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Original Research Article

Prevalence of Female Genital Mutilation/Cutting in Iran

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A comprehensive study was undertaken to investigate, explore, and analyse the existence of Female Genital Mutilation/Cutting (FGM/C) in Iran. The time span of this study began in 2005 and ended in 2014. The aim of this study was to provide in-depth data on FGM in Iran and, at the same time, provide the building blocks for a comprehensive program to combat FGM in Iran and bring this issue onto the world's agenda. The methodological approach adopted by this study was primarily participatory due to the sensitivity of the subject matter. Most parts of this research were completed by the end of 2014 and much has been achieved over a decade of studying the subject of FGM in Iran.
The study included travelling thousands of kilometers and interviewing over 3,000 women and 1000 men from various areas and social classes, including key role players, community leaders, clerics and religious leaders in order to compile comprehensive data about the practice of FGM in Iran. The findings demonstrate that FGM in some locations is widespread among women and girls (around 60% in some villages of Qeshm Island in Southern province of Hurmozgan, especially in the villages of the four provinces in the northwest, west and south of Iran). FGM was not,however practiced in the northern parts of West Azerbaijan, where people are Turkish Azri and Kurmanji Kurdish speakers, nor in the Southern parts of Kermanshah and Northern parts of Hormozgan. This research study along with ashort documentary film has gained global recognition and was launched by the Guardian and BBC on June 4th, 2015 through their websites. Shortly thereafter it was discussed at a United Nationsmeeting of the Human Rights Council in Geneva,on June 19th 2015 at a session on eliminating FGM/C.Reuters also published the analysis of the research and considered it one of the rare contributions in the history of Iran.

Keywords Female Genital Mutilation/Cutting, Iran, Islam, Culture

INTRODUCTION

Combating Female Genital Mutilation (also known as Female Genital Cutting, (FGM/C) is a controversial subject globally, and its elimination is considered imperative by feminists, human rights campaigners and social activists as well as international organizations such as UNICEF and responsible governments. The practice generally involves partial or, in some extreme cases, the total removal of the external parts of the female genitalia. In English, the term "female circumcision" has been used for this practice, to compare it with male circumcision. Nowadays, however, as a result of the work of feminist activists against this practice,' female genital mutilation' (FGM) is the preferred expression. An extreme form of FGM can have serious health consequences for a girl, including being traumatized and in some cases even death due to severe bleeding and infections. In the long term, women who have been subject to FGM, suffer undesirable health effects in their married lives. Recent data from the United Nations Children's Fund (UNICEF) indicates that roughly 130 million girls and women alive today worldwide have undergone some form of FGM/FGC (UNICEF 2014). Further research shows that 92 million of them are over the age of 10 and most live in Africa. According to official UN data, FGM is practiced in 29 countries in western, eastern, and north-eastern Africa, in parts of the Middle East, and Asia, and within some immigrant communities in Europe, North America and Australia (EndFGM 2012, UNICEF 2013). Its prevalence in several countries exceeds 80% (UNICEF 2014). The age of girls undergoing FGM varies from one culture to another. In general, it is performed on a girl between the ages of 4 and 12; however, in some culture groups it is practiced on newborns or just prior to marriage.

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FGM is a longstanding ritual which continues to violate aspects of women's sexual rights. It prevails in societies because of certain beliefs, norms, attitudes, and political and economic systems. While there is some data available on FGM in Iran, it is limited in scope. For the first time this research has given a complete overview of the prevalence of FGM in the whole of Iran, with a focus on the most FGM-affected areas in the western provinces West Azerbaijan, Kurdistan and Kermanshah, and in some areas of the southern Hormozgan province and its islands.

OBJECTIVE OF THE RESEARCH STUDY

The central objective of the current research study was to benefit communities with its findings and recommendations and to give the government, individuals, and other NGOs, large updated authentic data sets about the existence of FGM/C in Iran. The findings of the study contribute to two larger perspectives. Firstly, it works as a baseline for future studies and research in Iran, which is required; secondly, it will help create and increase awareness about the presence of FGM/C to focus the attention of the Iranian government on its international liabilities and responsibilities. More broadly, the research also refutes the longstanding belief that Africa is the only continent where FGM takes place, and at the same time provides enough evidence to ensure that FGM is never again denied in Iran. Exposing this data will assist Iranian society, children's rights lobbies and international organizations in starting a dialogue with the relevant stakeholders to help address and combat FGM in Iran.

The study introduces FGM along with the well-known justifications given by the communities that practice it. Besides revealing the truth about the practice of FGM in Iran, this study discusses historical perspectives on the ritual, the prevalence of the practice across the region and the globe, the emerging reduction in the occurrence of FGM, the range of beliefs and reasons underlying it, and also highlights the number of practices/programmes adopted so far to tackle the issue in the specified areas of Iran. The report also considers the historical fight against FGM/FGC; some legislative measures against it; the role of clerics, the community and government responsibilities; and most importantly men's perception in this regard.

Historical Perspective & Global Prevalence

In most cultures, talking about women's sexuality is a taboo and for that reason it is difficult to get precise information on the historical roots of the ritual of FGM. The origins of FGM are not precisely known, although historians and anthropologists have done much research on the topic. Several sources have traced it back to more than 2000 years and generally point to ancient Egypt, specific areas around the Nile as its geographical heartland from where it spread (Slack 1988). Some historians claim it to be a Pharanoiac practice and that its roots lie in 5th century BC Egypt. Anthropologists mention it as an African Stone Age way of "protecting" a young female from rape (Lightfoot-Klein 1983). Some research has linked it with early 17th-century Somalia, where it was carried out to get a better price for women slaves, and also with an Egyptian practice to prevent pregnancies in women and slaves(Lightfoot-Klein 1983). The early Roman and Arabic civilizations linked FGM with virginity and chastity; in ancient Rome female slaves were made to undergo it to oppress sexual activity and to raise their value (Tankwala 2014). It is well known that FGM/C was traditionally practiced in many parts of the world and is not limited to Africa and the Middle East. It was practiced by Australian Aboriginal communities (Harris-Short 2013), the Phoenicians, the Hittites, the Ethiopians (Rahman and Toubia 2000), and ethnic groups in Amazonia, some parts of India, Pakistan, Malaysia, Indonesia and in the Philippines (Guiora 2013).

In the 19th century, FGM was practiced in Europe and the US, where some physicians embarked on clitoridectomy to prevent masturbation or counteract female homosexuality and some mental disorders such as 'hysteria'(Brown 1866). In fact, FGM sporadically continued in the USA until 1970s in one form or another. FGM predates Islam and Christianity, however, most communities which perform FGM are Muslims and so religion is frequently cited as a reason (Bob 2011). Nonetheless, Islamic scholars do not agree with all this notion and some condemn the attachment of the practice to Islam. FGM also occurs among small groups of Christians, animists, Jews and members of other indigenous religions (Bob 2011, Nyangweso 2014) such as in Eitherea and in Ethiopia, Coptic and Catholic Christian communities practice FGM. In the Jewish groups, Beta Israel and Falasha, female circumcision is widespread (Favali and Pateman 2003).

According to UNICEF data, FGM is most common in 29 countries in Africa, as well as in some countries in Asia and the Middle East and among certain migrant communities in North America, Australasia, the Middle East and Europe (UNICEF 2013). There is no evidence for it in southern Africa or in the Arabic-speaking nations of North Africa, except Egypt (Toubia 1995). Increased migration of people from practicing countries has resulted in the spread of FGM to other parts of the world, including Australia, Canada, New Zealand, the US, and European nations(Boyle 2005). The practice can also be found to a lesser extent in Indonesia, Malaysia, Pakistan and India (Isiaka and Yusuff 2013). In Iraq, FGM is practiced among Sunni Kurds, some Arabs and Turkmens. A survey done by a number of NGOs in 2005 suggests 60% prevalence among Kurds in Iraq (Ghareeb and Dougherty 2004, 226).

Later studies from the same area, following the launch of a number of local and regional campaigns to combat FGM, suggested a lower rate of FGM. According to the Kurdish regional government, UNICEF and local NGOs, FGM rates have been dropping rapidly. Reliable figures on the prevalence of FGM are increasingly available. The statistical review by UNICEF mentions that national data have now been collected in the Demographic and Health Survey (DHS) program for six countries: the Central African Republic, Côte d'Ivoire, Egypt, Eritrea, Mali and Sudan. In these countries, the rate among reproductive-age women varies from 43% to 97%. Data for these countries also subdivides the rates among different ethnic groups. However, the statistics have until recently been silent about its presence in the US and a few other western countries(UNICEF 2013). Iran is now also on the list of practicing countries.

BACKGROUND OF THE RESEARCH STUDY

This paper is based on the study that attempted to identify the prevalence of FGM in Iran and investigated the role of diverse contributing factors. In 2005, a field study in a number of neighboring regions began and, at the same time as collecting data, a documentary was made from the interviews and related footage.

The first and only (publicly available) documentary 'In the name of tradition' about FGM in Iran was filmed in the Kurdish villages and neighborhoods of Mahabadand in some villages of the nearby Kurdistan province and regions of Hawraman in Kermanshah province as well as in Hurmozgan province in South of Iran(Ahmady 2006).

This anthropological documentary contains recorded footage and interviews from the regions and villages of Kermanshah and Hormozgan province, and from its islands (e.g. Qesham, Hormozgan and Kish). As well as interviewing local women and women circumcisers ('Bibis', i.e. professional cutters), the documentary records the opinions of local men, medical staff, doctors, and clerics. Based on the findings of the film, it was clear there was a need for further research to examine FGM systematically in Iran, especially in the geographical pockets where there is a high prevalence. A scientific country wide research project was therefore started. Local resources were required to carry out such a comprehensive study; training was provided for a number of young enthusiastic male and female students and individuals who were willing to participate and conduct most of the face to face field interviews.

UNICEF style standardized questionnaires were used to collect data. Evidence from the preliminary research and documentary indicated that FGM is less likely to occur in towns; the focus of the research was therefore rural area. Initially villages were picked randomly from the predefined geographical positions in the North, West, East, and South. However, as the research progressed, more comprehensive village by village training and pilot projects were implemented. As the fact-finding mission progressed and more areas of each province were visited and samples taken, the research teams were led to neighboring villages and regions and finally to the South of Iran and the province of Hormozgan, where the rate of FGM is highest. Maps, local guides, clerics and personal connections were utilized throughout the study. The research was conducted over the span of ten years by a small but very enthusiastic group.

Since the study was not a full time project, and was conducted during different seasons, the initial fact-finding mission, field work and training took place between 2005 and 2015. The study employed multiple approaches such as different phases, strategies, methods, approaches, and tailor-made training manuals to fit to the various tastes and languages of each region. A number of pilot programs were applied in different regions to the east and west where face to face visits with community stakeholders took place. Awareness raising sessions, using different approaches and mainly with young women, were arranged to highlight the danger of FGM on women's bodies and human life.

The sensitization of men was also a part of the approach. The team engaged with groups of men in mosques, houses, and many public places to measure its level of success. Different sessions of lobbying were held with community leaders and, most importantly, with clerics and local women as well local and regional Sheiks to gain their support on banning FGM and issuing local Fatwas. After each piece of fieldwork and face to face training/lobbying, carried out follow up visits to the same villages twice and one year later to assess the success and impact of the pilot programs.

RESEARCH METHODOLOGY

International data on FGM have been collected through a separate module of the Demographic and Health Surveys (DHS) Program since the beginning of 1990. The module has yielded a rich data set comparable over many countries, mainly in Africa. Since the prevalence of FGM in Iran has not been addressed by UN/UNICEF or any other international organization, a module similar to that of the DHS was used to conduct the first ever countrywide data collection project. The methodological approach adopted by this study was primarily participatory due to the subject matter. This methodological framework took into account the views of women and girls, in particular those of actual victims, so that the findings would reflect their true views. The language of the interviews was simple and user-friendly to avoid any ambiguity or misunderstandings between the participants.

Since the research stretched over a period of ten years, the methodology was adjusted along the way as we came up with new strategies. UNICEF-style standardized questionnaires were used to collect data in the style of DHS &UNICEF's Multiple Indicator Cluster Surveys (MICS). Importantly, good communication and networking allowed the researchers to win support from the local population, some community and religious leaders and a number of academics. Local individuals were chosen for the work, the aim being to ensure they adhered to ethical standards and maintained confidentiality. As May (1997) puts it, ethical standards in research 'are binding, hence need to be adhered to irrespective of the circumstances surrounding the research; they remind us of our responsibilities to the people being researched' (May 2011). She adds that it is easier for participants also, if they can take part with peace of mind, having all the relevant information about the research (May 2011).

For this research, participants were asked for their consent and were informed prior to the commencement of the research about how the data will be utilized and what its findings aimed to achieve. In some case interviews were conducted over the phone rather than in person, applying the same standards. A total of 4000 interviews was carried out in the provinces of Hormozgan, West Azerbaijan, Kermanshah and Kurdistan. In each province, 1000 interviews were conducted, involving 750 women and 250 men. For the first time in Iran, there was a focus on the male perspective to examine their role in the perpetuation of FGM. However, getting female opinion was a bit tricky due to the conservative nature of the area and sensitivity of the research topic.

FGM IN IRAN- A DETAILED DISPLAY OF FINDINGS

Prevalence of FGM by Age

The table below gives an overview of circumcised women by age in our chosen four provinces. For uniformity in result, the number of villages per province has been selected for the research. The results clearly show the regional differences in FGM prevalence. The first table shows that the percentage of circumcised women is high in Hormozgan province, where it can reach 60% in some of the villages of Qeshm, Hormuz and Larak islands. It is at its lowest in the villages of Persian, at 31%; Northern parts of the province where FGMisfree. Kermanshah province had the second-highest prevalence of 41% in the villages of Paveh.

However, in Kurdistan and West Azerbaijan, the numbers are comparatively low Analysis shows that the proportion of circumcised women in the 30-49 age bracket is higher than among women and girls aged 15 to 29. In Hormozgan and in Qeshm Island, the prevalence of FGM among women aged 29 to 49 reaches 61%; on the other hand, it appears to have been eliminated in Sahneh/Lakastan in Kermanshah, where we found no evidence of it among women and girls aged 15 to 29.

In this way, these findings demonstrate an encouraging trend, with. FGM/C is decreasing in all of the four provinces. For instance, in Piranshahr, West Azerbaijan, the rate is less than 10% among the young generation. Similarly, in Javanrood in the same province, there is a sharp decline from 41% in older women to 9% in younger women and girls. In some of the villages of Ravansar, it again drastically decreased and reduced to 17% than 43%.

Generational trends

The inverse relationship between age and FGM prevalence reveals that women who have been circumcised know the suffering this practice brings. Our feedback indicated that the new generation is aware and has their own thinking about how to lead their lives. Therefore, when a couple gets married, they prefer to their daughters not to suffer the way women of previous generations did. Data were gathered to measure the proportion of circumcised women by age through separate analytical questions to analyze the attitudinal change of mothers towards FGM over time.

The findings of the survey revealed a big change in favor of ending the FGM. Table 2.2 shows the ratio of women who have undergone FGM aged 15 to 49 with at least one daughter circumcised. The difference among the 15 to 29 and 30 to 49 age brackets is very prominent in Kermanshah where we see a decline exceeding 90% in Javanrood and in Ravansar, and around 50% in Paveh. As mentioned earlier, we found no evidence of FGM in the 15 to 29 age bracket in Sahneh/Lakastan, and the same applies in Sarpol e Zaheb. In Hormozgan province, the data shows around a 50% decrease; in West Azerbaijan 90% of the difference between the generation on number of circumcised daughters has been noticed. Kurdistan also mirrored Hormozgan, showing a decrease in excess of 90% in some areas. It is pertinent to mention that the following data reflect those mothers who had the opportunity to circumcise their daughters and refused. There were a large number of women who mentioned that their other daughters are still too young and that once reach an appropriate age they will have the procedure.

Impact of Education

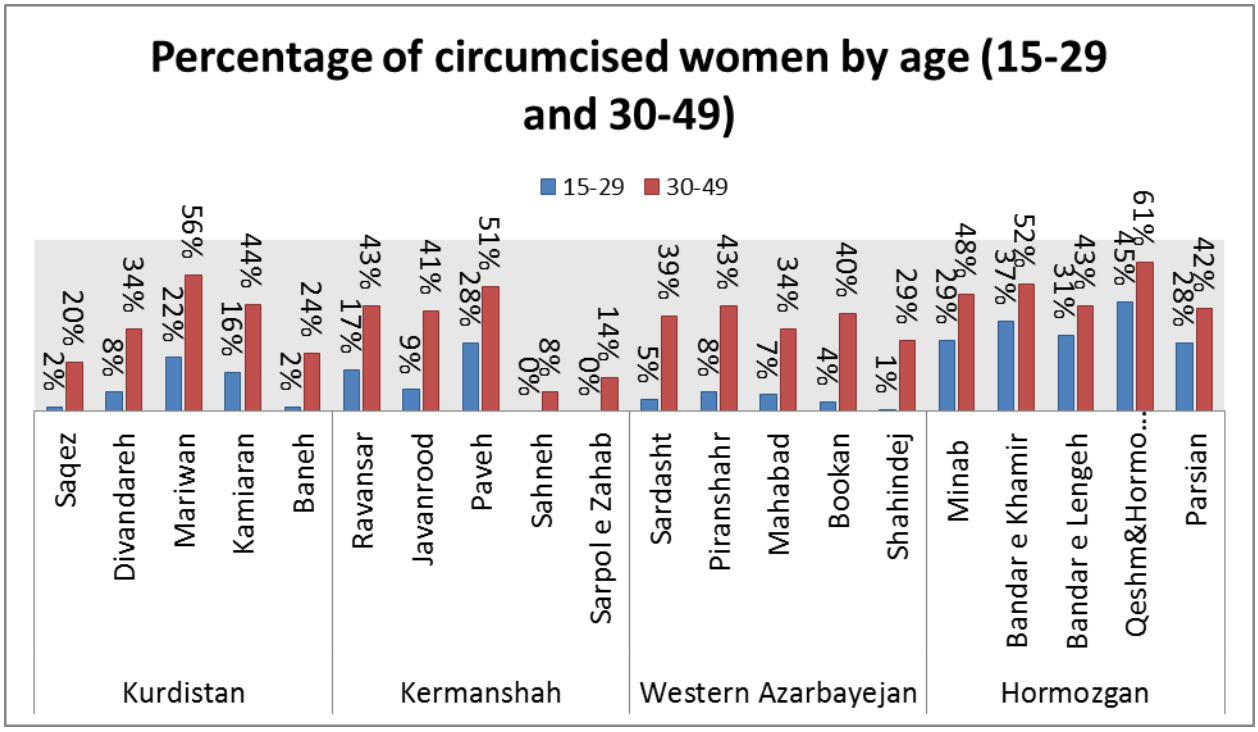
As per the guidelines of DHS and MICS, we collected data on educational attainment of mothers to examine the relationship between this and FGM rates in their daughters. The table shows a significant impact of having an educated mother on whether a girl is subject to FGM or not. It can be seen through the available findings that a woman educational attainment is one of the important factors to decide whether the daughter will be genitally mutilated or not. The research and conversation with women revealed that highly educated women prefer not to victimize their daughter in this way; the lower the educational attainment, the more likely a mother is to follow the tradition blindly, considering it a social norm or a religious duty.

But some of the highly educated mothers have circumcised one of their daughters, although the rate is vanishingly small in four of the provinces or no case has been found among educated women. The data collected from Kurdish region suggests that the practice is in decline due to increase of higher level of education among women. The findings also show that highly educated women are less likely to support FGM generally, with fewer than 20% of those surveyed did so. However, for such attitudes make a practical difference, empowerment of women is also required.

Impact of Religion

Previous studies and the underlying research found that FGM is a ritual performed by the majority of Sunni minorities in Iran. Though as a myth, most of the world considers FGM an Islamic practice; however, even within Islam there is division of opinions on its practice. For Shias, who are in majority in Iran and the official religion of Iran is also based on Shia faith, this is a practice related to the Sunni sect. They refused to consider this as a part of their religious obligations. Therefore, the ratio of FGM is very prominently low in Shia population. This finding of survey for figuring out the sect wise data of the ritual are visible indicates that show that Shias in Kurdistan doesn't practice FGM, and in West Azerbaijan only 2% of Shias do, in Shahindej villages. In Sahneh and Sarpol e Zahab villages, the rates are 4% and 5% respectively among Shia. In Hormozgan province, minimal traces of FGM in Shia communities have been recorded in selected villages which show that though in little number, but FGM is a part of Shia people in Hormozgan.

Table 2.1 shows Proportion of Circumcised Women by Age;



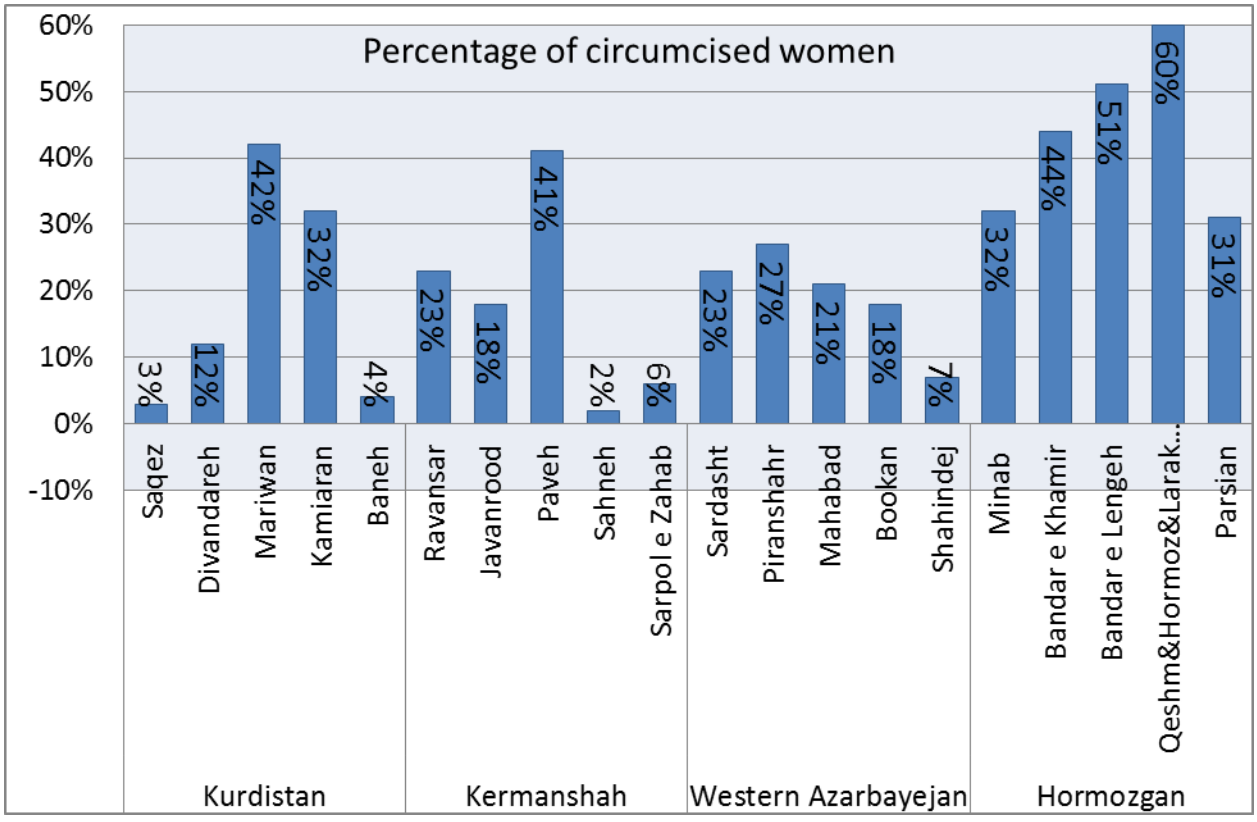
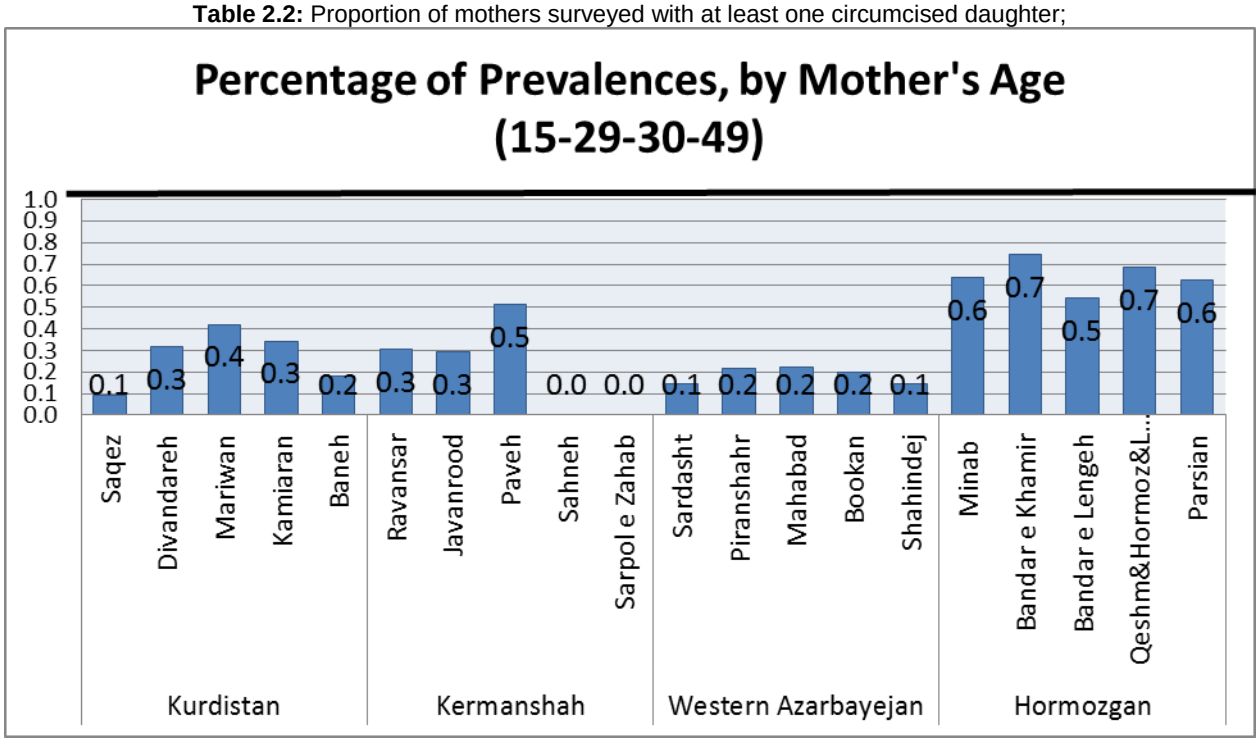


Table 2.2: Proportion of mothers surveyed with at least one circumcised daughter;



Impact of Household Wealth

Poverty is closely linked with the practice of FGM in Iran. In order to measure the impact of financial status, DHS and MICS questionnaires were used to gather information on household assets and household ownership data along with characteristics of dwellings such as sanitation facilities used and access to safe drinking water.Each asset was assigned a weight, and individuals were ranked according to the total score of the household in which they reside. Overall, FGM predominance appears to fall among women from families with a wealthy background, but the relationship between household wealth and FGM is not always consistent. Overall, as the table shows, FGM predominance appears to be lower among women of families with a wealthy financial background. In our four provinces the prevalence of FGM among richer women was under 15%;

The finding revealed that in selected four provinces, there is homogeneity in terms of prevalence of FGM among wealthy households. Only in Mariwan villages in Kurdistan and Paveh villages in Kermanshah were the rates higher, at 23% and 19%, respectively, among wealthy household, while the rest shows less than 15 % occurrence in richer women. Improved financial status makesit easy for the wealthy family to access better life, education, exposure, and knowledge, therefore, their perceptions about life and practices are different. However, some among the wealthy still adhere to FGM.

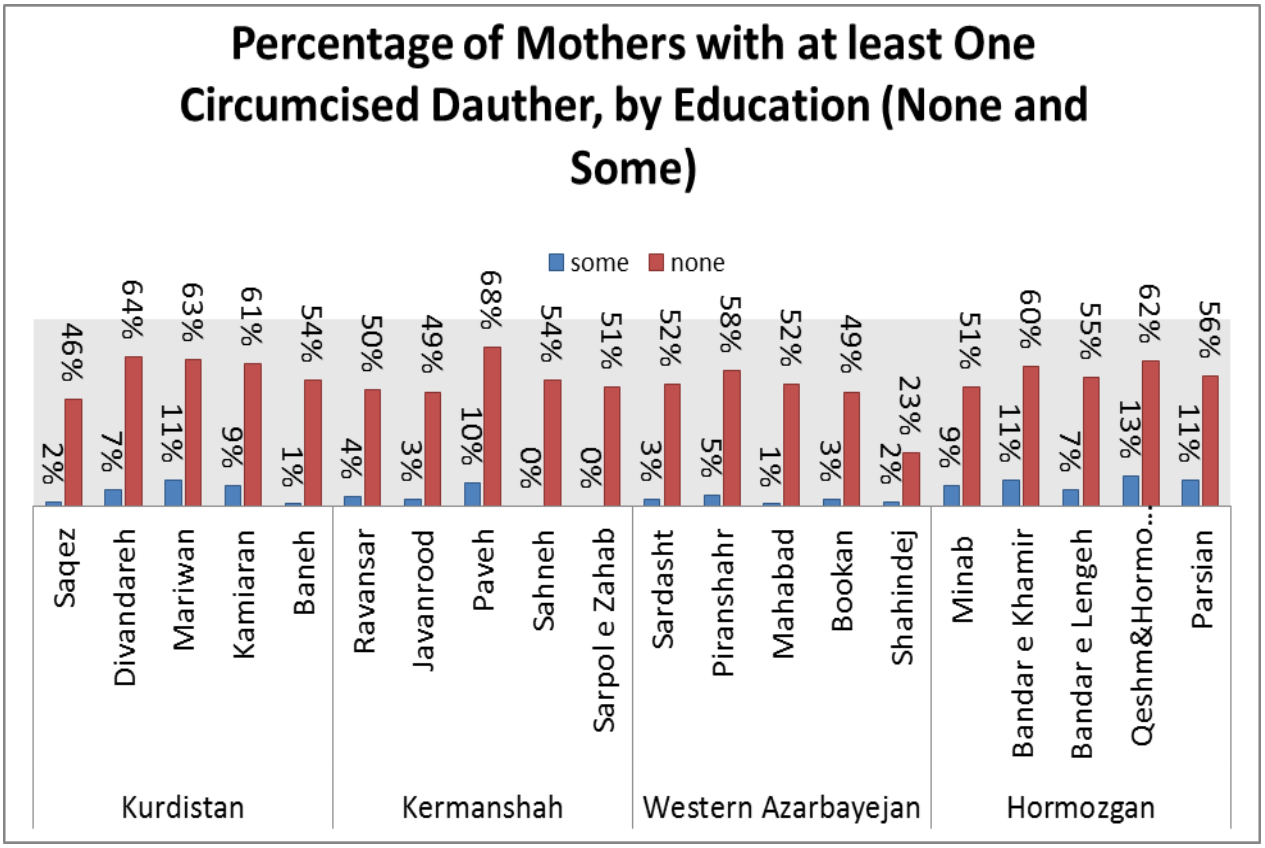
Role of Men and Women's Perceptions in FGM

It's important to discover how the perceptions of men and women about FGM influence its survival, and also to find out who plays a prominent role in taking decisions to go ahead with FGM. The research used gender-focused questionnaires to try to get at the facts.The data shows that the most prominent figure in determining whether a girl is subject to FGM. Female, mostly the mother or grandmother, but sometimes another female relative; men have some say in this but not a dominant one. As for general support for FGM, the figures show that in Hormozgan it reaches up to 44% among women in Qeshm, Hormoz and Larak islands while the corresponding level among men is 33%. In Paveh and Javanrood in Kermanshah support is lower, at 21% of women and less than 10% of women.

The results show that despite having the patriarchal nature of society, men appear less concerned about FGM than women. However, the women who feel the silent pressure of the patriarchy and so are compelled to continue with the ritual. Another contributing factor to the perpetuation of FGM is the vested interest of the circumcisers who are available within each community and the financial rewards they receive. FGM in Iran is performed by three types of people: Roma groups, bibis (midwives) and family members (in practice older women). The scenario in every province is distinctive. In Hormozgan, FGM is mostly performed by traditional practitioners, including bibis; however, in some areas or situations, family members may get involved.

In West Azerbaijan, FGM is mainly done by Roma groups who illegally cross from Iraqi Kurdistan into West Azerbaijan province of Iranian Kurdistan are staying in the same area, but fearing arrest from the Iranian border police (due to not having passport/visa). These groups are making good money by carrying out FGM in the area. Mostly they don't use safe methods which cause multiple types of disease. Besides Roma groups, a mixed trend among family members and traditional practitioners have also found. In Kermanshah and Kurdistan villages, it is carried out by traditional practitioners, although in some villages, Roma groups and bibis are active. They perform FGM with razor, throne, or knife without anesthesia; there is no concept of medicalized and hygienic circumcision.

Table 2.3: Proportion of educated mothers with at least one circumcised daughter



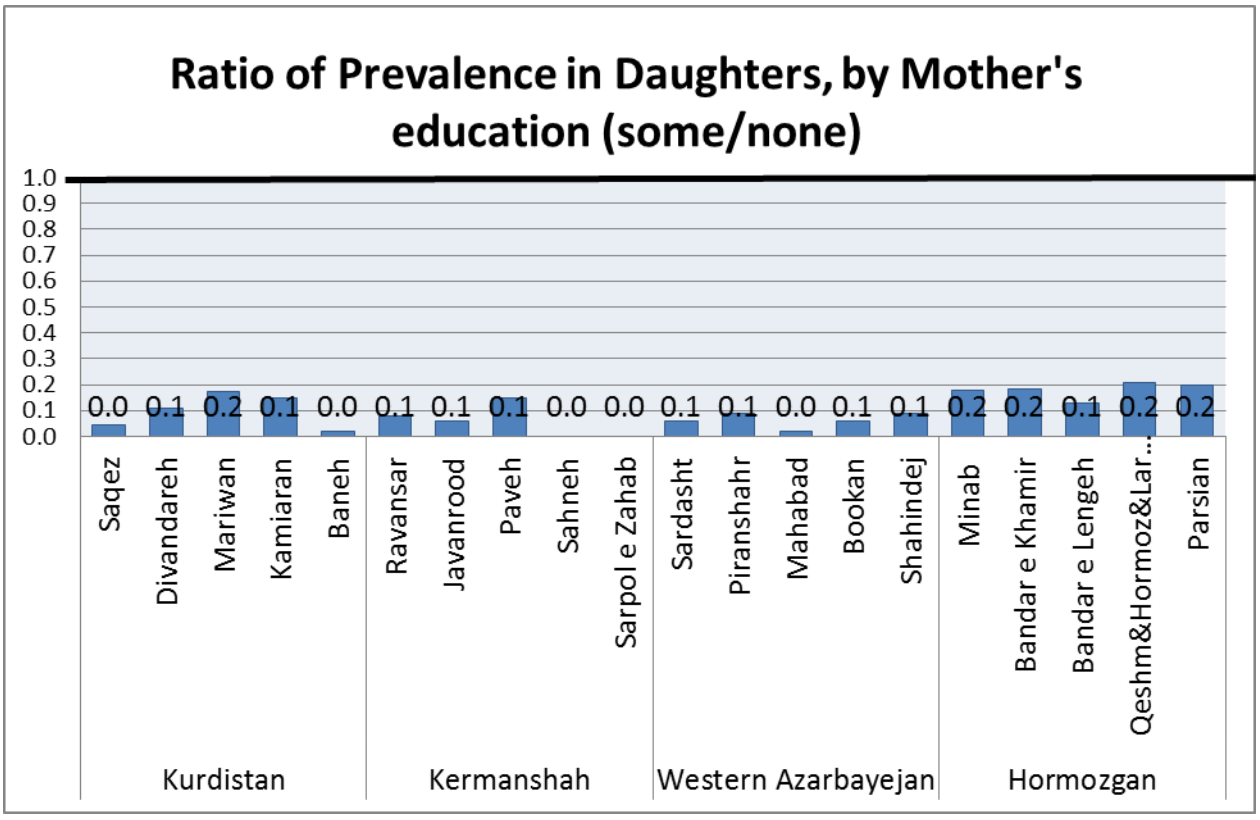


Table 2.4 shows Proportion of circumcised women by sect.

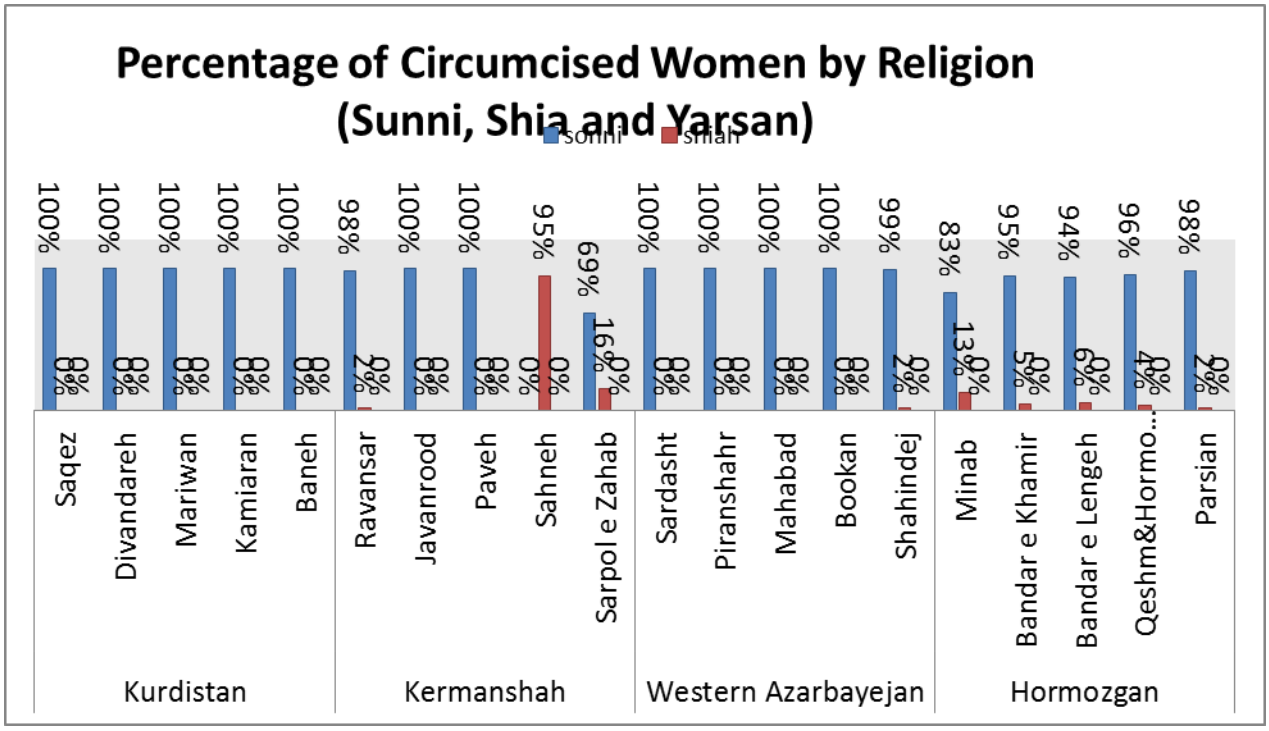
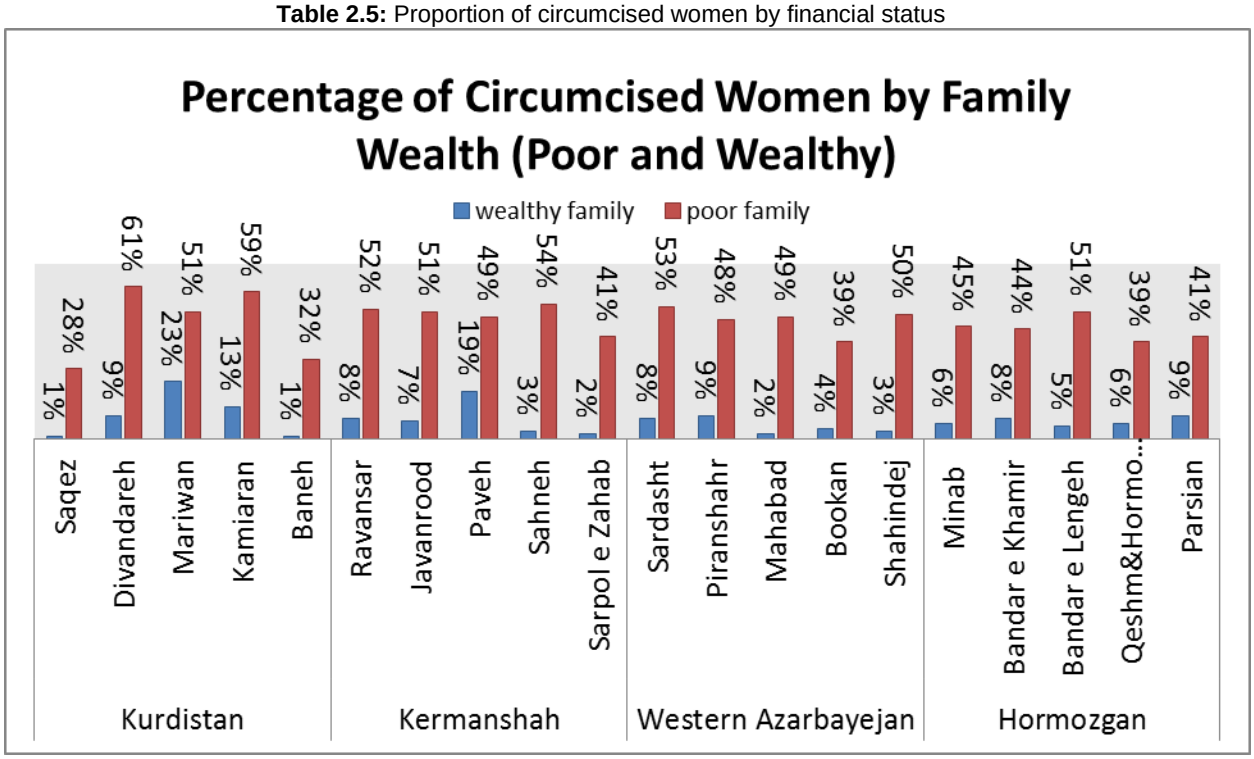


Table 2.5: Proportion of circumcised women by financial status



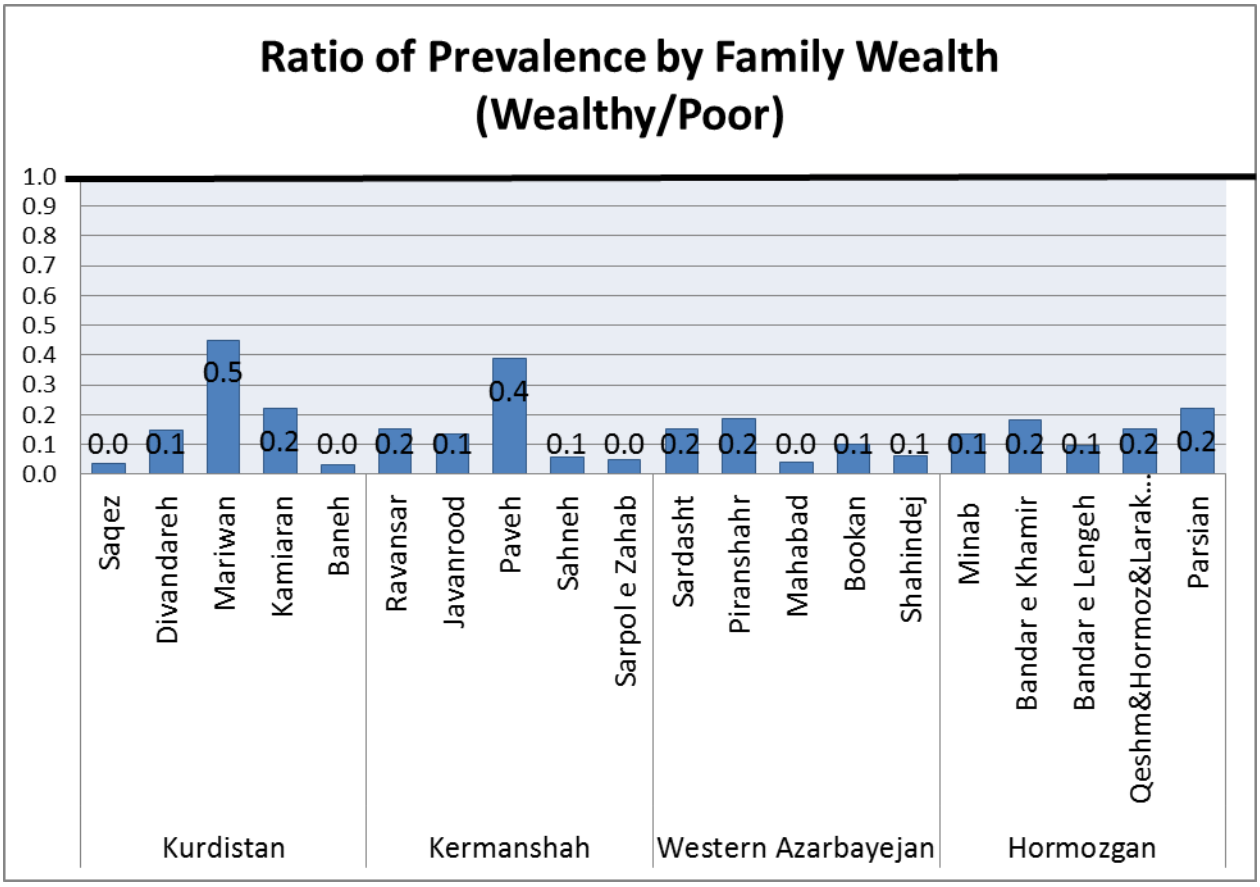
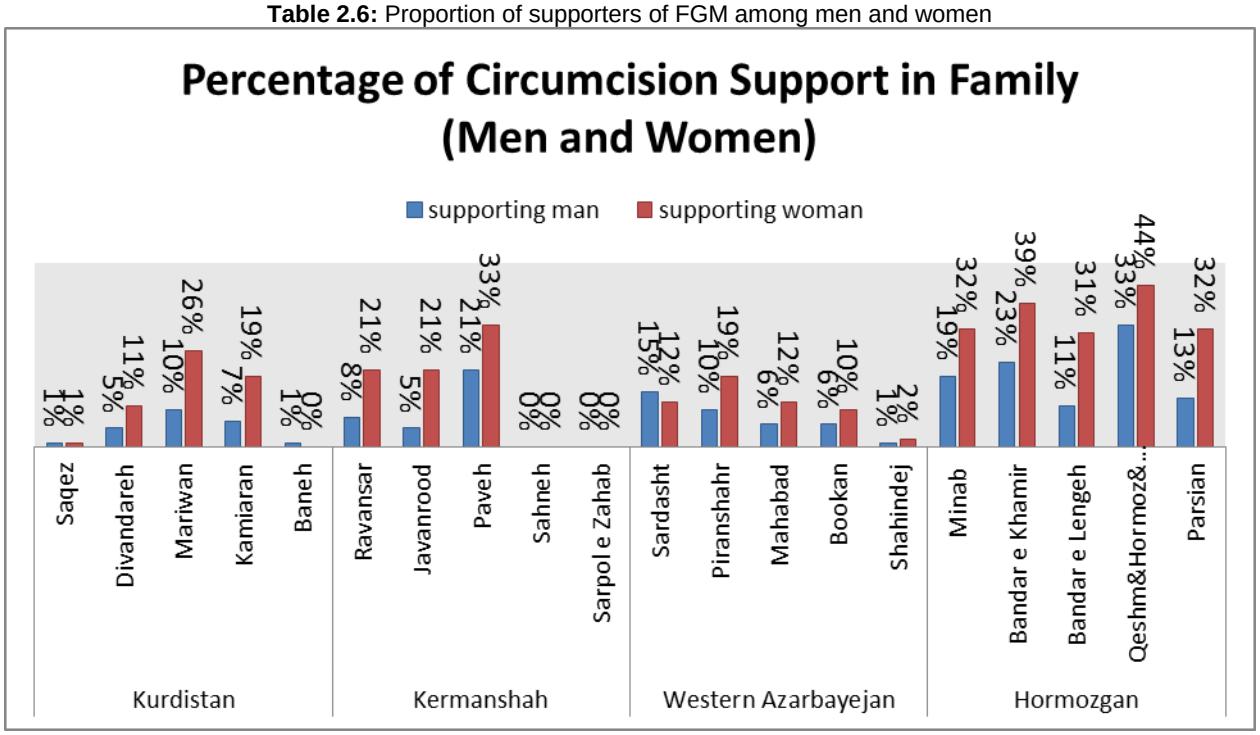
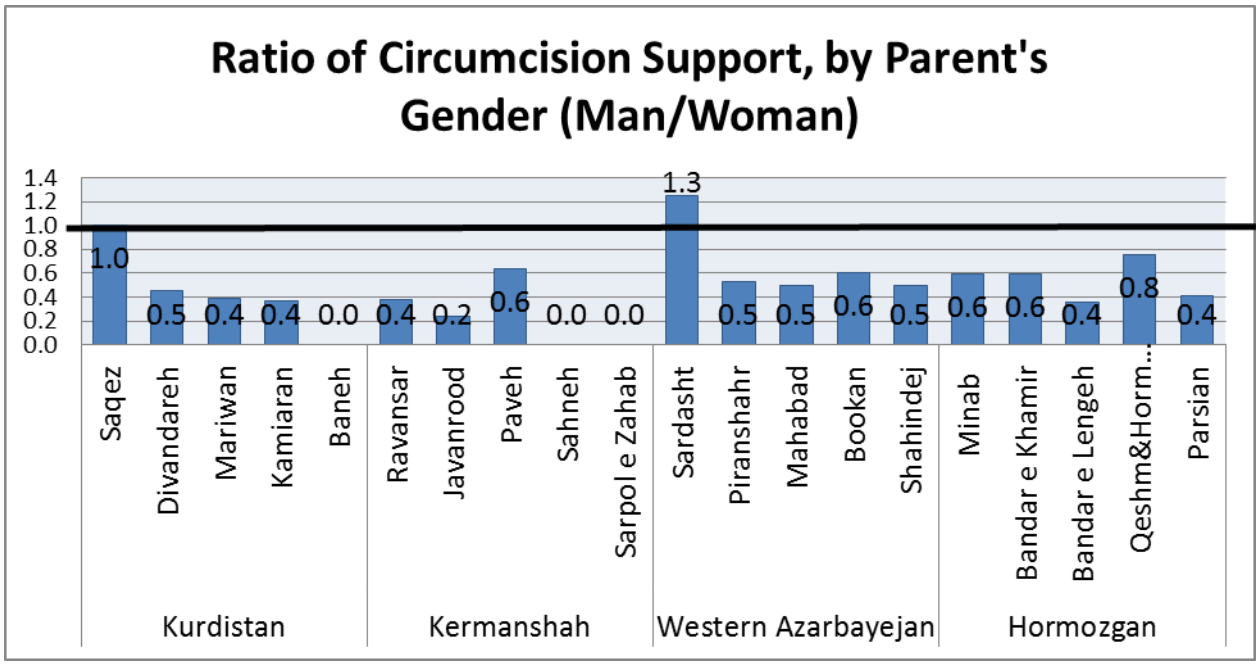


Table 2.6: Proportion of supporters of FGM among men and women





Influence of the Type of FGM Practitioner:

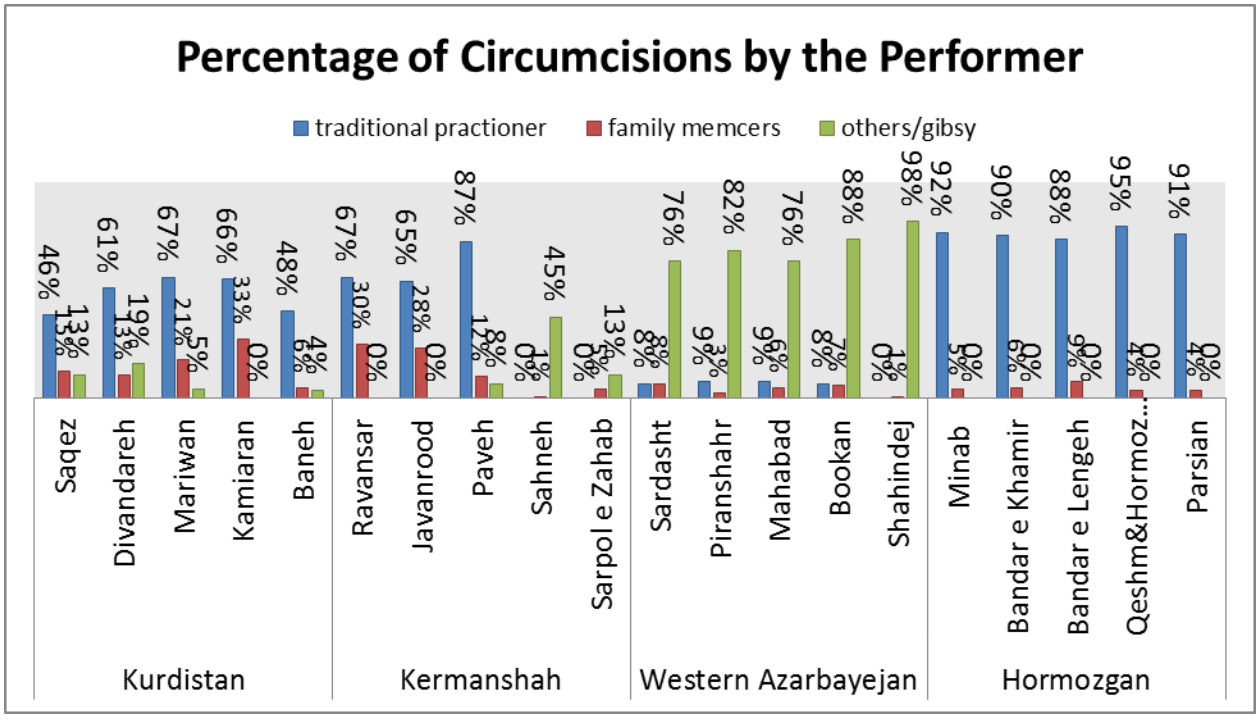


Table 2.7: Proportion of circumcisions by practitioner

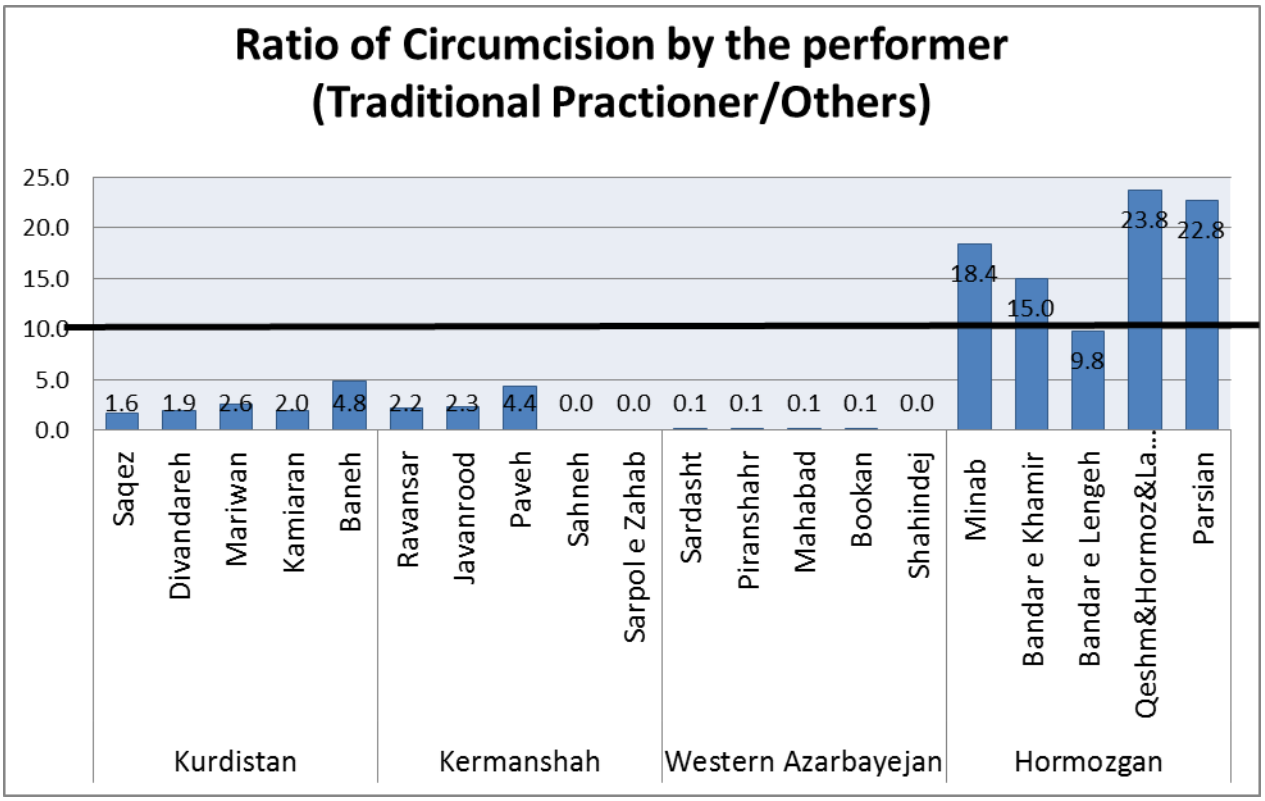
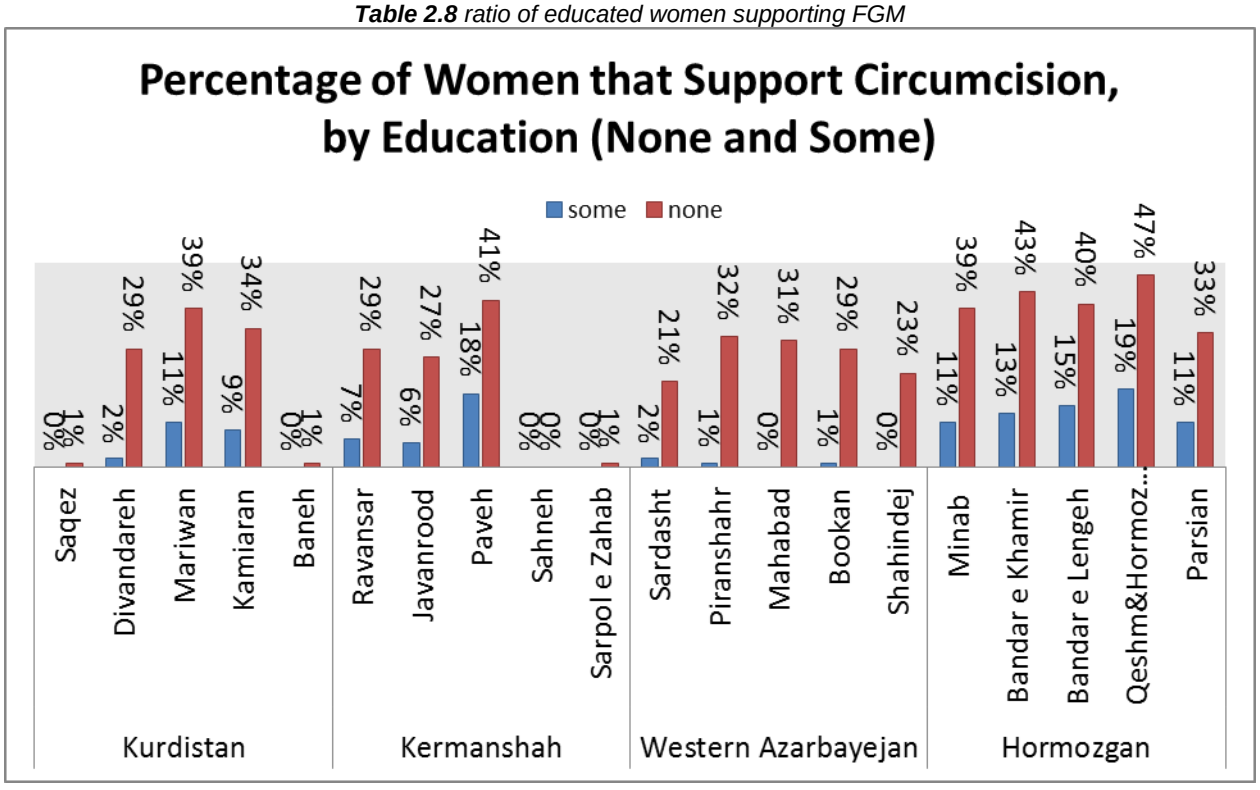
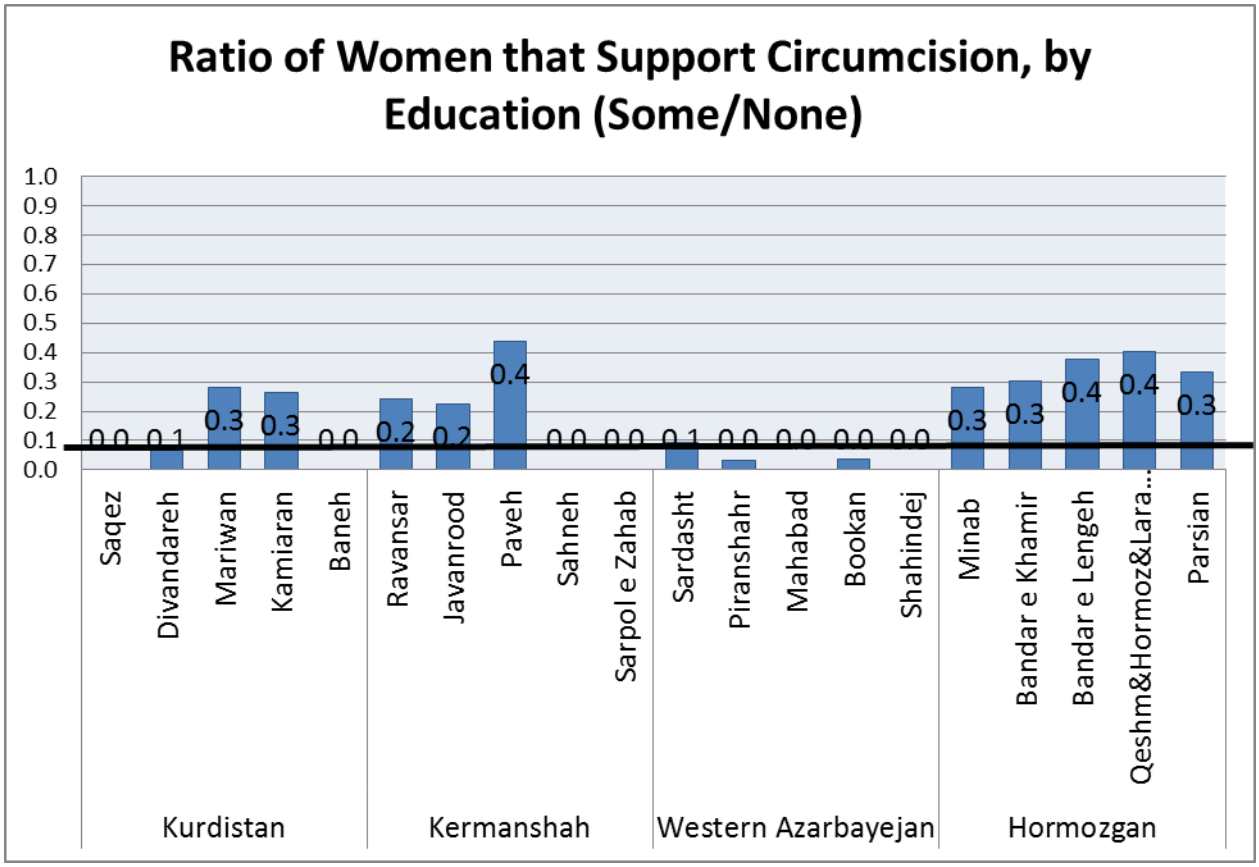


Table 2.8 *ratio of educated women supporting FGM*





Ratio of Educated Women in Supporting FGM

Education plays a significant role in shaping up people's opinion and also influencing their point of view. In order to gauge that whether differences between levels of education can affect the level of support to FGM or not, a survey was carried out in the four selected provinces in Iran. The finding shows that highly educated women are less likely to support the continuity of the practice. The ratio of supporting FGM among educated women is a bit high in Hormozgan province and fall between 11 to 19 %. While in West Azerbaijan, the level of support of the practice among educated women is very low.

Similarly, in Kermanshah province, FGM encounter opposition of 6%, 7%, and 18% in Javanrood, Ravansar, and Paveh villages, respectively. Kurdistan has also the similar situation where some educated women are supporting the prevalence and the continuation of the practice, while the rest of the educated women are against the practice. It shows that education can be a factor influencing behaviors', attitude, and opinions, however, there are other prerequisite of empowerment which altogether can make a difference.

SUMMARY OF FINDINGS

FGM in Iran is not new; however, the unavailability of data made it practically invisible. Further, the government was reluctant to admit its existence and ordinary people were also silent as the whole subject became taboo. This study has highlighted already existing research in the form of the postgraduate theses by non-local students, most of them female. The data clearly show that the highest rates of FGM can be found in Hormozgan province, although it is also common in a few other provinces in the north-west and west of Iran.

The study revealed that FGM occurs in some villages of three western and one of the southern provinces of the country. Western provinces are populated by a Sunni Shafi'i majority and the southern province of Hormozgan and its islands have a significant Sunni Shafi'i community. Given that the different religious and ethnic groups are dispersed in all these provinces, drawing an exact FGM-affected map with rates of FGM is problematic. For example, practicing FGM in Iranian Kurdistan is patchy and will show sharp variations from one region to another, even from one village to nearby villages. Most parts of this research had come to a stop by the end of 2014.

Despite this apparent setback, much has been achieved over a decade of studying the subject of FGM in Iran. It included travelling over thousands of kilometers, visiting more than 200 villages and interviewing over 4,000 women and some men from various areas and social class in order to collect data about the FGM practice. Although this research is not fully evaluated, our preliminary findings demonstrate that FGM in some selected villages is widespread among women and girls (around 60% in some villages of Qeshm Island) in villages of four provinces in the North-West, West and South of Iran. Within these provinces,

however, FGM was not practiced in the Northern parts of West Azerbaijan, where people are Kurmanji Kurdish speakers, as well as in the Southern parts of Kermanshah and Northern parts of Hormozgan. The real rate of FGM today is something that must be gleaned from the number of newborns and young children who are being cut. It is a good sign that the percentage of FGM among women and girls aged 15 to 29 is lower by 30%compared with women aged 30 to 49, and it

appears lower than 8% among children below the age of 10. These points take us to the conclusion that the rate of FGM has fallen steadily in the last few decades. From our interviews with people of both sexes aged 15 to 49, there is still 38% support for the practice of FGM for reasons of religion, tradition and culture.

Such rates clearly show that immediate intervention and lunch awareness programs along with public engagement projects are urgently required to change attitudes. Although it is clear that support among younger generations is lower, and FGM rates have declined in each of the past 10 years, it is difficult to decide whether FGM as a whole is declining fast, although over the past 10 years seen a lower rate with each successive year. The few important factors in this decline are what we might term "modernity"; better access to education; lack of interest in religion among youth; greater access to all sorts of media, partly through the impact of technology; and the impact of migration from villages to towns (a large number of villagers have secondary home in a nearby town).

What's more, elderly bibis may not be able to travel around to perform circumcisions and are not being replaced with a younger generation of practitioners. To assess whether other regions of Iran were affected by FGM, throughout the fact-finding mission and field work continued to identify evidence of FGM in other provinces such as Ilam, Lorestan, ChaharMahaal and Bakhtiari, Kohgiluyeh and Boyer-Ahmad, Khuzestan, Bushehr, Sistan and Baluchestan, Golestan, KhorasneShomali, Janobi and Razavi, Gilan, and in the more central parts of Iran such as Fars and Yezd. Despite the fact that some Sunni Muslims live in several of the above named provinces, the study revealed no evidence in these locations of FGM. This study also confirms that there is no presence of FGM in the following: Sistan and Baluchistan - which has a significant population of Sunni Muslim of Hanafi sect (Hanafi is the fiqh with the largest number of Sunni Muslim) – or among the forcibly migrated Kurds of Khorasan and Turkmens of Hanafi Muslim of Golestan province, or the small populations of Turkish Sunni Shafi'i groups in Ardabil province and West Azerbaijan province. Interestingly, the Sunni populated areas of Larestan region located in Fars province, bordering with Hormozgan province, are also FGM free. Further, whilst there are some large Sunni areas of Hormozgan province itself, such as Bastak and its many villages which do practice FGM, this is at a much lower rate than in the same province in more the Southern regions and Islands.

In the provinces of Khuzestan and Bushehr, FGM was not found among both Sunni Arabs and Shi'a Lur, though there was some evidence of FGM among older women in southern areas of Khuzestan province. FGM was also not found in the provinces of Lorstan, ChaharMahaal and Bakhtiari. Shi'a Kurds of Ilam and only in very small numbers in the villages near Mehran which neighbors Kermanshah province: there was a low incidence of FGM found amongst some women above the age of 50. The study also found that no young girls are now being circumcised, which indicates that the tradition of FGM has died away in most of the Shi'a communities of both Ilam and Kermanshah.

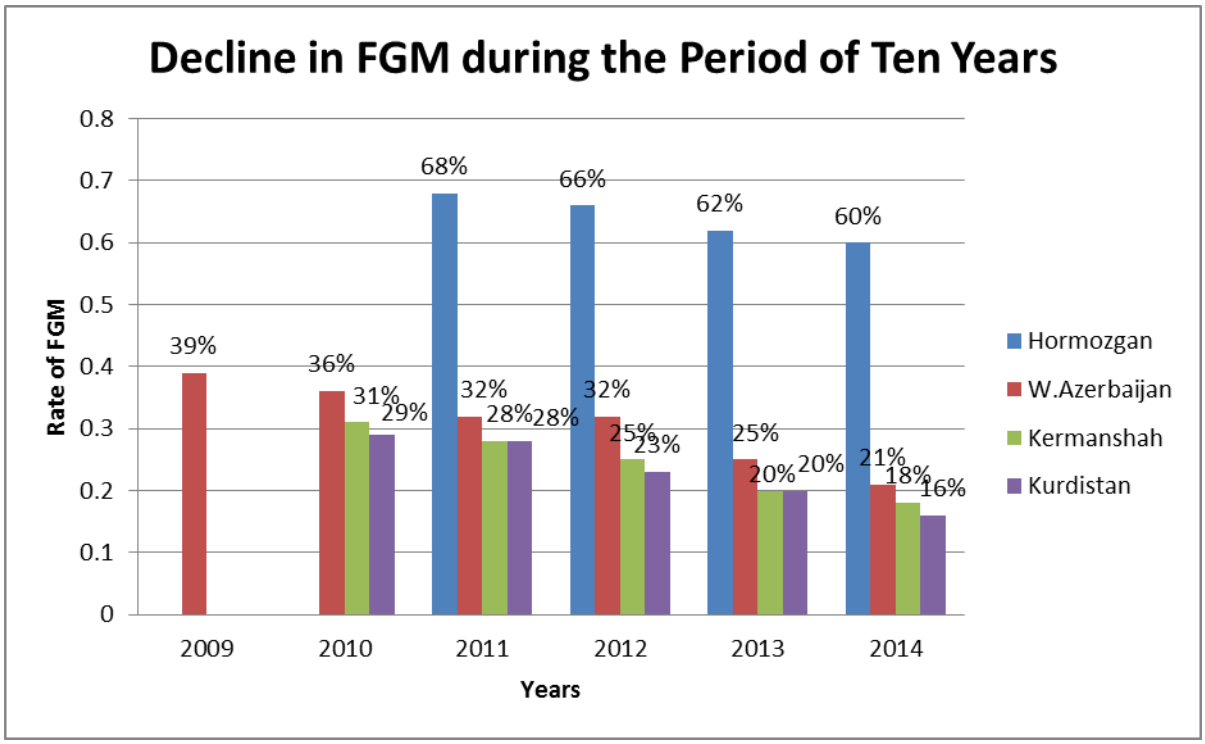
The research methodology for this study employed mixed research techniques (interviews used both open-ended and closed questions and the data was prepared with a mix of qualitative and quantitative methods). This was for the reason that the raw figures cannot give an accurate picture of the actual on ground situation. Likewise, when try to evaluate the impact of even a simple development intervention, the research found that it has involved complex procedures to bring about behavioral which cannot be captured by a single evaluation procedure. Mixed methods, through the combination of apparent and hidden realities given by the outcomes of qualitative methods, and statistical information provided by the quantitative methodology, produce a comprehensive analysis of the problem (Bamberger 2000). An example in table 2.6 showing the highest percentage of women who are supporting FGM and are having a predominant role in FGM as compared to their male counterparts.

According to the women's responses to the underline research questionnaire, the virginity of women is of a vital importance to secure her future and to gain her a marital status. If women couldn't protect her virginity, means she has ruined the honor of her family. This ultimately overburdened her to preserve the family repute by any mean and in order to meet that objective, women keep continue the ritual of circumcision among the family.

FGM-A Declining Trend in Iran

In some cases the elements of FGM tradition are very evident, but in others (even nearby villages), FGM has been in decline for the past two or three generations. Changing times and modern life, the death and non-replacement of Bibis, lack of willingness to accept FGM by the younger generation, education, and the impact of the media, as well as some level of support from the clerics, are all factors in the declining rate of FGM. During the decade of this study, it has been observed that the rate of FGM is declining every year, for the reasons above and because of the training and awareness raising campaigns conducted in this study. The following graph demonstrates the reducing of FGM practice during the last six years in Hormozgan, West Azerbaijan, Kermanshah, and Kurdistan: As previously discussed, the prevalence of FGM is declining across the globe, including the secret pockets in Iran. They are 'secret pockets' because the world has very little knowledge about the presence of FGM in these provinces. Within Iran, a very limited number of people, all of whom belong to FGM-affected provinces, have knowledge about its existence and practice within the country. The graph shows a slow pace of change during the six year timeframe, starting with West Azerbaijan in 2009.

During the year of 2010, Kurdistan and Kermanshah also showed responses to the wave of change. Hormozgan province, where the prevalence of FGM is the highest in the country, still has a rate of more than 60% at the end of 2014, while for the same period; it was 21% in West Azerbaijan, 18% in Kermanshah, and 16% in Kurdistan. It is quite evident from the graph that the process of transformation has been initiated and the affected regions are responding and adopting change. The Vulnerability of Human Rights Laws in Iran Since the practice of FGM/FGC is centuries-old and so embedded in the culture and norms of the communities practicing it, it can be difficult for new laws criminalizing FGM, and even the incorporation of measures against FGM into penal codes and existing laws, to bear fruit. With FGM is a taboo subject in the Middle East, there was no official acceptance of the practice's existence, so enforcing a law against something which does not officially exist is out of the question.



Nevertheless, there have been some government actions against FGM. For example, Iraq has enacted a law to tackle FGM, especially in the south of Iraqi Kurdistan, but the results were minimal at the beginning although now improving. Similarly, Egypt still has high rates of FGM and there is little action against the practitioners. The Arab Spring however, provides some opportunities to give FGM a higher profile. In the case of Iran, taking action against FGM is even harder, because there is a lack of support from the government and the lack of organised NGO groups. Indeed, Iran refused to ratify the Convention on the Elimination of All Forms of Discrimination against Women. During the tenure of President Muhammad Khatami, the Iranian Parliament passed a bill in favor of joining CEDAW, but it was vetoed by Iran's powerful Guardian Council on the basis that it contradicts Islamic principles.

Nevertheless, Iran has laws which can be used to prosecute and punish mutilation of the body. These include the Women's Responsibilities and Entitlement Charters on the right to life, physical integrity, protection against victimization, the right to mental and physical health and protection against family violence; but since most of the abovementioned laws are patchily enforced, it is hard to find successful claims made by victims of FGM. Also, the laws do not mention FGM specifically and therefore the Islamic law of Iran does not protect women from FGM (Alawi and Schwartz 2015). These laws mean that FGM is carried out in people's houses by midwives and not by medical practitioners (Alawi and Schwartz 2015).

The lack of information has been coupled with the government's denial of the existence of FGM, which makes it difficult for the issue of FGM to catch the attention of the relevant ministries. Iran has incorporated some general anti-mutilation laws in its penal code and according to the Article 479 and Article 663 of the Islamic Penal Code, qisas can be invoked when there is cutting of female genital organs(ARC 2013, Kelly and Breslin 2010). Mutilated persons can also look to the Iranian Protection Law for People with Disabilities, which was enacted in 2003, and the Convention on the Rights of Persons with Disabilities, which became law in 2007. In addition, Iran has ratified the Convention on the Right of the Child (CRC). Article 2 paragraph 2 of the Convention states that 'States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members'. Similarly, article 24 of the CRC puts emphasis on the health of children, which would be violated if a child is a victim of FGM.

MAJOR CONTRIBUTING FACTORS

FGM originated as one form of control over the fidelity of women, particularly when men were away for long time. Salam and De Waal link this to the social acceptance of women by their communities and societies. Often it is governments that violate the human rights of citizens by not properly implementing laws. Similarly, the implementation of many human rights is not possible without the support of the government concerned. However, patriarchal culture and norms often prevail, even where the government is trying to do something, especially in the context of women's and children's rights, as ongoing FGM in Iran and Egypt shows. Despite the governments' efforts to ban it, and despite many fatwas about the forbidden status of the practice in Islam, FGM is still flourishing(Abiad 2008).

In addition to patriarchy, the political structure and system are equally responsible for this. The mutilations are performed without any direct involvement of men. However, it appears that a large majority of men in the Kurdish and southern areas of Iran are at least aware of the practice. This "disconnection" of males seems to apply to other "women's issues" as well. Many studies confirm that men have no knowledge of the reproductive health of a female; in most of the societies we are focusing on, it is considered to be a women's issue or "secret",

and men have no say in it(Momoh 2005). though, men may be influenced by clerics and imams who preach about the practice as having diverse benefits and a connection with religion. It is interesting to discuss the attitudes of some of the women who have undergone FGM.

According to them, those who are not circumcised are not a "full woman". For them, FGM is something that needs to be done to bring dignity to both women and girls and to preserve their chastity(Kelly and Breslin 2010). These women do not question FGM as they consider it an old tradition. Importantly, FGM is mostly done when a girl is too young to have any say in the matter. The practice is perpetuated when women put their daughters through FGM as they consider this mandatory for getting married.

More on the male perspective

Although FGM is something that happens within the female realm, the role of men cannot be overlooked. Some men take cover behind religion and see any endeavor to ending FGM as a Western idea on women's liberation. In addition, FGM may give men more pleasure because of the tighter vaginal opening and in most conservative FGM practicing societies men refuse to marry an uncut girl. Some Iranian men from practicing communities believe that FGM controls women's sexual drive and may say their community is much purer, with fewer moral problems compared with Shia Persian or Turkish communities. A common argument used by men in the Sunni populations studied is that if their women were not circumcised, they would not be able to control them, which could result in behaviors similar to their Shia counterparts or women in sexually oriented TV programs or films. During our study, some men shared that they had sexual intercourse with uncircumcised women from other parts of Iran. They stated that circumcised women's genitals are much smoother, smaller in shape and enjoyable for sex; however, they also claimed that uncut women were better for foreplay. A few of the male interviewees had no knowledge of FGM or whether their wife had been cut. Interestingly, once they were informed on the dangers of FGM and its negative impact on women's sexual enjoyment (such as that they cannot enjoy sex with their husbands due to the fact that their clitoris have been partly or fully cut therefore they can't be aroused fully), most confirmed this was the case in their sexual relations with their wives and said their women were 'not hot' or 'do not give us pleasure'. They also admitted that to feed their sexual desire they had other sexual partners or simply married a younger second wife. Later they were asked that whether in light of their new knowledge of FGM, they would be willing to have their own daughters cut and therefore suffer the same agony and perhaps be cheated on by her husband. The interviewees could not answer and instead remained silent and looked away.

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