



IRAQ

“They Took Me and Told Me Nothing”

Female Genital Mutilation in Iraqi Kurdistan

HUMAN
RIGHTS
WATCH



“They Took Me and Told Me Nothing”

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I. SUMMARY

I remember my mother and her sister-in-law took us two girls, and there were four other girls. We went to Sarkapkan for the procedure. They put us in the bathroom, held our legs open, and cut something. They did it one by one with no anesthetics. I was afraid, but endured the pain. There was nothing they did for us to soothe the pain. I had one week of pain. After that just a little bit. I never went to the doctors. [They were] never concerned. I have lots of pain in this specific area they cut when I menstruate.

—GOLA S., 17-YEAR-OLD STUDENT, PLANGAN, MAY 29, 2009

THEY TOOK ME AND TOLD ME NOTHING

Photography by
Samer Muscati/Human Rights Watch

In Iraqi Kurdistan a survey by the Ministry of Human Rights in 2009 suggests that in one district over 40 percent of women and girls aged 11-24 years have been subjected to female genital mutilation (FGM). An NGO survey covering a wider geographical area gives even higher figures. The practice involves the cutting out of the clitoris, and is carried out mainly on girls between the ages of three and 12 years at the request of their female relatives, usually by a traditional midwife using an unsterile razor blade. As Gola S. explains, girls are often unaware what is about to happen to them, they experience great pain during the procedure and afterwards, and the practice can have lasting physical, sexual and psychological health consequences.





One day when Dashty (right) was 12, her mother told her to expect company. Expecting friends, she was shocked when she saw the midwife, whom she recognized, enter her house. After Dashty resisted, her mother beat her as other women held her down. She said the operation was very traumatic and that she spent 20 days recovering in bed. “I will never forget that day,” says Dashty, 32, who lives close to her sister Sara (left), 30, in their village of Meer Ghasem. “Since that day, my personality has changed and I’m depressed. ...I’ve lost my love for this world because of what happened at the hands of people I trusted.” When Sara was 11, her mother, aunt and cousin brought her to her neighbor’s house. When she arrived, she recognized the midwife and unsuccessfully tried to escape. For three days after the circumcision she was immobile.



Girls are forcefully held down and their legs pried apart. The midwife cuts their clitoris with a razor blade, which often is unclean and unsterile.



After the procedure, the midwife covers the open wound with xola kawa (ashes) from the tanoor.

While internationally recognized as a form of violence against women and girls, the tragedy is that FGM is perpetuated by mothers, aunts and other women who love and want the best for their children, who see the practice as ensuring that girls are marriageable, are conforming to the tenets of Islam, and are growing up to be respectable and respected members of Kurdish society.

FGM poses a difficult challenge for the government and people of Iraqi Kurdistan. It is a complex issue to address, its eradication requiring strong leadership from the authorities and partnerships across the political spectrum and with religious leaders, nongovernmental organizations (NGOs),

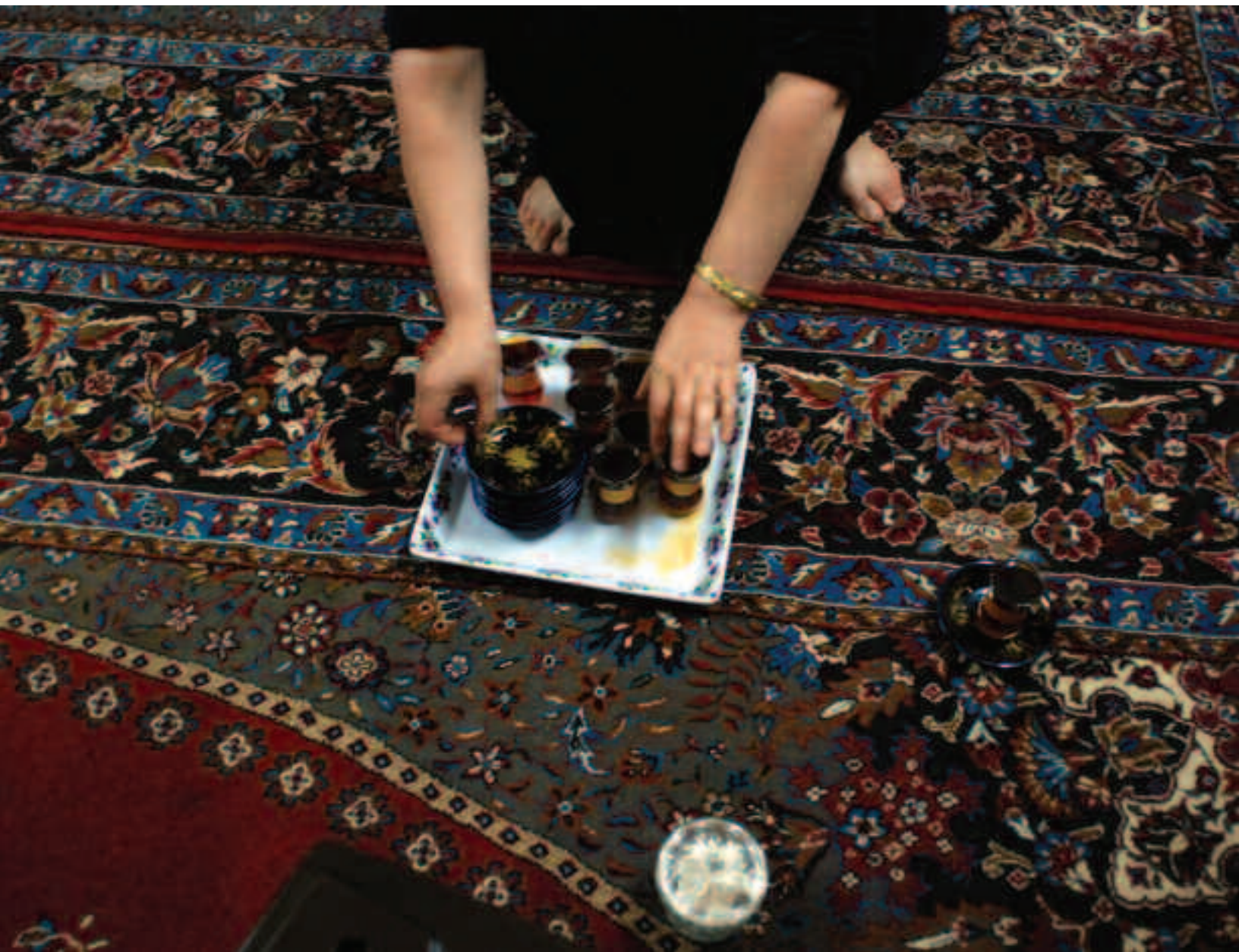
and communities to bring about social change. First and foremost, it requires Iraqi Kurds in positions of leadership and influence to recognize and accept that FGM is a problem, one that can be addressed through concerted action that will reinforce Iraqi Kurdistan's reputation as a society committed to the protection of the rights of women and children, and a society in which Muslims practice their faith without FGM, as is the case with the majority of Muslims across the world.

The Iraqi Kurdish authorities have taken important steps on several aspects of women's rights and are regarded as regionally forward-looking on issues concerning women. The Kurdistan Regional Government (KRG) has set up institutions to investigate and combat domestic violence, and is one of the few governments in the region to pass laws prohibiting reduced sentences for so-called honor killings. In February 2009 amendments to the election law in Iraqi Kurdistan increased the legal quota for women in the legislature from 25 percent to 30 percent. Thirty six out of 111 members of Parliament are women.

The regional authorities have yet, however, to show decisive leadership on FGM. Small steps taken in previous years have not been built on and, indeed, during the final years of its administration the former government's commitment appeared to falter. In 2007, the Ministry of Justice issued a decree, binding on all police precincts in Kurdistan, that perpetrators of FGM should be arrested and punished. However, the existence of the decree is not widely known in Iraqi Kurdistan and Human Rights Watch found no evidence that it has ever been enforced.

More recently, the former regional government failed to proceed with a law banning FGM, even though in 2008 the majority of members of the Kurdistan National Assembly (KNA) supported its introduction. However, in a sign of the sensitivity of the issue they also refused to publicly debate the draft law. In early 2009, the Ministry of Health developed a comprehensive anti-FGM strategy in collaboration with an NGO. But later, the Ministry of Health withdrew its support and halted efforts to combat FGM. Furthermore, the ministry charged its erstwhile NGO collaborator of ruining the reputation of Kurdistan. Indeed, concern about the reputation of Kurdistan was articulated to Human Rights Watch by the Ministry of Health and the Ministry for Religious Affairs during the course of research for this report.

One sign of government inertia is its failure to assess the extent of FGM in Iraqi Kurdistan. The government does not systematically collect statistics on FGM, either on prevalence or consequences. For example, FGM was not included in the UNICEF-supported government-implemented Multiple Indicator Cluster Survey (MICS) carried out in 2006 or in the WHO-supported Iraq Family Health Survey (IFHS) carried out in



Kurdistan in 2007. However, the two surveys cited at the start of this report suggest a high rate of FGM. The Ministry of Human Rights' finding of 40.7 percent prevalence is based on a survey of 521 girls and women in the district of Chamchamal. The larger NGO survey by the Association for Crisis Assistance and Development Cooperation (WADI) is based on a sample size of 1408 women and girls in two provinces of Arbil and Sulaimaniya, and the area of Germian/New Kirkuk. Overall it found the prevalence of FGM among girls and women aged 14 to 19 years in these areas to be 57 percent.

The authorities have thus far failed to demonstrate awareness of the significance of these results. Several government officials interviewed for this report, including the former minister of health and the former minister of religious affairs,

The justifications women give for continuing female genital mutilation (FGM) are linked to culture and religion. Young girls and women for generations have been led to believe that anything they touch, food or water, is unclean until they go through this "purifying" procedure.

insisted that FGM was an isolated problem, suggesting that they found it difficult to accept the challenge it poses.

The World Health Organization (WHO) defines FGM as "all procedures involving partial or total removal of the external female genitalia or injury to the female genital organs for non-medical reasons" and identifies four different types of FGM, ranging from the removal of the clitoris (Type I) to infibulation,



Khanm, 3, was about four when she was circumcised at her uncle's house. While her two oldest daughters have undergone the procedure, she says that she will not force the remaining two to do it. "For the first two, all my friends and neighbors were insisting that I do it," says Khanm, shown here with one of her younger daughters in her village of Dowoudia. "This was the normal practice before, but now things are changing."





When Kochar, 40, was 7 or 8, an old woman knocked on the door of her house and told her family to bring all the young girls to one house. When Kochar arrived, she saw 10 to 15 girls already there. She saw the old woman circumcise the girls and to this day remembers their excruciating screams. When it was her turn, she managed to escape twice but was caught and pinned down by three women, including her aunt. Kochar, whose husband was killed during the Anfal campaign against the Kurds, says she never forced her daughter to undergo the procedure, despite constant pressure from her mother-in-law.

the most severe form which involves the removal of the labia minora and the labia majora, and the narrowing of the vaginal orifice (Type III). It estimates that between 100 and 140 million girls and women worldwide have already been cut and currently some 3 million girls, mostly below the age of 15 years, undergo FGM every year.

Whatever the motives behind it, FGM is an act of violence. It has no medical justification, is irreversible and has lasting impact on young girls' and women's physical, mental, and sexual health. As women such as Gola S. told Human Rights Watch, girls undergoing the procedure are forcefully held down, their legs pried apart, and part of their genitalia cut off with a razor blade. Often the same blade is used to cut several girls. No anesthesia is applied beforehand and if anything at all is applied to the open wound afterwards, it is water, herbs, cooking oil, or ashes.

Globally, research has documented the terrible toll this procedure takes on women's health. Excessive bleeding, severe pain, infections, and permanent scarring are just some of the health consequences that may be experienced both immediately after the procedure and later in life. Recent studies show that all types of FGM carry greater risks for pregnant women during childbirth, and increase the risk of a stillbirth. Newborn babies may suffer from early neonatal death and low birth weight. Kurdish physicians report that the impact in Kurdistan is no different. Even years afterwards, women Human Rights Watch spoke to said that they are still overwhelmed by memories of the pain and blood associated with FGM.

Human Rights Watch traveled to the Kurdistan Autonomous Region in May 2009 to carry out the research for this report, meeting girls and women who had undergone the procedure as well as traditional midwives, healthcare workers, clerics, government officials, and nongovernmental organizations. We interviewed people about the impact of FGM on their lives, explored views and representations of reasons for the practice, and met activists and others committed to its eradication. Our study did not extend to Kurdish populations in Iraq outside the Autonomous Region, or into other communities in Iraq, but nongovernmental organizations told Human Rights Watch that they suspect the practice may also exist elsewhere in the country.

Those we spoke to gave many reasons why FGM is practiced in Iraqi Kurdistan. Some defended it in the name of Islam as sunnah (a non-obligatory action to strengthen one's religion.) Others told us that FGM is an ancestral tradition that is maintained to preserve cultural identity. Yet others suggested that women's sexuality must be controlled, especially in hot climates like Iraqi Kurdistan. And still others referred to the pragmatic issue of social pressure—it is closely linked to notions of purity and girls growing up to be marriageable and respectable members of society.

FGM is not prescribed by any religion. Islam is the predominant religion in Iraqi Kurdistan—and globally the majority of Muslims do not practice FGM. Internationally, many senior Islamic scholars have spoken against the



Habsa, 23, pictured here at a neighbor's house in Dowoudia village, was circumcised when she was four. She is frequently ill and suffers from infections that she believes are connected to the FGM.



The Kurdistan Regional Government (KRG) has not made any serious attempt to tackle FGM as it has other issues related to gender-based violence. Many women have only a rudimentary understanding of FGM (apart from their personal experience of pain), the consequences of the procedure, and the potential health complications. To fill the gap, The Association for Crisis Assistance and Development Cooperation (WADI), a German-Iraqi human rights and women's rights organization, holds educational seminars on FGM for girls and women (pictured here) in different parts of the region.





practice, including the late Muhammad Sayyed Tantawi, Grand Sheikh of Al-Azhar University, the most respected university among Sunni Muslims.

FGM has been recognized as a human rights issue for more than two decades. Various United Nations agencies, treaty monitoring bodies and other international human rights institutions have issued resolutions and statements calling for the eradication of FGM. They have urged governments, as part of their human rights obligations, to address women's and girls' rights by banning the practice. The Committee on the Convention of the Elimination of All Forms of Discrimination (CEDAW Committee) adopted a general recommendation on FGM in 1990 and called on States parties to include measures aimed at eradicating it in national health policies. In 2002, the United Nations General Assembly (UNGA) passed a resolution on practices affecting women's health and urged states to enact national legislation to abolish FGM and prosecute perpetrators. The CEDAW Committee, the Human Rights Committee, the Committee on the Rights of the Child, and the Committee on Economic, Social and Cultural Rights have all identified FGM as a discriminatory practice that directly affects the ability of women and girls to enjoy their human rights. The Human Rights Committee and the Committee Against Torture have both voiced their concerns about FGM and articulated the

Qumry, a 40-year-old midwife in Sarghala town, was herself circumcised when she was seven. After five years of circumcising girls, she stopped because she sensed that what she was doing was wrong. She performed the operations without any antiseptic, using only a razor and ash from the *tanoor*, a flat-surfaced oven used to bake traditional bread. She offered her services for free, but says other midwives accepted basic gifts of food items, such as eggs and bread.

links between FGM and cruel, inhuman, and degrading treatment.

Iraq has signed all key international human rights treaties that protect the rights of women and girls, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the Convention on the Rights of the Child (CRC). These treaties place responsibility and accountability on the Iraqi government and the Kurdistan Regional Government for any human rights violations that take place in Iraqi Kurdistan, including FGM.

Global experience of FGM eradication efforts around the world shows that effective action plans must be multifaceted. Families subject their daughters to cutting because they feel it is the right thing to do—they believe that it helps girls become



complete members of society. They also believe that girls who are not cut may be considered unclean and unmarriedable. Addressing these concerns requires the Kurdish authorities and persons with influence—religious leaders, healthcare workers, teachers and community leaders—to work with communities to encourage debate about the practice among men, women and children, including awareness and understanding of the human rights of girls and women, and the health and psychological costs that FGM imposes on them. Stimulating this social debate involves concerted and sustained action by the authorities, working along multiple channels, in close coordination with NGOs and other key parts of civil society. Recent global practice suggests that securing public affirmation on the part of communities of their collective commitment to ending FGM is an important moment, allowing communities to effectively establish a new convention—the convention of not mutilating their girls.

The authorities need to also send a clear and public message that the practice is outlawed by introducing a legislative ban on FGM for girls and non-consenting adult women. This should provide a clear definition of FGM, explicitly state that it is prohibited, and identify perpetrators and penalties. It should contain provisions that will protect girls and women at risk. The Kurdistan Regional Government should engage and support the efforts of local organizations to eradicate FGM

After the seminars, WADI distributes questionnaires to the women and girls to tabulate how many have been circumcised and what health problems they have experienced as a result.

and strengthen their ability to respond to gender-based violence. Meanwhile, the Iraqi government needs to work closely with the regional authorities, both to support its work for FGM eradication and, in coordination, to develop its own FGM eradication strategy for minority populations outside the Autonomous Region. Without these measures, violations of women's and girls' human rights will continue.



A young woman attends a seminar held by WADI.

METHODOLOGY

This report is based on field research conducted in the northern territories of Iraq, known as Iraqi Kurdistan. Fifty-four interviews took place in four villages, two in each of the Iraqi Kurdistan districts of Ranya and Germian, and in the southern town of Halabja, in May and June 2009.

Nongovernmental organizations working on FGM in Iraqi Kurdistan note that FGM may exist among Kurds who live in other parts of Iraq and in other communities. However, there is insufficient data to determine whether or not the practice is widespread outside the Autonomous Region. Human Rights Watch did not investigate the prevalence of FGM in other parts of Iraq because there is, as yet, no data at all on the practice elsewhere in the country.

During this 10-day investigation, two female researchers interviewed thirty-one girls and women who had undergone FGM. The research included interviews with health professionals, traditional midwives, and Muslim clerics. Meetings were also held with the then minister for endowments and religious affairs of the Kurdistan Regional Government (KRG), Muhammad Ahmad Saeed Shakaly, the former KRG minister for health, 'Abd al-Rahman Osman Yunis, the then KRG minister for human rights, Yusif Aziz, and the former head of the Special Women's Committee in the Kurdistan National Assembly (KNA), Paxshan Zangana, in the regional capital of Erbil.¹

A NOTE ON TERMINOLOGY

The term female genital mutilation (FGM) is used throughout this report. This terminology is utilized by many human rights groups and health advocates to emphasize the physical, emotional, and psychological consequences associated with this procedure, and to identify the practice as a human rights violation. However, the report will use the phrase "female circumcision" at times, as this is how the

Human Rights Watch conducted interviews with women and midwives in the Kurdish language with the help of two female translators. Interviews with professionals and religious clerics were carried out in Arabic and English.

Some interviews were conducted in the homes of women and midwives, mostly in group settings. For privacy reasons, mothers, daughters, other female family members, and sometimes neighbors gathered in one room of the house, away from other household members, while we carried out one-on-one interviews with them. Other interviews took place in the offices of nongovernmental organizations in Halabja and Sumoud, in the district of Germian. Health professionals were interviewed in their clinics and other professional settings, and clerics were interviewed at home and in mosques.

We have changed the names and withheld other key identifying details of women, girls and midwives in order to protect their identities. All participants were informed of the purpose of the interview and the way in which their stories would be documented and reported. Participants were informed of their right to stop the interview at any time or to decline to answer specific questions posed. All participants gave their verbal consent to be interviewed, and no one received any remuneration from Human Rights Watch.

¹ Government officials cited in this report served as officials in the former government prior to legislative elections that took place in Iraqi Kurdistan in July 2009.

practice is referred to in Kurdistan. This was the term women used during discussions (*xatena* in Kurdish meaning circumcision).

The word "midwife" will also be used to connote a traditional midwife. A traditional midwife is a non-licensed birth attendant who may also perform minor healthcare procedures.



Iraqi Kurdish girls play soccer before attending a WADI seminar on FGM.



II. RECOMMENDATIONS

Iraqi Kurdistan is an autonomously governed region within the state of Iraq. The international treaties and conventions signed by Iraq are binding on the Kurdistan Regional Government (KRG). Both the federal government and the KRG are therefore accountable for any human rights violations which take place in the region. The federal government also has a responsibility to ensure that the KRG is in compliance with international treaties and conventions. Under the 2005 constitution, the KRG's autonomy is extensive—for example, it has the right to amend the application of national legislation with respect to matters that are outside the exclusive authority of the federal government. These include policy on public health and education.

TO THE GOVERNMENT OF IRAQ

- Take all necessary steps to ensure compliance with international obligations set out in the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social, and Cultural Rights (ICESCR), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and the Convention on the Rights of the Child (CRC), as described in chapter 5 of this report.
- Cooperate with and support the KRG to develop and implement an anti-FGM policy, and ensure that FGM is addressed in Iraq's National Child Health Policy.
- Ensure that targeted measures against FGM along the lines described in this report are implemented in collaboration with Kurdish communities and other communities living in Iraq outside the Autonomous Region.
- Make data collection a priority—include prevalence of FGM in future Multiple Indicator Cluster Surveys and Iraqi Family Health Surveys.
- Ensure that hospitals and healthcare workers throughout Iraq are aware of their professional and ethical obligations not to perform FGM.
- Ensure that girls and women who have undergone FGM have access to medical and support services throughout Iraq.

TO THE KURDISTAN REGIONAL GOVERNMENT

- Take all necessary steps to ensure compliance with international obligations set out in the ICCPR, the ICESCR, CEDAW, and the CRC.
- Put in place a strong legal and policy framework and a comprehensive long-term strategic plan with relevant ministries, other governmental entities, and civil society organizations aimed at FGM eradication. This should include measures for data collection, a communications strategy based on public debate both with and within communities, social and medical services for women and girls, protective mechanisms, services to safeguard girls at risk, and laws that ban FGM and provide penalties where the ban is ignored. In order to put this into effect:
 - Form an inter-ministerial advisory committee on FGM to ensure proper coordination on FGM elimination efforts between ministries and between the authorities and civil society.
 - Include prevalence of FGM within future Multiple Indicator Cluster Surveys and Iraq Family Health Surveys.
 - Include religious leaders, NGOs, media and other parts of civil society as partners on initiatives to combat FGM.
- Coordinate and cooperate with the federal authorities to enhance the reach and impact of eradication initiatives.

TO THE KURDISTAN NATIONAL ASSEMBLY (PARLIAMENT)

- As a matter of urgency pass legislation to ban FGM for children and non-consenting adult women in the Autonomous Region. This should include appropriate penalties for persons carrying out the operation; the provision of appropriate support services for victims of FGM, including access to health care, social and psychological support; measures to work with midwives and others involved in the procedure; and provision for public campaigns against FGM that involve making widely accessible and accurate information about the practice and the encouragement of national debate. The law should mandate coordinated action by all relevant government ministries. The ban should also provide protective and preventive measures for girls at risk of FGM.
- Make the legal definition of FGM in the legislation consistent with the definition of the World Health Organization to include all forms of female genital mutilation.
- Once legislation is enacted, disseminate information about the new law in a variety of formats and media outlets, especially those most likely to reach women and girls.

TO THE KR MINISTRY OF HEALTH

- Collaborate closely with other parties in an inter-ministerial advisory committee on FGM to ensure the development and implementation of a comprehensive, coordinated action plan against FGM.
- Ensure that accurate information on the consequences of FGM are integrated into sustained public health campaigns and involve healthcare workers in sustained public outreach and debate.
- Keep records of deaths and other harmful health related consequences of FGM and issue routine public reports on these.

- Ensure that healthcare workers receive training on the consequences of FGM to enable them to transmit accurate information to patients on the health effects of FGM, and on how to transmit information and discourage the practice.
- Ensure that parents are knowledgeable about the adverse health effects of FGM on girls.
- Ensure that girls and women who have undergone the procedure have access to medical care, psychological health care, and accurate health information related to FGM.
- Ensure that healthcare workers actively discourage the practice of FGM.
- Support and work closely with religious leaders, local organizations and civil society towards the eradication of FGM.

TO THE KR MINISTRY FOR ENDOWMENTS AND RELIGIOUS AFFAIRS

- Hold dialogues with religious leaders on the imperative to end violence against women and girls, including FGM.
- Work with religious leaders to encourage them to make public statements disassociating Islam and FGM, and to become involved in community initiatives to end the practice.
- Encourage religious leaders to start a dialogue with local NGOs on the harmful effects of FGM in order to encourage families to abandon the practice.
- Establish a complaints mechanism for people to inform the ministry if a cleric preaches that female circumcision is an obligation or sunnah for girls and women.

RECOMMENDATIONS

TO THE KR MINISTRY OF EDUCATION

- Introduce an age-appropriate curriculum on reproductive health and sexual awareness for both sexes in all primary and secondary schools.
- Ensure that the human rights curriculum for grades five, seven, and nine has appropriate materials on the human rights of women and girls, including information on the harmful effects of FGM.
- Carry out training for teachers on reproductive health and FGM, including on health consequences and how to teach students about them.
- Enable teachers and schools to offer appropriate support to girls seeking help to avoid FGM.
- Ensure that schools discuss the dangers of FGM with parents during family meetings.

TO THE KR MINISTRY OF HIGHER EDUCATION AND SCIENTIFIC RESEARCH

- Incorporate appropriate guidelines on FGM into medical education and training curricula.
- Ensure that medical students receive appropriate information on the dangers of FGM.

TO THE KURDISTAN PHYSICIANS ASSOCIATION

- Prohibit physicians from performing FGM in hospitals, clinics, and other healthcare centers.
- Ensure that physicians have appropriate information on the dangers of FGM.
- Ensure that physicians disseminate accurate health information to patients, including on the health consequences of FGM.

TO THE KR MINISTRY OF INTERIOR

- Implement a complaints mechanism within the Directorate to Combat Violence against Women to ensure that FGM and other forms of violence against women and girls are reported to authorities.
- Ensure that all complaints concerning FGM are investigated. Perpetrators should be prosecuted and victims of FGM receive adequate health care and support services.
- Develop a monitoring mechanism to ensure that the ban on FGM is adequately enforced by law enforcement officials.

TO THE KR MINISTRY OF JUSTICE

- Ensure that lawyers, public prosecutors and judges are adequately trained to try court cases on violence against women and girls including FGM.

TO NONGOVERNMENTAL ORGANIZATIONS WORKING TO ELIMINATE VIOLENCE AGAINST WOMEN

- Advocate for the Iraqi federal authorities and the Kurdistan Regional Government to develop and implement a strong legal and policy framework and a comprehensive long-term strategic plan aimed at FGM eradication involving relevant KR and federal ministries, other governmental entities, and civil society organizations.
- Work with religious leaders to secure public statements condemning FGM and explaining that it has no association with Islam.
- Promote information exchanges between regional and international nongovernmental organizations and local organizations in Iraqi Kurdistan working on issues to combat violence against women, including FGM.
- Ensure that programs focused on violence against women in Iraqi Kurdistan include awareness on FGM as an essential component.
- Address FGM in programs that are geared towards improving educational and economic opportunities for young girls and women.
- Ensure that programs provide educational opportunities for traditional midwives to learn about the severe consequences of FGM.
- Address the need to provide traditional midwives with skills for alternative income generation opportunities.

TO WHO, UNICEF, AND UNFPA

- Advocate for and support the development and implementation of a strong legal and policy framework and a comprehensive long-term strategic plan with relevant KR and federal ministries, other governmental entities, and civil society organizations aimed at FGM eradication. In order to put this into effect, assist the authorities and NGOs by providing accurate information on eradication strategies, resources, networking opportunities, and information-sharing initiatives.
- Translate relevant UN materials on FGM into the Kurdish language to ensure that accurate information and materials are available to implement programs to combat FGM.
- Advocate for and support the inclusion of FGM prevalence in future Multiple Indicator Cluster Surveys and Iraqi Family Health Surveys covering both the autonomous Kurdish region and the rest of Iraq.
- Support the Ministries of Health and Education to ensure that health, reproductive health and education programs disseminate information on the dangers of FGM and that medical staff and schools become actively involved in eradication initiatives.

TO INTERNATIONAL DONORS

- Advocate for and support the Iraqi federal authorities and the Kurdish Regional Government to develop and implement a strong legal and policy framework and a comprehensive long-term strategic plan aimed at FGM eradication involving relevant KR and federal ministries, other governmental entities, and civil society organizations. This should include supporting measures for data collection, the implementation of a communications strategy based on public debate both with and within communities, social and medical services for women and girls, protective mechanisms, services to safeguard girls at risk, and laws that ban FGM and provide penalties where the ban is ignored.
- Assist local human rights, women's rights and development organizations to implement programs to help end FGM.

III. Background

The Kurds of Iraq

For thousands of years, the Kurds inhabited the mountain ranges which spread across parts of the modern-day region of the Middle East to the former Soviet Union. These territories later formed part of the Ottoman and Persian empires and in the 20th century were divided between the states of Turkey, Syria, Iran, the Soviet Union, and Iraq. The Kurds are one of the largest ethnic groups in the world without their own state.³ During the course of the 20th century Kurdish groups have rebelled against the authority of central governments in Turkey, Iraq, and Iran.

In 1970, after many years of fighting between the Iraqi government and the Kurdish opposition, the Ba'ath Party, which came to power in July 1968, offered the Kurds a considerable measure of self-rule, far greater than that allowed in neighboring Syria, Iran, or Turkey. However, the government defined the Kurdistan Autonomous Region in such a way as to deliberately exclude Kirkuk and the vast oil wealth that lay beneath the lands then inhabited mainly by Kurds. The Autonomous Region, comprising the three northern governorates of Arbil, Sulaimaniya, and Dohuk, was rejected by Kurdish opposition leaders but was imposed unilaterally by Baghdad in 1974.⁴ In the wake of the autonomy decree, the central government in Baghdad forcefully relocated many ethnic Kurds from the rest of Iraq to the Kurdistan Autonomous Region.

The Kurdistan Region is near the western border of Iran and during the Iran-Iraq war in the 1980s the Kurdistan Democratic Party (KDP) worked closely with Iran against the central government of Iraq.⁵ In 1987, the KDP, the Patriotic Union of Kurdistan (PUK) and other Kurdish factions formed the Iraqi Kurdistan Front as a united Kurdish resistance movement against Baghdad and conducted an armed campaign against the Iraq government.⁶

³ Middle East Watch (now Human Rights Watch/Middle East and North Africa), *Genocide in Iraq: The Anfal Campaign against the Kurds*, chapter 1, Ba'athis and Kurds, (New York: Human Rights Watch, 1993), <http://www.hrw.org/legacy/reports/1993/iraqanfal/ANFAL1.htm>.

⁴ Middle East Watch (now Human Rights Watch/Middle East and North Africa), *Genocide in Iraq: The Anfal Campaign against the Kurds*, introduction, (New York: Human Rights Watch, 1993), <http://www.hrw.org/legacy/reports/1993/iraqanfal/ANFALINT.htm>.

⁵ "Timeline: Iraqi Kurds: A Chronology of Key Events," *BBC News Online*, undated, http://news.bbc.co.uk/2/hi/middle_east/country_profiles/2893067.stm (accessed August 17, 2009).

⁶ Other Kurdish factions which made up the Iraqi Kurdistan Front included the Kurdistan People's Democratic Party (KPDP), Kurdistan Socialist Party of Iraq (KSPI), and the Popular Alliance of Socialist Kurdistan (PASOK).

In an attempt to crush Kurdish resistance between February and early September 1988, the Iraqi central government began intensified military action against the Kurds, known as the Anfal campaign. This campaign included a series of military offensives conducted in six geographical locations in the Kurdistan region.⁷

Many parts of the Autonomous Region were declared to be “prohibited zones.” While the “prohibited zones” included non-Kurdish Iraqis, the vast majority of people in the area were Kurds. The zones included more than 1,000 villages which were regarded by the Ba’ath regime as homes to agents of Iran and other traitors to Iraq. People living in designated villages were evacuated, deported, imprisoned or “disappeared”. A personal directive signed by Ali Hassan al-Majid, a former Iraqi official known to Kurds as Chemical Ali, on June 20, 1987, gave orders to civilian and military agencies that “all persons captured in those villages shall be detained and interrogated by the security services and those between the ages of 15 and 70 shall be executed after any useful information has been obtained from them.”⁸

The same directive included a list of procedures on how to deal with villages that were declared to be prohibited. The second procedure stated that villages “shall be regarded as operational zones that are strictly out of bounds to all persons and animals in which the troops can open fire at will, without any restrictions.”⁹ The fourth procedure stated “the corps commanders shall carry out random bombardments using artillery, helicopters and aircraft, at all times of the day or night in order to kill the largest number of persons in those prohibited zones.”¹⁰

The government’s campaign against the Iraqi Kurds officially ended in September 1988. Iraqi troops regained full control of all “prohibited zones” and the central government announced a general amnesty for all Iraqi Kurds except Jalal Talabani, leader of the PUK (and now president of Iraq.)¹¹ Refugees who returned to the Autonomous Region under the general

“Iraqi Opposition,” *Global Security*, undated, <http://www.globalsecurity.org/military/world/iraq/opposition.htm> (accessed May 6, 2010).

⁷ Middle East Watch (now Human Rights Watch/Middle East and North Africa), *Genocide in Iraq: The Anfal Campaign against the Kurds*, chapter 2, Prelude to Anfal, (New York: Human Rights Watch, 1993), <http://www.hrw.org/legacy/reports/1993/iraqanfal/ANFAL2.htm>.

⁸ Ibid.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Middle East Watch (now Human Rights Watch/Middle East and North Africa), *Genocide in Iraq: The Anfal Campaign against the Kurds*, chapter 11, The Amnesty and its Exclusions, (New York: Human Rights Watch, 1993), <http://www.hrw.org/legacy/reports/1993/iraqanfal/ANFAL11.htm#TopOfPage>.

amnesty were not allowed to return to their homes or villages. Each family was given a plot of land to build their home and they were not allowed to move elsewhere in the Autonomous Region.¹²

This policy remained in place until the 1991 Kurdish uprising against Saddam Hussein, which began immediately following the first Gulf War when a United States-led coalition drove Iraqi forces out of Kuwait. The Iraqi army cracked down on the Kurds, and a flood of Iraqi Kurdish refugees fled across the border into Turkey. In April 1991, allied powers created a “safe haven,” or no-fly zone, to prevent further Iraqi government attacks against the Kurdish population. Since then, Iraq’s Kurds have enjoyed substantial autonomy.¹³

The modern Kurdistan Region, comprising the three governorates of Arbil, Sulaimaniya, and Dohuk, is a federated region with three official institutions: the Kurdistan Regional Government (KRG), the Kurdistan Region Presidency, and the Kurdistan National Assembly (KNA), or parliament. These institutions exercise legislative and executive powers which include the allocation of the regional budget, policing and security, education, and health, in addition to natural resource management and infrastructure development.¹⁴ Article 121 of Iraq’s Constitution, adopted in October 2005, stipulates that the federated region of Kurdistan also has judicial powers and can enact and implement criminal laws and procedure in accordance with the Constitution.¹⁵ The constitution recognizes the KRG, the KNA, and the *Peshmerga* security forces as legitimate entities.¹⁶

After decades of oppression and struggle, Iraqi Kurdistan is a relatively peaceful region, one that is seen by many as an emerging democracy located in the middle of a volatile region. Numerous governments and United Nations agencies contribute funds and support for development and reconstruction efforts. International donor support has contributed to the rebuilding of schools and hospitals, training for medical professionals and police officers,

¹² Ibid.

¹³ “Timeline: Iraqi Kurds: A Chronology of Key Events,” *BBC News Online*, http://news.bbc.co.uk/2/hi/middle_east/country_profiles/2893067.stm.

¹⁴ Kurdistan Regional Government, “About the Kurdistan Regional Government,” September 9, 2008, http://www.krg.org/uploads/documents/About_Kurdistan_Regional_Government__2008_09_10_h13m52s30.pdf (accessed October 1, 2009).

¹⁵ Constitution of the Republic of Iraq (Dustur Jumhuriyyat al-'Iraq), 2005, art. 121.

¹⁶ Kurdistan Regional Government, “The Kurdistan Region in Brief,” September 10, 2008, http://www.krg.org/uploads/documents/Kurdistan_In_Brief_Summary__2008_09_10_h13m52s6.pdf (accessed October 1, 2009).

and literacy programs.¹⁷ The KRG, with its seat in the regional capital of Arbil, is seeking to attract foreign investors in an effort to transform the area into a tourist attraction in the heart of the Middle East.¹⁸

Women's Social and Economic Status

Women and girls in Iraqi Kurdistan, like women and girls all over the world, suffer many forms of discrimination, inequality, and social exclusion. For Iraqi Kurdish women, these inequalities are not only due to religious, social, and cultural factors but also to the historical experiences of Kurds in Iraq. Women's subordinate status affects almost all spheres of life, including education, employment and health.

The Special Women's Committee was set up in the Kurdistan National Assembly in 2001. The Committee is tasked with amending laws which discriminate against women, and raising awareness on women's rights through education, media, health and religious institutions.¹⁹ The Special Women's Committee initiated several legal reforms to advance women's rights in the Kurdistan region. On November 13, 2008, amendments on forced and early marriage and polygamy were made to the Iraqi Personal Status Law 188 of 1959. Article 6 of Law 15 of 2008 which replaces Law 188 prohibits the forced marriage of both men and women.²⁰ Article 5 of the amended law prohibits early marriage and raises the age of marriage for males and females to 16 years of age unless authorized by a guardian. Limitations on polygamy have also been set.²¹

Education

For decades school attendance was difficult for all Kurdish children as a result of war and displacement, but girls were disproportionately affected. The enrolment rate for girls in

¹⁷ Information on donors and programs can be found on the website of the Kurdistan Regional Government's Development Assistance Database, http://www.krgdad.com/dad/rc?requesttype=entry&entryid=ReportPreviewEntry&reportid=1198&rp_clientTime=10/5/200915:24&requestParameterNames=clientTime&extsessionid=12547454984539001&nocache=1_15_24_18_0&vsessionid=12547454984539&LanguageID=1 (accessed October 1, 2009).

¹⁸ Alicia Caldwell, "Iraq Kurdistan Launches Tourism Campaign," *USA Today*, October 10, 2006, http://www.usatoday.com/travel/destinations/2006-10-20-kurdistan-tourism-campaign_x.htm (accessed September 9, 2009).

¹⁹ "KRG establishes mechanisms to enforce laws protecting women from violence," KRG press release, May 13, 2008, <http://www.krg.org/articles/detail.asp?lngnr=12&smap=02010100&rnr=223&anr=24188> (accessed April 26, 2010).

²⁰ "Law number 15 of 1998, amended law to the implementation of personal status law no. 188 of 1959 for the Kurdistan Region of Iraq," (Qanun raqm 15 li-sanat 2008, qanun ta'dil tadbiiq qanun al-ahwal al-shakhsiyya raqm 188 li-sanat 1959 al-mua'dal fi Iqlim Kurdistan al-Iraq), art. 6.

²¹ *Ibid.*, art. 5.

secondary schools during the 1980s was only 31 percent compared with 69 percent for boys.²²

According to UNICEF's Multiple Indicator Cluster Survey (MICS) for 2006, secondary school attendance rates have increased to 51.3 percent for females.²³ Rates of secondary school attendance for girls, however, decrease with age. For example, the attendance rate for girls of 13 years is 40 percent, while for boys of the same age it is 47.5 percent. For girls aged 17 years, the rate decreases to 25.3 percent, and for boys of the same age to 38.9 percent. While attendance rates decrease for both boys and girls during these specific years, the attendance rates for boys at ages 14, 15, and 16 remain slightly higher than those for girls.²⁴

According to the 2006/2007 Iraqi Family Health Survey Report (IFHS), nearly 43.3 percent of women in Iraqi Kurdistan are illiterate, compared to 19.6 percent of men.²⁵ Most of the women interviewed by Human Rights Watch for this report were either illiterate, or had only completed sixth grade.²⁶ Some young women and girls drop out of school to help with household chores, or are forced into early marriage.

The IFHS notes that 10.3 percent of girls in Kurdistan are married by the time they reach the age of 15.²⁷ The Multiple Indicator Cluster Survey notes that the percentage of women and girls aged 15-49 years who were married before age 15 is 6.8 percent. Just over 26 percent of women between the ages of 20 and 49 years old were married before they are 18, and 10 percent of women and girls between 15 and 19 years old are married.²⁸

²² No data on education exists for Sulaimaniya, only Dohuk and Arbil. Human Rights Watch email correspondence with Saman Suad, assistant, UNICEF/Arbil, September 29, 2009.

²³ The Multiple Indicator Cluster Survey (MICS) is an international household survey initiative developed by UNICEF. The survey produces statistics on a range of indicators including health, education, child protection and HIV/AIDS. For more information on MICS, please visit: http://www.unicef.org/statistics/index_24302.html

²⁴ The attendance rates for boys at 14, 15, and 16 years are 51.4 percent, 49.4 percent, and 46.9 percent respectively and for girls at the same ages, the rates are 38.1 percent, 36.1 percent and 30 percent respectively.

United Nations Children's Fund, "Iraq Multiple Indicator Cluster Survey (MICS) 2006," Final Report, October 2007, http://www.childinfo.org/mics/mics3/archives/iraq/surveyo/data/Reports/MICS3_Iraq_FinalReport_2006_eng.pdf (accessed April 26, 2010), p. 138.

²⁵ World Health Organization, "Iraqi Family Health Survey IFHS 2006/7," http://www.emro.who.int/iraq/pdf/ifhs_report_en.pdf, p.38.

²⁶ Sixth grade in Iraqi Kurdistan is the final grade of primary school; students are eleven to twelve years of age.

²⁷ World Health Organization, "Iraqi Family Health Survey IFHS 2006/7," http://www.emro.who.int/iraq/pdf/ifhs_report_en.pdf, p.2.

²⁸ United Nations Children's Fund, "Iraq Multiple Indicator Cluster Survey (MICS) 2006," http://www.childinfo.org/mics/mics3/archives/iraq/surveyo/data/Reports/MICS3_Iraq_FinalReport_2006_eng.pdf, p. 151.

Employment and Access to Economic Opportunities

Women's participation in paid work in northern Iraq is low and women are generally financially dependent on husbands and their own families for support. Widows who head households live in particularly harsh economic circumstances.²⁹

According to the IFHS, 90 percent of women between the ages of 15 and 49 years are unemployed. Just 1.8 percent work in the informal sector in agriculture, handicrafts, and street sales and a mere 4.3 percent are in professional, technical, or managerial positions.³⁰

Even where women are employed, research conducted by a Swiss NGO suggests that the majority earn less than their male counterparts in directly comparable jobs.³¹

The low levels of employment for women in Iraqi Kurdistan may be partly due to the low levels of literacy for women, and especially those living in rural areas. Women's access to economic opportunities may also be hampered by a lack of marketable skills and training to enable girls and women to enter the labor market.³²

Women's social and economic status, including their level of education, is linked to their ability to make meaningful choices about their lives. Iraqi Kurdish women, many of whom have little or no schooling and who are not economically empowered have less autonomy over decisions that affect them and their children. This lack of empowerment makes it a particularly complex task to shift their beliefs about practices like FGM.

Women's Reproductive Health and Access to Health Care

Women's fertility rate in Iraqi Kurdistan is 3.8 percent. The fertility rate is lower in Sulaimaniya at 2.9 percent and higher in Arbil and Dohuk governorates with rates of 4.1

²⁹ Asylum Aid Refugee Women's Resource Project, "Refugee Women and Domestic Violence," <http://www.unhcr.org/refworld/pdfid/478e3c9cd.pdf>, p. 41.

³⁰ World Health Organization, "Iraqi Family Health Survey IFHS 2006/7," http://www.emro.who.int/iraq/pdf/ifhs_report_en.pdf, p.2.

³¹ Swiss Refugee Council, "Iraq: The socio-economic situation in the KRG administrated provinces Sulaimaniya, Arbil and Dohuk," July 10, 2007, http://www.ecoi.net/file_upload/432_1186748175_0707-irq-socioecosituation-sfh.doc (accessed August 17, 2009), p.7.

³² Simel Esim and Mansour Omeira, International Labor Organization, "Rural women producers and cooperatives in conflicts settings in the Arab States," paper presented at the FAO-IFAD-ILO Workshop on Gaps, trends and current research in gender dimensions of agricultural and rural employment differentiated pathways out of poverty, Rome, 31 March - 2 April 2009, http://www.fao-ilo.org/fileadmin/user_upload/fao_ilo/pdf/Papers/25_March/Esim_Fin.pdf p.9.

percent and 4.9 percent respectively.³³ The average fertility rate in Iraqi Kurdistan (3.8 percent) is higher than the rates in Lebanon and Egypt, for instance, but comparable to fertility rates in Jordan and Saudi Arabia.³⁴ Married women in the Kurdistan region use contraception more than married women in other regions of Iraq. Sulaimaniya and Arbil have the highest contraceptive prevalence rates in all of Iraq at 66 percent and 62 percent respectively.³⁵

According to the Multiple Indicator Cluster Survey, three quarters of all maternal deaths worldwide occur during delivery and during the immediate post-partum period.³⁶ Assistance with delivery and postnatal health care are essential for ensuring the safety of the mother and her child. The majority of women, 58.7 percent, in the Kurdistan region are assisted by a doctor during delivery. 10.5 percent are assisted by a nurse, 18.8 percent by a certified midwife, and 4.5 percent by a non-traditional midwife.³⁷ A significant number of women—32.6 percent—still give birth at home,³⁸ and 19.8 percent of women in the Kurdistan region do not receive any neonatal or postnatal care.³⁹ The World Health Organization does not provide disaggregated data on the rates of maternal mortality by region in Iraq. However, the rate of maternal mortality in Iraq in 2005 was 300 deaths per 100,000 live births.⁴⁰ Although Iraqi Kurdish women have higher rates of contraceptive use and the majority of women are assisted by a healthcare worker during delivery, many still give birth at home and do not receive adequate prenatal or postnatal care. The mortality rates above suggest that the maternal health of women in Iraqi Kurdistan may not vary significantly from the health of women in the rest of Iraq.

Home to nearly four million people, the Kurdistan Region has 48 hospitals and 672 primary healthcare centers. Primary healthcare centers include maternal healthcare centers

³³ United Nations Children's Fund, "Iraq Multiple Indicator Cluster Survey (MICS) 2006," http://www.childinfo.org/mics/mics3/archives/iraq/surveyo/data/Reports/MICS3_Iraq_FinalReport_2006_eng.pdf, p. 77.

³⁴ The World Bank, Fertility rates (total birth per woman), <http://data.worldbank.org/indicator/SP.DYN.TFRT.IN> (accessed May 6, 2010).

³⁵ *Ibid.*, p. 39.

³⁶ *Ibid.*, p. 45.

³⁷ *Ibid.*, p. 131.

³⁸ World Health Organization, "Iraqi Family Health Survey Report 2006/7," http://www.emro.who.int/iraq/pdf/ifhs_report_en.pdf, p. 48.

³⁹ United Nations Children's Fund, "Iraq Multiple Indicator Cluster Survey (MICS) 2006," http://www.childinfo.org/mics/mics3/archives/iraq/surveyo/data/Reports/MICS3_Iraq_FinalReport_2006_eng.pdf, p. 129.

⁴⁰ World Health Organization, "Maternal Mortality in 2005, estimates developed by WHO, UNICEF, UNFPA, and the World Bank," 2007, http://whqlibdoc.who.int/publications/2007/9789241596213_eng.pdf (accessed May 6, 2010), p. 24.

scattered throughout the region. Due to the region's relative security and ease of mobility, access to health care for women is more readily available than in the rest of Iraq.

The capacity of the healthcare system however varies significantly from urban to rural areas. In rural areas, there is an acute shortage of medical staff and basic medical equipment. Only one-third of all primary healthcare centers are staffed by physicians. The rest are staffed by nurses or paramedic staff.⁴¹

Iraqi Kurdistan does not have the necessary infrastructure to respond adequately to medical emergencies, including those related to reproductive health. There is no system to assess and prioritize urgent care, or refer patients to health clinics or hospitals as needed. There are no adequately equipped ambulances to transport patients to seek urgent care in hospitals.⁴²

The lack of sufficient emergency care especially in rural areas is problematic. Girls who are cut may suffer from excessive bleeding and infections, and require immediate care. This practice puts girls' health at significant risk and the lack of adequate emergency care further endangers their life.

Violence against Women

Violence against women and girls is a problem in all societies and Iraqi Kurdistan is no exception. According to the 2006/7 IFHS, 61.6 percent of women in Kurdistan experienced controlling behavior by their husbands,⁴³ 17.6 percent suffer from emotional violence,⁴⁴ and 10.9 percent have experienced some form of physical violence at the hands of an intimate partner.⁴⁵

⁴¹ World Bank, "IRAQ: Regional Health Emergency Response Project," May 15, 2008, www.wds.worldbank.org/.../PID010Appraisal0Stage0May01502008.doc (accessed August 17, 2009).

⁴² Ibid.

⁴³ In the survey, controlling behavior by the husband was characterized as jealousy, anger, insistence on knowing where wife is at all times, the need for the woman to ask permission to seek health care, limited contact with family and friends, and not trusting wife with money.

World Health Organization, "Iraqi Family Health Survey Report 2006/7," http://www.emro.who.int/iraq/pdf/ifhs_report_en.pdf (accessed August 17, 2009), p.24.

⁴⁴ In the Iraqi Family Health Survey, emotional violence was characterized as humiliation, insulting behavior, threats of divorce, and scaring or intimidating spouse. Ibid.

⁴⁵ Ibid., p.3.

The United Nations Assistance Mission for Iraq (UNAMI) has characterized “honor” killings as a serious concern in Kurdistan.⁴⁶ In its report to the KRG, UNAMI stated that in the last six months of 2008, there were 139 cases of murder or attempted murder of female relatives.⁴⁷ The Ministry for Human Rights reported for 2008 as a whole that there were 163 “honor” killings and 166 cases the previous year.⁴⁸

The KRG has taken a number of important initiatives to advance women’s rights in the Kurdistan Autonomous Region, particularly with regard to domestic violence. In 2002, it passed a law to abolish reduced penalties for the murder of a female family member by a male relative on grounds of family shame and dishonor.⁴⁹ This law sets the Kurdish region apart from many other countries in the Middle East and North Africa, where penal laws still permit mitigated sentences and exemptions for men who murder in the name of “honor”.

In October 2008, the KRG established the Directorate for Combating Violence against Women within the Ministry of Interior. The directorate has its main offices in Arbil, Sulaimaniya, and Dohuk, and smaller branch offices throughout Kurdish districts. The directorates conduct outreach, operate hotlines for women to report abuses, and investigate cases of gender-based violence. Their investigative capacity is currently constrained due to a lack of skills and training on gender-based violence, and issues of security, confidentiality, and counseling.⁵⁰ The Ministry for Social Affairs runs three shelters for women victims of violence and three other shelters are run by nongovernmental organizations.⁵¹ The women’s organizations that run shelters currently lack the capacity and resources to protect women

⁴⁶ Shwan Muhammad, “Surge in violence against women in Iraqi Kurdistan,” *France 24*, May 24, 2008, <http://www.france24.com/en/20080524-surge-violence-against-women-iraqi-kurdistan?q=node/1924390//2> (accessed August 17, 2009).

United Nations Assistance Mission in Iraq (UNAMI), “Human Rights Report : 1 January – 30 June, 2009,” [http://www.reliefweb.int/rw/RWFiles2009.nsf/FilesByRWDocUnidFilename/EGUA-7YRQ9X-full_report.pdf/\\$File/full_report.pdf](http://www.reliefweb.int/rw/RWFiles2009.nsf/FilesByRWDocUnidFilename/EGUA-7YRQ9X-full_report.pdf/$File/full_report.pdf) (accessed May 6, 2010).

⁴⁷ These cases are categorized as: 77 women burned, 26 as victims of murder or attempted murder, and 25 cases of women were characterized as “questionable suicide”.

United Nations Assistance Mission to Iraq (UNAMI), “Human Rights Report: 1 July 2008-31 December 2008,” http://www.uniraq.org/documents/UNAMI_Human_Rights_Report_July_December_2008_EN.pdf (accessed June 5, 2009), p. 13.

⁴⁸ *Ibid.*

⁴⁹ Government of Iraq, “Comments of the Government of Iraq Ministry for Human Rights, Notes on the Report of the UN Assistance Mission to Iraq,” December 2008, http://www.uniraq.org/documents/HR_Report_Dec2008_Annex_EN.pdf (accessed June 5, 2009), p. 12.

⁵⁰ United Nations Assistance Mission to Iraq (UNAMI), “Human Rights Report: 1 July-31 December, 2008,” http://www.uniraq.org/documents/UNAMI_Human_Rights_Report_July_December_2008_EN.pdf, p.14.

⁵¹ Human Rights Watch interview with Ari Rafiq, manager at the Directorate for Combating Violence against Women, Arbil, June 3, 2009.

for the long-term.⁵² It has been reported that women have been trafficked from these shelters.⁵³

There is currently no law that explicitly addresses domestic violence in Kurdistan. In theory, spousal abuse constitutes grounds for divorce and may be prosecuted as assault under the criminal code, but in practice such legal actions are rare.⁵⁴

Between 2006 and 2007, after several meetings and conferences between civil society organizations and members of the Women's Special Committee, a bill on domestic violence was drafted by members of various committees in the Kurdistan National Assembly.⁵⁵ The draft bill was introduced by 10 members of Parliament and received its first review in September 2008. The draft legislation was subsequently transferred to the Council of Ministers for approval. The draft bill prohibits early and forced marriages, so-called honor crimes, and physical and other forms of violence against women. The bill also seeks to prohibit the use of traditional bodies to reconcile family disputes, calls for the creation of special courts to deal with family violence and provides protection mechanisms for witnesses who wish to file complaints.⁵⁶

According to Paxshan Zangana, former head of the Special Women's Committee, the Council of Ministers failed to send comments to Parliament regarding the draft law. Instead, the Council of Ministers drafted its own legislation which it submitted to Parliament in April 2009, almost eight months later. Approval of the domestic violence bill was then delayed by parliamentary elections which took place in July 2009, and national elections in March 2010.⁵⁷ The Special Women's Rights Committee in the current parliament has rejected the Council of Ministers draft bill and reinitiated discussions with civil society organizations on

⁵² Human Rights Watch interview with Shawbo Askari, relations coordinator, Women's Union of Kurdistan, Sulaimaniya, May 29, 2009. Human Rights Watch interview with Shawbo Askari, May 29, 2009.

⁵³ Refugees International, "Iraqi Refugees: Women's Rights and Security Critical to Returns," July 15, 2009, <http://www.refintl.org/policy/field-report/iraqi-refugees-womens-rights-and-security-critical-returns> (accessed August 17, 2009).

⁵⁴ Asylum Aid Refugee Women's Resource Project, "Refugee Women and Domestic Violence, Country Study, Iraqi Kurdistan," September 2002, <http://www.unhcr.org/refworld/pdfid/478e3c9cd.pdf> (accessed August 17, 2009), p. 16.

⁵⁵ The draft bill was developed by five committees including the Special Women's Committee, the Committee for Human Rights, the Committee for Health and Social Affairs, the Committee for Home Affairs, the Committee for Endowments and Religious Affairs, and the Legal Affairs Committee.

⁵⁶ United Nations Assistance Mission to Iraq (UNAMI), "Human Rights Report: July 1, 2007-December 31, 2007," http://news2.uniraq.org/documents/double_quarterly_1july-31dec2007_engl.pdf, (accessed June 5, 2009), para. 38.

⁵⁷ Human Rights Watch interview with Paxshan Zangana, former head of the Special Women's Committee in the Kurdistan National Assembly, Arbil, June 3, 2009, and telephone conversation April 7, 2010.

the original piece of draft family violence legislation.⁵⁸ Gasha Hafid, the current head of the Special Women's Committee, told Human Rights Watch that the Committee wants a strong piece of legislation to protect women from family violence and that it does not believe that the Council of Ministers' draft is adequate. The head of the Women's Committee intends to present the draft legislation to the head of the Kurdistan National Assembly and request that it be placed on the parliamentary agenda for discussion in June 2010.⁵⁹

Female genital mutilation is addressed in both draft family violence bills mentioned above and also in a separate draft law dealing specifically with FGM. Articles 23 to 26 in the family violence bill identify as perpetrators those who request the procedure and those who perform it and describe the types of punishments or fines they may be subjected to if convicted. The articles also provide for financial compensation to survivors of FGM.⁶⁰

In 2008, the draft bill on FGM was supported by the majority of parliamentarians in the Kurdistan National Assembly. While 68 out of 111 parliamentarians supported the passing of the law, they refused to hold a public discussion on the bill.⁶¹ This law identifies potential perpetrators of the practice and defines the types of fines or punishments they may receive. Perpetrators are identified as parents, guardians, midwives, or health professionals. The fines and punishments vary according to the age of the girl or woman and whether an adult woman consented to the procedure or not. The prison terms range from at least one year to three years. Any person who calls for the circumcision of girls will be imprisoned for no less than one year and will pay three million dinars (approximately 2,500 US dollars). If a girl or a woman dies as a result of FGM, the perpetrator may receive a jail term of no less than ten years.⁶²

⁵⁸ Human Rights Watch telephone conversation with Gasha Hafid head of the Special Women's Committee in the Kurdistan National Assembly, May 6, 2010.

⁵⁹ Ibid.

⁶⁰ Human Rights Watch interview with Shawbo Askari, May 29, 2009.

⁶¹ A draft law in the Kurdistan National Assembly (Parliament) requires the support of at least ten members of Parliament to be tabled.

⁶² Kurdistan Regional Government, Draft bill on FGM, unpublished document on file with Human Rights Watch, copy from Paxshan Zangana in Arabic, translated into English.

IV. Female Genital Mutilation around the World

Female Genital Mutilation

Female genital mutilation (FGM) involves the partial or total removal of the external female genitalia for non-medical purposes. It interferes with the natural functioning of the body and has no known health benefits.⁶³

World Health Organization Classifications

There are four types of FGM as classified by the World Health Organization:⁶⁴

- Type I includes the partial or total removal of the clitoris and/or prepuce. Known as clitoridectomy, this is the form most commonly practiced in Iraqi Kurdistan.
- Type II is a more invasive procedure which includes the partial or total removal of the clitoris and the labia minora. This form can be performed with or without excision of the labia majora and is known as excision.
- Type III is the most severe type of FGM known as infibulation. Infibulation involves the narrowing of the vaginal orifice with the creation of a seal that is formed by cutting and then stitching the labia minora and/or the labia majora with or without excision of the clitoris.
- The fourth type of FGM includes all harmful procedures to female genitalia including pricking, piercing, incising, scraping, and cauterization.⁶⁵

Occurrence and Prevalence

Globally, FGM is typically carried out on young girls, from infants to adolescents as old as 15 years of age. Occasionally it is carried out on adult women. It is difficult to obtain accurate information on the magnitude of FGM, but according to the WHO, between 100 and 140 million girls and women around the world have already undergone some form of the practice.⁶⁶ More than three million girls in Africa alone are annually at risk of FGM.⁶⁷ Types I and II account for nearly 85 percent of all procedures globally.⁶⁸

⁶³ World Health Organization, Female Genital Mutilation, Fact Sheet No. 241, May 2008, <http://www.who.int/mediacentre/factsheets/fs241/en/> (accessed June 5, 2009).

⁶⁴ The World Health Organization classified the four types of FGM in 2007. Population Reference Bureau, "Female Genital Mutilation/Cutting," <http://www.prb.org/pdf08/fgm-wallchart.pdf>, p.2.

⁶⁵ World Health Organization, "Eliminating Female Genital Mutilation: An Interagency Statement," 2008, http://whqlibdoc.who.int/publications/2008/9789241596442_eng.pdf (accessed June 5, 2009), p.1.

⁶⁶ Population Reference Bureau, "Female Genital Mutilation/Cutting," <http://www.prb.org/pdf08/fgm-wallchart.pdf>, p.2.

According to the WHO, female genital mutilation is practiced in at least 28 countries in Africa and is most widespread in the Sahel and the Horn.⁶⁹ In the Middle East and North Africa, it is practiced extensively in Egypt and to a lesser extent in Yemen. It has been reported in Oman, Jordan, and the Occupied Palestinian Territories. FGM is believed to be practiced in some parts of Asia, particularly in communities in Malaysia and Indonesia.⁷⁰ Elsewhere in the world, FGM is reported among migrant communities in North America, Europe, and Australia.⁷¹

Several types of FGM may be practiced in one country, in different regions, or by different ethnic communities. For example, Type I is practiced in Iraqi Kurdistan, Egypt, Mali, Kenya, Indonesia, and Mauritania. Type II is also practiced in Iraqi Kurdistan, but to a much lesser extent, and mainly on adult women. This form is also common in Egypt, Burkina Faso, Ivory Coast, Chad, Kenya, Sierra Leone, Senegal, Yemen, and Ethiopia. The most severe type of FGM, infibulation, is practiced in Ethiopia, Somalia, and northern Sudan.⁷²

Reasons for FGM

FGM is practiced for many different socio-cultural reasons. Often those who practice it point out that it is rooted in local culture and has been passed from one generation to another. Indeed, research suggests that ethnicity and the practice of FGM are closely linked.⁷³ It can serve as a marker of cultural identity which has the effect of creating a powerful impetus to continue the practice, especially if a society feels under pressure or threat.⁷⁴

Other cultural factors stem from gender inequality within societies which view women as the gatekeepers of family honor. In these situations it may be believed that girls' sexual desires

⁶⁷ Ibid.

⁶⁸ Program for Applied Technology in Health (PATH), "Female Genital Mutilation: The Facts," undated, <http://www.path.org/files/FGM-The-Facts.htm> (accessed January 30, 2010).

⁶⁹ World Health Organization, "Eliminating Female Genital Mutilation," http://whqlibdoc.who.int/publications/2008/9789241596442_eng.pdf, p.4.

⁷⁰ World Health Organization, "Progress in Sexual and Reproductive Health Research: Female genital mutilation-new knowledge spurs optimism," vol. 72, (2006), p.3.

⁷¹ World Health Organization, Female Genital Mutilation, Fact Sheet No. 241, <http://www.who.int/mediacentre/factsheets/fs241/en/>.

⁷² Female Genital Cutting Education and Networking Project, "FGC around the World," undated, <http://www.fgmnetwork.org/intro/world.php> (accessed January 30, 2010).

⁷³ United Nations Children's Fund, Innocenti Research Center, "Changing a Harmful Social Convention: Female Genital Mutilation/Cutting," 2005, http://www.unicef-irc.org/publications/pdf/fgm_eng.pdf (accessed January 30, 2010), p.6.

⁷⁴ World Health Organization, "Eliminating Female Genital Mutilation," http://whqlibdoc.who.int/publications/2008/9789241596442_eng.pdf, p.6.

must be controlled early on to preserve their virginity and prevent immorality. In other communities, the practice is seen as necessary to ensure marital fidelity and to prevent “deviant” sexual behavior.

In some places FGM is also performed for hygienic and aesthetic reasons. People may believe that female genitalia are dirty and an uncircumcised girl is considered unclean. This belief may reduce a girl’s chances of getting married if she is not circumcised. FGM is also considered to make girls attractive. In northern Sudan, for example, infibulation is thought to achieve smoothness which is considered beautiful.⁷⁵

In many societies a link is thought to exist between FGM and religious faith. The practice of FGM is not particular to any religious tradition—it occurs in communities that are Muslim, Christian and Jewish, as well as among believers of traditional religions. Perhaps more importantly, however, the majority of Muslims, Christians and Jews do not practice FGM.⁷⁶ Specifically as regards Islam, the majority religion in Iraqi Kurdistan, FGM is not practiced in Saudi Arabia, Pakistan and most other countries which have a predominantly Muslim population, but is widespread in Egypt, northern Sudan, Somalia and a number of other countries in the Sahel.⁷⁷

The association of FGM with Islam has been rejected by many Muslim scholars and theologians who say that FGM is not prescribed in the Quran and is contradictory to the teachings of Islam.⁷⁸ For example, in 2006 the late Muhammad Sayyed Tantawi, Grand Sheikh of Al Azhar University, the most respected Islamic university among Sunni Muslims, stated during a conference in Cairo on FGM that female genital mutilation is not an Islamic practice and is not mentioned in “Shari’a, in the Quran, in the prophetic Sunnah”.⁷⁹ A year later the Al Azhar Supreme Council of Islamic Research issued a statement that FGM has “no basis in Islamic law or any of its partial provisions”.⁸⁰ Nevertheless, the belief that FGM has a religious mandate strongly reinforces the justification for its continuation in the Muslim

⁷⁵ Ibid.

⁷⁶ Ibid., p. 60.

⁷⁷ American Academy of Pediatrics, Committee of Bioethics, “Female Genital Mutilation,” *Pediatrics*, vol. 12, no. 1, (July 1998), pp. 153-156.

⁷⁸ Ibid.

⁷⁹ Women’s UN Repot Program and Network (WRURN), Female Genital Mutilation-FGM, Cairo Conference, Al-Azhar University, “Recommendations of the Conference - The Same Value as a Fatwa,” November 25, 2006, http://www.wunrn.com/news/2007/01_07/01_22_07/012707_female.htm (accessed April 26, 2010). The fatwa is also published on the TARGET Reudiger Nehberg website at http://www.target-human-rights.de/HP-o8_fatwa/index.php?

⁸⁰ United Nations Children’s Fund, “Media Backgrounder: Female Genital Mutilation/Cutting (FGM/C) in Egypt,” undated, http://www.unicef.org/egypt/media_4115.html (accessed April 26, 2010).

societies where it is practiced, and underlines the importance of religious leaders publicly denying the link and calling on Muslims to abandon it.⁸¹

Health Consequences of FGM

FGM is medically unnecessary and irreversible.⁸² It severely damages the health of millions of girls and women and has immediate and long-term effects on their physical, sexual, and emotional health.⁸³

Physical Health Consequences

All types of FGM have numerous acute and chronic physical health consequences, including implications for reproductive health.⁸⁴ The most immediate consequences include death and the risk of death from hemorrhaging, and shock from the pain and level of trauma that may accompany the procedure. Heavy bleeding can be particularly life-threatening in a context of limited access to emergency health care. Serious sepsis may also occur especially when unsterile cutting instruments such as razor blades are used. The risk of infection may increase when the same instrument is used to cut several girls. Acute urinary retention may also result from swelling and inflammation around the wound.⁸⁵

Long-term complications include anemia, the formation of cysts, painful sexual intercourse, sexual dysfunction, and hypersensitivity in the genital area. More recent research shows that women who have experienced any type of FGM, including clitoridectomy, run a greater risk of complications during childbirth. Pregnant women carry a greater risk of needing a caesarean

⁸¹ See also Ibrahim Lethome Asmani, Maryam Sheikh Abdi, The Population Council's Frontiers in Reproductive Health Program, "Delinking Female Genital Mutilation/Cutting from Islam," 2008, http://www.popcouncil.org/pdfs/frontiers/reports/FGM_Islam.pdf (accessed March 15, 2010), p. 27.

⁸² UN High Commissioner for Refugees, "Strategies to Eradicate Harmful Traditional Practices, Female Genital Mutilation," (Annex 2), <http://www.unhcr.org/refworld/pdfid/3efc79f34.pdf> (accessed June 5, 2009), p. 1.

See also Nahid Toubia, "Female Circumcision as a Public Health Issue," *The New England Journal of Medicine*, vol. 331, no. 11, (September 1994), pp.712-716.

⁸³ Research shows that all types of FGM are harmful to women's physical, emotional, and sexual health.

International Federation of Gynecology and Obstetrics, "Ethical Issues in Obstetrics and Gynecology," November 2006, <http://www.igo.org/files/igo-corp/docs/Ethics%20Guidelines%20-%20English%20version%202006%20-2009.pdf> (accessed September 8, 2009), p. 21.

World Health Organization, "Eliminating Female Genital Mutilation," http://whqlibdoc.who.int/publications/2008/9789241596442_eng.pdf, p.1.

World Health Organization, Female Genital Mutilation, Fact Sheet No. 241, <http://www.who.int/mediacentre/factsheets/fs241/en/>.

⁸⁴ See for example S. De Silva, "Obstetric Sequelae of Female Circumcision," *European Journal of Obstetric and Gynecological Reproductive Biology*, vol. 32, no. 3, (September 1989), pp. 233 – 240.

⁸⁵ R.J. Cook et al., "Female Genital Cutting (Mutilation/Circumcision): Ethical and Legal Dimensions," *International Journal of Gynecology and Obstetrics*, vol. 79, (2002), pp. 281-287.

section or an episiotomy and may experience postpartum hemorrhage. All types of FGM also have detrimental health effects on fetuses, and women who have been cut may run an elevated risk of a still birth. Newborn babies may suffer from early neonatal death and may have lower birth weight. Obstetric complications increase depending on the extensiveness of the procedure.⁸⁶

Sexual Health Consequences

FGM involves the partial or total removal of the external female genitalia. The clitoris, labia majora, and labia minora comprise what is known as the vulva. The clitoris is covered by a prepuce. The glans part of the clitoris, visible externally, is a specialized female sexual organ which serves the function of female sexual stimulation and pleasure. The clitoris constitutes the “primary female erogenous zone from which all orgasms are thought to originate.”⁸⁷ The vagina is a reproductive organ that has minimal sensory capacity for sexual response.⁸⁸ The removal of the clitoris thus impairs normal female sexual response and “takes away the primary specialized female sexual organ, dense with nerve endings and dedicated only to pleasure.”⁸⁹ Nahid Toubia, a Sudanese surgeon and human rights activist, explains that “FGM removes the women’s sexual organ and leaves her reproductive organs intact.”⁹⁰

FGM has severe consequences for a woman’s sexual and psychosexual health. Both the clitoris and the labia minora are supplied with large sensory nerve receptors. These nerve receptors and fibers are highly concentrated in the tip of the clitoris. When young girls undergo clitoridectomy or any other form of FGM, these sensory receptors are damaged and often result in the impairment of female external genitalia, and affect female sexual response.⁹¹

Studies which document the sexual health consequences of FGM show that when women undergo any form of FGM, they may experience physical pain during intercourse and lack

⁸⁶ World Health Organization, “Progress in Sexual and Reproductive Health Research: Female genital mutilation-new knowledge spurs optimism,” vol. 72, (2006), p.7.

⁸⁷ Mumtaz Rashid and Mohammed H. Rashid, “Obstetric Management of Women with Female Genital Mutilation,” *The Obstetrician and Gynecologist*, 2007, pp. 95-101.

⁸⁸ Nahid Toubia, “Female Genital Mutilation,” in Julie Peters and Andrea Wolper, eds., *Women’s Rights Human Rights: International Feminist Perspectives* (New York: Routledge, 1995), p.229.

⁸⁹ Ibid.

⁹⁰ Ibid.

⁹¹ The International Society of Dermatology, “Stop female genital mutilation: an appeal to the international dermatologic community,” *International Journal of Dermatology*, vol. 41, (2002), <http://193.109.105.24/allegatiifo/migrazioni/pubblicazioni/stopfemalegenital.pdf> (accessed December 9, 2009), pp. 253-263.

physical pleasure during sex. “The missing structures and tissue of a woman’s sexual organs have negative effects on a woman’s sexual desire, arousal, sexual pleasure and satisfaction.”⁹²

FGM has also been associated with infertility. This may be attributed to a number of factors which include infections or inadequate penetration during sexual intercourse. In communities where fertility and childbirth constitute major roles for women, the failure to produce children is most often blamed on women. This may result in the rejection of the infertile woman by her husband and his family.⁹³

It is already known that psychological aspects of sexuality affect sexual responses—and this is also one of the consequences of FGM. Padmini Murthy and Clyde Lanford Smith, in their book, “Women’s Global Health and Human Rights”, explain that the “trauma of [female] circumcision may always influence a woman’s sex life.”⁹⁴ In fact, psychosexual problems may result from the pain associated with the procedure, or painful menstruation, or intercourse that may occur as a result of the procedure. Recurring episodes of lack of sexual desire and enjoyment during intercourse may also result in psychosexual health complications.⁹⁵

Mental and Emotional Health Consequences

While only a few studies have tackled the effects of FGM on mental and emotional health, it is believed that FGM causes varying degrees of emotional difficulties that may lead to psychiatric disorders. The psychological consequences of FGM may be caused by a loss of trust or a sense of betrayal by a close family member. Girls are often accompanied to the midwife’s home by their mothers, aunts, or grandmothers without any prior knowledge about where they are going and what they are going to do. In other instances, close female relatives or neighbors, instead of traditional midwives, carry out the procedure on their own girls. Girls may grow to fear the female members of their families.⁹⁶

⁹² When a woman’s sexual organs and tissues are impaired, other sexually sensitive parts of her body—breasts, lips, neck, and earlobes—become more sensitive to make up for the lack of sexual stimulation in her genitalia. Padmini Murthy, Clyde Lanford Smith, *Women’s Global Health and Human Rights*, (Massachusetts: Jones and Bartlett Publishers, 2010), p. 465.

⁹³ Padmini Murthy, Clyde Lanford Smith, *Women’s Global Health and Human Rights*, p. 302.

⁹⁴ *Ibid.*

⁹⁵ The International Society of Dermatology, “Stop female genital mutilation,” *International Journal of Dermatology*, <http://193.109.105.24/allegatiifo/migrazioni/pubblicazioni/stopfemalegenital.pdf>, pp. 253-263.

⁹⁶ James Whitehorn et al., “Female genital mutilation: cultural and psychological implications,” *Sexual and Relationship Therapy*, vol. 17, no. 2, 2002, pp. 161 – 170.

Research has linked FGM with depression, anxiety, phobias,⁹⁷ post traumatic stress disorder (PTSD), psychosexual problems,⁹⁸ and other mental health problems.⁹⁹ The prevalence of PTSD is likely to be higher in girls and women who undergo more severe forms of FGM. The prevalence of PTSD may increase if the girl or woman suffered severe complications as a result of the procedure. PTSD may also occur when flashbacks are triggered by reminders of the procedure. These memory triggers may occur during sexual intercourse, during gynecological exams, and even during childbirth and delivery.¹⁰⁰

Chronic pain in women who undergo FGM is often the result of either trauma or physical complications they may have experienced while undergoing the procedure. Complications may include infections or painful menstrual periods. Chronic pain also causes girls and women to experience distress and feelings of sadness. Social isolation, feelings of worthlessness and of guilt may also increase as a result.¹⁰¹

⁹⁷ See for example Alice Behrendt and Steffen Moritz, "Posttraumatic Stress Disorder and Memory Problems after Female Genital Mutilation," *American Journal of Psychiatry*, vol. 162, (2005), pp.1000-1002.

⁹⁸ See for example Mohammed El-Defrawi, et al., "Female Genital Mutilation and its Psychosexual Impact," *Journal of Sex and Marital Therapy*, vol.27, no. 5, (October 2001), pp. 465-473.

⁹⁹ See for example, James Whitehorn et al., "Female Genital Mutilation: Cultural and Psychological Implications," *Sexual and Relationship Therapy*, pp. 161-170.

¹⁰⁰ Ibid.

¹⁰¹ Ibid.

V. Female Genital Mutilation in Iraqi Kurdistan

I was five.... My mother took us, me and my sister, to a midwife, and I ran away. They [later] held me by force and removed a piece of flesh from my body. They opened up my legs, and it was very painful. They put water and then ash on the wound.

—Baxcha A., 22-year-old married woman, Sarkapkan, May 30, 2009¹⁰²

Prevalence of FGM in Iraqi Kurdistan

The KRG does not currently collect routine statistics on the prevalence of FGM or on its health consequences. FGM, for example, was not included in the 2006 UNICEF-supported Iraq Multiple Indicator Cluster Survey (MICS3) or in the WHO-supported 2006/2007 Iraq Family Health Survey (IFHS).¹⁰³

In January 2009, however, the Ministry of Human Rights carried out a first study on the prevalence of FGM in the district of Chamchamal.¹⁰⁴ Based on a sample of 521 girl and women students between the ages of 11 and 24 years, it found that 40.7 percent were circumcised. By age cohort, 23 percent of girls under 13 years were circumcised compared to 45 percent of girls between 14 and 18 years, and 45 percent of women 19-24 years old.¹⁰⁵

In 2010 the Association for Crisis Assistance and Development Co-operation (WADI), a German-Iraqi human rights nongovernmental organization, published the results of a study conducted between September 2007 and May 2008.¹⁰⁶ The study covered the provinces of Arbil and Sulaimaniya, and the Germian/Kirkuk region. WADI conducted 1,408 interviews with women and girls and found prevalence rates among women and girls aged 14 years and older to be 72.7 percent.¹⁰⁷ The study found that the prevalence rate is 77.9 percent in

¹⁰² Human Rights Watch interview with Baxcha A., Sarkapkan, May 30, 2009.

¹⁰³ FGM is routinely included in MICS and Demographic and Health Surveys in 18 countries in Africa and the Middle East, including Yemen and Egypt. Since 2003 there has been international agreement on standardized indicators.

¹⁰⁴ The KRG Ministry of Human Rights was eliminated after the legislative elections in July 2009.

¹⁰⁵ Kurdistan Regional Government, Ministry of Human Rights, “Study on the Prevalence of FGM,” unpublished document on file with Human Rights Watch, January 2009. Copy received in Kurdish and translated into Arabic.

¹⁰⁶ WADI was founded in 1991 and began work in Iraq in 1993. Through work in villages in northern Iraq, in 2003 the organization identified FGM as a problem and set up a pilot project to document its prevalence. For more information on WADI visit <http://www.wadinet.de/projekte/andere/briefoverview/women-brief.htm>.

¹⁰⁷ Association for Crisis Assistance and Development Co-operation (WADI), “Female Genital Mutilation in Iraqi-Kurdistan: an empirical study,” 2010, pp. 3-5.

Sulaimaniya, 81.2 percent in Germian, and 63 percent in Arbil. Breaking this down by age cohort, the prevalence among girls and young women aged 14 to 19 years was 57 percent and aged 20-29 years was 67.4 percent.¹⁰⁸ The age range of persons surveyed was much wider than the Ministry of Human Rights survey, and this may have skewed the overall general results upwards.

Whichever set of results are considered, these surveys are highly suggestive that the practice of FGM is widespread in Iraqi Kurdistan. Even the lower figure—the Ministry of Human Rights’ finding of 40.7 percent of girls and women aged 11 to 24 years of age in education having undergone FGM—represents a high proportion of girls and women, especially given that this survey was carried out among girls and women who attend school and prevalence among girls and women who have not attended school is likely to be higher.¹⁰⁹

Despite these results, ministerial officials who spoke to Human Rights Watch said that the practice was not widespread enough to require action to eliminate it. The former minister for health, Dr. ‘Abd al-Rahman Osman Yunis, said “we have a bad cultural behavior called FGM in certain limited areas, but the rates are not significant.”¹¹⁰ The then minister for religious affairs, Muhammad Ahmad Saeed Shakaly, told Human Rights Watch that “the issue is not that big.”¹¹¹ He stated, “we cannot name it a phenomenon, only as individual cases.”¹¹² He claimed that “this case is fading along with other social phenomenon. This must have been the case 10 or 20 years ago.”¹¹³ The manager for media and press in the Ministry for Religious

¹⁰⁸ In Dohuk, one of the three provinces of the Kurdistan region, the rate of FGM is much lower at 7.0 percent. WADI staff found that the prevalence of FGM in Dohuk was ten times lower than the other provinces, but they found no explanation for this. According to WADI, data collection in Dohuk was difficult. They relied on newly formed teams in Dohuk to carry out the survey, but WADI staffers had no details of the survey process. Dohuk was excluded from the WADI study and the prevalence rate of 72.7 percent only covers Sulaimaniya, Arbil, Germian/New Kirkuk.

Ibid., p. 3.

Germian /New Kirkuk is a quasi Kurdish governorate incorporating parts of Kirkuk governorate as it was before it was divided among adjacent governorates by the Baath regime and which came under Kurdish control after the uprising in 1991. This region is controlled and administered by the KRG and is not part of the disputed area.

¹⁰⁹ According to UNICEF, education plays a great role in protecting the rights of women and their children. Daughters whose mothers have gone to school and have a higher level education are less likely to subject their daughters to FGM than daughters of mothers with little or no education.

United Nations Children’s Fund, Innocenti Research Center, “Changing a Harmful Social Convention: Female Genital Mutilation/Cutting,” 2005, http://www.unicef-irc.org/publications/pdf/fgm_eng.pdf, p.6.

¹¹⁰ Human Rights Watch interview with Kurdistan Regional Government minister for health, Dr. ‘Abd al-Rahman Osman Yunis, June 3, 2009.

¹¹¹ Human Rights Watch interview with Kurdistan Regional Government minister for endowments and religious affairs, Mr. Muhammad Ahmad Saeed Shakaly, Arbil, June 3, 2009.

¹¹² Ibid.

¹¹³ Ibid.

Affairs, Mr. Mariwan Naqshbandy, made the same point as his minister: “I believe there are cases, one here and one there, on the brink of extinction.”¹¹⁴ However, neither the Ministry of Health nor the Ministry for Religious Affairs were able to provide statistics to back their position, and the findings of the surveys cited above do not support their views.

Doctors Human Rights Watch spoke to suggest that clitoridectomy—Type I—is the most common form of FGM practiced in Iraqi Kurdistan. Excision—Type II—is also practiced, but to a much lesser extent. Health professionals told Human Rights Watch that the latter type is usually conducted on adult women and is almost exclusively performed by medical professionals in hospitals.

An Experience of Pain and Distress

I remember that there was a lot of blood and a large fear. This has consequences now during my period. I have emotional and physical pain and fear from the time when I saw the blood. I don't even go to school when I have my periods because there's too much pain.... My family supports me but sometimes I feel like killing myself because of the [menstrual] pain.

—Dalya M., 18-year-old student, Halabja, June 2, 2009¹¹⁵

Girls are typically circumcised between the ages of three and twelve years—all but one of the women and girls Human Rights Watch interviewed were circumcised when they were between these ages.¹¹⁶ The Ministry of Human Rights survey notes that 22.3 percent of girls aged 11 to 13 were circumcised. Some of the women we interviewed reported subjecting their own daughters to FGM at these ages. Nazdar B., a traditional midwife in Sumoud, confirmed this: “The girl is circumcised between the ages of five and thirteen or fourteen because the injury heals quicker.”¹¹⁷

The girls we interviewed told us that they were usually accompanied to the midwife's home by their mothers, and are almost never told why they were going. Research indicates that

¹¹⁴ Human Rights Watch interview with Mr. Mariwan Naqshbandy, media manager at the Kurdistan Regional Government Ministry for Religious Affairs, Arbil, June 3, 2009.

¹¹⁵ Human Rights Watch interview with Dalya M., Halabja, June 2, 2009.

¹¹⁶ The sample of women and girls interviewed by Human Rights Watch who told us that they were circumcised between the ages of three and twelve were mostly over the age of 18.

¹¹⁷ Human Rights Watch interview with Nazdar B., traditional midwife, Sumoud, June 1, 2009. There is no medical evidence to suggest that a girl's physical injury heals faster when she is young.

FGM is typically performed on girls who cannot give informed consent to a physical procedure that may affect their physical and mental health for the rest of their lives.¹¹⁸

The coerced and painful nature of FGM creates an acute sense of distress in a young child, which is compounded by the shame and confusion surrounding the practice. In most of the cases we documented, FGM took place without the girl's prior knowledge or preparation. The young girls were often told they would be going to a party or to visit a relative's house. Behar R., a 17-year-old student, told us:

I remember everything about it. I was around nine years of age. I was with my mother. They told me that we are going to visit some relatives. I didn't know where she would take me. It was not the house she told me about. When we were there, my mother took me to another room and [the midwife] just did it.¹¹⁹

The women and girls we interviewed told us that several women forcibly held them down as a midwife cut their clitoris with a razor. Nazdar B., the midwife from Sumoud, said, "My daughters would help me because they [the girls] couldn't stay still under my hands."¹²⁰ "The midwife did it with force," said Naji M., 22, who was six years old when she was cut. "She had a razor blade and was very harmful.... My emotional state was very bad."¹²¹ Shno, who was circumcised at the age of six, said "The midwife had only one razor, and she used the same razor for all of us."¹²²

Those interviewed said that the midwives applied no local anesthetic, and all the interviewees vividly remembered the extreme pain they experienced. After the procedure,

¹¹⁸ A child's capacity to take decisions on her own account develops with age as her brain develops, with it her cognitive capacities, and as she gains greater intellectual understanding and emotional maturity. Both biological and environmental factors influence her developing capacity. In the context of having the capacity to take informed choices about a life-changing and irreversible procedure such as FGM, the age of 18 is internationally taken as the minimum age (but age is only one factor in reaching informed consent—even adults may not be capable of giving it). Most FGM is carried out on girls much younger than 18 years of age.

¹¹⁹ Human Rights Watch interview with Behar R., Sarkapkan, May 30, 2009.

Other interviews with women also confirmed that girls are often not told beforehand about the procedure or are told they are going to a social function. Parween M., a 28-year-old mother of two girls and a boy from Plangan, told us, "I was 9 or 10. They took me with another friend to the midwife in another village... No one explained such matters." Similarly, Mina B., a 38-year-old woman from Kallar, said, "I was 12 years old.... They told me that we are going to a party."

Human Rights Watch interview with Parween M., Plangan, May 29, 2009. Human Rights Watch interview with Mina B., Kallar, May 31, 2009.

¹²⁰ Human Rights Watch interview with Nazdar B., June 1, 2009.

¹²¹ Human Rights Watch interview with Naji M., Kallar, May 31, 2009.

¹²² Human Rights Watch interview with Shno P., Plangan, May 30, 2009.

they said the midwife covered the open wound with *xola kawa* (ashes) from the *tanoor*, a flat-surfaced oven used to bake traditional bread. A midwife in Kallar explained: “We sift [the ashes] and after the *xatena*, apply it immediately.”¹²³ This, according to the midwives, helps the wound to heal faster. Some women and girls said that the midwife or family member who cut them simply washed the wound with water, while others remembered the use of cooking oil, the spice sumac, or even household disinfectant. Behar R., a 17-year-old girl from Sarkapkan, said that the midwife just wiped her with a cloth and nothing else.¹²⁴

Some of the girls and women we interviewed had run away from the midwife’s home but were caught by their friends and relatives and brought back. Ala recalled her horror: “I was scared because I saw a girl before me who was bleeding a lot, and I was scared and ran away. They brought me back by force and did it. I ... was shocked.”¹²⁵ Avesta S. had a similar experience: “I was 10 years old. My mother did it for me with my cousin. I escaped from them, but then my cousin brought me back, and my mom circumcised me.”¹²⁶

Some women said that they escaped circumcision when they were children, but later succumbed to societal pressure to be circumcised as adults. Human Rights Watch discovered several of these cases. A gynecologist in Kallar told us about one uncircumcised adult woman: “She was ashamed of [having to have] the procedure [done]. She went to the oldest midwife who cannot see or is semi blind, and she disfigured her vagina.”¹²⁷ Some interviewees and social workers told us of uncircumcised women whose fiancés made it a condition of their marriage that they were circumcised prior to their wedding.¹²⁸ In another instance, one social worker told Human Rights Watch about a woman who was discovered to be uncircumcised by her sister-in-law during the birth of her third child. The sister-in-law was appalled to learn that her brother had been eating food cooked by an uncircumcised woman, which she considered dirty, and stated that their marriage was *haram* [forbidden]. A few days after the delivery, the sister-in-law brought a midwife to the house, and the woman was circumcised.¹²⁹

¹²³ Human Rights Watch interview with Kaziwa Y., traditional midwife, Kallar, May 31, 2009.

¹²⁴ Human Rights Watch interview with Behar R., May 30, 2009.

¹²⁵ Human Rights Watch interview with Ala K., Halabja, June 2, 2009.

¹²⁶ Human Rights Watch interview with Avesta S., Sumoud, June 1, 2009.

¹²⁷ Human Rights Watch interview with Dr. Sana’ Rashed, head of gynecology for the district of Germian, Kallar, May 31, 2009.

¹²⁸ Human Rights Watch interview with Nasreen Ibrahim Khalifa, social worker, WADI, Kallar, May 31, 2009.

¹²⁹ Ibid.

Traditional midwives, who most often perform these procedures, are non-licensed practitioners who help with deliveries and perform other minor health-related procedures in the village. Kaziwa Y., a traditional midwife from Kallar who was born in 1950, told Human Rights Watch “I am a midwife only for *xatena*, and in some cases I help with delivery.”¹³⁰

The midwives we spoke with had not gone to school; some learned the practice from other women in their families, while others simply learned from observation. Nazdar B., a traditional midwife from Sumoud noted “I learned it myself by seeing some cases and had the courage to do it.”¹³¹ The midwives typically circumcise girls in their village and the neighbouring villages. Trooska G., a traditional midwife we interviewed in Kallar added “there are no doctors here. I do it for all the neighbouring towns.”¹³² None of the midwives said that they accepted any form of compensation for performing the procedure, even though some complained that they are in need of financial support.

In the WADI study, 35.6 percent of procedures in Arbil were performed by a grandmother of the child, while 41 percent in Sulaimaniya were performed by an “old woman”—a reference to a traditional midwife.¹³³ The study also confirmed that almost 80 percent of female circumcisions took place at home, 13.5 percent took place at a neighbor’s home, while 0.1 percent took place at hospitals. The remaining 6.4 percent was defined as “other.” No explanation was given for this category.¹³⁴

Reasons Put Forward for Female Genital Mutilation in Iraqi Kurdistan

I was circumcised when I was about six years old. Two women held my arms and another, very old woman, cut something from my organ. They told me that it is “*sunnah*”. This strengthens my religion.

—Shno P., 35-year-old homemaker, Plangan, May 29, 2009

The origins of female genital mutilation in Iraqi Kurdistan are unknown. The practice may have been a traditional custom¹³⁵ and a religious justification may have been later added.

¹³⁰ Human Rights Watch interview with Kaziwa Y., May 31, 2009.

¹³¹ Human Rights Watch interview with Nazdar B., June 1, 2009.

¹³² Human Rights Watch interview with Trooska G., traditional midwife, Kallar, May 31, 2009.

¹³³ Association for Crisis Assistance and Development Co-operation (WADI), “Female Genital Mutilation in Iraqi-Kurdistan: an empirical study,” p.9.

¹³⁴ Ibid.

¹³⁵ Women interviewees were of various ages. Many of them said that female circumcision is an ancestral custom and one which was practiced by their great grandmothers, grandmothers and mothers.

The majority of Kurds in Iraq are Sunni Muslims who adhere to the tenets of the Shafi'i school of Islam which regards male circumcision as obligatory and female circumcision as optional.¹³⁶ Regardless of its origins in Iraqi Kurdish society, the practice has become a social convention, important for the acceptance of a girl as a respectable member of society. It attaches to notions of female purity and cleanliness.

The reasons for the continuing practice of FGM given by women, midwives, government officials, and clerics interviewed by Human Rights Watch were varied, which points to how deeply embedded it is as a social convention and to the challenges that the authorities and society face in achieving its eradication. The reasons fall into four main categories:

- It is linked to Kurdish cultural identity;
- It is a religious imperative;
- It is necessary to control women's sexuality; and
- It is carried out as a result of social pressure.

These four categories are interlinked: the women we interviewed referred to them almost interchangeably, with the exception of the need to control women's sexuality, which was only referred to by clerics. Some women told us that FGM is an ancestral tradition that is maintained to preserve cultural identity. Others defended it in the name of religion as Islamic *sunnah*.¹³⁷ Nermin G., 26, defined religious imperative and social prevalence as one and the same: "All the girls my age did it. This comes from religion."¹³⁸

Most referred to several justifications at the same time. Kaziwa Y., a midwife from Kallar, told Human Rights Watch, "This is an ancestral custom and a religious custom because their (women's) food is *haram* [forbidden], marriage is *haram* if they are not circumcised."¹³⁹ Ala Z., a member of the Ahl al Haq religious community, known locally as Kaka'i¹⁴⁰ said, "*xatena* is a custom from our ancestors. If we serve food [and are not circumcised], it will be

¹³⁶ In many communities where FGM is practiced, an earlier social convention has become linked in popular belief with religion. See Anika Rahman, Nahid Toubia, *A Practical Guide to Worldwide Laws and Policies*, (London: Zed Books, Ltd., 2000), pp. 5-6; Ibrahim Lethome Asmani, Maryam Sheikh Abdi, "Delinking Female Genital Mutilation/Cutting from Islam," http://www.popcouncil.org/pdfs/frontiers/reports/FGM_Islam.pdf.

¹³⁷ *Sunnah* means that an action is carried out to strengthen one's religion, but is not obligatory.

¹³⁸ Human Rights Watch interview with Nermin G., Sarkapkan, May 30, 2009.

¹³⁹ Human Rights Watch interview with Kaziwa Y., May 31, 2009.

¹⁴⁰ Ahl al Haq or the Kaka'is are a minority religious group whose faith combines Zoroastrianism and Shiism. Ahl al Haq of Iraq live predominantly in villages near the border of Iran.

Human Rights Watch, "Ansar al Islam in Iraqi Kurdistan", February 5, 2003, <http://www.hrw.org/legacy/background/mena/ansarbko20503.htm>.

unclean.”¹⁴¹ Ameena F. stated: “It is *sunnah*.... Everyone is doing this. Of course this is a good thing for my daughter. When someone does something, we all have to do it.”¹⁴² Ameena’s statement reveals that some women in Kurdistan view FGM as a cultural tradition, a religious imperative, and a social practice all at once. These rationalizations show the complexities of the practice and why FGM eradication efforts are so challenging. All of these factors must be addressed in the development of any eradication strategy.

Many girls and women interviewed by Human Rights Watch referred to circumcision as shameful and appeared to grapple with conflicting emotions—on one hand, FGM gave them a sense of identity and social belonging, and on the other, it involves a girl’s genitalia which are associated with sexual function and sexual pleasure, issues that are not openly talked about in traditional societies like Iraqi Kurdistan.

Others explained that circumcision was just a normal procedure that every girl must undergo so that she becomes clean. Dashne W., 23 years old from Sumoud, boasted “I didn’t have a problem, so I think it’s good. The midwife who did it for me had done it for 200 to 300 girls, and she was good.”¹⁴³ Payman I., who went to the midwife with two of her friends when they were ten years old, said, “The girls were doing it, so I asked my mother and told her I want to do it ... I felt normal.”¹⁴⁴ Shawnm J., whom we interviewed in Halabja told us, “I don’t believe *xatena* is a huge problem. It’s normal that women who have not been circumcised, the food from their hands is unclean.”¹⁴⁵

In Iraqi Kurdistan, as in other places in the world, FGM is seen by women themselves and by wider society as a practice that solely involves women, and is perpetuated by women. Mothers or other female relatives typically make the decision when and whether their daughters should be circumcised; midwives carry it out; and the procedure is almost never discussed with the men in the family. In fact, Human Rights Watch was often told that it is shameful to discuss female circumcision in front of male members of the family. The women said that the practice is entirely in the hands of mothers. WADI’s 2010 study revealed that 12.4 percent of women said that their mothers advised them to circumcise their daughters.

¹⁴¹ Human Rights Watch interview with Ala Z., June 2, 2009.

¹⁴² Human Rights Watch interview with Ameena F., Sarkapkan, May 30, 2009.

¹⁴³ Human Rights Watch interview with Dashne W., Sumoud, June 1, 2009.

¹⁴⁴ Human Rights Watch interview with Payman I., Sumoud, June 1, 2009.

¹⁴⁵ Human Rights Watch interview with Shawnm J., Halabja, June 2, 2009.

Twenty two percent said that they were pressured by their mother-in-laws. Only 2.1 percent of women said that their husbands advised them to circumcise their young girls.¹⁴⁶

At the same time, the underlying reasons women gave for continuing FGM are linked to Kurdish cultural identity, female subordination, and to religion and religious imperatives based on women's traditional roles as housekeepers and cooks. Galawezh D., a 37-year-old woman from Plangan, said, "They say that everything [e.g. food and water served in the house] from our hands is not clean if we are not circumcised, so it is related to religion, to *sunnah*."¹⁴⁷ While most women we interviewed linked circumcision to cleanliness, some identified other functions they viewed as against Islamic law for uncircumcised women. Gulzar S., 55, said, "Religion says that marriage and prayer are *haram* if girls are not circumcised."¹⁴⁸

The notion that uncircumcised girls are "dirty" is closely linked to societal beliefs about female sexuality as dangerous, which can also be perpetuated through religious rhetoric. Dr. Sami al-Deeb Abu Sahlieh, an Islamic law scholar who has written extensively on male and female circumcision says that "falling into the forbidden" is the most cited justification used by proponents of female circumcision. In his book, "To Mutilate in the Name of Jehovah or Allah", he cites Professor 'Abd al-Rahman al-Adawi from Al-Azhar Islamic University in Cairo, Egypt, who says that female circumcision helps a woman "to remain shy and virtuous. In the Orient, where the climate is hot, a girl gets easily aroused if she is not circumcised. It makes her shameless and prey to her sexual instincts, except those to whom God shows compassion."¹⁴⁹

In Kurdistan, Mullah Muhammad Amine 'Abd al-Qassar, the head of religious clerics in Germian and Imam of the Larger Mosque of Kallar, stated that a girl goes through puberty faster in warmer climates and therefore circumcision is practiced to "allow girls not to show

¹⁴⁶ 21.5 percent of respondents said that they made their own decision to be circumcised, while 42 percent said they were advised by "others". Others may potentially mean other female members; aunts, sisters, or grandmothers. This may also mean neighbors, friends or religious clerics. Human Rights Watch documented cases where young girls made their own decisions to undergo FGM, their sisters or aunts took them to get the procedure done, or they heard a *mullah* advocating for the practice.

Association for Crisis Assistance and Development Co-operation (WADI), "Female Genital Mutilation in Iraqi-Kurdistan: an empirical study," p. 10.

¹⁴⁷ Human Rights Watch interview with Galawezh D., Plangan, May 29, 2009.

¹⁴⁸ Human Rights Watch interview with Gulzar S., Kallar, May 31, 2009.

¹⁴⁹ Sami A. Abu Sahlieh al-Deeb, *To Mutilate in the Name of Jehovah or Allah: Legitimization of Male and Female Circumcision*, chapter 3, (St. Sulpice: published by the author, July 1994), <http://www.fgmnetwork.org/authors/samialdeeb/Mutilate/Chapter3.html> (accessed June 5, 2009).

bad behavior.”¹⁵⁰ Gola Ahmad Hama, a social worker from the district of Ranya confirmed this belief is widespread. She explained that the general sentiment in the communities is that “if a woman is not circumcised, she will go the wrong way and be very sexual. This makes her a problem.”¹⁵¹ Shelan B. from Kallar told Human Rights Watch “for the girl, her mother fears for her reputation if she is not circumcised.”¹⁵²

In her book, “The Hidden Face of Eve: Women in the Arab World”, leading Egyptian physician and feminist scholar Nawal el-Saadawi suggests that the reason for female circumcision in traditional societies in the Middle East and North Africa is due to the importance attached to virginity. She states “Behind circumcision lies the belief that, by removing parts of girls’ external genitals organs, sexual desire is minimized.”¹⁵³

The Quran itself does not mention male or female circumcision, though some schools of Islamic jurisprudence establish principles on circumcision.¹⁵⁴ For example, the majority of Iraqi Kurds are Sunnis who adhere to the Shafi’i school of Islamic jurisprudence,¹⁵⁵ and according to some interpretations in this school, circumcision is obligatory for boys and *sunnah* for girls. Typically, male circumcision is conducted on boys when they are born or just a few days old. Female circumcision is performed on girls most often during their childhood, but not during their infancy. The religious leaders we spoke to confirmed that female circumcision is not mentioned in the Quran.¹⁵⁶ However, they cited a *hadith*¹⁵⁷ that mentions the Prophet Muhammad telling a woman who had been circumcising girls “to cut only a little,”¹⁵⁸ thus, according to these clerics, indicating that the Prophet was not against circumcision for girls.

¹⁵⁰ Human Rights Watch interview with Mullah Muhammad Amine ‘Abd al-Qassar, head of religious clerics in Germian and Imam of the Larger Mosque of Kallar, Kallar, May 31, 2009.

¹⁵¹ Human Rights Watch interview with Gola Ahmad Hama, social worker, WADI, Sarkapkan, May 30, 2009. See also Ibrahim Lethome Asmani, Maryam Sheikh Abdi, “Delinking Female Genital Mutilation/Cutting from Islam,” http://www.popcouncil.org/pdfs/frontiers/reports/FGM_Islam.pdf, pp. 2, 20, 21.

¹⁵² Human Rights Watch interview with Shelan B., Kallar, May 31, 2009.

¹⁵³ Nawal el-Saadawi, *The Hidden Face of Eve: Women in the Arab World*, (New York: Zed Books, 2007), p. 50.

¹⁵⁴ Islamic law has two major sources of interpretation: the Quran or holy text and *sunnah*, otherwise known as the traditions of the Prophet Muhammad.

¹⁵⁵ Sunni Muslims adhere to four schools of religious thought: Shafi’i, Hanbali, Hanafi and Maliki.

¹⁵⁶ Human Rights Watch interviews with Mullah Muhammad Amine ‘Abd al-Qassar and Mullah ‘Abd al-Rahim Jassim, Kallar, May 31, 2009.

¹⁵⁷ A *hadith* is an act or a saying attributed to the Prophet Muhammad.

¹⁵⁸ The most often mentioned narration is a debate between the Prophet Muhammad and Um ‘Atiyah al-Ansariyyah. Um ‘Atiyah, known as an exciser of females in Medina, came to Mecca to where the Prophet Muhammad was living. Having seen her, the Prophet asked whether or not she still practices her profession. She responded: “unless it is forbidden and you order me to stop doing it.” The Prophet replied: “Yes, it is allowed. Come closer so I can teach you: if you cut, do not overdo it (la tanhaki), because it brings more radiance to the face (ashraq) and it is more pleasant (ahza) for the husband.”

There is no agreement between clerics in Kurdistan on the practice of FGM. Some were adamant that the practice should be conducted as a religious obligation. Mullah Taha ‘Abd al-Rahim Jassim from Kallar told Human Rights Watch that female circumcision is performed for cleanliness, the same way that shaving and other hygienic customs are encouraged by the Islamic faith.¹⁵⁹ But both Mullah Jassim and Mullah Muhammad Amine ‘Abd al-Qassar, also from Kallar, stated they do not encourage female circumcision because it has been proven to cause severe damage to women’s health.¹⁶⁰ Indeed, these clerics told Human Rights Watch that when any practice interpreted as *sunnah* has been proven to endanger people’s lives, it is the duty of religious clerics to stop the practice. However, despite the acknowledged damage to women’s health, the clerics also stated that if the Prophet Muhammad in his time had not abolished FGM, they could not do so now.¹⁶¹ Other clerics, however, have gone further. In 2002, a liberal senior cleric, Mohammad Ahmad Gaznei, along with other senior clerics in Sulaimaniya issued a *fatwa*, a published opinion by Muslim religious scholars, against the practice.¹⁶² The *fatwa* urged religious leaders to adopt the Hanbali prescribed teachings on circumcision which only requires it for boys and to abandon the Shafi’i rulings on this practice which require it for both boys and girls.¹⁶³

Women in Iraqi Kurdistan are deeply affected by the mixed messages they receive. Aisha, a 56-year-old woman in Kallar, said that the mullah in her mixed-sex local mosque told the congregants that female circumcision is a religious obligation for females. The mullah, according to Aisha O., had said that, “just like we remove the hair on our arms, *xatena* is also for cleanliness.”¹⁶⁴ However, other women said that their mullah had told them circumcision was not a religious obligation, but that doing it would make them better Muslims. Still others said their mullahs did not encourage FGM. Sozan M. from Sarkapkan circumcised all four of her daughters when they were six years old. She told Human Rights Watch “in Qaladget, the mullah said it [FGM] is wrong, but I don’t believe him. I heard from my ancestors, men and women, from my father and mother ... This [FGM] is not a bad or ugly

Sami A. Abu Sahlieh al-Deeb, *To Mutilate in the Name of Jehovah or Allah*, chapter 3

¹⁵⁹ Human Rights Watch interview with Mullah Taha ‘Abd al-Rahim Jassim, May 31, 2009.

¹⁶⁰ Human Rights Watch interviews with Mullah Muhammad Amine ‘Abd al-Qassar and Mullah ‘Abd al-Rahim Jassim, May 31, 2009. See also Ibrahim Lethome Asmani, Maryam Sheikh Abdi, “Delinking Female Genital Mutilation/Cutting from Islam,” http://www.popcouncil.org/pdfs/frontiers/reports/FGM_Islam.pdf, pp. 18, 19.

¹⁶¹ *Ibid.*

¹⁶² “IRAQ: Survey suggests widespread female circumcision in north,” *IRINnews*, January 6, 2005, <http://www.irinnews.org/report.aspx?reportid=24541> (accessed June 5, 2009).

¹⁶³ Nicholas Birch, “Female Circumcision Surfaces in Iraq,” *Christian Science Monitor*, August 10, 2005 <http://www.csmonitor.com/2005/0810/p06s01-woiq.html> (accessed June 5, 2009).

¹⁶⁴ Human Rights Watch interview with Aisha O., Kallar, May 31, 2009.

thing.”¹⁶⁵ Women and girls also receive religious guidance through television, adding to the confusion.¹⁶⁶ Dashne W., a 23-year-old women from Sumoud, said, “the mullah said on television if you do it [get circumcised], it is better.”¹⁶⁷

As already described, internationally a number of Islamic scholars have made clear their view that FGM has nothing to do with Islam, and is not a religious requirement.¹⁶⁸ On November 24, 2006 an international conference on female circumcision was organized in Egypt, and sponsored by leading Islamic scholars from around the world. The late Muhammad Sayyed Tantawi, then Grand Sheikh of Al-Azhar University, the most respected university among Sunnis, stated “circumcising girls is just a cultural tradition in some countries that has nothing to do with the traditions of Islam.”¹⁶⁹ A statement issued at the end of the conference read:

The conference appeals to all Muslims to stop practicing this habit, according to Islam's teachings which prohibit inflicting harm on any human being.... The conference reminds all teaching and media institutions of their role to explain to the people the harmful effects of this habit in order to eliminate it.... The conference calls on judicial institutions to issue laws that prohibit and criminalize this habit ... which appeared in several societies and was adopted by some Muslims although it is not sanctioned by the Qur'an or the Sunna[h].¹⁷⁰

Nearly a year later in 2007, following the death of a 12-year-old girl in Upper Egypt, the Al-Azhar Supreme Council of Islamic Research issued a statement that FGM has “no basis in Islam law or any of its partial provisions and that it is harmful and should not be

¹⁶⁵ Human Rights Watch interview with Sozan M., Sarkapkan, May 30, 2009.

¹⁶⁶ Television is a popular information-sharing tool in Iraqi Kurdistan, and almost every house we visited, regardless how rural, had a television set in the living room.

¹⁶⁷ Human Rights Watch interview with Dashne W., June 1, 2009.

¹⁶⁸ See also Ibrahim Lethome Asmani, Maryam Sheikh Abdi, “Delinking Female Genital Mutilation/Cutting from Islam,” http://www.popcouncil.org/pdfs/frontiers/reports/FGM_Islam.pdf.

¹⁶⁹ Emad Mekay, “Egypt, Will FGM Fatwa make a difference?,” Inter-Press Services, (Johannesburg), November 29, 2006, http://fgmnetwork.org/news/show_news.php?subaction=showfull&id=1164978388&archive=&template (accessed January 30, 2010).

¹⁷⁰ Women’s UN Report Program and Network (WRURN), Female Genital Mutilation-FGM, Cairo Conference, Al-Azhar University, “Recommendations of the Conference - The Same Value as a Fatwa,” http://www.wurn.com/news/2007/01_07/01_22_07/012707_female.htm

practiced.”¹⁷¹ On January 12, 2010, religious leaders in Mauritania issued a fatwa against the practice of female circumcision signed by 33 imams and scholars.¹⁷² Mauritania’s population is predominantly Sunni, adhering to the Maliki school of Islamic thought,¹⁷³ and FGM Types I and II are prevalent in Mauritania with a rate of about 71.5 percent.¹⁷⁴

Health Consequences of FGM for Kurdish Girls and Women

As described in the previous chapter, research around the world has established that female genital mutilation, from its mildest to the most severe forms, has negative consequences for girls’ and women’s health. Kurdish doctors and health specialists report that the picture in Iraqi Kurdistan is no different.

Dr. Fattah Hamarahim Fattah, a specialist in preventive and community medicine who works at the Preventive Medicine Unit in the Sharazoor Directorate of Health in Sulaimaniya and frequently lectures on the dangers of FGM described some of the physical effects of FGM he had encountered in Kurdistan, including urinary retention, ongoing pain and infections. He confirmed that severe effects may include chronic fistula and infectious diseases such as HIV/AIDS.¹⁷⁵ Dr. Sana’ Rashed, head of gynecology of the district of Germian, who has practiced gynecology since 1995, confirmed that women who have been cut in Iraqi Kurdistan suffer from bleeding, infections and disfigurement of the vaginal area, especially when the urethra has been cut.¹⁷⁶

Female genital mutilation can be particularly life threatening in a context of limited access to emergency health care, which, as previously described, is the situation in many rural parts of Iraqi Kurdistan. Several of the women Human Rights Watch interviewed told of female relatives who had died due to excessive bleeding after being cut. Alya M. from Sarkapkan, a 40-year-old woman, only circumcised her oldest daughter, and not her other daughters, because she had become so afraid of the consequences. She told us of her family’s tragedy:

¹⁷¹ United Nations Children’s Fund, “Fresh progress toward the elimination of female genital mutilation and cutting in Egypt (News note),” July 2, 2007, http://www.unicef.org/egypt/media_3875.html (accessed January 30, 2010).

¹⁷² Laurent Prieur and Abdoulaye Massalatchi, “W. African Genital Cutters Face Fatwa, Jail,” *Reuters*, January 22, 2010, <http://www.reuters.com/article/idUSLDE6oL13C> (accessed January 30 2010).

¹⁷³ New World Encyclopedia, “Mauritania,” <http://www.newworldencyclopedia.org/entry/Mauritania#Religion> (accessed January 30, 2010).

¹⁷⁴ Female Genital Cutting Education and Networking Project, “FGC around the World,” <http://www.fgmnetwork.org/intro/world.php>.

¹⁷⁵ Human Rights Watch interview with Dr. Fattah Hamarahim Fattah, specialist in preventive and community medicine, Preventive Medicine Unit, Sharazoor Directorate of Health, Sulaimaniya, May 30, 2009.

¹⁷⁶ Human Rights Watch interview with Dr. Sana’ Rashed, May 31, 2009.

“One of my aunt’s daughters died of circumcision because of bleeding.”¹⁷⁷ Even later in life, women told us that the memory of their cutting, pain, and the blood still overwhelmed them. Shelan B., a 26-year-old woman from Kallar, said that she had a very bad experience and continued, “I was seven when I was circumcised. It was me and my cousin. I bled in a way that was not normal.... When I remember what happened, I get emotionally tired.”¹⁷⁸

The lack of health care, particularly emergency care, makes FGM—always unsafe— a potential death sentence in Kurdistan. When young girls in rural areas, where FGM is most prevalent, are cut and bleed severely, they are unlikely to have access to life-saving care. Because no official data is kept on deaths associated with FGM—there is no policy in hospitals of recording whether the cause of death for young girls is related to FGM—the number of girls who have lost their lives due to the practice remains unknown.

The risk of infection is likely to increase where midwives use unclean cutting instruments, which is a frequent occurrence in Kurdistan, and when the same instrument is used to cut several girls. Since infections are only documented when women seek care, it is difficult to ascertain the extent of these complications. Even where women and girls do seek care, the Ministry of Health does not have policies or guidelines to help hospitals or clinics to systematically document and monitor the health consequences of FGM.

Dr. Fattah Hamarahim Fattah explained that the sexual health consequences of FGM include pain during intercourse, low desire for sex, and less pleasure during intercourse.¹⁷⁹ These long term effects may surface only when a woman marries because that may be her first sexual encounter. Pre-marital sex is socially stigmatized in traditional Muslim societies like Iraqi Kurdistan.

Dr. Atia al-Salihy, an obstetrics and gynecology specialist in Arbil, noted that women who undergo FGM suffer psychologically. She said that when they marry, women may begin to remember the assault on their bodies when they were children, with severe consequences for their sexual and mental health.¹⁸⁰ Dr. Sana’ Rashed stated that women she sees complain about being sexually indifferent to their husbands. She explained that this may be due to a

¹⁷⁷ Human Rights Watch interview with Alya M., Sarkapkan, May 30, 2009.

¹⁷⁸ Human Rights Watch interview with Shelan B., May 31, 2009.

¹⁷⁹ Human Rights Watch interview with Dr. Fattah Hamarahim Fattah, May 30, 2009. See also Khaled, K and Vause, S., “Genital Mutilation—A Continued Abuse,” *British Journal of Obstetrics and Gynecology*, (1996), pp. 86 -87.

¹⁸⁰ Human Rights Watch interview with Dr. Atia al-Salihy, obstetrician/gynecologist, health advisor to the Council of Ministers (Kurdistan Regional Government), Arbil, June 4, 2009.

lack of sexual sensation.¹⁸¹ Vyan T., a 29-year-old married woman, told Human Rights Watch: “I had my menstrual period just one time, and then I got married. I have been married for 11 years, and I don’t have sexual desire, which upsets my husband. He hates it.”¹⁸²

Every woman interviewed for this research who had been circumcised testified to extreme emotional distress at the time of their circumcision, and many had vivid memories of the event long after it was over. Behar R. told us that her experience at age nine was so terrifying and painful that she forgot her shoes at the midwife’s house in her haste to get away, and only realized when she was halfway home, wading through an icy stream.¹⁸³

Many women were unable to explain or understand their feelings, adding to their confusion and distress. Shawnm J., a 35-year-old woman, told Human Rights Watch, “I remember I was ten years old. Three or four friends came to our house with a formal midwife and did it for us. I don’t remember exactly but there was pain. I don’t know whether it was because of the shock or too much noise but I couldn’t feel anything. We were ashamed more than we were scared.”¹⁸⁴

The mothers we interviewed who had submitted their daughters to the procedure were particularly conflicted. “You must think we are monsters,” said Sirwa from Plangan.¹⁸⁵ Most women internalized the distress they felt at inflicting such intense pain on their children, though some openly acknowledged the hardship. Hana E., a 56-year-old mother of six, accompanied her daughter to the midwife’s home, but was too afraid to hold down her daughter and to see her go through the pain, so she waited outside. She said:

I told my daughter that we are going to a relative’s home, but then I took her to the midwife. She asked me what we are doing here. When we entered, I was too scared.... I handed her to someone at the door and remained outside. Someone else held her [down].¹⁸⁶

Even years after the procedure, some mothers still regret circumcising their girls. Halima Q., a 28-year-old mother of two boys and one girl, told Human Rights Watch “My daughter is

¹⁸¹ Human Rights interview with Dr. Sana’ Rashed, May 31, 2009.

¹⁸² Human Rights Watch interview with Vyan T., Halabja, June 2, 2009.

¹⁸³ Human Rights Watch interview with Behar R., May 30, 2009.

¹⁸⁴ Human Rights Watch interview with Shawnm J., June 2, 2009.

¹⁸⁵ Human Rights Watch interview with Sirwa R., Plangan, May 29, 2009.

¹⁸⁶ Human Rights Watch interview with Hana E., Sarkapkan, May 30, 2009.

circumcised and I regret it. I feel pain for her because I saw blood coming out from cutting this part.”¹⁸⁷ Similarly, Dalya M., an 18-year-old girl from Halabja, suffers from physical pain and emotional anguish as a result of the procedure. She told Human Rights Watch “When she sees me this way, my mother feels regret because she circumcised me.”¹⁸⁸

Some women, having suffered the procedure themselves, want to protect their daughters from the infliction, but find their wishes overridden by other family members. Kazhal H., a 25-year-old woman from Plangan said:

My older sister took me to the midwife’s home. My mother had told me ‘I will not circumcise you’. When my mother found out what happened, she couldn’t say anything. She screamed ‘you didn’t listen to me.’ She said ‘I love you; you’re the last one...’ I was living with my sister and she just took me there.¹⁸⁹

¹⁸⁷ Human Rights Watch interview with Halima Q., Plangan, May 29, 2009.

¹⁸⁸ Human Rights Watch interview with Dalya M., June 2, 2009.

¹⁸⁹ Human Rights Watch interview with Kazhal H., Plangan, May 29, 2009.

VI. Female Genital Mutilation – a Human Rights Issue

Worldwide recognition of FGM as a human rights violation came in the early 1990s. In 1993, the World Conference on Human Rights in Vienna recognized women's human rights as integral to and indivisible from human rights, and also that gender-based violence, including that stemming from culture, had to be eliminated.

Since then numerous statements and resolutions have emerged from international conferences, the United Nations agencies, treaty monitoring bodies, and other international human rights institutions recognizing FGM as a human rights violation, including of women's and girls' rights to health, to be free from violence, to life and physical integrity, to non-discrimination, and to be free from cruel, inhuman, and degrading treatment. These bodies have condemned the practice and articulated specific government responsibilities towards its eradication.¹⁹⁰

The 1995 Fourth World Conference on Women (the Beijing Conference) called on governments to enact and enforce legislation against FGM.¹⁹¹ Similarly, the 2002 Cairo Declaration for the Elimination of FGM stated, "governments, in consultation with civil society, should adopt specific legislation addressing FGM in order to affirm their commitment to stopping the practice and to ensure women's and girl's human rights."¹⁹² In 2001, the UN General Assembly passed resolution 56/128 on Traditional or Customary Practices Affecting the Health of Women and Girls, in which it urged States parties to adopt various measures to eradicate FGM, including the enactment and enforcement of national legislation, policies and programs to abolish the practice, and prosecution of perpetrators.¹⁹³

¹⁹⁰ UN Committee on the Elimination of Discrimination against Women (CEDAW Committee), "Concluding comments of the Committee on the Elimination of Discrimination against Women: Cameroon," CEDAW/ /C/CMR/CO/3, February 10, 2009, <http://www.universalhumanrightsindex.org/documents/826/1465/document/en/pdf/text.pdf> (accessed September 1, 2009), para. 29.

UN Committee on the Rights of the Child, General Comment No. 4, Adolescent Health and Development in the Context of the Convention on the Rights of the Child, U.N. Doc. CRC/GC/2003/4, (2003), [http://www.unhcr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/505f2a64b22940d4c1256e1c0042dd4a/\\$FILE/Go342724.pdf](http://www.unhcr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/505f2a64b22940d4c1256e1c0042dd4a/$FILE/Go342724.pdf) (accessed July 9, 2009).

¹⁹¹ United Nations Fourth World Conference on Women, "Platform for Action," U.N. Doc. A/CONF.177/20/REV.1, September 1995, <http://www.un.org/womenwatch/daw/beijing/platform/health.htm> (accessed June 10, 2009).

¹⁹² The National Council of Childhood and Motherhood, "Cairo Declaration for the Elimination of FGM," June 23, 2002, http://www.chldinfo.org/files/fgmc_Cairodeclaration.pdf (accessed June 10, 2009).

¹⁹³ UN General Assembly (UNGA), "Traditional or Customary Practices Affecting the Health of Women and Girls," Resolution 56/128, December 19, 2001, A/RES/56/128, <http://daccessdds.un.org/doc/UNDOC/GEN/No1/482/85/PDF/No148285.pdf?OpenElement> (accessed September 9, 2009), para. 3(d).

In that same year, FGM was recognized as a human rights violation by the World Health Assembly.¹⁹⁴

Six years later in 2008, the UN Commission on the Status of Women urged states to prohibit FGM and end impunity.¹⁹⁵ In March 2009, the European Parliament passed a resolution on combating FGM in the European Union. The resolution called on member states to regard all forms of FGM as a crime and to “pursue, prosecute, and punish any resident who has committed the crime of FGM.”¹⁹⁶

Iraq is signatory to the key international treaties that protect women’s and girls’ human rights: in 1971, Iraq ratified both the International Covenant on Civil and Political Rights (ICCPR)¹⁹⁷ and the International Covenant on Economic, Social and Cultural Rights (ICESCR).¹⁹⁸ Iraq also ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1986¹⁹⁹ and the Convention on the Rights of the Child (CRC) in 1994.²⁰⁰

The Right to Health

The right to health is articulated in the International Covenant on Economic, Social and Cultural Rights (ICESCR). Article 12 defines this right as the “right of everyone to the

¹⁹⁴ UN Commission on Human Rights, “Report of the Special Rapporteur on violence against women, its causes and consequences,” E/CN.4/2002/83, January 31, 2002, [http://www.unhcr.ch/huridocda/huridoca.nsf/AllSymbols/42E7191FAE543562C1256BA7004E963C/\\$File/Go210428.pdf?OpenElement](http://www.unhcr.ch/huridocda/huridoca.nsf/AllSymbols/42E7191FAE543562C1256BA7004E963C/$File/Go210428.pdf?OpenElement) (accessed September 9, 2009).

International Federation of Gynecology and Obstetrics, “World Health Assembly for FGM Resolution,” January 20, 2009, http://www.ifo.org/news/WHA_FGM (accessed June 10, 2009).

¹⁹⁵ UN Commission on the Status of Women, Ending Female Genital Mutilation, E/CN.6/2008/L.2/Rev.1, (2008), http://www.un.org/womenwatch/daw/csw/csw52/AC_resolutions/Final%20L2%20ending%20female%20genital%20mutilation%20-%20advance%20unedited.pdf (accessed June 5, 2009), para. 6.

¹⁹⁶ European Parliament, European Parliament resolution of 24 March 2009 on combating female genital mutilation in the EU, (2008/2071(INI)) (2009), <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+TA+P6-TA-2009-0161+o+DOC+XML+Vo//EN> (accessed September 1, 2009).

¹⁹⁷ International Covenant on Civil and Political Rights (ICCPR), adopted December 16, 1966, G.A. Res. 2200A (XXI), 21 U.N. GAOR Supp. (no. 16) at 52, U.N. Doc. A/6316 (1966), 999 U.N.T.S. 171, entered into force March 23, 1976.

¹⁹⁸ International Covenant on Economic, Social and Cultural Rights (ICESCR), adopted December 16, 1966, G.A. Res. 2200A (XXI), 21 U.N. GAOR Supp. (No. 16) at 49, U.N. Doc. A/6316 (1966), 993 U.N.T.S. 3, entered into force January 3, 1976, art. 12.

¹⁹⁹ UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), adopted December 18, 1979, G.A. res. 34/180, 34 U.N. GAOR Supp. (No. 46) at 193, U.N. Doc. A/34/46, entered into force September 3, 1981, art. 12(1). Iraq ratified CEDAW with reservations to article 2(f) and (g), 9(1) and (2), article 16 and article 29(1).

²⁰⁰ UN Convention on the Rights of the Child (CRC), adopted November 20, 1989, G.A. Res. 44/25, annex, 44 U.N. GAOR Supp. (No. 49) at 167, U.N. Doc. A/44/49 (1989), entered into force September 2, 1990. Iraq ratified the Convention on the Rights of the Child with reservations to article 14(1) concerning the child’s freedom to religion as contrary to Islamic Sharia.

enjoyment of the highest attainable standard of physical and mental health.”²⁰¹ The ICESCR further states that the rights guaranteed in the Covenant are non-discriminatory and should be afforded to all people regardless of age, sex, color, or other affiliations.²⁰²

In 2000, the Committee on Economic, Social and Cultural Rights, the UN body tasked with monitoring the implementation of the ICESCR, adopted Comment no. 14 on the right to the highest attainable standard of health. Comment no. 14 specifically outlines states obligations to “respect, protect and fulfil” the right to health.²⁰³ The Comment makes specific reference to the obligations of governments to address women’s and girls’ health, including adopting effective and appropriate measures to abolish FGM.²⁰⁴

The obligation to protect requires states to take adequate measures to ensure that third parties do not interfere with the right to health. This obligation urges governments to adopt legislation or to take other measures “to prevent third parties from coercing women to undergo traditional practices, e.g. female genital mutilation; and to ... protect all vulnerable...groups of society, in particular women, children, adolescents ... in the light of gender-based expressions of violence.”²⁰⁵ Paragraph 51 specifically states that such violations include “the failure to protect women against violence or to prosecute perpetrators; the failure to discourage the continued observance of harmful traditional ... or cultural practices.”²⁰⁶

The obligation to fulfill, as articulated in the Comment, requires states to adopt appropriate legislative measures towards the full realization of the right to health.²⁰⁷ Paragraph 36 notes that obligations include “the promotion of ... health education, as well as information campaigns, in particular with respect to ... sexual and reproductive health, traditional practices, domestic violence ...”²⁰⁸ Paragraph 21 notes “it is also important to undertake

²⁰¹ ICESCR, art. 12.

²⁰² *Ibid.*, art. 2(2).

²⁰³ UN Committee on Economic, Social and Cultural Rights (CESCR), “Substantive Issues Arising in the Implementation of the International Covenant on Economic, Social and Cultural Rights,” General Comment No. 14, The Right to the Highest Attainable Standard of Health, E/C.12/2000/4 (2000), [http://www.unhcr.ch/tbs/doc.nsf/\(Symbol\)40d009901358boe2c1256915005090be?Opendocument](http://www.unhcr.ch/tbs/doc.nsf/(Symbol)40d009901358boe2c1256915005090be?Opendocument) (accessed June 8, 2009), para. 33.

²⁰⁴ *Ibid.*, para. 22.

²⁰⁵ *Ibid.*, para. 35.

²⁰⁶ *Ibid.*, para. 51.

²⁰⁷ *Ibid.*

²⁰⁸ *Ibid.*, para. 36.

preventative, promotive and remedial action to shield women from the impact of harmful traditional cultural practices and norms that deny them their full reproductive rights.”²⁰⁹

Other international treaties including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) oblige States parties to eliminate discrimination against women in the healthcare field and ensure access to healthcare services.²¹⁰ In its General Recommendation on Women and Health adopted in 1999, the CEDAW Committee, the body responsible for monitoring the implementation of the CEDAW convention, recommended that governments devise and implement laws that prohibit FGM.²¹¹ The CEDAW Committee’s General Recommendation No. 14 on Female Circumcision, adopted in 1990, notes that States parties should include appropriate strategies in their national health policies aimed at eradicating female circumcision in public health care.²¹² The recommendation urges states to seek assistance from appropriate United Nations agencies and to include measures to end FGM in their reports to the Committee.²¹³

The Right to Access Accurate Health Information

The Committee on Economic, Social and Cultural Rights (CESCR) recognizes “the right to seek, receive and impart information and ideas related to health” as an important component to attaining the right to health.²¹⁴ The right to access health-related information translates into both negative and positive obligations on the part of the state. On the one hand, the state is obligated to refrain from limiting access to information and from providing erroneous information. On the other hand, it must ensure access to full and accurate information.

These obligations, as they relate to FGM, have been elaborated upon in various documents by treaty monitoring bodies and special rapporteurs. The CEDAW Committee’s General Recommendation on Female Circumcision recognizes information as a key tool to abolish

²⁰⁹ *Ibid.*, para. 21.

²¹⁰ CEDAW, art. 12(1) .

²¹¹ CEDAW Committee, General Recommendation No. 24, Women and Health, A/54/38/Rev.1, chap. I (1999), <http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm#recom19> (accessed June 11, 2009), para. 15(d).

²¹² These strategies may include the special responsibility of health personnel and traditional birth attendants to explain the harmful effects of female circumcision. CEDAW Committee, General Recommendation 14, Female Circumcision, U.N. Doc. A/45/38 (1990), <http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm> (accessed June 11, 2009), paras a, b, and d.

²¹³ *Ibid.*, paras iv (b) and (c).

²¹⁴ CESCR, “Substantive Issues Arising in the Implementation of the International Covenant on Economic, Social and Cultural Rights,” General Comment No. 14, The Right to the Highest Attainable Standard of Health, E/C.12/2000/4 (2000), para. 12(b).

FGM. It notes that efforts to collect and disseminate data on FGM should be made by universities, medical associations and nongovernmental organizations.²¹⁵

The Committee on Economic, Social and Cultural Rights recognizes the importance of access to information in the realization of women's right to health: "The realization of women's right to health requires the removal of all barriers interfering with access to health services, education and information."²¹⁶

The Committee on the Rights of the Child, the body tasked with monitoring the implementation of the Convention on the Rights of the Child, also urges states to implement education campaigns aimed at changing attitudes towards the practice and ones which address gender stereotypes that contribute to harmful practices such as FGM.²¹⁷ The Committee states that multidisciplinary information and advice centers should be established to facilitate information sharing about harmful practices including female genital mutilation.²¹⁸

The Right to be Free from Violence

The Declaration on the Elimination of Violence against Women (DEVAW), adopted in 1993, defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."²¹⁹ Article 2 explicitly defines FGM as a form of violence against women.²²⁰

The Declaration urges states to condemn violence against women and to refrain from invoking traditional or religious explanations to avoid their obligations under international human rights law.²²¹ In its General Recommendation No. 19 on violence against women, the

²¹⁵ The CEDAW Committee's General Recommendation on female circumcision encourages religious and community leaders, and the media to cooperate in influencing attitudes towards the abandonment of FGM.

CEDAW Committee, General Comment 14, para a (iii).

²¹⁶ CESCR, General Comment No. 14, The Right to the Highest Attainable Standard of Health, E/C.12/2000/4 (2000), para. 12(b). para. 21.

²¹⁷ UN Committee on the Rights of the Child, General Comment No. 4, Adolescent Health and Development in the Context of the Convention on the Rights of the Child, U.N. Doc. CRC/GC/2003/4, (2003), para. 20.

²¹⁸ *Ibid.*

²¹⁹ United Nations Declaration on the Elimination of Violence against Women (UN DEVAW), December 20, 1993, G.A. res. 48/104, 48 U.N. GAOR Supp. (No. 49) at 217, U.N. Doc. A/48/49 (1993), art. 1.

²²⁰ *Ibid.*, art. 2.

²²¹ *Ibid.*, art. 4c.

CEDAW Committee set out states' responsibilities to exercise due diligence, not only in preventing violations, but also in investigating and punishing such acts. The recommendation refers to violent acts which also occur in private, such as FGM.²²²

The Right to Life and to Physical Integrity

The right to life is protected by many international human rights documents, including the Universal Declaration of Human Rights (UDHR), the International Convention on Civil and Political Rights (ICCPR), and the Convention on the Rights of the Child (CRC). The Human Rights Committee, the expert body that monitors implementation of the ICCPR, interprets the right to life as requiring governments to adopt 'positive measures' to preserve life.²²³ While there are no figures to indicate how many girls and women have lost their lives as a result of FGM, this report and other research shows that there is clearly a risk of death associated with the practice.²²⁴ In addition to women and girls dying as a direct result of FGM, FGM may also be a "contributory or causal factor in maternal death".²²⁵ States should take steps to prevent such loss of life.

The right to physical integrity under the ICCPR includes the right to liberty and security of the person. FGM threatens a girl's physical security when girls and women are forcefully held down, their legs forced apart and their bodies cut.²²⁶

The Right to Non-Discrimination

The rights to non-discrimination and equality are contained in a number of international human rights instruments, including the UDHR, the ICCPR, the ICESCR, CEDAW,²²⁷ and the CRC. The provisions aim to achieve substantive equality and not just formal equality,

²²² CEDAW Committee, General Recommendation no. 19, Violence against Women, UN GAOR, 1992, Doc. No. A/47/38, (1992), <http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm#recom19>, para. 9.

²²³ UN Human Rights Committee, General Comment no. 6, The Right to Life (Article 6), (Sixteenth Session, 1982), April 30, 1982, [http://www.unhcr.ch/tbs/doc.nsf/\(Symbol\)/84ab9690ccd81fc7c12563ed0046fae3?Opendocument](http://www.unhcr.ch/tbs/doc.nsf/(Symbol)/84ab9690ccd81fc7c12563ed0046fae3?Opendocument) (accessed November 9, 2009), para. 5.

²²⁴ United Nations Children's Fund, Innocenti Research Center, "Changing a Harmful Social Convention," http://www.unicef-irc.org/publications/pdf/fgm_eng.pdf, p. 16.

²²⁵ Ibid.

²²⁶ UN Human Rights Committee, General Comment no. 20, Replaces general comment 7 concerning prohibition of torture and cruel treatment or punishment (Article 7), (Forty-fourth session, 1992), March 10, 1992, [http://www.unhcr.ch/tbs/doc.nsf/\(Symbol\)/6924291970754969c12563ed004c8ae5?Opendocument](http://www.unhcr.ch/tbs/doc.nsf/(Symbol)/6924291970754969c12563ed004c8ae5?Opendocument) (November 9, 2009), para. 2.

²²⁷ CEDAW urges governments to take appropriate measures to eliminate discrimination against women. These measures include the adoption of legislation to modify or abolish existing laws, customs or practices which constitute gender discrimination, CEDAW, arts. 2 and 2(f).

meaning that the measure of equality should be the impact of policies and laws on the lives of women and men, and not the apparent gender neutrality of the policy or law.

The CEDAW Committee, the Human Rights Committee, the Committee on the Rights of the Child, and the Committee on Economic, Social and Cultural Rights have all identified FGM as a practice that directly affects women's and girls' abilities to enjoy their human rights on an equal footing with men, and that therefore violates their rights to non-discrimination and equality.²²⁸ In her report on cultural practices in the family, the former Special Rapporteur on Violence against Women, Radhika Coomaraswamy, states that, "FGM is also a result of the patriarchal power structures which legitimize the need to control women's lives. It arises from the stereotypical perception of women as the principal guardians of sexual morality, but with uncontrolled sexual urges."²²⁹

The Right to be Free from Cruel, Inhuman, and Degrading Treatment

The Human Rights Committee²³⁰ and the Committee Against Torture²³¹ have both articulated the links between FGM and the right to be free from cruel, inhuman, and degrading treatment. The UN Human Rights Committee has stated that article 7 prohibiting cruel, inhuman, or degrading treatment, does not apply only to physical treatment, but also to conducts that cause "mental suffering to the victim."²³²

²²⁸ The CEDAW Committee stated in a report to Kenya that all forms of violence against women, including FGM are a form of discrimination against women and therefore a violation of the Convention.

CEDAW Committee, "Concluding comments of the Committee on the Elimination of Discrimination against Women: Kenya," CEDAWC/KEN/CO/6, August 10, 2007,

<http://daccessdds.un.org/doc/UNDOC/GEN/No7/459/89/PDF/No745989.pdf?OpenElement> (accessed September 1, 2009), para. 24.

The CEDAW Committee also stated in a report to Togo that "comprehensive education and awareness raising programmes targeting women and men at all levels of society, including tribal chiefs, with a view to changing discriminatory social and cultural patterns of conduct and to creating an enabling and supportive environment or women to exercise their human rights."

CEDAW Committee "Concluding comments of the Committee on the Elimination of Discrimination against Women: Togo," February 3, 2006, para. 15.

²²⁹ UN Commission on Human Rights, "Report of the Special Rapporteur on violence against women, its causes and consequences," E/CN.4/2002/83, January 31, 2002, para. 14.

²³⁰ The UN Human Rights Committee stated that FGM violates article 7 of the ICCPR which states "no one shall be subjected to torture or to cruel, inhuman, or degrading treatment or punishment."

UN Human Rights Committee, "Consideration of Reports Submitted by States Parties Under Article 40 of the Covenant, Concluding observation of the Human Rights Committee: Gambia," CCPR/CO/75/GMB, August 12, 2004, [http://www.unhcr.ch/tbs/doc.nsf/\(Symbol\)/CCPR.CO.75.GMB.En?Opendocument](http://www.unhcr.ch/tbs/doc.nsf/(Symbol)/CCPR.CO.75.GMB.En?Opendocument) (accessed September 1, 2009), para. 10.

²³¹ The UN Committee Against Torture (CAT) is the expert monitoring body which monitors the implementation of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Convention Against Torture).

²³² UN Human Rights Committee, General Comment 20, Article 7 (Forty-fourth session, 1992), U.N. Doc. HRI/GEN/1/Rev.1 at 30 (1994).

The Committee Against Torture has voiced its concern over traditional practices which violate the physical integrity and human dignity of women and girls, including FGM.²³³ The Committee has called on governments to enact legislation prohibiting FGM, and to punish perpetrators of FGM.²³⁴ The Committee has also urged States parties to adopt necessary measures to eradicate FGM, including through awareness raising campaigns in cooperation with civil society organizations.²³⁵

In his report on the promotion and protection of all human rights, the Special Rapporteur on torture and other cruel, inhuman, or degrading treatment or punishment, Manfred Nowak, states that “It is clear that even if a law authorizes the practice, any act of FGM would amount to torture and the existence of the law by itself would constitute consent or acquiescence by the State.... Also in cases where FGM is performed in private clinics and physicians carrying out the procedure are not being prosecuted, the State de facto consents to the practice and is therefore accountable.”²³⁶

Eliminating FGM

UN General Assembly resolution 56/128 and the relevant comments and recommendations of treaty bodies and rapporteurs effectively map out a series of state obligations in relation

²³³ CAT “Consideration of Reports Submitted by States Parties Under Article 19 of the Convention, Concluding observations of the Committee Against Torture: Chad” CAT/C/TCD/CO/1, June 4, 2009, <http://www.unhcr.org/refworld/category,COI,CAT,CONCOBSERVATIONS,TCD,4a645fco2,o.html> (accessed September 1, 2009), para. 30.

²³⁴ CAT, “Consideration of Reports Submitted by States Parties Under Article 19 of the Convention, Conclusions and recommendations of the Committee against Torture: Cameroon,” CAT/C/CR/31/6, February 11, 2004, <http://www.unhcr.org/refworld/category,COI,CAT,CONCOBSERVATIONS,CMR,4117402a4,o.html> (accessed September 1, 2009), para. 11 c.

CAT, “Consideration of Reports Submitted by States Parties Under Article 19 of the Convention, Conclusions and recommendations of the Committee against Torture: Kenya,” CAT/C/KEN/CO/1, January 19, 2009, <http://www.unhcr.org/refworld/category,COI,CAT,CONCOBSERVATIONS,KEN,4986bcobd,o.html> (accessed September 1, 2009), para. 27.

CAT, Consideration of Reports Submitted by States Parties Under Article 19 of the Convention, Conclusions and recommendations of the Committee against Torture: Togo,” CAT/C/TGO/CO/1, July 28, 2006, <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/Go6/434/74/PDF/Go643474.pdf?OpenElement> (accessed April 26, 2010), para. 27.

²³⁵ CAT, “Consideration of Reports Submitted by States Parties Under Article 19 of the Convention, Conclusions and recommendations of the Committee against Torture: Indonesia,” CAT/C/IDN/CO/2, July 2, 2008, <http://www.unhcr.org/refworld/category,COI,CAT,CONCOBSERVATIONS,IDN,4885cf822,o.html> (accessed September 1, 2009), para. 16.

CAT, Consideration of Reports Submitted by States Parties Under Article 19 of the Convention, Conclusions and recommendations of the Committee against Torture: Togo,” July 28, 2006, <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/Go6/434/74/PDF/Go643474.pdf?OpenElement>, para. 27.

CAT, “Consideration of Reports Submitted by States Parties Under Article 19 of the Convention, Conclusions and recommendations of the Committee against Torture: Kenya,” January 19, 2009, <http://www.unhcr.org/refworld/category,COI,CAT,CONCOBSERVATIONS,KEN,4986bcobd,o.html>, para. 27.

²³⁶ UN Human Rights Council (HRC), “Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment,” A/HRC/7/3, 15 January 2008, <http://daccessdds.un.org/doc/UNDOC/GEN/Go8/101/61/PDF/Go810161.pdf?OpenElement>, paras 44 and 53.

to eradicating FGM which in combination cover the main elements needed in an action plan. In addition, recent research has focused on how to develop effective strategies for getting communities to abandon FGM collectively.²³⁷ The recognition of FGM as a human rights violation has contributed to the development of global, rights-based strategies to combat the practice. International human rights frameworks have addressed FGM both as a health issue and as a form of violence against children and women. These have also assisted governments and institutions to determine feasible actions, whether legislation or programs, that must be implemented at the national and local levels.

UN monitoring bodies have called on numerous countries to adopt laws to ban FGM. The CEDAW Committee and the Committee on the Rights of the Child have pressed specific governments, including Cameroon, Gambia, Mali, Togo, and Niger, to take legal and educational measures to combat the practice.²³⁸ The UN Human Rights Committee has also stated its concerns about the persistence of FGM in rural areas and urged governments to increase efforts to ban FGM for both children and adults.²³⁹ The CEDAW Committee and the Committee on the Rights of the Child have pressed governments to enact programmatic and legal measures to abolish FGM and to help find alternative sources of income for those who

²³⁷ United Nations Children's Fund, Innocenti Research Center, "Changing a Harmful Social Convention," http://www.unicef-irc.org/publications/pdf/fgm_eng.pdf.

²³⁸ CEDAW Committee, "Concluding comments of the Committee on the Elimination of Discrimination against Women: Cameroon," February 10, 2009, <http://www.universalhumanrightsindex.org/documents/826/1465/document/en/pdf/text.pdf>, para. 29.

CEDAW Committee, "Concluding comments of the Committee on the Elimination of Discrimination against Women: Mali," CEDAW/C/MLI/CO/5, February 3, 2006, [http://www.unhchr.ch/tbs/doc.nsf/0/5bce0bc7753d19a8c12572450040621b/\\$FILE/No623810.pdf](http://www.unhchr.ch/tbs/doc.nsf/0/5bce0bc7753d19a8c12572450040621b/$FILE/No623810.pdf) (accessed September 1, 2009), para. 24.

CEDAW Committee, "Concluding comments of the Committee on the Elimination of Discrimination against Women: Gambia," CEDAW/C/TGO/CO/5, July 22, 2005, http://www2.ohchr.org/english/bodies/cedaw/docs/CEDAW.C.GMB.CO.1-3_en.pdf (accessed September 1, 2009), para. 26.

CEDAW Committee, "Concluding comments of the Committee on the Elimination of Discrimination against Women: Togo," CEDAW/C/TGO/CO/5, February 3, 2006, <http://daccessdds.un.org/doc/UNDOC/GEN/No6/237/92/PDF/No623792.pdf?OpenElement>, para. 15.

UN Committee on the Rights of the Child, "Consideration of Reports Submitted by States Parties Under Article 40 of the Convention, Concluding Observations: Mali," CRC/C/MLI/CO/2, May 3, 2007, <http://www2.ohchr.org/english/bodies/crc/docs/co/CRC.C.MLI.CO.2.pdf> (accessed November 9, 2009), paras 53(a) and (b).

UN Committee on the Rights of the Child, "Consideration of Reports Submitted by States Parties Under Article 40 of the Convention, Concluding Observations: Togo," CRC/C/15/Add.255, March 31, 2005, [http://www.unhchr.ch/tbs/doc.nsf/\(Symbol\)/CRC.C.15.Add.255.En?OpenDocument](http://www.unhchr.ch/tbs/doc.nsf/(Symbol)/CRC.C.15.Add.255.En?OpenDocument) (accessed November 9, 2009), para. 57(c).

UN Committee on the Rights of the Child, "Consideration of Reports Submitted by States Parties Under Article 40 of the Convention, Concluding Observations: Niger," CRC/C/NER/CO/2, June 12, 2009, <http://www2.ohchr.org/english/bodies/crc/docs/co/CRC-C-NER-CO-2.pdf> (accessed November 9, 2009), paras 60(a) and (b).

²³⁹ UN Human Rights Committee, "Consideration of Reports Submitted by States Parties Under Article 40 of the Covenant, Concluding Observations of the Human Rights Committee: Kenya," CCPR/CO/83/KEN, April 29, 2005, [http://www.unhchr.ch/tbs/doc.nsf/\(Symbol\)/CCPR.CO.83.KEN.En?OpenDocument](http://www.unhchr.ch/tbs/doc.nsf/(Symbol)/CCPR.CO.83.KEN.En?OpenDocument) (accessed September 1, 2009), para. 12.

perform it.²⁴⁰ The Committee on Economic, Social and Cultural Rights, has condemned states such as Egypt for allowing third parties to subject women and girls to FGM, often criticizing governments who have only taken steps to criminalize FGM performed outside of hospitals by persons without medical qualifications.²⁴¹ This treaty monitoring body has urged Egypt to ensure that FGM is a criminal offense even if committed by medical professionals.²⁴²

Adopting laws, however, is only one element in what has to be a comprehensive action program if it is to be effective. The criminalization of FGM alone is unlikely to be an effective strategy and should be balanced with other measures.²⁴³ For example, approaching FGM solely through punitive action against practitioners and family members who perpetuate it may drive the practice underground and place the lives of girls and women at even greater risk.²⁴⁴ Research from countries where FGM is common shows that an approach addressing the underlying factors which perpetuate the practice and other violations of women's human rights is essential.²⁴⁵ As described, treaty monitoring bodies have highlighted the importance of raising awareness and educating communities about harmful practices. Among various things, this means collecting and sharing reliable information on prevalence

²⁴⁰ UNGA, "United Nations Reports Committee on the Elimination of Discrimination against Women," (Fifteenth Session) U.N. Doc. A/51/38, May 9, 1996, <http://daccessdds.un.org/doc/UNDOC/GEN/N96/119/34/PDF/N9611934.pdf?OpenElement> (accessed September 1, 2009), para 155.

UN Committee on the Rights of the Child, "Consideration of Reports Submitted by States Parties Under Article 40 of the Convention, Concluding Observations: Mali," May 3, 2007, <http://www2.ohchr.org/english/bodies/crc/docs/co/CRC.C.MLI.CO.2.pdf>, para. 53(c).

UN Committee on the Rights of the Child, "Consideration of Reports Submitted by States Parties Under Article 40 of the Convention, Concluding Observations: Togo," March 31, 2005, [http://www.unhcr.ch/tbs/doc.nsf/\(Symbol\)/CRC.C.15.Add.255.En?Opendocument](http://www.unhcr.ch/tbs/doc.nsf/(Symbol)/CRC.C.15.Add.255.En?Opendocument), para. 57(d).

UN Committee on the Rights of the Child, "Consideration of Reports Submitted by States Parties Under Article 40 of the Convention, Concluding Observations: Niger," June 12, 2009, <http://www2.ohchr.org/english/bodies/crc/docs/co/CRC-C-NER-CO-2.pdf>, para. 60(c).

²⁴¹ CESCR, "Consideration of Reports Submitted by States Parties Under Articles 16 and 17 of the Covenant, Concluding observations of the Committee on Economic, Social and Cultural Rights: Egypt," E/C.12/1/Add.44, May 23, 2000, [http://www.unhcr.ch/tbs/doc.nsf/\(Symbol\)/E.C.12.1.Add.44.En?Opendocument](http://www.unhcr.ch/tbs/doc.nsf/(Symbol)/E.C.12.1.Add.44.En?Opendocument) (accessed September 1, 2009), para. 16.

²⁴² Ibid.

²⁴³ Angela Wasunna, "Towards Redirecting the Female Circumcision Debate: Legal, Ethical and Cultural Considerations," *McGill Journal of Medicine*, vol.5, no. 2, (2000), pp.104-110.

See also Chisholm Health Ethics Bulletin, *Female Genital Mutilation*, vol. 14, no. 1, (Spring 2008), R.J. Cook et al. "Female Genital Cutting," *International Journal of Gynecology and Obstetrics*, p. 286.

²⁴⁴ World Health Organization, Department of Women's Health, Health Systems and Community Health, "Female Genital Mutilation, Programmes to Date: What Works and What Doesn't," 1999, <http://www.giga-hamburg.de/content/iaa/archiv/fgm/FGM-Projektuebersicht.pdf> (accessed June 5, 2009), p. 14.

²⁴⁵ World Health Organization, "Eliminating Female Genital Mutilation," http://whqlibdoc.who.int/publications/2008/9789241596442_eng.pdf, p.13.

United Nations Children's Fund, "Coordinated Strategy to Abandon Female Genital Mutilation/Cutting in One Generation: A Human Rights-Based Approach to Programming," June 2007, http://www.childinfo.org/files/fgmc_Coordinated_Strategy_to_Abandon_FGMC__in_One_Generation_eng.pdf (accessed January 30, 2010), p. 28.

and social context. Increasingly, eradication programs around the world are putting emphasis on encouraging information flow and national and local debate involving both men and women, with the aim that whole communities which interconnect collectively abandon FGM, often affirming this commitment through some kind of public act.²⁴⁶

Critical stakeholders in elimination efforts include influential members of the community such as religious leaders, health professionals and teachers, as well as traditional midwives. Indeed, excisers should be given information on the harmful consequences of FGM and the opportunity to acquire employable skills and alternative sources of income. Traditional midwives who abandon FGM have a potentially powerfully constructive role to play in efforts to eliminate it.

However, it is the government—and in Iraqi Kurdistan the Kurdish Regional Government—that has the key role in ensuring the development and implementation of a comprehensive action plan involving government institutions, civil society and communities. While the involvement of civil society and communities as collaborators and partners is essential, it is the responsibility of the government to provide political and substantive leadership to FGM eradication programs and to ensure their implementation in institutions at all levels: national, regional, and local. A strong and visible political commitment to abandonment of FGM should be made; the Kurdistan Regional Governments should create an enabling legislative and policy framework for eradication.

Coordination between governmental and nongovernmental agencies as partners is critical. An effective strategy entails the mainstreaming of FGM prevention into policies and programs which deal with reproductive health, education, and literacy development. The medical community should play a primary role in disseminating accurate information on the health effects of the practice, and must therefore be fully aware of the consequences of FGM. They must also be able to manage complications resulting from it.²⁴⁷

As stated elsewhere in this section, raising awareness and encouraging public debate is a key component of an effective FGM campaign. The Plan of Action for the Elimination of Harmful Traditional Practices Affecting the Health of Women and Children, prepared in 1994

²⁴⁶ United Nations Children's Fund, Innocenti Research Center, "Changing a Harmful Social Convention," http://www.unicef-irc.org/publications/pdf/fgm_eng.pdf, pp. 13-14.

²⁴⁷ World Health Organization, Department of Women's Health, Health Systems and Community Health, "Female Genital Mutilation: Programmes to Date: What Works and What Doesn't," 1999, <http://www.giga-hamburg.de/content/iaa/archiv/fgm/FGM-Projektuebersicht.pdf>, p. 8.

See also World Health Organization, *Eliminating Female Genital Mutilation: An interagency statement* (Geneva: WHO Press, 2008), http://whqlibdoc.who.int/publications/2008/9789241596442_eng.pdf (accessed May 10, 2010)

by the second United Nations Regional Seminar, developed a model state action plan which included the following components:²⁴⁸

- Instruction on the harmful effects of such practices to be included in health and sex education programs.
- Topics related to traditional practices affecting the health of women and children introduced into functional literacy campaigns.
- Audio-visual programs prepared and articles published in the press on traditional practices adversely affecting the health of young girls and children, particularly female circumcision.

Governments must break the silence surrounding FGM and engage key stakeholders and opinion leaders in public debate about it.

²⁴⁸ UN Commission on Human Rights, “Plan of action for the Elimination of Harmful Traditional Practices affecting the Health of Women and Children,” U.N. Doc. E/CN.4/Sub.2/1994/10/Add1, July 22, 1994, [http://www.unhcr.ch/Huridocda/Huridoca.nsf/\(Symbol\)/E.CN.4.Sub.2.1994.10.Add.1En?Opendocument](http://www.unhcr.ch/Huridocda/Huridoca.nsf/(Symbol)/E.CN.4.Sub.2.1994.10.Add.1En?Opendocument) (accessed June 10, 2009), paras 9-12.

VII. Official Action on FGM

As described earlier in this report, the Kurdistan Regional Government has shown a willingness to promote women's human rights in Iraqi Kurdistan, as shown by its efforts to address violence against women. It repealed penal provisions related to so-called honor killings and developed directorates within the KRG's Ministry of Interior to investigate cases of violence against women.²⁴⁹

As yet, however, the KRG has not shown similar leadership in relation to addressing FGM. Although it has not been completely inactive, its efforts have been piecemeal, low key and poorly sustained. For example, according to a number of nongovernmental organizations, the KRG Ministry of Justice issued a written order in 2007 banning FGM.²⁵⁰ Binding on police precincts, the order is reported to have stated that perpetrators should be arrested and tried in court.²⁵¹ The fact of the order, however, let alone its contents, is not widely known in Iraqi Kurdistan. Human Rights Watch was unable to obtain a copy and was unable to establish whether it has ever been enforced.

In 2008 the former government's commitment to action on FGM faltered. In March 2007, the Association for Crisis Assistance and Development Cooperation (WADI), in collaboration with 14 other NGOs, drafted a law on FGM and presented it to the Special Women's Committee in Parliament.²⁵² As previously described, in February 2008, 68 out of 111 parliamentarians supported the draft bill. It was assigned a number and a date, but no official discussion took place as some parliamentarians did not wish to discuss such a practice in public.²⁵³

²⁴⁹ See section III for more information on violence against women in Iraqi Kurdistan.

²⁵⁰ Human Rights Watch interview with Shawbo Askari, May 29, 2009. Human Rights Watch interview with Falah Muradkhan, May 29, 2009.

²⁵¹ *Ibid.*

²⁵² The 14 NGOs are as follows: WADI, Center of Development of Human Rights Democracy (DHRD), Heartland Alliance, Kurdish Institute for Elections (KIE), Civil Society Initiative (CSI), Tailor Women's Union, Rasan NGO, Hawlati newspaper, Law and Civilization Development Organization (LCDO), Civil Development Organization, Norwegian People's Aid (NPA), Khanzad, Intellectual and Social Center, Dangi Nwe Radio, and Badlisy Cultural Center.

²⁵³ A draft law in the Kurdistan National Assembly (Parliament) requires the support of at least ten members of Parliament to be tabled. Any law requires more than 61 votes to be adopted. The bill is then passed as a law or as a decree. The President reviews all laws and has ten days to sign or block any piece of legislation. According to Mr. Thomas von der Osten-Sacken, parliamentarians voted on the draft bill "behind closed door," but were reluctant to debate the law in public. Civil society organizations wanted a transparent process in adopting legislation and a public debate in parliament.

In September 2008, a draft bill on domestic violence was introduced by 10 members of parliament into the Kurdistan Parliament.²⁵⁴ Articles 23 to 26 contain provisions on FGM including punishments for perpetrators of this practice and assistance to survivors of FGM. According to Paxshan Zangana, parliamentary committees including the Special Women's Committee drafted two reports with their comments and observations on the draft bill. They submitted these reports to the Council of Ministers, but the Council decided to draft a new bill instead. The government submitted the new draft bill to Parliament in April 2009. The Special Women's Rights Committee rejected the proposed bill developed by the Council of Ministers and has reinitiated efforts to strengthen the original domestic violence draft legislation in collaboration with civil society organizations. According to Gasha Hafid, head of the Special Women's Committee, the draft domestic violence legislation will be presented to the head of the Kurdistan parliament to place on the agenda for discussion in May/June 2010.²⁵⁵

Meanwhile, in 2009, the Ministry of Health, in collaboration with WADI, prepared a five-year strategic plan outlining a long-term strategy for intervention. The plan included strategies to break down taboos around FGM, awareness-raising on its health consequences, data collection, and legislation to ban the practice. Initially, the Ministry of Health had several meetings with WADI to develop the plan. But in May 2009, prior to the implementation of the plan, the Ministry of Health backed away from further action and the plan has never been implemented. Human Rights Watch attempted to find out why the ministry did not proceed with the plan and was told that the rates of FGM were not significant and that organizations working to combat this practice had other "interests", such as tarnishing the reputation of Kurdistan. The then Minister of Health also told Human Rights Watch that an American newspaper had come to Kurdistan and taken photographs of a girl being circumcised. He said that the KRG had sued the newspaper and the reporter for making a false representation of what was occurring in Kurdistan and claimed that the article was a "plot" that had been set up in advance.²⁵⁶ Falah Muradkhan, program coordinator at WADI, told Human Rights Watch that the Ministry of Health told WADI that their "statistics were exaggerated and their work was ruining the reputation of Kurdistan."²⁵⁷

²⁵⁴ Please see footnotes 61.

²⁵⁵ Human Rights Watch telephone interview with Gasha Hafid, May 6, 2010.

²⁵⁶ Human Rights Watch interview with Human Rights Watch interview with Dr. 'Abd al-Rahman Osman Yunis, June 3, 2009.

²⁵⁷ Human Rights Watch interview with Mr. Falah Muradkhan, project coordinator of WADI, Sulaimaniya, May 29, 2009.

In February 2010, representatives of WADI met with the current head of the Women's Rights Committee, Gasha Hafid. They were pleased to note that Hafid was supportive of their efforts to combat FGM and expressed interested in taking up the issue in parliament.²⁵⁸

Data on the prevalence of FGM in the Kurdistan Region was not included in the WHO-supported Iraq Family Health Survey (IFHS) in 2006 or the UNICEF-supported Multiple Indicator Cluster Survey 3 (MICS3) of 2006. According to Dr. Faiza Majeed, Medical Officer at WHO Iraq office in Amman, the Government of Iraq did not consider FGM a problem in 2005 and therefore did not include data on its prevalence in the survey.²⁵⁹ Fatuma Ibrahim, Chief Child Protection at UNICEF's Iraq Support Center in Amman, noted that preparations for the MICS3 survey were carried out in 2004 and the survey was conducted in 2005. At the time, there was no concrete information on FGM and the NGOs with whom they had partnered with were looking at other protection concerns with regards to children in Iraq. She added that the committee tasked with conducting the survey simply did not prioritize the issue. The upcoming MICS4 survey will include information on the prevalence of FGM in Iraq.²⁶⁰ Also, the Iraq Women Integrated Social and Health Status Stats Survey (I-WISH) led by UNICEF in collaboration with WHO, UNICEF and the Iraq Ministry of Planning will collect information on the social and health status of women during the life cycle, up to age 80. The survey will provide data on social demographics, reproductive health such as pregnancy and delivery, education, and violence against women including questions on FGM. The I-WISH survey should be available in November 2010.²⁶¹

In June 2009, officials from the Ministry of Human Rights in Arbil told Human Rights Watch that a joint publicity campaign on FGM was planned with the Ministry for Religious Endowments for later in the year. This would mainly feature posters and other written materials about the dangers of FGM. However, the officials could not provide a definite date for the campaign launch, and as of June 2010 the campaign had yet to be launched.

The Iraqi government and the KRG should take all necessary steps towards the eradication of FGM, including developing a policy and legal framework to address FGM, disseminating accurate information to communities, and mobilizing support against the practice.

²⁵⁸ Human Rights Watch phone conversation with Thomas Van der Osten-Sacken, February 22, 2010..

²⁵⁹ Human Rights Watch correspondence with Dr. Faiza Majeed, medical officer, WHO, May 2, 2010, and telephone conversation May 4, 2010.

²⁶⁰ Human Rights Watch telephone conversation with Fatuma Ibrahim, chief child protection at UNICEF Iraq Support Center in Amman, May 3, 2010.

²⁶¹ Human Rights Watch correspondence with Dr. Faiza Majeed, medical officer, WHO, May 2, 2010, and telephone conversation May 4, 2010.

It appears that the new government, elected in July 2009, remains committed to combating violence against women in the Kurdistan Region. On November 25, 2009, in commemoration of the international day to combat violence against women, the new Prime Minister, Barham Salih, reiterated the KRG's commitment to women's rights and noted that violence against women remains one of the KRG's priorities. Prime Minister Salih also said that the KRG intends to form a ministry responsible for developing a mechanism to coordinate the government's efforts to prevent discrimination and violations against women.²⁶²

Establishing a Legal and Policy Framework

The KRG must simultaneously strengthen both legal and policy responses to FGM. This should start with the recognition that FGM is a problem, twinned with constructive and sustained commitment on the part of both the authorities and political opposition to address it. A strong legal and policy framework is essential for an effective strategy. This framework should include data collection, a communications strategy based on public debate both with and within the community, social and medical services for women and girls, protective mechanisms, services to safeguard girls at risk, and laws that ban FGM and provide penalties where the ban is ignored.

An effective policy framework requires multi-sectoral cooperation and needs to involve ministries of health, justice, police and education and civil society. The KRG should develop a multifaceted approach which specifically addresses the reasons people give for perpetuating the practice, through programs with families, religious leaders, and midwives.

The UN Declaration on the Elimination of Violence against Women (DEVAW) urges states to “exercise due diligence to prevent, investigate and, in accordance with national legislation, punish acts of violence against women, whether those acts are perpetrated by the State or by private persons.”²⁶³ Article 24(3) of the CRC specifically urges governments to take all effective measures to abolish traditional practices which are harmful to children.²⁶⁴

The CRC states that governments must take appropriate legislative, administrative, social and educational measures to protect children from violence, whether physical or mental,

²⁶² “PM Barham Salih’s statement on International Day for the Elimination of Violence against Women,” KRG press release, November 25, 2009, <http://www.krg.org/articles/detail.asp?nr=223&lngnr=12&smap=02010100&nr=32647> (accessed May 6, 2010).

²⁶³ UN DEVAW, arts. 1. and 4 (c).

²⁶⁴ CRC, art. 24(3).

even while in the care of families.²⁶⁵ Article 19(2) states that these protective measures must include not only support services for children but also preventive measures to identify, report, and investigate such incidences.²⁶⁶

Specific legislation to ban FGM is an essential step to advancing the KRG's commitment to the rights of women and girls. Legislation must include the following components:

- A legal definition of FGM that encompasses all forms of FGM, based on the terminology designated by the WHO.
- The law should specifically state that all types of FGM against girls and non-consenting adult women are prohibited.
- The law should also identify persons who may be liable under the law and the type and length of penalty.²⁶⁷

A law banning FGM should also include an educational component. Communities must be educated on the new provisions, especially if they carry criminal sanctions.

Whether or not adult women are included in the legal ban on FGM, the KRG, in respecting women's rights to make decisions about their bodies, should ensure that conditions are in place for women to give informed consent. Informed consent means that consent is given to a medical intervention that is "obtained freely, without threats or improper inducements." What constitutes informed consent must take into account the impact of social, cultural and religious pressures on women's ability to freely choose to undergo the procedure.²⁶⁸

The Dissemination of Accurate Information

Human Rights Watch's research revealed some serious shortcomings with regard to providing women and girls with accurate and complete information about FGM. Women receive too little information, much of what they do receive is inaccurate and they get mixed messages from different stakeholders.

²⁶⁵ CRC, art. 19 (1).

²⁶⁶ CRC, art. 19 (2).

²⁶⁷ Center for Reproductive Rights, "Female Genital Mutilation: An Advocate's Guide to Action, A Matter of Human Rights," 2006, http://reproductiverights.org/sites/crr.civicactions.net/files/documents/FGM_final.pdf (accessed August 17, 2009), pp. 24-25. See also The National Council of Childhood and Motherhood, "Cairo Declaration for the Elimination of FGM," June 23, 2002, http://www.chldinfo.org/files/fgmc_Cairodeclaration.pdf.

²⁶⁸ Center for Reproductive Rights, "Female Genital Mutilation: An Advocate's Guide to Action," 2006, http://reproductiverights.org/sites/crr.civicactions.net/files/documents/FGM_final.pdf, p.25.

Most of our interviewees had only a rudimentary understanding of FGM (apart from their personal experience of pain), the consequences of the procedure, and the potential health complications. Women and girls receive particularly confusing messages about whether FGM is a religious requirement. Islam plays an important role in Kurdish society. On numerous occasions, the women we spoke to told us about their commitment to Islam, and many referred to the content of Friday sermons as a key factor in their deliberations over life decisions, big and small.

The authorities, aware of the confusion surrounding the practice, have not attempted to counter conflicting messages in the public sphere. The government should ensure clarity and consistency of messaging throughout all its constituent parts, with the Ministries of Health, Education, and Endowment and Religious Affairs all having particularly key roles.

The Ministry for Endowments and Religious Affairs, which has responsibility for overseeing the affairs of over 4,000 mosques and for assigning mullahs and other religious clerics of different denominations to conduct regular prayers and rituals in towns and villages, has an especially significant role. The former minister for health, Dr. ‘Abd al-Rahman Osman Yunis said in a newspaper interview, “The Ministry of Religious Affairs should tell imams to speak out against female circumcision in sermons during Friday prayers so their flocks shun the practice.”²⁶⁹ The Ministry of Endowments and Religious Affairs denies that mullahs preach that FGM is a religious obligation and a necessary procedure for girls. Muhammad Ahmad Saeed Shakaly, the minister for religious affairs in the former government, told Human Rights Watch in June 2009 that the ministry had not received any complaints that mullahs were promoting FGM.²⁷⁰ However, a lack of complaints is hardly surprising when most people refer to female circumcision as *sunnah* and generally do not question the validity of claims made by religious leaders. The ministry has an obligation to take a proactive role in efforts to eradicate FGM, working in close coordination with the rest of the government and with religious leaders of all denominations. Similarly, the KRG must also ensure that efforts to ban female genital mutilation require the commitment and collaboration with all communities in Iraqi Kurdistan regardless of ethnic and religious identities, and political affiliations.

The government has a key role to play in ensuring women have access to accurate and up to date information about FGM to ensure that it is meeting its obligations to correct persistent

²⁶⁹ “Iraq’s Kurdish areas prepare to ban female circumcision,” *Agence France Presse*, November 23, 2008, <http://www.stopfgmkurdistan.org/html/english/articles/article003e.htm> (accessed June 5, 2009).

²⁷⁰ Human Rights Watch interview with Mr. Muhammad Ahmad Saeed Shakaly, June 3, 2009.

myths and misinformation about FGM in the public sphere. The Special Rapporteur on the Right to Health stated that “women should have equal access, in law and fact, to information on sexual and reproductive health issues.”²⁷¹

The Collection of Statistics and Indicators on Prevalence and Consequences

The government does not gather region-wide statistics on FGM, nor has it instructed public health facilities to monitor the prevalence or consequences of the practice. As described, the government did not include FGM in the recent UNICEF-supported MICS and in the WHO-supported Iraq Family Health Survey (IFHS). This is despite the suggestive results of the Ministry of Human Rights’ single survey of FGM in the district of Chamchamal.

The Kurdistan Regional Government, in collaboration with nongovernmental organizations, international institutions, hospitals, and clinics needs to urgently develop a region-wide system to collect data on the prevalence of FGM. The efforts by various bodies and institutions will significantly assist in gathering diverse sets of information to provide a clear picture on the practice. Data collected must confirm the types of FGM that exist in Iraqi Kurdistan. Other information required must include the rate of girls and women affected to set indicators on prevalence, using the internationally agreed indicators that are now the norm in work on FGM. FGM should be routinely included in future MICS and IFHS. This type of information will help measure the increase or decrease of rates in FGM. Most importantly, information on the justifications for FGM will help challenge the misconceptions about the need for such a practice.

The Obligations of Healthcare Professionals

Medical professionals must act as a primary source of reliable information and have an ethical responsibility to ensure that women and girls have access to accurate information about the health consequences of FGM. They also have a responsibility to provide adequate medical treatment to girls and women who have undergone FGM, to provide counseling, or make referrals for victims who experience emotional distress. They must also record deaths which result from FGM.

Healthcare professionals in Iraqi Kurdistan do not have consistent perspectives and understandings of the consequences of FGM. Dr. Atia al-Salihy, a prominent medical advisor

²⁷¹UN Commission on Human Rights, “The right of everyone to the enjoyment of the highest attainable standard of physical and mental health,” Paul Hunt, U.N. Doc. E/CN.4.2004/29, February 16, 2004, [http://www.unhcr.ch/Huridocda/Huridoca.nsf/o/8585ee19e6cf8b99c1256e5a003524d7/\\$FILE/Go410933.pdf](http://www.unhcr.ch/Huridocda/Huridoca.nsf/o/8585ee19e6cf8b99c1256e5a003524d7/$FILE/Go410933.pdf) (accessed June 8, 2009), para. 28.

to the KRG, distinguishes between FGM and female circumcision, claiming that Kurdish women undergo female circumcision and not FGM. According to her, FGM is practiced in parts of Africa and the Gulf countries in the Middle East, and involves both cutting and the subsequent narrowing or sealing of the vaginal opening, which is not practiced in Kurdistan.²⁷² Her limited definition of FGM, however, is inconsistent with that of the WHO and the mainstream of the international medical community.

Dr. Al-Salihy also said that when young girls complain of a lack of enjoyment of sex, it is because their husbands do not take special care with their spouses during intimacy and not because of the removal of the clitoris during FGM: “circumcision is nothing; it does not influence life because a woman is sensitive in all her parts.”²⁷³ Talking to Human Rights Watch, she suggested that the type of FGM most frequently carried out in Kurdistan “has nothing to do with sex life.”²⁷⁴ Troublingly, she added that female circumcision does not have any physical health effects, though she admitted that it can have psychological impact.²⁷⁵ She has expressed these views, far from the understanding of the medical profession worldwide, on television. Kazhal H. talked about information she had received from the media: “through the television a doctor explained that FGM is normal.... The doctor said, “If you do it or not it’s still the same.”²⁷⁶ When Human Rights Watch asked about the doctor’s name, she told us that it was Dr. Atia from Arbil.

The government must take steps to ensure that healthcare workers are provided with medically appropriate and accurate information. According to the International Federation of Gynecology and Obstetrics (FIGO),²⁷⁷

Education of the public, members of the health profession and the practitioners of traditional health care, community leaders, educators, social scientists, human rights activists and others who implement these policies, to trigger awareness of the extent of the problem and the dangers of FGC [FGM], is the best way to eradicate this practice.²⁷⁸

²⁷² Human Rights Watch interview with Dr. Atia al-Salihy, June 4, 2009.

²⁷³ Ibid.

²⁷⁴ Ibid.

²⁷⁵ Ibid.

²⁷⁶ Human Rights Watch interview with Kazhal H., May 29, 2009.

²⁷⁷ International Federation of Gynecology and Obstetrics passed a resolution on FGM in 1996. For more information, see http://www.who.org/projects/general_assembly_resolution_FGM (accessed September 8, 2009).

²⁷⁸ International Federation of Gynecology and Obstetrics, “Ethical Issues in Obstetrics and Gynecology,” November 2006, <http://www.who.org/files/who-corp/docs/Ethics%20Guidelines%20-%20English%20version%202006%20-2009.pdf>, p. 23.

Perhaps as a consequence of the unclear messaging regarding FGM in the public sphere, healthcare workers in Iraqi Kurdistan are hesitant to inform their patients about its dangers. Dr. Sana' Rashed said, "The problem [with FGM] is the community and not me."²⁷⁹ She added that there is "underdevelopment in the area, people freely accept a medical and social problem like circumcision."²⁸⁰ However, in Dr. Rashed's view healthcare workers have only a limited role to play and can advise patients in clinics and educate them in collaboration with NGOs.²⁸¹ Dr. Fattah Hamarrahim Fattah, on the other hand, who lectures on the dangers of FGM, told us he felt that the responsibility to combat FGM must lie, at least partially, with the medical community and specifically with the Ministry of Health. He stated that the Ministry of Health should issue guidelines for hospitals to provide proper support for patients who have undergone FGM.²⁸²

It is essential for the KRG to stress the obligations of health professionals to disseminate accurate information on the health consequences on FGM, and to develop appropriate policies in hospitals and clinics. It is equally important to mobilize health professionals as agents of change, along with traditional midwives, to help eliminate this practice.

The Dissemination of Health Information in Schools

Students in Kurdistan receive little health information on reproductive and sexual health and none on FGM. Only a single page in the curriculum is dedicated to reproductive health.

Young girls interviewed by Human Rights Watch stated that FGM awareness is not conducted in their schools. They referred to FGM as a shameful subject that is not discussed in school or with their teachers and among their peers. The girls stated that their schools are mixed, making it difficult to hold such conversations. Nasreen K., a 14 year-old student from Plangan, stated that "girls my age, we don't talk about it. School is for education, not to discuss sensitive issues like female circumcision."²⁸³

A teacher in Kallar, Shanga J., told Human Rights Watch that every two months, the teachers meet with female students to talk about issues ranging from appropriate dress to relationships with boys. In her school, FGM is not one of the subjects discussed. Shanga J.

²⁷⁹ Human Rights Watch interview with Dr. Sana' Rashed, May 31, 2009.

²⁸⁰ Ibid.

²⁸¹ Ibid.

²⁸² Human Rights Watch interview with Dr. Fattah Hamarrahim Fattah, May 29, 2009.

²⁸³ Human Rights Watch interview with Nasreen K., Plangan, May 29, 2009.

says, “teachers and students need information [on FGM], but there is no time.” She further stated that “teachers feel a responsibility to raise awareness on FGM and other issues.” She said that teachers are willing to go to the students’ homes, but they currently lack the capacity in terms of information resources and personnel to do so.²⁸⁴ Such endeavors would require additional resources and training for teachers.

The United Nations Populations Fund (UNFPA) advocates for the inclusion of age-appropriate and gender sensitive education on sexual and reproductive health.²⁸⁵ In 2003, UN agencies such as the WHO, UNFPA and UNICEF endorsed a life skills approach to better health. These skills include social, thinking, and negotiation skills for students. Part of a life skills approach also includes sexual health.²⁸⁶ Discussions on reproductive health should include information and broader discussions on female genital mutilation and its consequences.

The current educational curriculum in Iraqi Kurdistan provides opportunities to educate students about FGM. Human rights are taught in grades five, seven, and nine. The Ministry of Education plans to introduce violence against women as one of the subjects covered in the human rights curriculum and to train teachers on human rights and nonviolence.²⁸⁷ FGM should also be included in this section.

The Convention on the Rights of the Child links health with unfettered access to information, stipulating that children have a right to access information that is aimed at the promotion of their health and well-being.²⁸⁸ Article 24(2) of the CRC requires state parties to “ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health.”²⁸⁹ In interpreting this right, in 2003, the Committee on the Rights of the Child published General Comment no. 4 on adolescent health. This general comment stated that a state must assure that adolescents have the right to access the information:

The right of adolescents to access accurate and appropriate information is crucial ... including [information related to] ... protection from harmful

²⁸⁴ Human Rights Watch interview with Shanga J., Kallar, May 30, 2009.

²⁸⁵ United Nations Populations Fund, “Education and Empowerment: Supporting Adolescents and Youth,” <http://www.unfpa.org/adolescents/education.htm#rh> (accessed January 30, 2010).

²⁸⁶ *Ibid.*

²⁸⁷ Human Rights Watch email correspondence with Saman Suad, September 29, 2009.

²⁸⁸ CRC, art. 17.

²⁸⁹ CRC, art. 24(2).

traditional practices, including early marriages and female genital mutilation.²⁹⁰

Mobilizing Support to Stop FGM

As previously described, community engagement and involvement is a critical component of an FGM eradication programme, and the government has a key role to play in stimulating and supporting community initiatives. There is currently only a small number of NGOs working on FGM in Iraqi Kurdistan, and very few of these are based in rural areas.²⁹¹ Despite these limitations, there has already been some mobilisation of communities. The challenge is to sustain, broaden and deepen it.

In 2007, the Zhnan Women's Union of Kurdistan, a nongovernmental organisation, wrote to the Prime Minister setting out their concerns about FGM. The letter called on the KRG to combat FGM:

Until now, we don't look upon this phenomenon as a crime even though according to the Iraqi Penal Code, article 412 defines it as a crime that is punishable by 15 years imprisonment. And with all this, no one has been punished and no one views it as a crime.²⁹²

In 2007, a civil society campaign on FGM was launched. A petition to support a complete ban on the practice was signed by 14,000 people, including some prominent figures. The petition was published as an open letter in local newspapers in March 2007. It was submitted to the Kurdistan Parliament and to Ms. Paxshan Zangana, head of the Special Women's Committee in Parliament in April 2007.²⁹³

In April 2009, *Hawlati*, a local Kurdish newspaper, along with other media agencies, started a petition campaign to combat FGM. In cooperation with WADI, media agencies implemented

²⁹⁰ UN Committee on the Rights of the Child, General Comment No. 4, Adolescent Health and Development in the Context of the Convention on the Rights of the Child, U.N. Doc. CRC/GC/2003/4, (2003), para. 6.

²⁹¹ These are WADI, Women's Legal Assistance (WOLA), ASUDA Organization for Combating Violence against Women, PANA organization (a peace and justice organization in Kirkuk), and the PUK Women's Union.

²⁹² Letter to the Kurdish Prime Minister from the Zhnan Women's Union of Kurdistan on the crime of female circumcision, July 17, 2007. The letter was obtained by Human Rights Watch in Kurdish and translated into Arabic and English.

²⁹³ The petition was addressed to the Head of the Kurdistan Parliament, the President of Iraqi Kurdistan and the Council of Ministers.

a 10 day awareness-raising campaign.²⁹⁴ In May 2009 a new group called Doctors Against FGM was also established in Sulaimaniya.²⁹⁵

These efforts to mobilize action against FGM require the support of the KRG and the participation of families, religious clerics, teachers, health professionals, social workers, politicians, and other community members. A region-wide public awareness campaign must be implemented by the KRG and other stakeholders through television, radio, and print media to ensure that it reaches all communities in Iraqi Kurdistan. The campaign must include information on the harmful implications to girls and women's health, and encourage debate and discussion about how communities can stop the practice. One outcome that recent research has suggested is particularly effective is for communities to make public declarations that henceforth they have collectively repudiated FGM. Moving this commitment beyond the family has the effect of demonstrating the beginning of a new social convention—the convention of not mutilating girls—and reassures women and families that they are not acting alone.

The government and other stakeholders should also assist in galvanizing action among the religious community to take a united stand against FGM. Health professionals need to become part of FGM elimination efforts. Their knowledge and skills are urgently required to help disseminate crucial information on the practice to families, midwives, and others. Their assistance is also needed to help document the health implications among Kurdish girls and women in order to treat FGM survivors. Health professionals should also influence healthcare policies and programs to eliminate FGM and to increase support for child and maternal health. Traditional midwives who are the main perpetrators of FGM should be educated so that they become major actors in FGM elimination efforts.

Women and girls should know that an entire society is prepared to drop a practice that causes so much harm and one that violates their rights to life, health and freedom from violence.

²⁹⁴ Media agencies include Hawlati and Rozhanam newspapers, Levin and Awenakan magazines, Nawa Radio and Women 's Legal Assistance (WOLA). The campaign distributed buttons, calendars and brochures on the health consequences of FGM. 17 sound clips on FGM were aired on many radio programs.

²⁹⁵ Doctors Against FGM, established under the leadership of Dr. Goran 'Abd allah Sabil and other doctors in Sulaimaniya, has a website and blog to raise awareness on FGM in Iraqi Kurdistan. For more information, visit www.stopfgmkurdistan.wordpress.com.

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“They Took Me and Told Me Nothing”

Female Genital Mutilation in Iraqi Kurdistan

For thousands of girls living in Iraqi Kurdistan (northern Iraq), female genital mutilation (FGM), the removal of parts of the female genitalia for non-medical reasons, is a fact of life. FGM is a conventional social practice seen by many as contributing to girls becoming women, being marriageable, as a religious requirement and as part of their identity as Kurds. An irreversible and painful operation usually carried out by older women, FGM, however, has immediate and long-lasting consequences for physical, mental, and sexual health.

“They Took Me and Told Me Nothing” documents the experiences of FGM of women and girls in Iraqi Kurdistan. Families receive conflicting messages from religious leaders and health care workers about FGM, including about its health-related consequences.

While the Kurdistan Regional Government (KRG) has been willing to address other forms of gender-based violence, such as “honor” killings, it has been reluctant to view FGM as a form of violence against women and has yet to seriously tackle the issue. The Kurdistan Regional Government collects no statistics on its prevalence, has yet to enact draft legislation to prohibit the practice and has delayed a planned public awareness campaign.

International human rights law recognises FGM as a violation of the human rights of girls and women. The Iraqi government and the Kurdistan Regional Government, as signatories to key international human rights treaties, need to show leadership by acting immediately to ban FGM and, working with civil society, putting in place a long term strategy to protect women and girls from the practice.

All photos by Samer Muscati/Human Rights Watch

A traditional midwife in Iraqi Kurdistan holds ashes that are sifted and applied to the wound after a girl has undergone female genital mutilation.

