Female Genital Mutilation in Iraq:

An empirical study in Kirkuk Province

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Wadi – Association for Crisis Assistance and Development Co-operation – is a German non-governmental, non-profit organization active in the Middle East since 1992. Wadi's work is dedicated to support freedom and human rights in the Middle East. Wadi's mission is to support democracy development, individual freedom based on human rights, gender equality and non-violent conflict resolution. Wadi seeks to support especially those in Middle Eastern society who suffer the most under the prevailing conditions and are thus the first agents for a change: Women, children and adolescents.

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1 INTRODUCTION

1.1 FGM in Iraq

This is the first empirical study exploring the prevalence of Female Genital Mutilation (FGM)[1] in an Iraqi region beyond the KRG (Kurdish Regional Government) Region: Kirkuk Province. The results of this research are critical not only because yet another region seems to be affected: the results allow us to extrapolate that FGM occurs elsewhere in the country, giving a broader perspective on how FGM is not only a Kurdish, but an Iraqi problem.

FGM contravenes numerous international conventions and treaties.[2] It is a grave human rights violation. It is bodily harm, torture, and child abuse. It is a deeply traumatic experience for victims who suffer from various physical and psychological long-term consequences. The practice is a vicious cycle fueled by an extremely patriarchal gender order. FGM is prospering in a context of ignorance, fear, and misogyny that is also breeding other forms of violence against women and children.

We ventured on this study because we had significant anecdotal evidence suggesting the existence of FGM in other Iraqi regions, such as Baghdad and south Iraq. However, nobody was talking about FGM publicly. The few brave activists that worked to raise awareness about the dangers of the practice did so more or less in secret. Media were silent. Politicians were silent. Nobody knew how widespread FGM actually was because an investigation had never been done.

Our experience in the KRG taught us that the wall of silence must be torn down. FGM needed to become an issue of public debate in order to raise awareness on a large scale. And the debate could only stem from indisputable facts. We needed to prepare a statistical survey to provide that evidence.

Hard facts would also stimulate debate in the political arena. Today we witness the untenable situation of FGM being regarded a criminal offense in one part of the country (the Kurdish Region), but not so in the others. Decision-makers in central and south Iraq can still ignore this delicate issue because the public is not informed and discussing FGM openly remains taboo, which prevents any form of healthy debate.

Although a legal ban is a necessary precondition for ostracizing the practice, FGM will not disappear by decree. Real change can only come from within society itself. As long as a society lacks a certain

[1] Other terms like "circumcision" or "female genital cutting" are sometimes used instead of "mutilation." In this study, we use the term "mutilation" since it highlights the gravity of the physical and mental consequences of the practice and its character as a human rights violation. Most international organizations, including the WHO and United Nations agencies, have adopted this label. In the affected areas, however, the term "circumcision" is the expression commonly used. Therefore, it was also used in some research questions.

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

degree of freedom, public discourse will not occur. Breaking the taboo of discussing FGM publicly requires a great deal of courage and commitment to take action against the practice.

In Iraqi Kurdistan, the silence was broken approximately seven years ago. Many Kurds were ready to acknowledge an uncomfortable truth: FGM was very close to everyone. It was part of the community, the neighbourhood, and the family. Those who practiced FGM defined it as required by Islam and part of Kurdish tradition and identity. Others became furious over the idea that everything they loved and cherished – their community, their nationality, their tradition, and their religion – was tarnished by the existence of this cruel practice.

When FGM became public, it was soon discussed extensively in the media. People from different walks of life made their statements, and controversial debates centered on issues such as "tradition versus human rights."

Meanwhile, many individuals in the KRG felt somehow punished for taking an open and progressive stance against FGM. In Iraq and internationally, FGM was perceived now as exclusively a "Kurdish" problem (in addition to being an "African disease"). Many people viewed Kurdistan as an "FGM island" in the Middle East – a notion that was scarcely called into question. In fact, it was the increasingly free discussions by a critical general public that increased awareness about the widespread practice of FGM in the KRG, which, in turn, gave the appearance of Kurdistan as a FGM island in the Middle East. Findings of this research indicate that, in fact, FGM is likely more widespread and occurs throughout Iraq, and possibly beyond.

The *"Stop FGM in Kurdistan"* campaign [3], a grassroots movement formed by artists, journalists, local women's rights organizations and other committed individuals, confronted the local authorities and urged them to take a proactive stand. In 2007, the initiative collected 14,000 signatures on a petition for a legal ban of FGM. But at that time, the KRG parliament was not yet ready to deal with this subject.

Stop FGM in Kurdistan continued to raise public awareness about the grave health consequences of FGM through an active campaign that included posters, brochures, articles, films, and television and radio commercials. Wadi teams discovered that, especially in those areas and villages that had received face-to-face assistance and awareness-raising efforts for years, the mutilation rate had fallen dramatically. In the Kurdish Region as a whole, there is a gradual trend toward abstaining from the practice. Even so, tens of thousands of small girls are still victims of the practice.

In 2011, the KRG parliament finally took a bold step when it adopted *Law No. 8: the Law Against Domestic Violence in the Kurdistan Region of Iraq.* Law No. 8 is a comprehensive law that renders punishable many forms of violence against women and children, including FGM [4]. Nadya Khalife, Middle East women's rights researcher at Human Rights Watch, stated: *"By passing this law, the Kurdistan Regional Government has shown its resolve to end female genital mutilation and to protect the rights of women and girls."*[4] The next challenge in the Kurdish Region will be to implement the law adequately. Khalife added rightly: *"But the government needs a long-term strategy to deal with this harmful practice because criminalizing it is not enough."*

Central and south Iraq are still at the very beginning of this path. This study is meant to break the silence and initiate a process similar to that in Iraq's Kurdish Region. Parliament members and government representatives in Iraq's central government should feel addressed and appealed to take action.

We chose Kirkuk Province for an exemplary study on the basis of several practical considerations and assumptions. Of significant importance is that Kirkuk is known as Iraq's "melting pot." The fact that all major ethnic and religious groups are represented in Kirkuk makes it an ideal blueprint for the entire country. Accordingly, we believed that the FGM rates among the different ethnic groups would offer an excellent viewpoint on the broader situation in Iraq.

Regarding our limited resources, Kirkuk Province also was a good location because we could conduct the research in a clearly defined and manageable area close to our home base in the KRG. In our last research [1], we found a high prevalence of FGM rates in the nearby Garmyan/New Kirkuk area, and it was not too farfetched to assume a similar situation existed on the other side of the border.

In Kirkuk, Wadi found a very committed and reliable cooperation partner in Pana. For many years, Pana has been actively supporting women and lobbying for women's rights in Kirkuk. Through their work, their teams developed deep insight into community life and women's issues. Moreover, because the team members are from Kirkuk, they were already familiar with local traditions, beliefs, and moral values. According to Pana's assessment of the security situation, it would be possible to conduct a statistical survey with support of an additional Arab team. Pana and Wadi decided to go forward with the collaboration and the research project was carried out successfully.

1.2 Study Implementation

The present study was designed according to the well-proven concept applied to the previously presented "FGM in Iraqi Kurdistan" study [1] which was conducted under the scientific supervision of Professor Hubert Beste of the faculty of social work at the Landshut University of Applied Sciences in Landshut, Bavaria, Germany.

The total population represented in this survey comprises the adult female population of the Iraqi Governorate of Kirkuk, aged 14 and over.

From September 2011 to January 2012, a total of 1212 fully standardized interviews were conducted in Kirkuk Governorate with females aged 14 years and over.

The interviews were designed to reveal information about the:

- Prevalence of FGM;
- Possible influence of factors like region, education, religious affiliation and ethnicity; and
- Justifications for, and precise circumstances of the mutilations.

The questionnaire included 19 questions about the interviewees living situation and family background and 27 questions about FGM. An additional questionnaire was completed for mothers

with daughters below 14 years of age. This questionnaire contained 15 additional questions about the genital mutilation of these women's daughters.

The knowledge gained through this study should help to design future FGM prevention programs in Iraq, as well as support local initiatives. Moreover, the data leaves no doubt about the existence and the prevalence of FGM in Iraq beyond its Kurdistan Region. This report should thereby signal the need for action on the part of the Iraq's central government, the UN, and other international bodies.

1.3 Method

The research included a questionnaire with a total 61 questions, including the additional 15 questions for mothers of daughters below age 14. The questions were based on the questionnaire used in the comprehensive FGM survey in Iraqi Kurdistan [1]. Some questions and answer options were modified or deleted in order to reduce the number of questions and to simplify the interview process. This also eliminated questions that "did not work," for example questions that were not clearly understood, or questions that always received the same answer.

In August 2011, a total of 100 test interviews were conducted in and around Kirkuk City. Wadi evaluated the data and the interviewers reported difficulties with certain questions. Many in Kirkuk, for example, viewed questions about sexuality and contraception as indecent and offensive; interestingly, these same questions were not often objected to in the Kurdistan Region. As a result, some of these questions were removed from the questionnaire. The question about the consequences of FGM was simplified. During the test interview phase, it was also discovered that questionnaires were not always completed correctly. Before launching the research in the field, interview teams were retrained to further minimize the risk of questionnaires being incorrectly completed.

Because there is not a residents' registration system in Kirkuk Governorate, detailed statistics on the total female population is not available. Therefore, the random-sampling method could not be applied to determine the survey population. Hence, this research is based on a non-random sample generated with the random-route method.

In order to get a representative picture of the whole governorate, the heterogeneous population structure had to be taken into account. Every ethnic group needed to be covered according to their actual share in the total population. When the list of interview places was compiled, this criterion was taken into account for every district, sub-district, and quarter in Kirkuk Governorate.

Every district, sub-district and quarter in Kirkuk was allocated a certain number of interviews that corresponded with the number of inhabitants, and in each of these areas a certain number of Kurds, Arabs, Turkmens, and "Christians" (Syrians, Assyrians, Chaldeans, Armenians) were interviewed, corresponding to their share of the population in the area. For the teams, it was not difficult to identify and locate the diverse populations. The various ethnic groups usually live in separate neighbourhoods, and their locations are considered common knowledge.

Without exception, every district, sub-district, and quarter of Kirkuk Governorate was covered by the research. In each of these places, the interview teams went door-to-door to find participants aged 14 or older.

In the Arab areas especially, this often proved a formidable challenge because residents are not used to the presence of outside organizations. The teams were often greeted with shyness and suspicion. To limit the risk, Pana sent an "Arab" team, comprising Arab colleagues, to these areas. In some cases, both men and women responded to the teams in an extremely aggressive way and threatened them, calling them American spies and accusing them of serving a western agenda. When this occurred, the team left the scene to reduce risk and diffuse the situation. They then continued their research efforts in blocks down the street or in the next village.

Many women were afraid to be seen with the team. Arab team members reported that some looked around warily, and only when they felt unobserved they beckoned the team over to be interviewed.

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

Again, the questionnaire consisted of 46 questions, plus 15 additional questions for mothers, for a total of 61 questions. It was filled out by hand and on location in the villages and city quarters. The interviews were very thoroughly conducted. No sheets were missing and not a single interview had to be excluded. In some cases, women were not ready to answer certain questions. In this case, the questions were excluded.

The data was evaluated using the Statistical Analysis Software SPSS and Microsoft Excel 2010.

1.4 How exact are the results?

The overall FGM rate in Kirkuk Governorate is 38.2% of the female population age 14 and older, according to this survey.

This value is based on the assumed varying population densities and the assumed ethnic composition of the area investigated.

When the research was planned and prepared, the teams found that in Kirkuk Governorate up-to-date official data on the population was not available whatsoever. The teams determined the population figures of the districts, sub-districts, and quarters by visiting officials and asking them. They collected oral or written confirmations from the responsible mayors and "jinsiye," or population offices.

Data about the ethnic composition of the population is deemed highly sensitive and is not available. However, this information can be easily determined based on popular knowledge about the neighbourhoods.

When the research reached midpoint, the Ministry of Planning released new statistics regarding population numbers, which differed considerably from the numbers Pana were provided by the local officials previously. Please see Table 1 for details. Pana also was informed that the province borders had been modified slightly, resulting in the villages Gerehenjir, Multaqa, and Sergeran belonging to Kirkuk now. This new information could not be integrated because it was provided too late as the research was already at midpoint.

	population numbers used for this research	new Ministry of Planning numbers		FGM rates found in this research	FGM-affected women according to this research	FGM-affected women according to new numbers
1 Kirkuk City	939000	782143		39,1%	183575	152909
2 Altun Kubri / Maxmur	60000	23085		52,0%	15600	6002
3 Haweeja	98855	36776		27,4%	13543	5038
4 Daquq	59250	18319		31,9%	9450	2922
5 Dabs	44251	17073		51,4%	11373	4388
6 Riadh	76233	8565		32,8%	12502	1405
7 Rishad	21750	1307		20,0%	2175	131
8 Laylan	13739	7776		85,7%	5887	3332
9 Shwan	16000	2932		80,0%	6400	1173
10 Yayiji	40000	3160		53,1%	10620	839
11 Taza	37000	14954		19,2%	3552	1436
12 Abassi	51851	8418		25,6%	6637	1078
13 Zab	57501	14606		33,3%	9574	2432
Total Kirkuk Governorate	**1515430**	**939114**				
=> total number of women	757715	469557		38,2%	290888	183083
				==>	38,4%	39,0%

Table 1

In Table 1, it was hypothetically calculated how much the new population figures would affect the overall FGM rate. As the data shows, 39.0% is not a significant difference compared to the 38.2% found in this research. (The difference 38.2% <-> 38.4% stems from the number of interviews designated per district, which can only be an approximation.)

It is important to note that this a limited survey of a sample of 1212 interviews. It cannot be more than a good approximation to reality. Two indicators especially give evidence that the data indeed is a good approximation, however:

a) The data is logically coherent in many respects. Having more than 60 questions, detected correlations can be tested and confirmed by other, similar correlations. Very few inconsistencies appear – which may not point to corrupt data, but to hidden dynamics and causalities.

b) Many values and correlations found in Kirkuk are very similar to those found in the Kurdish Region. Again, very few inconsistencies appear.

It also should be noted that all data is based on mere self-reporting. This study is not immune from intentional misinformation. Moreover, the teams did not hide their "Stop FGM" agenda, so occasionally it might well have been the case that women answered according to what they thought was expected from them. Another restriction is due to the fact that around 20% of the interviews had to be done collectively, e.g. more than one woman was present during the interrogation. The approach was taken when women felt safer and more comfortable in the company of other women. This happened with elderly women and especially in the Arab areas, where fear and suspicion made it difficult for the team to question women. In these cases, social pressure might have played a role regarding certain answers. However, it is not possible to detect these mechanisms and isolate these cases from the data.

Since team members assessed that Arabs, in particular, tend to hide FGM from outsiders, it may be that the FGM rate is in fact higher. Only an obligatory genital checkup, conducted by doctors and organized by the government, could verify the numbers and bring ultimate clarity to this issue. However, it is very unlikely that the found FGM rate is actually *higher* than the true rate. Accordingly, the FGM rate reported in this research should be regarded as a minimum.

1.5 About the Evaluation

All figures and charts are based on the results of these 1212 interviews. The teams were extremely careful to provide the exact phrasing of the questions. Some questions include the use of the word "circumcision," which we usually try to avoid so that there is a clear distinction between FGM and the circumcision of boys. FGM is a much more serious intervention, which involves the removal of an important body part. It is for this reasons that we generally use the word "mutilation." On the ground and in personal conversations with victims it may, however, be useful to apply the trivializing terminology that is customary in the region.

Almost all the items in the questionnaire are multiple-choice questions. Occasionally, more than one answer was given. Therefore, the number of answers may sum up to >100%.

When calculations required the total answers to be exactly 100%, each interviewee was assigned one "vote" per question. In the case of multiple answers, this one "vote" was sub-divided among the answers given. Cross tabulations were calculated accordingly, in order to portray the relative weights of the responses in a clear and consistent manner.

2 SURVEY

2.1 The Mutilation Rate

As outlined in 1.4, the FGM rate in Kirkuk Governorate is **38.2%** of the total female population aged 14 or older. Please refer to Table 1 for the FGM rates in the various districts and sub-districts ranging from roughly 20% to 85%.

See Annex I for a map of the districts and sub-districts of Kirkuk Governorate.

The FGM rates in the different districts and sub-districts do not form a coherent geographic pattern. As will be demonstrated in Chapter 3, religious and ethnic affiliations, education, and the women's age are among the most determining factors.

2.2 Types of Mutilations

The questionnaire included a question on the type of mutilation the woman has. We defined three types:

Type I: amputation of the klitoris
Type II: clitoris and inner labia
Type II: clitoris and inner and outer labia

(N.B. this classification does not correspond to the WHO classification.)

The teams provided a sketch of female genitalia, on which the mutilated area could be marked. Many interviewees did not add marks because it was clear. In most cases, and in Kirkuk City in almost all cases, Type I was selected. It turned out that there is a significant difference between urban and rural areas: In Kirkuk, 2.3% of those mutilated indicated Type II and 0.8% Type III, in the countryside it was 20.6% Type II and 1.1% Type III (Chart 1).

Chart 2 shows that 17.5% of the mutilations performed by Arabs are Type II (and 0.8% Type III), while it is "only" 6.2% among Kurds (and 0.9% Type III). Among Arabs and Kurds, the absolute numbers of mutilations Type II and III seem to be on an almost equal level, but the relative share of Type II and III mutilations among Arabs is much higher because they practice much less FGM (see 3.1.). A further analysis of the data reveals that daughters of Kurdish *and* Arab farmers underwent Type II more frequently than other groups (25%).

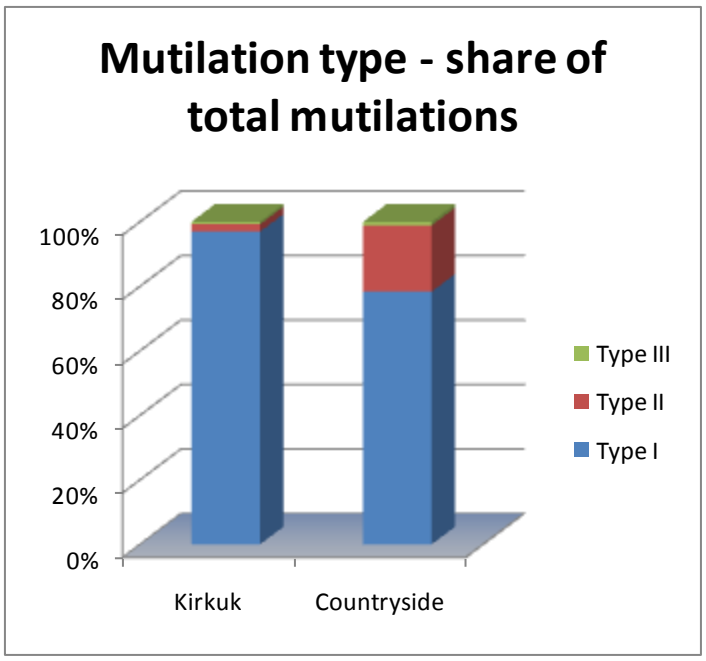


Chart 1

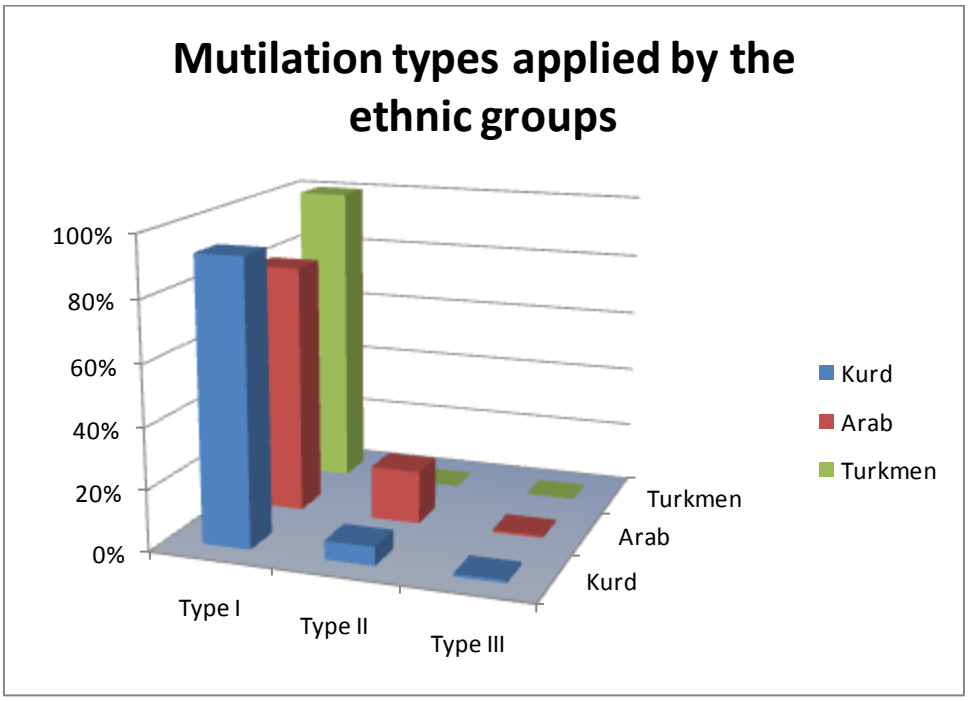


Chart 2

2.3. The Mutilation Procedures

2.3.1 Places

Approximately 80% of the women who had undergone FGM said that the cutting was done at home; 9% said it was done at the neighbour's house. Medicalization of FGM in Kirkuk does not seem to have taken place since not a single woman reported that it was done in a hospital or health center.

2.3.2 Circumstances

FGM in Kirkuk is largely a collective (albeit not a public) event. Of the women surveyed, 49% stated that they were mutilated collectively along with their sisters, and occasionally together with neighbour girls (14%), other girls of the family (6%), or all the girls in the quarter (6%). Only 23.1% said they were alone.

2.3.3 Age

Most girls are genitally mutilated around the age of five, but the age may vary between two and 12 years of age (Chart 3). Among Arabs it seems to be more common to do it later, around the age of ten.

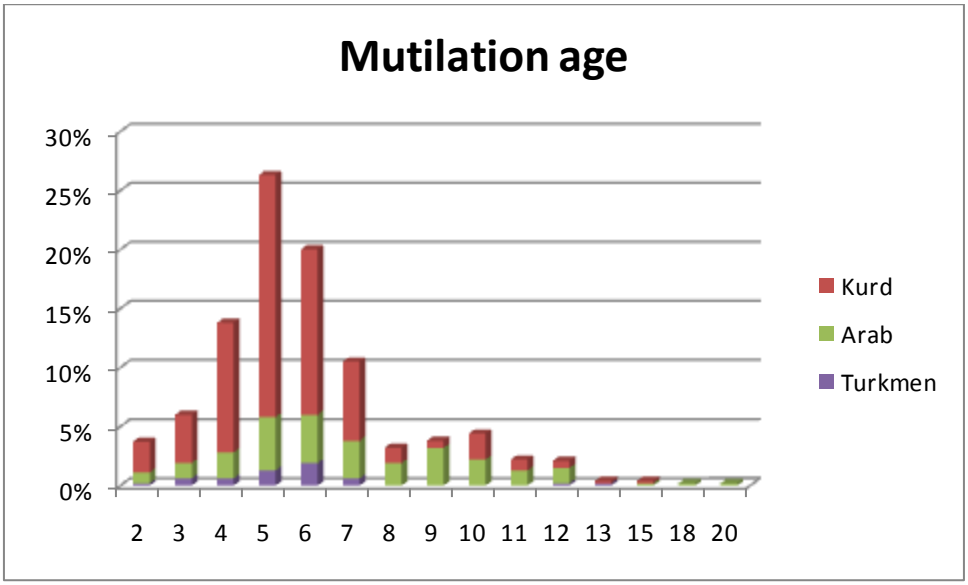


Chart 3

This result corresponds with data found in the Kurdish Region [1].

2.3.4 Tools

The overwhelming majority of women who had undergone FGM said it was done with a razor blade. Only 1% answered “knife” and another 1% “scissors.” Unanimity concerning this question was noticed in the Iraqi Kurdistan study [1], which stated: “It might be regarded as evidence for the existence of a common mutilation tradition in the whole Iraqi Kurdish Region and possibly beyond.”

2.3.5 Perpetrators

In 77.3% of the FGM cases, the mother was said to have arranged for the procedure. Apart from the mother, only the grandmother (9.1%) and, still less frequently, aunts and other female family members were indicated.

In most cases, the mother is also present at the scene (Chart 4).

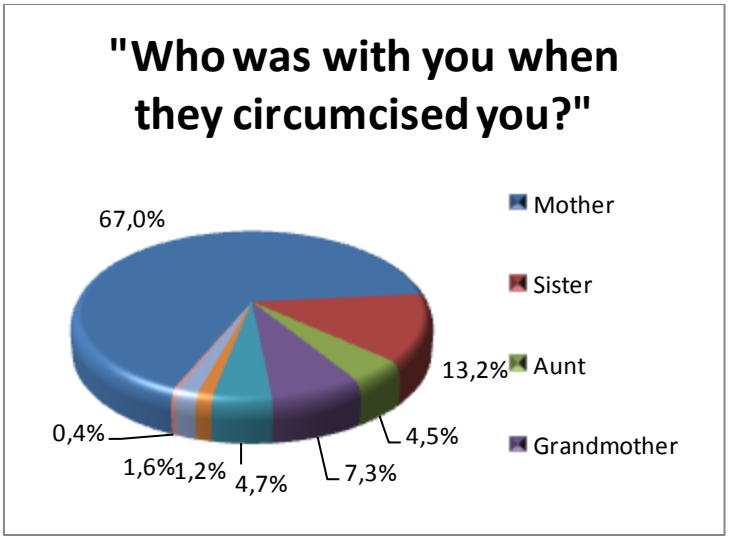


Chart 4

But the mother is almost never the actual perpetrator. Of women surveyed, 14.6% pointed to the grandmother. Nearly 50% said an “old women” performed the FGM. The “old women” were professional mutilators who sometimes live in the village; others are itinerant and go from one village to another, offering their skills for a small compensation.

Comparing the relevant ethnic groups, we find a remarkable consistency (Chart 5) that also corresponds with the results found in the Kurdish Region [1].

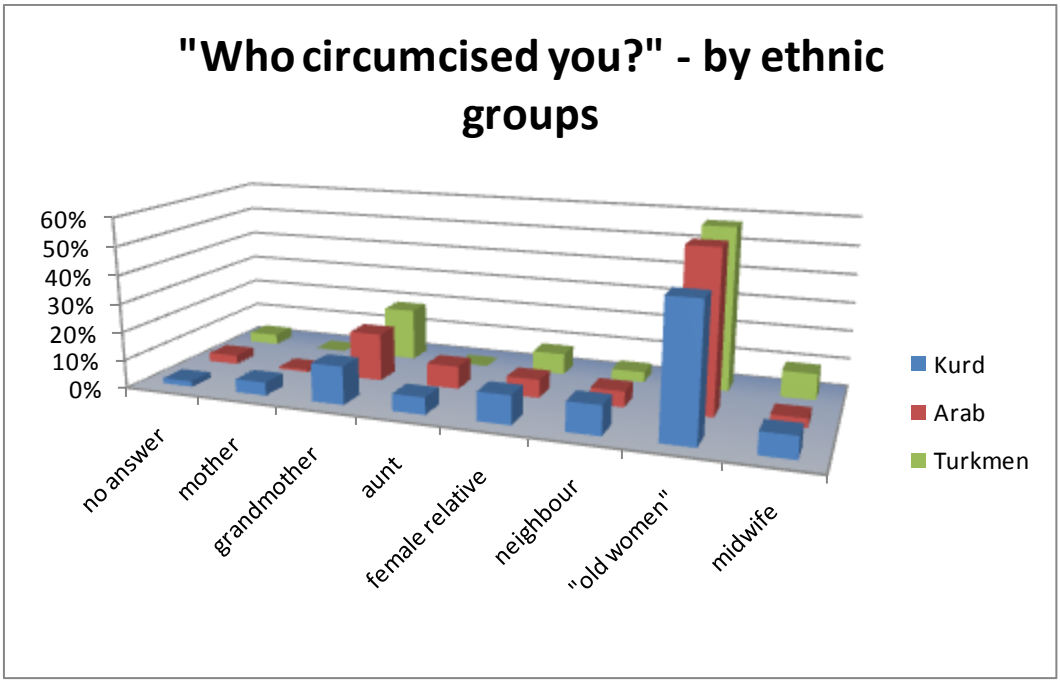


Chart 5

2.3.6 Consequences

The majority of the women who had undergone FGM declared they are suffering from some sort of bad consequence (Chart 6).

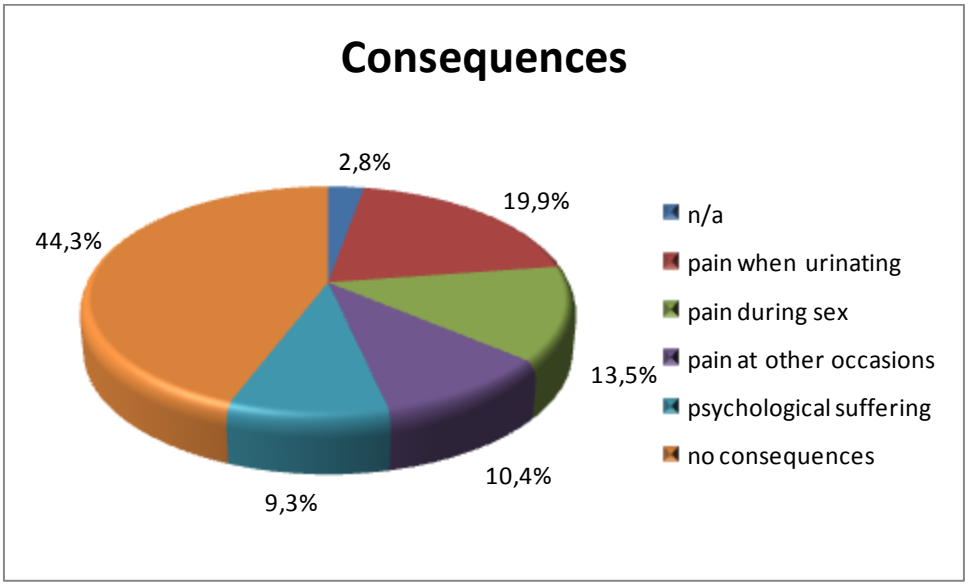


Chart 6

Interestingly, no striking correlations to the age of the women or to the educational level could be found. Illiterate women answered only slightly more frequently “no consequences” (51.1%). There is a correlation, however, to ethnic groups. While 51.6% of the affected Kurds declare to feel “no consequences,” it is only 30.4% among Arabs and 25.9% among Turkmens. This result may be explainable in the case of Arabs, who often suffer from more severe kinds of mutilations, but not for Turkmens, who do not seem to practice Type II mutilations (see Chart 2 “Mutilation Types applied by the ethnic groups”).

3 RESEARCH

3.1 Impact of Ethnic Affiliation

The population of Kirkuk Province includes Arabs, Kurds, Turkmens, and certain Christian minorities (Assyrians, Armenians, Chaldeans). While Kirkuk City is Kurdish-dominated, a large majority of the rural population is Arab. The FGM rate differs substantially between the ethnic groups, but all, except Christians, are affected.

FGM rate among ethnic groups:

Kurds	**65.4%**
Arabs	**25.7%**
Turkmens	**12.3%**

Table 2

Comparing the city with the rural parts of the province, there appears to be no significant difference. In Kirkuk City, the overall FGM rate is 39.1%, whereas it is 36.7% in the countryside. However, this result is due to the fact that fewer Kurds are living in the countryside. Comparing the rates of the different ethnicities (Chart 7), it is clear that countryside FGM rates are, in fact, about 10 points higher.

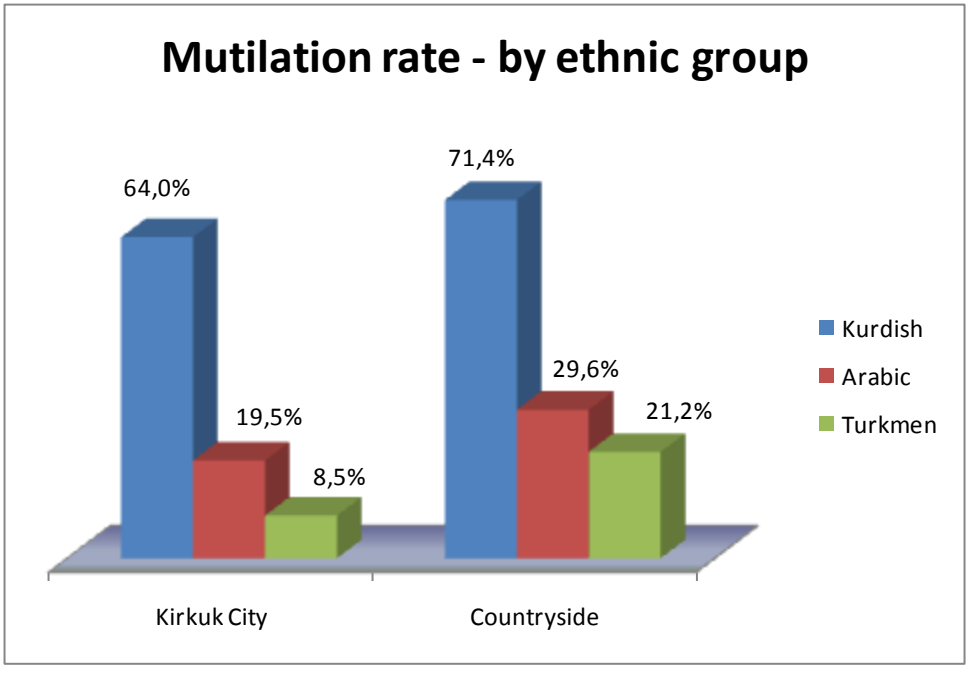
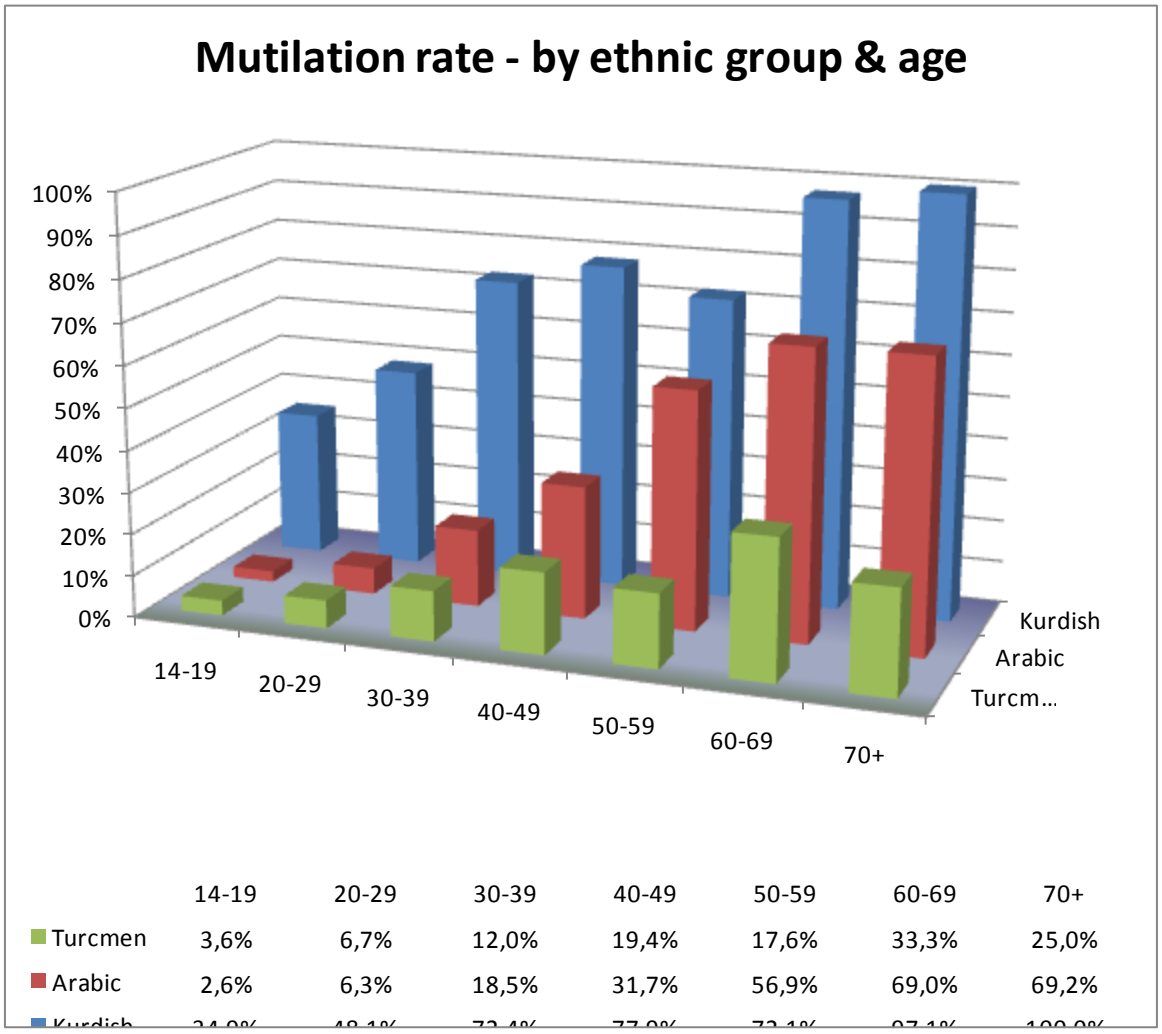


Chart 7

Chart 8 illustrates the relationship between ethnic group, age group, and mutilation rate. These numbers might indicate that, particularly among Arabs and Turkmens FGM is becoming increasingly a practice of the past.

Among Kurdish girls under 20 years of age, more than one third is affected, compared with less than 4 percent of Arabs and Turkmens. It may be assumed that the latter are practicing FGM at a later age, perhaps before marriage. This, however, does not seem to be the case. All FGM-affected women were asked when the operation was done. While most of the Kurdish girls underwent FGM around the age of 5 (similar to the results in the Kurdish Region), many Arab girls were mutilated when they were 8, 9, or 10 years old (see Ch. 2.3.3). So there is a slight difference, but since only women and girls older than 14 were interviewed, it is not an explanation for the relatively low rates among the younger generations. If these numbers are true then there are some crucial questions must be asked, such as: Is there a shift of attitude ongoing among the Arab (and Turkmen) population? And what would be the reasons for this shift, since discussing the practice openly is still taboo among Arabs and nobody is publicly questioning it?



	14-19	20-29	30-39	40-49	50-59	60-69	70+
Turcmen	3,6%	6,7%	12,0%	19,4%	17,6%	33,3%	25,0%
Arabic	2,6%	6,3%	18,5%	31,7%	56,9%	69,0%	69,2%
Kurdish	34,9%	48,1%	72,4%	77,9%	73,1%	97,1%	100,0%

Chart 8

Chart 9 compares the FGM rates among Kurds in Kirkuk Province with the results found in the Iraqi Kurdish Region. It shows that the generation under 30 years of age is even more affected in the Kurdish Region.

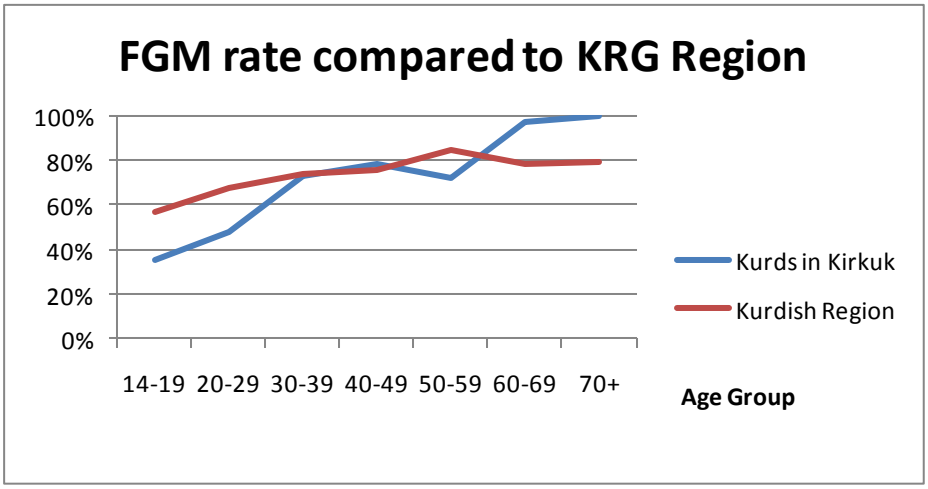


Chart 9

3.2 Impact of Religious Affiliation

Most of Kirkuk's population adheres either to the Sunni or the Shi'a branch of Islam. There are small minorities of Kaka'is (sometimes referred to as Ahl-e-Haqq) and Christians. Almost all Kurds are Sunni (plus some Kaka'is), whereas the Arabs and Turkmens are Sunni and (much less) Shi'a Muslims. The Assyrians, Armenians, and Chaldeans adhere to the Christian faith.

Taking the religious affiliation into consideration when measuring the FGM rate, it becomes clear that the FGM rate is higher among Sunnis (40.9%) than Shi'ites (23.4%). This result is mainly due to the high rate among the (Sunni) Kurds. When comparing only Sunni and Shi'a Arabs, research indicates that Shi'ites are slightly less affected: 26.6% vs. 21.4%.

Three out of the seven interviewed Kaka'is had undergone FGM. Due to the small sample size, the resulting FGM rate of 42.9% is a very rough estimate.

Similar to the Kurdish Region, women in Kirkuk are almost equally divided between "tradition" and "religion" when asked about the reasons for their mutilations (Chart 10). While some more Kurds tend to call FGM a "tradition," more Arabs and Turkmens see it first and foremost as a religious obligation.

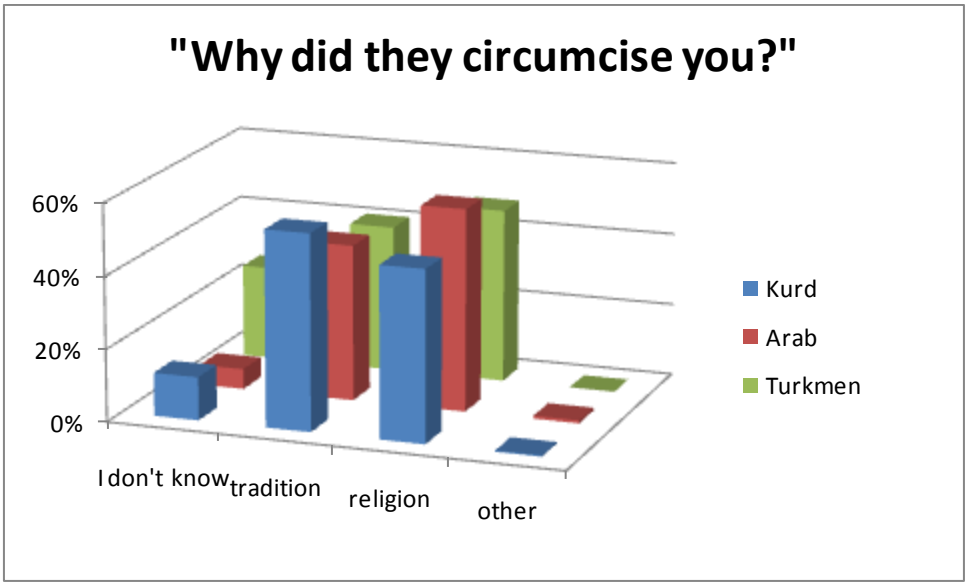


Chart 10

Most of these women used the same argument (either “tradition” or “religion”) to explain why they had their daughters mutilated. Only 2.4% shared the argument that it is necessary in order to find a husband for the girl.

3.3. Impact of Education

3.3.1 Educational Situation of Women

According to this study, 31.3% of adult women in Kirkuk Province are illiterate (Table 3). This is considerably less than in the Kurdish Region (51.1%) [1].

Of those interviewed, 21% of the women’s husbands are illiterate; 49.3% of the fathers and 73.5% of the mothers were reported as illiterate.

Education of the women interviewed:

illiterate	31,3%
read and write	13,0%
primary school	25,1%
secondary school	17,9%
diploma (Institute)	7,4%
university degree	5,0%
other	0,1%

Table 3

In general, educational opportunities for girls have much improved during the recent decades. Secondary school education has become the norm for women less than 20 years of age, as the following chart illustrates:

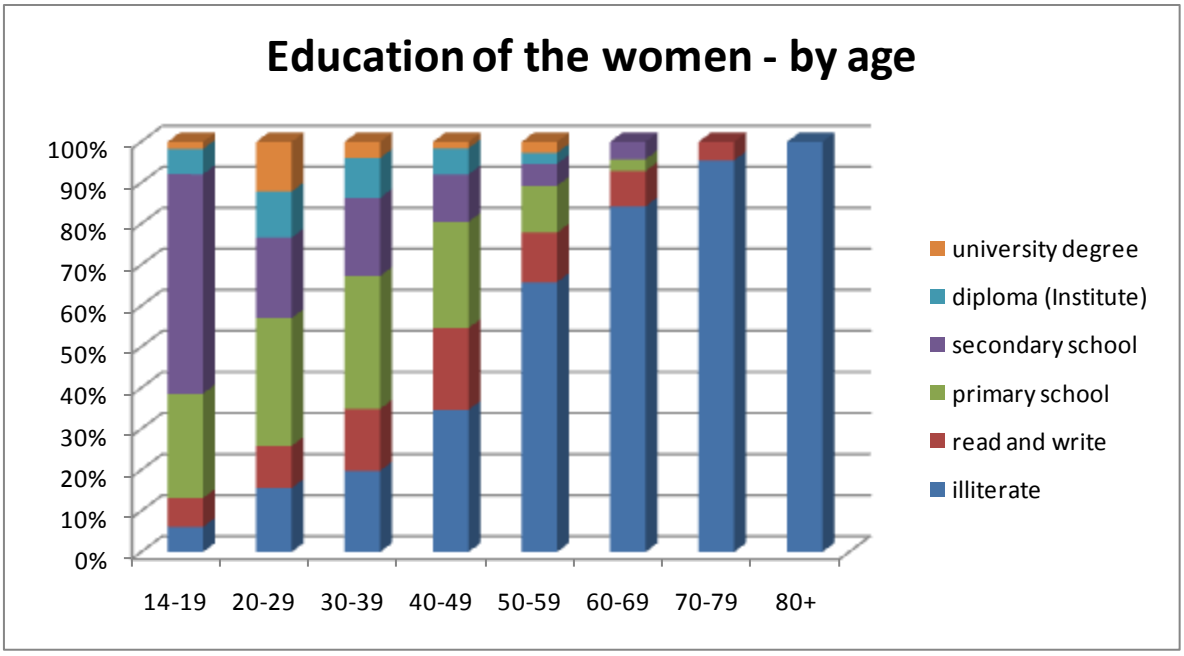
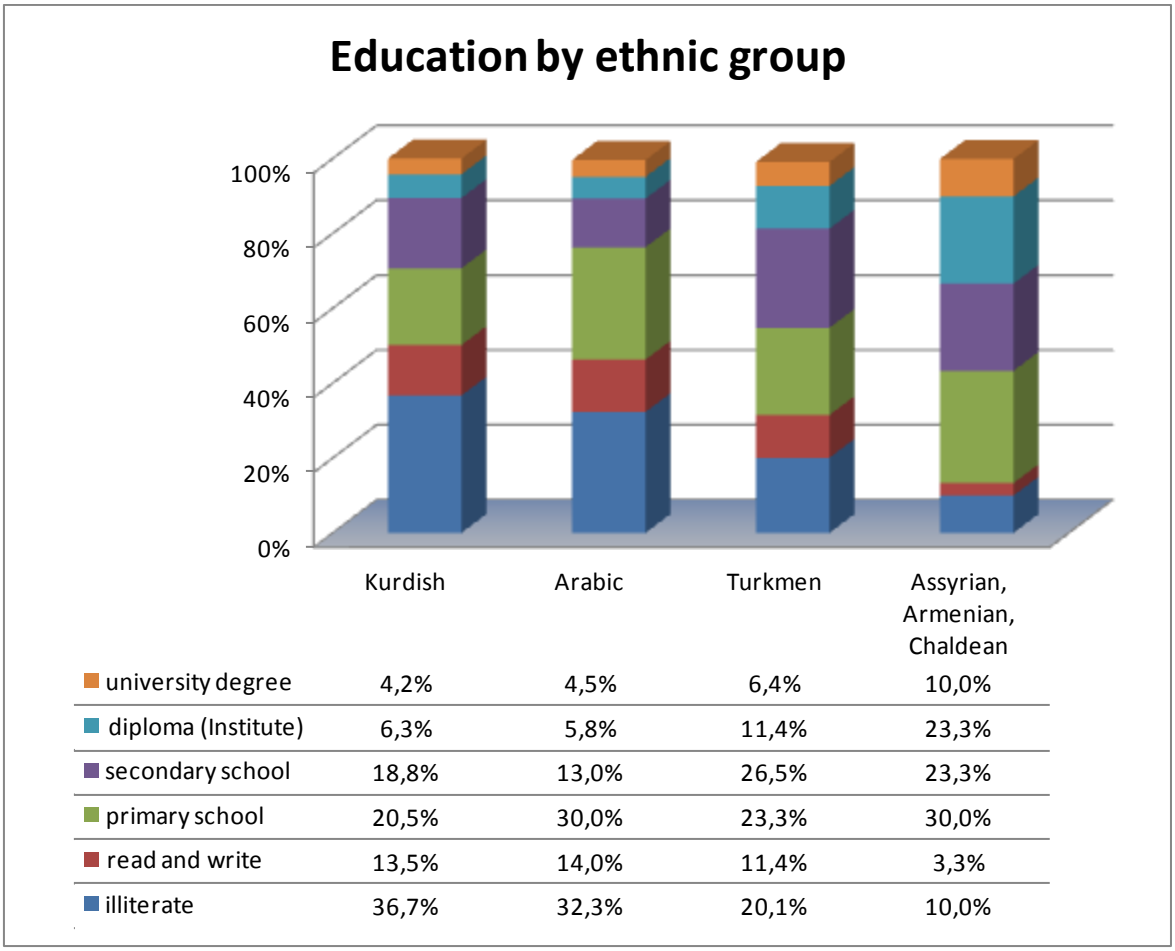


Chart 11

3.3.2 Level of Education in the Ethnic Groups

Ethnic affiliation again plays a major role when it comes to women's education (see Chart 12). The Christians are by far the best educated, followed by the Turkmens. The Kurds and Arabs, forming the large majority of the population, are considerably less educated, with the situation among Kurds even slightly worse than among the Arabs.



	Kurdish	Arabic	Turkmen	Assyrian, Armenian, Chaldean
university degree	4,2%	4,5%	6,4%	10,0%
diploma (Institute)	6,3%	5,8%	11,4%	23,3%
secondary school	18,8%	13,0%	26,5%	23,3%
primary school	20,5%	30,0%	23,3%	30,0%
read and write	13,5%	14,0%	11,4%	3,3%
illiterate	36,7%	32,3%	20,1%	10,0%

Chart 12

3.3.3 Relation between Education and FGM Rate

Does the educational situation impact on the FGM rate? Yes, there is a clear relationship between education and FGM rates, as illustrated in Chart 13:

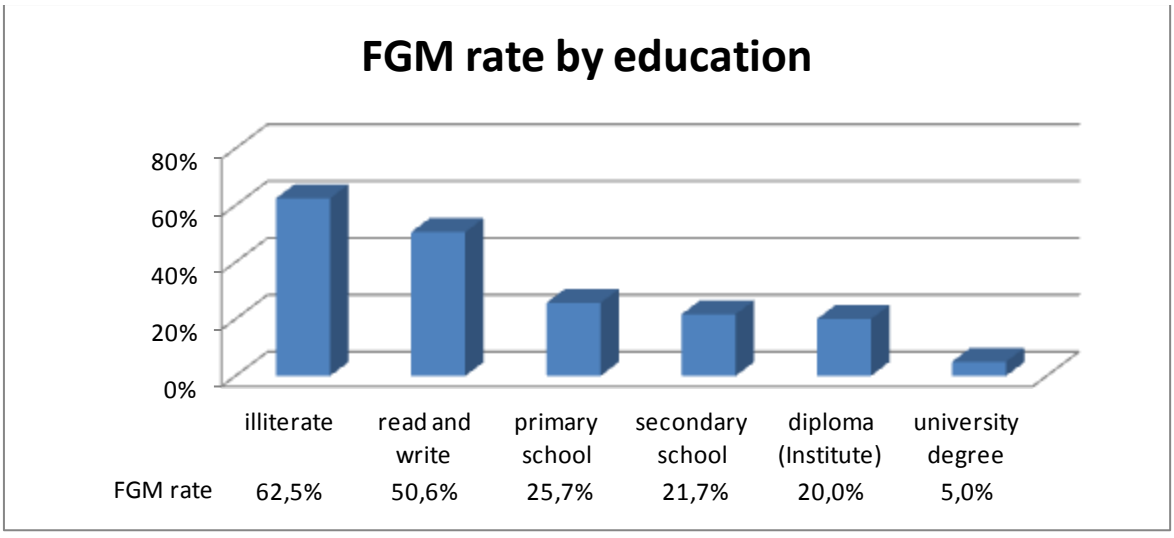


Chart 13

(A similarly clear and unequivocal relationship was found in the Kurdish Region, but on a higher level.)

The education level of a woman in this region is highly dependent on the education of her parents. Thus, the same striking pattern can be found when focusing on the education of the father or mother (Chart 14):

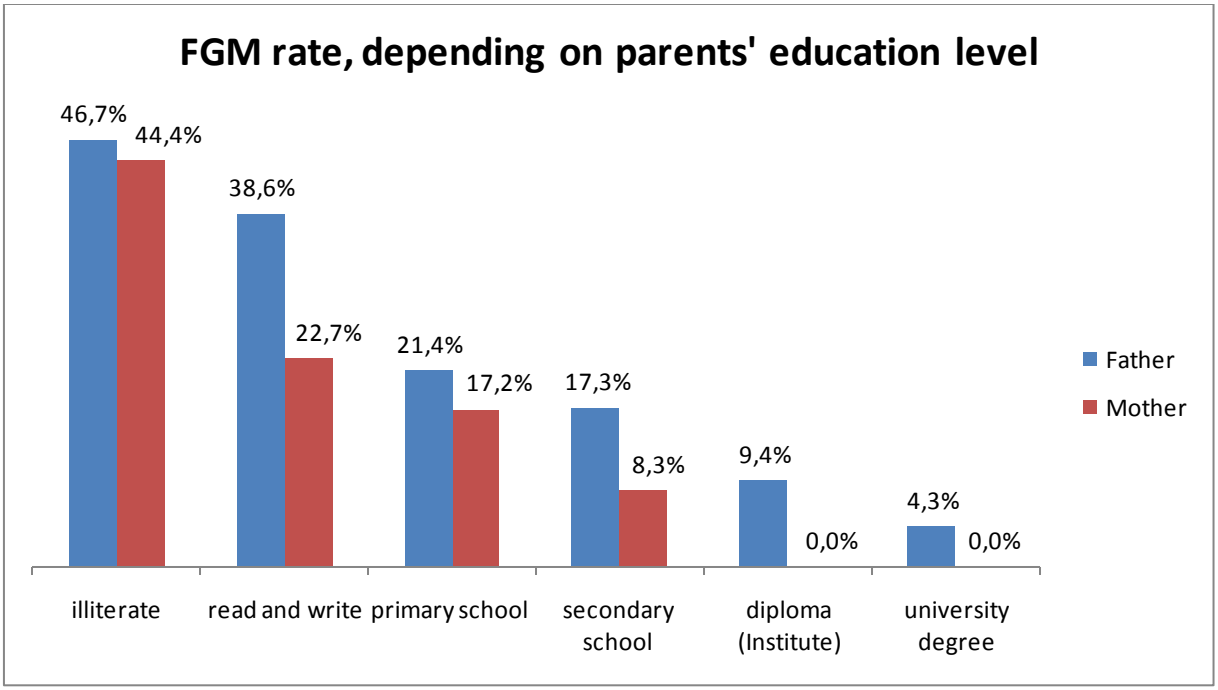


Chart 14

3.3.4 Number of Kids

There is almost no correlation between the education level and the number of daughters and sons a woman has. The overall average number of children in Kirkuk Province is 6.2. Among illiterate individuals, this figure is almost the same: 6.2 children. Women with Secondary school education have an average of 6.1 children.

There are, however, slight differences between ethnic groups. Kurds tend to have the most children, with an average of 6.7. Arabs have on average 5.8 children; Turkmens have 6.2 children; and members of Christian ethnicities 4.7 children.

In the Kurdish Region we found that women with better education had fewer children (illiterate: 6.1, primary school: 4.4, respectively) [1].

3.4 Role of Men

When FGM is performed, the mother typically arranges for the procedure and an “old woman” or grandmother actually carries out the procedure in the absence of men. The mother is nearly always present and sisters and other female relatives also are frequently present.

But what is the role of men? Do they even know about the mutilations?

According to this research, it is likely that the large majority does, since more than 80% of the women who said FGM is common in their community thought so. Only 12.5% of them believed that men are not informed.

Likewise, 77.8% of those who underwent FGM supposed that male relatives (presumably first and foremost the father) influenced the decision to mutilate them. A full 67.2% of these women believed that FGM would disappear if their male relatives decided to stop it. More than 50% thought the father had the power to stop FGM in their family.

Equally important, 86.1% of the women who practiced FGM on their daughters believed their husband had been informed about it. Still, a majority (56.6%) said their husband approved the decision, while 2.5% admitted he opposed. And 18.9% (much more than in the Kurdish Region) said their husband had forced them to do it. There are no significant differences between ethnic groups.

These results lead to the conclusion that most men in FGM-practicing families in Kirkuk Province are not only well informed about this practice, they actually support it.

The results about the role of men fit into the findings about the Kurdish Region: In Erbil, most men seemed not to be informed about FGM (35.8%), in Suleimaniyah probably most were informed (70.4%) and in Garmyan/New Kirkuk even more (85.2%) which is almost the 86.1% we measured in Kirkuk Province.

3.5 Attitudes

3.5.1 Supporters in Society

In order to identify the main supporters of FGM within the communities, the interviewees were directly asked about their opinion (Chart 15):

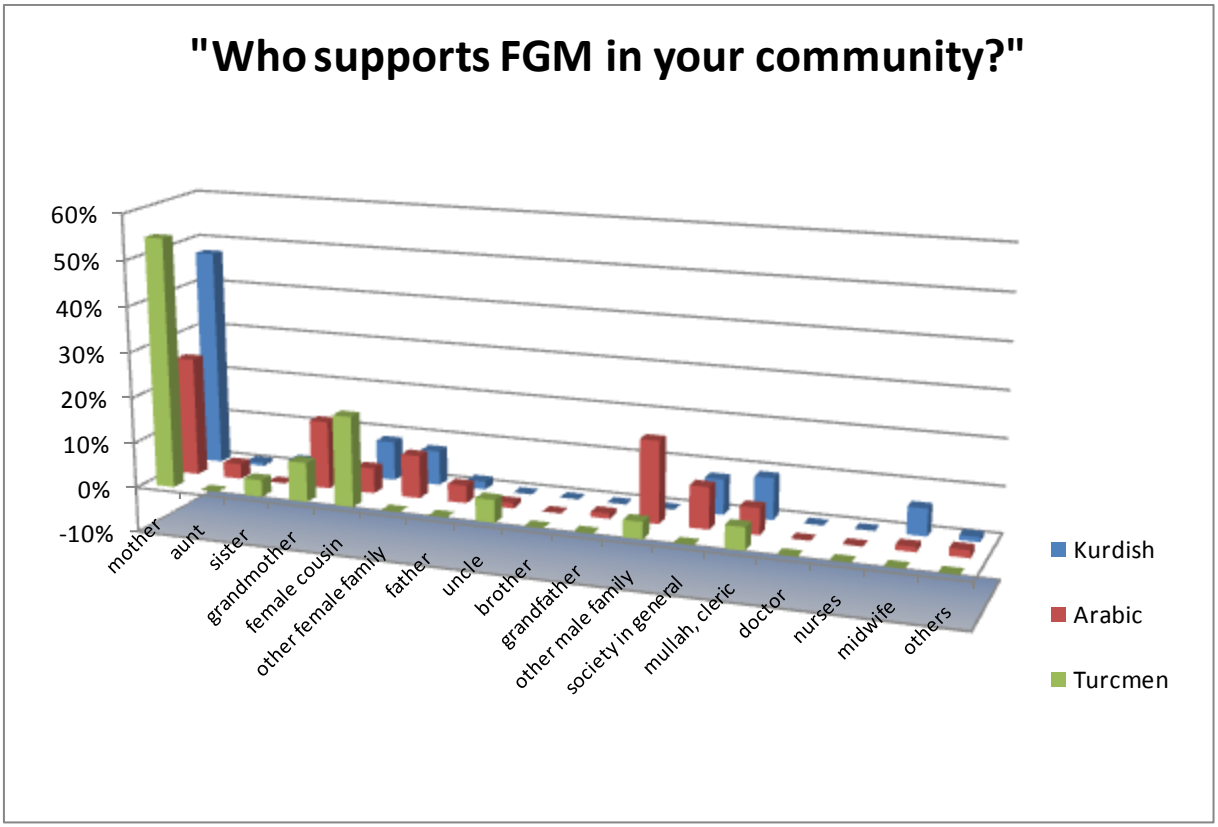


Chart 15

Only 7.3% said FGM is common in their community. Of these, many said their mother supports FGM. Other supporters were mainly the grandmother, female cousins, and mullahs. Another factor was social pressure in general. Arabs ascribe less responsibility to the mother, but more to the grandmother and, strikingly, male family members.

Interestingly, nearly 11% of the Arab interviewees declared the husband's family wanted to know before marriage if she had undergone FGM. Only 5.9% of the Kurds reported the same, despite the fact that the FGM rate is between 2-to- 3 times higher among Kurds.

On the other hand, 19.2% of Kurds, contrary to only 4.7% of Arabs, reported they were not asked, but the female community knows who is mutilated and who is not. In the Arab community, the FGM "tradition" seems to be more ruled by mutual social control, whereas the obligation to mutilate the daughters seems to be more internalized among Kurds.

3.5.2 Supporters among the Interviewees

Many of those who claim FGM is common in their community advocate for the practice: 22.7% say it should continue because it is a tradition while 35.2% think it is a religious duty. This adds up to a total of 57.9% supporters of the practice. Over the whole sample it is a mere 8.3% supporters rate.

But it should be stated again that we are dealing only with self-report information. The information "FGM is common in my community" may actually be a statement and confession in favor of the practice by women.

Supporters of FGM are found much more frequently among elderly women. Up to 40 years of age, the supporter rate does not exceed 5%, but then it rises rapidly (Chart 16).

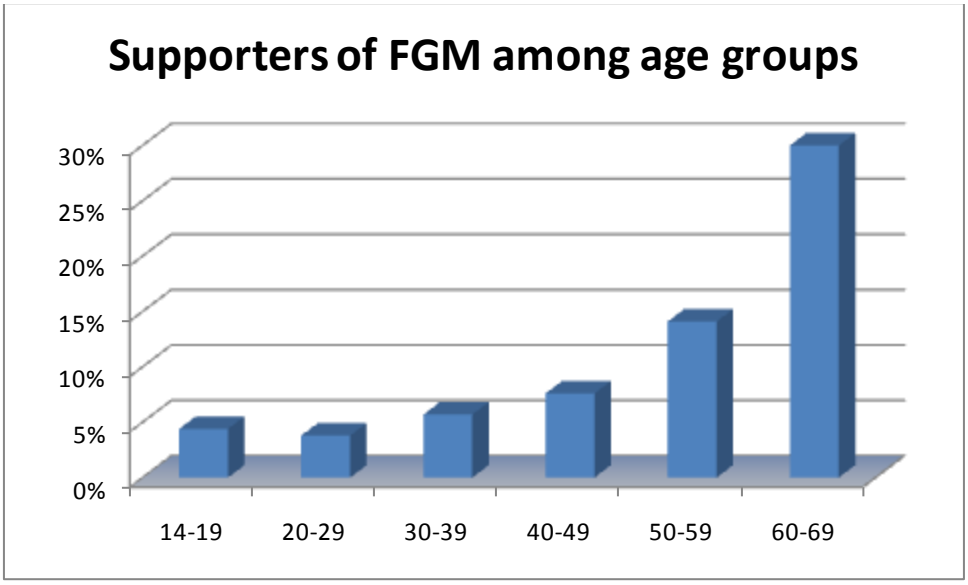


Chart 16

A full 75.1% of the FGM-affected women voted to stop FGM because it does harm. More than 20 percent (21.6%) said it should continue. Among the intact women, 84.0% demanded FGM should stop because it does harm, and another 13.8% said it should stop because it is against religion. Almost none of the intact women (0.5%) said that FGM should continue.

These figures make sense given the fact that FGM is a type of intergenerational transmitted violence, comparable to domestic violence, only in a much more ritualized and systematic form. The grown-up victims are likely to repeat the cruelties they suffered from when they were young girls.

Additionally, FGM supporters also suffer from their mutilation. They only complain gradually less about the negative health effects: 52.0% chose "no consequences," compared to 44.3% among all FGM-affected women (see Chapter 2.3.6).

They emphasize less the pressure from society and were much more convinced that nobody can escape FGM (Chart 17). This seems to be a contradiction, however; when the coercion is perfectly internalized, it is perceived as an anonymous, omnipresent force independent from society. This provides a glimpse of a totalitarian aspect of FGM.

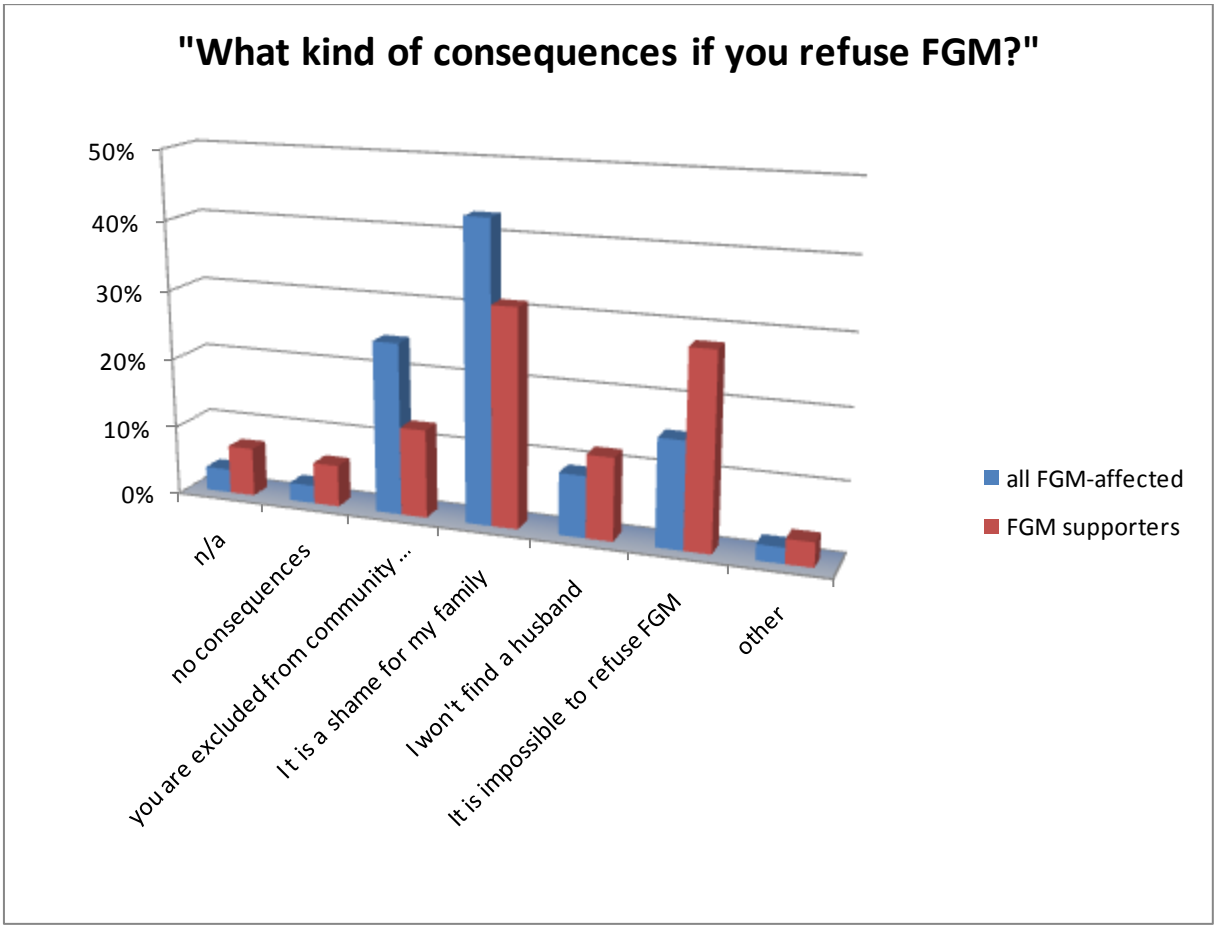


Chart 17

3.5.3 Mothers who had their Daughters Genitally Mutilated

Of the 122 cases examined, 17.7% of the mothers admitted that all or some of their daughters underwent FGM: 73.8% Kurds; 22.1% Arabs; and 4.1% Turkmens.

Education level of mothers surveyed was very low: 82.8% were reported as illiterate. The average number of children was equal to the overall average in Kirkuk: 6.2 children. However, the age structure is well above average. Only 9.8% are below the age of 40, compared to 52.1% among those who did not mutilate their daughters.

Almost 50% declared the young generation had stopped FGM, while 28.7% said FGM is still common in their community.

Of the mothers interviewed, 42.6% claimed it had been their decision to practice FGM on the daughters, 23.7% said their mother had been the driving force, and 20.4% pointed to the mother-in-law. Only 5.7% (6 cases, all but one Arab) said their husband had a hand in it. And 36.9% said they would practice FGM again if they had another daughter.

Almost 90% said they themselves organized FGM for their daughters, and 7.4% said the mother did it.

A full 58.2% said an "old woman" performed the operation (see 2.3.5). Others pointed to a neighbour, midwife, or their mother. They were completed using a razor blade, usually at home, never in a hospital and never with medical assistance. Of girls who were mutilated, 3.3% were cut in a more severe fashion (Type II).

Only 10% of the husbands were not informed, and only 2.5% of the husbands opposed the mother's decision to practice FGM on the daughter(s). Nearly 20% (18.9%) said their husbands forced them to perform FGM on their daughters.

And, 33.6% of these women who organized FGM for their daughters can be described as FGM supporters (see 3.5.2). Focusing on these supporters, we find that most Arab (59.3%) and Turkmen (60.0%) women, but only one of four Kurdish (24.5%) women belongs to this group. Almost all of them confirmed that if they had another daughter they would practice FGM on her.

3.6 Awareness about FGM

FGM has not been yet an issue of public debate in Kirkuk Province, although Pana and other organizations and individuals have tried, with limited means, to raise awareness on the ground. When asked where they received information about FGM, television was the most-mentioned source, followed by "mother." Some respondents said they were informed by their grandmother or by female friends. Newspapers, books, and the Internet play a minor role (2% to 4%). Only 1.2% Arabs and 3.2% Kurds reported being reached by the awareness campaign so far. Nearly none of those interviewed identified medical staff as a source of information.

(In the bordering Garmyan/New Kirkuk Governorate, where Wadi has campaigned intensively against FGM since 2005, 20% identified the awareness campaign and another 20% identified medical staff as their source of information [1].)

Television is the most important source of information on FGM, especially for Kurds who watch the programs from the Kurdish Region. FGM has been openly debated in the media for several years in the KRG. Arab television, on the other hand, reports FGM as a Kurdish (or "foreign") issue only. Discussing FGM beyond Kurdistan's borders remains taboo.

Of those women interviewed, 32.3% of Arabs and 51.7% of Kurds said they received information on FGM through television.

Awareness teams reported that women sometimes became sad when they were informed about the negative health effects of FGM. They reported feeling regret for having mutilated their daughters and said that they didn't know it was wrong and harmful. A large majority – 91.8 percent – of women who had their daughters mutilated reported they were not aware of the consequences.

When asked which institutions or groups could protect the girls best and stop FGM, Kurds generally tend to trust more the political and religious authorities, while Arabs believe much more in the authority of tribes (Chart 18).

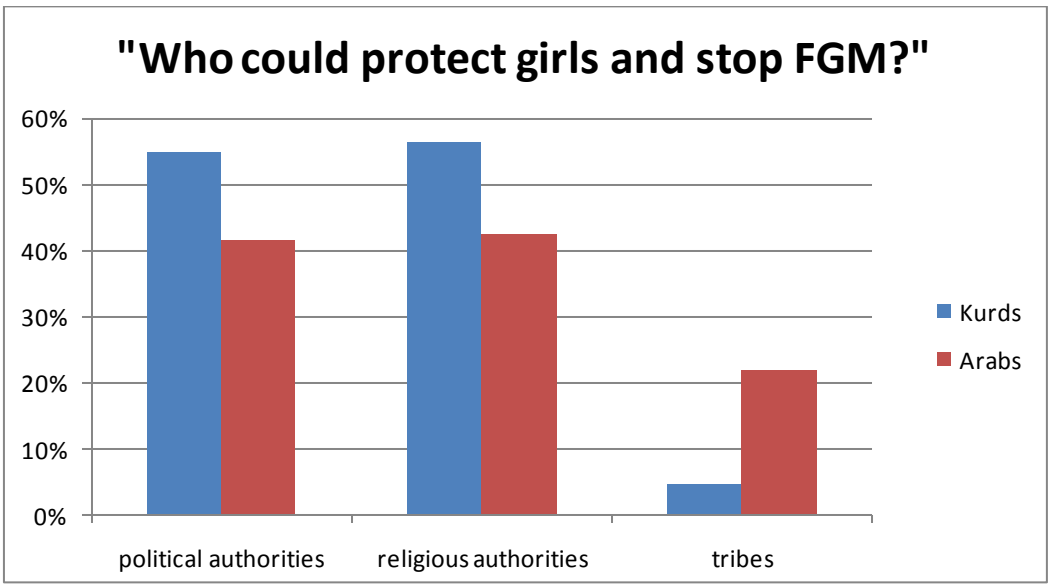


Chart 18

4 CONCLUSIONS

This study has for the first time proven the existence of FGM on Iraqi soil outside its Kurdish Region. All Muslim groups were found to practice FGM, regardless of their nationality or sect.

The (Sunni) Kurdish community holds by far the highest prevalence rate, followed by Sunni and Shi'a Arabs and Sunni and Shi'a Turkmens. While we have not identified a single case of a Christian performing FGM, neither in Kirkuk nor in the Kurdish Region, the practice is widespread among the non-Muslim Kaka'i community.

Although the ethnic groups differ in FGM rates, the survey demonstrates that the details of the practice and the specific types of rationalization are largely identical. FGM transgresses the ethnic and religious boundaries.

All results are based on mere self-reporting (Ch. 1.4). We have no means to verify the answers of the women. The reported FGM rates may actually be higher. We recommend an independent investigation conducted by the government, including medical examinations.

FGM rates among the younger generations seem to be decreasing sharply, especially among Arab women and girls (Chart 8), but also among Kurds (Chart 9). Results indicate that Arab women are less likely to become mutilated, but the mutilations are often more severe, and the perpetrators are more convinced (Ch. 3.5.3) and focus more on religious justifications (Ch. 3.2).

Our exemplary findings in Kirkuk Province suggest that FGM may be more or less common practice in all Iraq provinces. Before we started the survey, many claimed that FGM is only part of Kurdish "tradition," and that it is not an Arab practice, or that it may be practiced by some Arabs, but only from the Sunni branch. These myths are exposed now. FGM is an Iraqi problem and we call on the Baghdad parliament and the central government to deal with FGM as a serious human rights issue *and* a major development obstacle for the country.

The announcement of the key results of this study already caused some strong, encouraging reactions. This may indicate that influential stakeholders will avoid the initial hesitance experienced when seeking policy in the KRG and instead follow a more decisive approach upon learning of these findings. A progressive stance means acknowledging the problem and dealing with it directly. Denial and downplaying it will not pay off in the long-term.

To successfully combat FGM in Iraq, we recommend concerted efforts of state agencies, international bodies like the UN, national and international non-governmental organizations, and advocates on the ground. While decreasing figures of FGM are evidence of a positive trend, this should not limit concern over the prevalence of the practice in all of Iraq. Rather, it should serve as a call to increase our efforts to eliminate FGM completely. Reduced FGM rates in areas where the *Stop FGM in Kurdistan* campaign has been particularly active for several years provide further evidence that public awareness and education can effectively change social behavior and ultimately lead to eradication of this harmful practice.

The Iraq central government can encourage and support the prevailing tendency of abstaining from the practice in many ways. First, the parliament should discuss a legal ban of FGM. Second, a nationwide awareness campaign should be launched to sensitize the public to the harms and dangers of this practice. Third, a grassroots commitment should be promoted to break the silence, eliminate the taboo associated with discussing FGM as a significant violation of women and girl's rights, and stimulate a debate from within society to effect change.

Central and south Iraq requires a counterpart to the *Stop FGM in Kurdistan* initiative, which is a network of local and international organizations, human rights activists, artists, writers, and journalists that has led to effectively raising public discourse about FGM and increased awareness on the harmful and long-term traumatic consequences of FGM. Such a campaign in central and south Iraq would provide an opportunity for the first real open debate about the practice and offer an opportunity to raise public awareness about FGM, both of which are crucial first steps toward ultimately eradicating female genital mutilation in the region.

RESOURCES

[1] Female Genital Mutilation in Iraqi Kurdistan. An Empirical Study by Wadi. Frankfurt 2010. http://www.stopfgmkurdistan.org/study_fgm_iraqi_kurdistan_en.pdf

[2] Human Rights Watch: "They took me and told me nothing", http://www.hrw.org/de/reports/2010/06/16/they-took-me-and-told-me-nothing-0

[3] *Stop FGM in Kurdistan* Campaign: http://www.stopfgmkurdistan.org/

[4] Human Rights Watch: "Iraqi Kurdistan: Law Banning FGM a Positive Step", http://www.hrw.org/news/2011/07/25/iraqi-kurdistan-law-banning-fgm-positive-step

ANNEX I

KIRKUK GOVERNORATE - Districts and Sub-Districts

ANNEX II

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