engage in the practice but are willing to cooperate has proven to be an excellent strategy in fighting against FGM. It includes supporting progress in the name of human rights and denouncing backward forces that prefer silence and subordination over awareness and physical integrity. Village communities like Toutakhel are so motivated and full of energy that they have the power to inspire others to follow their example.6

Ultimately, a change of behavior cannot be imposed from above. FGM is a social disease which will not be cured through awareness alone: fighting against it has to be internalized by the individuals and communities affected by it. Without the grassroots commitment of local communities, realities on the ground can only change gradually. In other words, fighting FGM should be considered a battle for hearts and minds – comparable to a political movement, but strictly non-partisan, as a human rights commitment.

A certain degree of freedom and democracy is indispensable for such an approach to bear fruit. Their lacking, for example, is a major reason for the persistence of FGM in large parts of Africa, in spite of huge awareness efforts there. Therefore, the ongoing transition and democratization process in the Middle East region is an encouraging trend for fighting against FGM. In the long-run-term, it has a potential to contribute to the strengthening of women’s rights and eventually help bring about the complete eradication of Female Genital Mutilation in the Middle East.

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