THE CHANGING PARADIGMS OF FGM/C

2017 Country Report on FGM/C in Iran
“There was this woman who got married at the age of 20. When they found out that she is not cut, they took her and cut her by force. She was hurt so bad. People used to say she’s shameless and indecent because she hasn’t been circumcised. She stayed in bed for a week to recover her strength.”

Female respondent, 27 years old
Hawraman Takht Village- Mariwan
Kurdistan province
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The preparation and writing of this country-wide report faced some challenges. In particular, it had to be prepared and delivered within a short time frame. The report could not have been researched, compiled and written in these circumstances without the dedicated assistance of the professionals I was fortunate to be able to receive advice and assistance.

The research brought immense courage for the FGM/C Movement to strive and speak for the FGM/C victims on local and global forums. The study enabled us to celebrate FGM/C international Day in Iran consecutively for two years. It developed a like-minded cadre who initiated dialogues and opened ways to talk about the issue openly. A great change has been witnessed in attitude of the media towards projecting the issue of FGM/C. This all happened as a consequence of the efforts we put together to collect the missing pieces.
I, along with a number of other like-minded researchers, would like to extend our hands and offer our cooperation to the Government of Iran in supporting a nationwide effort to raise awareness, provide access to reach out to communities’ involvement and start a dialogue between the relevant stakeholders, to synchronize any action plan with our universal Human Rights commitments. Throughout researching FGM/C in Iran, numerous people and organizations have helped me tremendously in completing the study. This study and, in particular, parts of the fieldwork, were only achievable by fact-finding research, field based training, support and assistance.

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Kameel Ahmady

6 February, International Day of Zero Tolerance for Female Genital Mutilation
Female Genital Mutilation/Cutting (FGM/C) is embedded in the social fabric of Iranian culture within some areas of three western and one southern province. Due to the lack of interest by the government officials, Iranian public is largely ignorant about the subject. Researching FGM/C has been a part of the awareness raising work since 2007 and possibly at earlier times. The work first came to prominence with shooting a film in 2015, pilot project and later through a comprehensive research published in 2015, the Anthologist and researcher Kameel Ahmady with a help of fieldwork team have surveyed 3000 women and 1000 men in Iran over a six-year long course.

The research showed that FGM/C is practiced mostly by Sunni minorities in West Azerbaijan, Kurdistan, Kermanshah and Hormozgan provinces. Repeated surveys indicating reliability of the gathered data in the same provinces show that the practice is in decline, yet still highly prevalent in some areas.

The villages picked as pilot for training showed a great improvement and sharp decline of FGM/C while other highlighted villages still show a declining trend but with a slower pace.

The purpose of this report is to analyze the impact of awareness rising, eradicate or reduce FGM/C rates in West Azerbaijan, Kurdistan, Kermanshah and Hormozgan provinces in Iran as well as up to date and overall description of FGM/C practice. This report presents up-to-date information on FGM/C in Iran after the pilot interventions and the international premier of a research study “A Comprehensive Research Study on Female Genital Mutilation/Cutting (FGM/C) in Iran,’ In the name of Tradition” conducted by Kameel Ahmady in 4 geographical areas, West Azerbaijan, Kurdistan, Kermanshah, and Hormozgan.
Introduction

Female Genital Mutilation/Cutting (FGM/C) is an ancient ritual which violates essential aspects of women’s and children's sexual rights. It prevails in societies because of certain beliefs, norms, and attitudes, political and economic systems. This chapter shows that FGM/C is deeply rooted in the traditions of society. Its prevalence in different societies is based on religious or conventional beliefs and customs and has direct relations with political and economical systems of these societies. Poverty, illiteracy, gender inequalities and healthcare shortage fortify this tradition. This practice, a part from violations of women’s and children’s sexual rights will greatly affects enjoyable sexual relationship among women, causes dis-satisfaction with marital life between couples, increases the rates of divorce and sometimes create health and birth complications.

The goal of this report is to provide detailed information on the impact of FGM/C abandonment interventions. While there was some data available on FGM/C in Iran from student university thesis books, and number of articles, it was limited in scope. For the first time, "A Comprehensive Research Study on Female Genital Mutilation/Cutting (FGM/C) in Iran," "In the name of Tradition" through its interventions and research gave a complete overview of the prevalence of FGM/C in a country-wide scale with a focus on the most FGM/C-affected areas in three western provinces and one province in the South. Being not a matter of few months, it took the research team a decade to fully identify the prevalence of the practice and to chalk out combating strategies.


see also Women’s Health Care, "Related factors of female genital mutilation in Ravansar (Iran)", 2012, available from

http://swiftjournals.org/sjssh/abstract/2015/november/Kameel.php

www.refworld.org/pdfid/522ec5aa4.pdf

This report presents the most up-to-date on the ground condition of FGM/C since the last study ended in 2015 which now been published as book in English and Farsi. The report is an outcome of a series of operation levels, scanning, mapping, field interviews with multiple recourses (natives, local informants and public figures) in a four-month time phase. In the last research study some various missions and pilot programs were carried out to examine the impact of training locals about the negative role of FGM/C. A number of villages in each of the four provinces were chosen and revisited to measure the progress of previous interventions. The purpose of “Action against Female Genital Mutilation/Cutting in Iran” was to mobilize local communities to advocate for the rights of girls and women with a focus on stopping the practice of FGM/C as well as lobbying with local and national government to ban FGM/C by law and include anti-FGM/C articles as part of the new family planning law in Iran.

The report aims to measure the reduction rate in FGM/C in parts of Iran particularly targeted the districts of West Azerbaijan, Kurdistan, Kermanshah, and Hormozgan. In the mentioned regions like elsewhere in Iran, men generally are regarded as dominant actors and most women are seen as dependent on them. This perceived dominance is systematic and endemic. It is reflected through the normative values and traditions and endorsed by the beneficiary social institutions. Under these circumstances, women’s struggle is especially hard.

FOUR TYPES OF FGM/C (UNICEF, 2005)

http://kameelahmady.com/fgm-in-iran/
http://shirazeh.org/product/%D8%A8%D9%87-%D9%86%D8%A7%D9%85-%D8%B3%D9%86%D8%AA/
FGM/C in Iran: Background & Achievements

The above mentioned FGM/C research and campaign in Iran started with support of the British-Iranian anthropologist Kameel Ahmady in 2005. Ahmady, was born and raised in Iranian Kurdistan and moved to the UK in his earlier age studied anthropology. On his return, he found out about the existence of FGM/C in Iran and then in his immediate family. Prior to his return, he had been working in Africa for a number of humanitarian relief NGOs where he observed various efforts and projects to combat FGM/C administered by the United Nations and UNICEF. This news was shocking as Iran until now was not among the FGM/C practicing countries’ list and still not officially recognized as one either by the Iranian government or the UN or UNICEF. First, a number of young female professionals joined the campaign, and soon after, several women’s NGOs from different regions of Iran joined in. Documentary films and written materials/articles were produced which helped to spread the knowledge on FGM/C on the national and, to some extent, international levels through anti-FGM/C networks and universities.

Some useful and supportive meetings were held with the Iranian Social Services (Behzis) and the National Health Ministry (Vezaret-e Behdasht). Subsequently, more young volunteers, both male and female teamed up with the campaign.

For that purpose a research study was designed to identify the prevalence of FGM/C in Iran and investigated the role of diverse contributing factors. In 2005, the field study began and at the same time as going through neighboring regions and data collection, a documentary was made out of the interviews and related footages. The first and only (publicly available) documentary; “In the name of tradition” about FGM in Iran was filmed by Kameel Ahmady while doing fieldwork in the Kurdish villages and neighborhoods of Mahabad, some villages of the nearby Kurdistan province and regions of Hawraman in Kermanshah province as well as in Hormozgan province in South of Iran (Ahmady 2006). The film recently broadcasted by the British Broadcasting Corporation (BBC) and shown at 2008 London film festival. This anthropological documentary contains recorded footages and interviews from the regions and villages of Kermanshah and Hormozgan province and its islands (e.g. Qesham, Hormozgan and Kish). As well as interviewing local women and women circumcisers (Bibis/professional cutters), the documentary records the opinions of local men, medical staff, doctors, and clerics.
A comprehensive study was undertaken to investigate, explore, and analyses 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/C in Iran and at the same time, representing the building blocks for a comprehensive program to combat FGM/C in Iran and bringing this issue into the world’s agenda. Alongside with the hardships and limitations that the FGM/C study faced during the active research work (2005 to 2014), it also caused sparkles for the very new study on Early Child Marriage in Iran. ECM study, starting right after FGM/C research was thought of during the field missions where in some regions FGM/C was paving the way for ECM and easing the two harmful traditional practices to have a direct correlation. The methodological approach adopted by FGM/C study was primarily participatory due to the sensitivity of the subject matter. 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/C in Iran. It included travelling thousands of kilometers and interviewing over 3,000 women and 1,000 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 FGM/C practice in Iran. The findings demonstrate that FGM/C in some selected villages is widespread among women and girls (around 60% in some villages of Qeshm Island in Southern province of Hormozgan and with lesser degree in the villages of the three western provinces of Iran).

Within these provinces, however, FGM/C was not practiced in the northern parts of West Azerbaijan where people are Turkish Azeri and Kurmanji Kurdish speakers, nor in the Southern parts of Kermanshah and Northern parts of Hormozgan.

This research study has gained global recognition and was inaugurated by the Guardian and BBC by June 4th, 2015 when it was lunched. International Media, and the United Nations picked up the study in order to give awareness to international communities. Soon after its inauguration, the aforementioned study got the United Nation’s (UN) platform to be discussed at the Human Rights Council in Geneva on June 19th 2015 at a session on eliminating FGM/C by Kameel Ahmady. In addition to that, Reuters also published the analysis of the research and considered it as one of the rare contributions in the history of Iran. The same author also published a book in Farsi on the same topic which was well received by the people in Iran as well as successful book lunches in Tehran’s National Library and book tour as well as in FGM/C affected provinces and other major cities.

http://kameelahmady.com/ecm-in-iran/
http://www.theguardian.com/world/2015/jun/04/female-genital-mutilation-iran-fgm
http://www.bbc.com/persian/iran/2015/06/150604_nm_fgm_iran_women
http://rudaw.net/english/middleeast/iran/030720152
http://europe.newsweek.com/female-genital-mutilation-performed-young-girls-iran-328246
http://www.unwatch.org/en/
http://www.reuters.com/article/us-iran-fgm-idUSKBN0P60OF20150626
http://www.ibna.ir

BOOK LUNCH AND FGM CONFERENCE AT UN
PHOTO BY: TOBE LEVIN
During the study period, a pilot project’s was also launched based on the findings of the research started in 2007 in program areas. That pilot interventions were aimed to reduce the prevalence of FGM/C in the Persian and Arab regions in the southern part and the Kurdish region in the West. The project was based on the assumption that certain defined low-profile interventions can bring about a grassroots abandonment of the practice by the community itself, as opposed to forced eliminations from above and outside of the community. The study went forward with the approach which was grounded in an Iranian traditions and culture. The team adopted a holistic, culturally sensitive, participative approach beached on a firm foundation of Human Rights. The project interventions were divided into two categories; one category was focusing on community. The interventions were specifically designed to find ways of preventing the practice of FGM/C. For this purpose, it was imperative to adopt indirect approaches because FGM/C was a ritual engraved in the souls of the local people and any direct attempts to erase the practice could be proved lethal for the project management and staff. The second category was based on advocacy and networking which were mainly based on provoking local resources to work together for the same cause.

With limited resources, two local Mobile teams comprised of one social worker, one psychologist, and one nurse was formed. The project mobile teams have been trained in a way that could do maximum field work by their own through engagement of local staff for better coverage. The members started to map their own areas and work independently by using social events as a potential platform i.e. wedding and funeral ceremonies. The basic purpose of this strategy was to have better and greater access to women in the community. The work of mobile discovered that female Genital Mutlitation/Cutting is widespread in some villages whiten four mentioned provinces.

The Role of Iranian Government

In Iran, FGM/C is not a public topic and not very common to discuss. In most cases, official representatives, nationalist individuals or groups from the Shiite religious community simply lack the interest to address FGM/C phenomenon as they feel it’s a Sunni practice and should not concern or get them involved.

The four mentioned provinces with the existence of FGM/C also have a history of other types of violence against women such as women burning themselves (or other types of suicide) child marriage, forced marriage, polygamy and a number of honor killing cases. For the Iranian government, FGM/C is a Sunni practiced issue, and that is the reason that Central Shiite dominated Government does not make any official attempts to end FGM/C, therefore, lacks trust of the Sunni population. Furthermore, by far the issue of FGM/C has not drawn the attention of the government prominent ministries or originations to itself. FGM/C is an unfamiliar issue for public institutions such as Health Services, Social Services, universities and the public as a whole. In spite of the fact that the current governments of President Rouhani have paid more attention to social affairs and family orientated issues and taking some social problems more into account, even listened to outcry of social activities and researchers. The issue was raised with the vice president of Iran in the cabinet of Hassan Rouhani in the section of Women and Family Affairs as well as officials from the justice ministry, National Health Services Officials, Social Services and number of MPs as well as Health and Social Commissions within the parliaments. A joined meeting between officials from the government, NHS, social services, justice ministry, was promised but it never metalized.

Due to the lack of support from government and even security concerns, besides from a number of MA thesis which later on published as a books along with a number of medical articles, no serious and country-size or comprehensive researches/studies have been conducted to investigate FGM/C in Iran. Regarding the same reasons, there is no public engagement project for the effected regions ever been funded or allowed, hereby the possibility of running some sort of pilot project programs to find out the exact prevalence of FGM/C and measure the impact of education and training on fighting against FGM/C is missing.

“If we realize it’s harmful for our daughters, we surely don’t do circumcision. They told us not to do it but didn’t say why, no one talked about its harms and so we still do it. We just cut a scar, in the past they were cutting so deep but we only make a scratch.”

Female respondent-Goori village Hormozgan province
An Overview of the Impact of Anti FGM Movement

Years of researching on FGM/C in Iran resulted in making the first ever film and comprehensive reports, as well as the other publications by other researchers show a strong commitment to champion of abandoning FGM/C. It promoted dialogues on FGM/C, while navigating many disparate agendas and coalescing one voice against the practice. The author engaged the media and launched strong communication campaigns to promote the abandonment of the practice and also mobilized core groups of advocates against FGM/C among medical professionals, religious figures, legal personnel, media personnel, youth groups and the civil society.

The structures put in place during the period to improve the capacity of all actors to address the chronic issue of FGM/C by using a holistic approach. Knowledge dissemination and capacity building regarding the disadvantages of FGM/C has been implemented consistently. This has been done in two levels – training of the staff and awareness creation and seminars conducted at the target-community level as well as universities.

It is observed that due to these capacity building activities a significant number of the target-community members have been sensitized regarding the threats of FGM/C.

The study succeeded in establishing some useful contacts and received support from a number of academics and individuals in civil society as well as some officials within Social Services (Behzist) and NHS (Behdast) organizations. All provinces are populated by significant Sunni (Shafi’i school of thought) and as well as Shiite Muslims. Note: Some of these provinces have population of Turkish Azeris (such as northern West Azerbaijan) and Shiite and Ahl-e Haq Kurds (such as parts of Ilam and Kermanshah) which do not practice FGM/C. However, some Shiite women in Hormozgan and parts of Kermanshah and Ilam provinces also practice FGM/C.

The target groups who have been sensitized in an indirect manner are clergy men, bibis, and the Roma groups from Qesham Island and Coastal villages, situated in South of Iran, students of nursing schools. The Roma groups originally from Iraqi Kurdistan, cross over to Iranian Kurdistan every spring and camp outside of towns such as Sardasht, Mahabad and Piranshahr and surrounding villages. The graph below is giving an overview of beneficiaries with gender bifurcation.

https://www.youtube.com/watch?v=RID4FnKf7oE&feature=youtube
http://www.aparat.com/v/6OKyL
http://kameelahmady.com/biography/
The anti-FGM/C program was designed especially for rural areas. It was focused on educational and awareness raising work. The program objectives were:

- Encourage and empower women and girls - through education, social and psychological support
- Raise the awareness towards the physical and psychological consequences of FGM/C inside the local community in particular with Bibis and Roma groups
- Encourage women to talk about their own experiences, pain and agony (mostly for the first time) in group or with the team’s psychologist

- Raise awareness towards sexual health among men, trained by male staff
- Establish networks with local and regional clergymen to support the campaign
- Advocate for anti-FGM/C policies at local and national government level
- Empower and help academic field in order to support research and scientific publications, to hold workshops and seminars for university student and media campaign.

Methodology and Techniques of the Research

This 2017 field research on the impacts of the pilot interventions was conducted by new and former professional trained surveyors, assisting social workers, networks of active public figures, coordinating university students, NGO activists and those who enthusiastically put their efforts together and strive to get the same purpose. This study was not to succeed in its long-term goals without the help of many who put the clarity of manifestation first, with its trained team of social researchers has investigated 4 top provinces in prevalence of FGM/C practice during the last four month of 2016 and beginning of 2017. In each province a total of 32 villages were selected to measure the impact of the trainings in which 16 villages were the ones where awareness raising trainings had been conducted during the pilot project while the other 16 had no such interventions made in them. The study was located in provinces with different levels of FGM/C prevalence, but with similar rates of early marriage and childbearing, to explore the extent to which the vulnerability of young children to adverse sexual and reproductive health outcomes, and their ability to adopt protective health outcomes, varies in settings at different stages of the epidemic practice. A cross-sectional study, comprising a pre-survey qualitative phase and a survey, was conducted during the FGM/C status updates in Iran by which the following report is dedicated to represent the findings.
The study revealed that in some cases elements of FGM/C is very evident but in others (even nearby villages), FGM/C has been in decline in Iran. While perceived as traditionalist, Iran is proven to be open to change as long as the drive for change is internalized and owned by the community and the motivation pioneered by groups with vested interest in change. As this review will prove, change in practice has already happened and will continue to escalate if investment, training and awareness is made and provided in the appropriate combinations of people and inputs.

Hormozgan province still holds the Champion of FGM/C prevalence and acceptance in Iran and its Islands in particular Qesham Island although show decline but the practice has still remained widely prevalent. The villages selected for the pilot project in all four provinces of training showed a great improvement and a sharp decline in FGM/C rates. This by itself proves the influence of training and awareness giving to the locals.

Kermanshah province had the second-highest prevalence of 42% in some villages of Marivan. However, in Kermanshah the rates were partly low and in West Azerbaijan, the numbers were comparatively lower still.

Analysis showed that the proportion of circumcised women in the 30-49 age bracket was higher than among women and girls aged 15 to 29. In some villages of Hormozgan and in Qeshm Island, the prevalence of FGM/C among women aged 29 to 49 reached 61%; on the other hand, it appeared to have been eliminated in Lakastan in Kermanshah, where this study found no evidence of it among women and girls aged 15 to 29.

These findings therefore demonstrated an encouraging trend: 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 Kermanshah province, there is a sharp decline from 31% in older women to 9% in younger women and girls. In some of the villages of Ravansar from the same province, it has again drastically decreased and reduced to 17% from 43%.

The comprehensive research shows that FGM/C is prevalent in the rural areas of parts of three western and one southern provinces of Iran: West Azerbaijan (Kurdish populated south), Kurdistan, Kermanshah and Hormozgan provinces, and close-by islands. The provinces of Kurdistan are populated by Sunni Shafi’i majority and certain a minority of Shiite communities. The remaining provinces have mixed Sunni, Shiite and
other ethnic and religious populations, such as large groups of Shiite Turkish Azeris and small minorities of Turkish Ahl-e-Haq (in West Azerbaijan, between the towns of Mahabad and Miandoab), plus a small community of Armenian Christians in Urumiyeh and Shiite Kurdish Kalhor as well as Ahl-e-Haq Kurds in parts of Kermanshah who do not practice FGM/C. However, some Shiite women who live near Sunni populated areas in Hormozgan province currently practice FGM/C; and historically many groups of Shiite Kurdish women in parts of Kermanshah and Ilam province have practiced FGM/C.

The current waves of modernisation and growing awareness have brought many changes in people’s attitudes towards FGM/C and changed behaviors in progressive manners of ways. Behavior in diaspora groups may however be the converse of domestic ones where, for instance, FGM/C is adopted as a marker of difference from the host population.

Significant efforts have been made at global and regional level over the past decade. A great number of FGM/C practitioners have come out strongly against the practice. As a result, in many countries the practice is already starting to decline. One contributing factor is the openness with which the topic is nowadays discussed in the print and electronic media leading to its declining trend in all program areas generally speaking. However the real changes within such communities by governmental intervention projects are backed up and applied by local NGOs cooperating with related agenesis in charge.

The report in its subsequent parts is going to sum up the analysis of the four provinces in terms of the impact of the interventions made by the anti-FGM activities in Iran.

West Azerbaijan

The Newest Scale of the Problem

West Azerbaijan with the mixed population of Kurdish and Turkish residents has been one area of interest in FGM/C studies conducted by this study. The rates of practice manifest a descending trend through years of regular annual updates and social training workshops leading to the public rise in knowledge and health.

The total population of West Azerbaijan is 3 million and Kurdish populations mainly live in southern part of the province; however minorities of Kermanji speaking Kurds also live by the border with Turkey from Orumiyeh to the town of Maku. For the first cluster of sampling top cities and towns in practicing FGM/C were selected (such as Sardasht, Mahabad, Orumiyeh, Piransher, Boukan and Miandoab) among which the second cluster of related villages were chosen (such as Zangalan, Rabat, Bonawile Kuchak, Leilan, Mozaffar Abad, Kitke) Field research indicates that the ratio of the mutilation/cutting of elderly women is alarmingly high; and in complete contrast, the rate of FGM/C among children is very low and declining every year.

The study found that in some villages of the Mokrian regions (region between towns of: Sardasht, piranshaer, Mahabad, Orumiyeh, Boukan) few of those above the age of 10, were mutilated. One of the reasons behind this diminishing rate in the south of West Azerbaijan province relates to the seasonal illegal crossing of gypsy/Roma groups (locally called Dom/Gherechi) from Iraqi Kurdistan into Iranian Kurdistan. These groups make extra money by carrying out FGM/C in the area.
The total population of Kermanshah province is 1.8 million. The province is divided among Kurdish groups belonging to the Shiite and Sunni Shafi’i branches of Islam, but there are, among others, a large minority of Ahl-e Haq, and Lak. The main languages spoken in Kermanshah are Kurdish (Jaff, Feyli, and Kalhori), Hawramani (though some Hawaramis do believe that their language and ethnicity is independent of Kurdish nationality), Laki and Farsi.

FGM/C in Iranian Kurdistan occurs in certain areas within the Kurdistan Sunni regions including villages near the border with Iraqi Kurdistan. However, prevalence of FGM/C in these areas is patchy and varies sharply from one region to another and in some cases varies significantly between neighbouring villages. FGM/C is mainly found in the area called Hawramant (part of Hawraman region is also located in neighboring Kurdistan province) and in the region of the Jaff tribe (Jaff is also named after the dialect). Various villages belonging to Kamyarn, Revansar, Jevanrood, Paveh, Nodsha, and Nosod are the most affected areas in Kermanshah province as well as the large village of Mansoor Agai/Shaho and surrounding near town of Paveh. For the first cluster of sampling cities and towns in practicing FGM/C were listed (such as Javanrood, Ravansar, Paveh, Harsin and Songhor), among which the second cluster of related villages were chosen (such as Mansoor Agai, Dazavar, Mivan, Sefid Ab, Baba Aziz, Golmat Abad, Sefid Barg, Kosai Hejji and so on).
The incidence of FGM/C among young women is however considerably lower; and it stands true for Kamyaran and Paveh, though not in all villages. At least this is evidence that in some of the above-mentioned districts people have abandoned the practice from decades ago. Children and juveniles are less likely to be cut, but among women older than 30 to 35 the rate of existing cut women increases. It becomes even higher among those older than 50 years of age. It is important nonetheless to recognize that the low rate among juveniles may also be caused by the custom of late mutilations. In the other places, late mutilations are marginal.

The research team noticed the spirit of being culturally and traditionally reluctant of change in the areas in which the rates of FGM/C had remained alarmingly high during the previous annual updates. Hierarchical context of applying old customs to the very new generation has survived through years and the modern lifestyle acquiring regarding as fads have not penetrated the walls of tradition and resistance to anti-FGM/C programs is mostly observed within the Kurdistan and Kermanshah borders and in the villages of the towns such as Ravansar, Javanrood and Paveh. The aforementioned and expected declining trend was seen slower and less significant in these areas of study.

“I was circumcised, can’t remember when, but I won’t circumcise my daughter although the clergy man of the village says it’s a tradition and has to be done. My daughter is 2 and my husband called the clergy man to ask what to do. He said in my thought you must do it. But at the end it’s up to you yourselves. Some years ago there were a group came to our villages and trained us about danger of FGM to our children.”

Female respondent, 32 years old
Mansour Aghai Village

“I have been cut but I didn't let my daughters to be circumcised. There was this woman named Keshvar, coming here from Paveh, she used to do this. But now she's dead and there is no one to take her place and just for respecting the tradition people now only pass the razor under the girls' skirt (without cutting) and say: now it's been circumcised.

My neighbor is a girl whom her mother cut her 3 times. She says she has no feelings of love or sexual desire. I asked her if she has a problem. She said: Even if I be touched until the morning, I never feel a thing.”

Female respondent, 33 years old
Hajji Village, Kermanshah province
Kurdistan

The Newest Scale of the Problem

The total population of Kurdistan is 1.3 million. The practicing religion of Kurdistan is Sunni Islam. A Shiite minority of Kurds and some Turks live in Qorveh and Bijar. The main language is Kurdish, spoken in various dialects. Sorani/Ardalani is the main dialect; others are Kalhori and Hawramani (though some Hawramis do believe that their language and ethnicity is independent of Kurdish nationality).

For the first cluster of sampling top cities and towns in practicing FGM/C were listed (such as Baneh, Diwandareh, Kamyaran, Saghez and Mariwan) among which the second cluster of related villages were chosen (such as Hawraman Takht, Kamalle, Belber, Balen, Dare Kaji and number villges in Ser benav region of Kamyaran).

Kurdistan is, together with Kermanshah, the most FGM/C affected province in west of Iran. Some villages of Mariwan region and in particular Hawraman Takht (part of the Upper Hawraman region) have high rates because they are situated close to Kermanshah province, which is also affected by FGM/C. Villages of Hawraman Takht (recently declared districts) have the highest rate of FGM/C in both Hawram areas, which is divided between the two provinces of Kermanshah and Kurdistan. Other villages such as Kammalle, Belber, and a number of other towns in Sanandaj, Kamyaran, and in Saghez and Baneh, however, are not affected by FGM/C and the rates have been declining to near zero; research team found the very promising base in some villages of Senendej and Kamyaran such as Sarchi, Kule Sareh and Masan in which the tradition of FGM/C has been abandoned for a long time. Local inhabitants in these places have confirmed that it has not been practiced for decades and the reasons mentioned for this decline as narrated by the native locals and respondents are being in exposure to preventing messages from the media and Kurdish Iraqi satellite channels, ability of schooling the community members that has lead to higher levels of knowledge, death of the Bibi who had been doing girls’ circumcision and hasn’t been replaced by any other person to let the practice survive.

"I was doing the cutting job myself, not only for my own daughters but also to everybody else's. I was doing the right thing but now people don't cut their daughters much. The last time I circumcised a girl was 20 years ago. I used to cut them at the size of a lentil by razor when they were 1. I was so satisfied with what I did as it was an order from the past."
Female Bibi/Cutter – 56 years old
Mariwan-Kurdistan province

"There was this woman who got married at the age of 20. When they found out that she is not cut, they took her and cut her by force. She was hurt so bad. People used to say she's shameless and indecent because she hasn't been circumcised. She stayed in bed for a week to recover her strength.
I myself was 4 when they circumcised me. A Bibi coming from Hawraman was paid to do this. My mother thanked her so much, as if she has done oblation. Relatives bring gifts to a girl who has been cut to calm and console her, telling her that now you're becoming a grown up."
Female respondent, 27 years old
Hawraman Takht Village-Mariwan,Kurdistan province

"I was doing the cutting job myself, not only for my own daughters but also to everybody else's. I was doing the right thing but now people don't cut their daughters much. The last time I circumcised a girl was 20 years ago. I used to cut them at the size of a lentil by razor when they were 1. I was so satisfied with what I did as it was an order from the past."
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"Until 4 or 5 years ago, when a little girl was walking into the alley, women used to fool her with a candy or a dull or something and cut her. The cutter wouldn't take any money in return as she was doing this practice for good. They had just heard it's a tradition from the prophet's time when they cut their women while their men were in war so that she wouldn't have sexual needs or lust before her husband returns.
Though in recent years some researchers like you came here and told us about circumcision's problems and told us not to do it anymore."
Female respondent- 40 years old
Belber village- Mariwan,Kurdistan province
The total population of Hormozgan is 1.5 million. Data shows that FGM/C is practiced on a massive number of baby girls in most Sunni Shafi’i Villages of Hormozgan province. Some villages in the town of Minab (some Shiite families also practice FGM/C), villages and parts of small towns of Bandar Poal, Bandar Kang, Lengeh, Gavbandi (Persian) and Khamir are also affected. FGM/C is also practiced on the small islands of Hormoz and Larak. Qeshm, which is the largest island in the province, has a high rate of FGM/C among the mostly Sunni populations. Qeshm Island is also home to large migrant groups of Shiite Muslims from Minab, Bandar Abbas and other mainland Iranian towns who do not practice FGM/C. Even in Kish Island, which is a tourist spot and one of Iran’s wealthiest places, girls undergo FGM/C. Research indicates that Type I is common in this province.

For the first cluster of sampling top cities and towns in practicing FGM/C were listed (such as Sirak, Gheshm, Jask, Bastak and Minab) among which the second cluster of related villages were chosen in all direction of the province and Qesham Island (such as Guri, Dustku, Gurun, Roodan, Shib Deraz, Mir Hashem and so on).

As apparent in all before mentioned western provinces, the pilot study required 16 program areas where the team provided the locals with trainings, and another 16 villages without any intervene. The results claim a direct negative relation with the received training and practicing FGM/C in recent years. Should the knowledge be provided to the native locals who are mainly illiterate and also the younger generation, the rates of FGM/C declines significantly and vice versa. all in all, Hormozgan province is the top ranked area in terms of practicing FGM/C and helping the custom survive. This province and its nearby regions mainly close to and in Qeshm Island has serious high rates of FGM/C during all years of update study with a slower pace of decline, that is a clear manifest of reluctance of native people to adapt newer knowledge and lifestyles. However, the younger generation has showed a tendency to walk in different paths from their previous generation, and appear milder in accepting new forms of life.

“I was 15 when they cut me. They said I wont be able to cook or anyone can drink and fed from hand since it wont be Helal. They ruined our lives and killed our needs. Now they have come to think circumcision is a reason for getting divorced.”

Female respondent- 27 years old
Minab town, Hormozgan province

“It’s been years that girls won’t be cut here anymore. That is for ignorant people. There is no Bibi or gypsy here to do that. One of Marja clerics announced years ago that it’s not religiously necessary to circumcise women.”

Female respondents- group interview
Roodan village, Hormozgan province
Male Circumcision is practiced worldwide despite many modern anti-circumcision movements at global level. This practice is common and widely practiced among the Jewish and Islamic societies; however, it is also practiced in some old tribes in Africa, some native tribes of Australia, parts of Europe and since 19th century, occasionally in the US. Circumcision is supposed to benefit by maintaining the genital organ in hygienic conditions for male and by reducing the sexual lust for female.

Removal of the sheath or prepuce of the penis is a part of male circumcision. The rationale behind this practice is the cleanliness of the male genital and reduction of infections. This is performed with and sometimes without anaesthesia or with a mild topical analgesia. On this occasion, relatives and guests are invited to celebrate the event (locally called Khatena Soran). The boy is held in a seated position with both legs apart and a probe, a cutter made from wood and a razor are used to excise the foreskin. Sometimes the operation is performed with no anaesthesia, no sutures and with unsterilized instruments. Ash is used to establish haemostasis, and other substances, including ghee, dung and urine, may also be applied. Although nowadays some new born babies are cut at the hospital and special clinics.

Islam is the official religion in Iran. By virtue of this, male circumcision is one of the vital obligations for men in Iranian society. Circumcision in Sharia is an order to cut the skin that covers the male genital part. Besides Muslim, Jews also circumcise their males. In fact, Jews were the first to adopt it as a practice. However, the practice has a long history in ancient Middle East and was closely related to the rituals dedicated to ancient gods and goddesses of fertility. For Jews, the religious imperative are clear and they associate this practice with a covenant made between God and Abraham. Some Pre-Islamic Arabs and African societies are also known to practice it in early times. African considered it the passage from childhood into adulthood.
Judaism is very clear about the religious imperative for MGM/C, nonetheless, the Islamic motivation remains shrouded in mystery. This is considered the distinguishing mark of the Jewish people according to Torah. With the Muslims, it is not mentioned in Quran but is regarded as a tradition of the Prophet and has become obligatory. Like the Quran, the different reports in the hadith literature reveal little information concerning the reason for male circumcision among the Muslims. On the other hand reports point to circumcision as a sign of one’s status as a Muslim, a practitioner of the faith of Allah. Similarly other traditions teach that certain Islamic practices require the participants to be circumcised Muslims. These can include conversion, the pilgrimage to Mecca, inheritance, even prayer. Shiite traditions regard the practice obligatory and tend to lean toward the extreme side on this issue.

It was believed that circumcision will reduces the incidence of HIV, herpes, simplex virus type 2, and human papilloma virus. Regardless of its health benefits, there are hazardous associate with male circumcision. A study conducted in Iran shows that early and late complication may occurs due to circumcision. It shows that circumcision complications are rare when conducted by trained and experienced providers with adequate supplies and in hygienic conditions. However, there is a clear need for comprehensive, on-going training programmes for both medically trained and non-medically trained providers, which should cover all aspects of the procedure and after-care in order to avoid the current unnecessary morbidity associated with the procedure in many settings. Along with the historical commercial that has made MGM/C a common sense in society, there are groups of experts, students or other people who have shown interest into the subject and started questioning the obvious fact that MGM/C is traditionally and unquestionably beneficial. Some believe that MGM/C will affect the sexual desire of men and have direct impacts on speeding orgasm stage and leaving women behind.

This creates unsatisfactory and non-healthy sexual relationships among the couples. There have been some scholarly well established discussions on disadvantages of Male Genital Mutilation and its probable effects on depriving from a healthy sexual relationship. As per these articles, circumcision inevitably makes the sex duration shorter and experiencing the sperm by males leads to stopping sex, so is followed by dissatisfaction by female partners. Questions are being discussed in academic settings and related conferences, also some activists in virtual networks have started to expend the idea of Genital Mutilation/Cutting being a malfunction for males as it is for females. It has been said that some younger generation especially in bigger cities of Iran is reluctant to undergo their children to circumcision, and leave it to their own decision after they reached to the age of 18. Should the enlightening academic and social atmosphere be ready to objectively address this cultural-scientific issue, there is a lot more to investigate about on the named topic.

Ref: Facebook page on FGM & MGM:
https://www.facebook.com/khatne/posts/378800242231167
Conclusion & Recommendations

This report documents considerable changes towards the practice of FGM/C by implementing a pilot project. Although a part of the change may be a result of changing social and economic conditions irrelevant to direct anti-FGM/C projects—such as urbanization, women’s education and smaller family size—the scale of the change over a relatively short period of time suggests that at least some of the project investments have reaped benefits. It also indicates that these efforts are currently at a crucial point in their history with emerging clarity on what may be the most effective methods and approaches. Ending FGM/C requires an approach with the blend of togetherness and the joint efforts of the saviors with victims. In this regards, we first need to identify the main actors in this. Given the current evidence that FGM/C is mostly located in the realm of social structures and gender power relations regarding sexuality and reproduction, it is no longer justifiable to invest substantially on generating more information on clinical complications of the various types of FGM/C. Such research provides information to be used in a small part of the messages and actions needed to stop the practice. More investment is required to develop appropriate preventing messages and other inputs beyond the health concerns. Prioritizing religious and traditional leaders as well as circumcision providers in the choice of targeted for change is another area of current investment that needs to be revisited. Women and girls remain the main social groups who suffer directly from this practice and are potentially the best agents to bring about its demise. To combat FGM/C, a synergy among international organizations, political and religious leaders, the media, civil society and the medical corps is absolutely necessary for the goal of abandoning this practice within a generation come true. Same as all other younger generations in all four provinces in which the study’s population of interest shaped, people are capable of being trained and received the knowledge material for the sake of abandoning harmful traditions. Hereby, any practical movement toward solving the phenomenon is proved to be more functional if started from the south of Iran-Hormozgan province where the highest rates of FGM/C still exists. This is the state’s, National Health Services’, social services’, Education and Justice ministry’s responsibility to provide such information to the public locals, parents, children and local NGOs. If simple training can make such a big change, the comprehensive planning by the government can do wonders. FGM/C and child marriage goes parallel with each other. No doubt every individual has an important role to play, but the crucial role should be played by governments and not be left to NGOs alone. It should not be a grass-roots or community mobilization; it has to be a national and international mobilization. There has to be legislation and commitment on the part of both parliament and government. They have to allocate resources to educate, inform and to legislate against this practice.

The encouragement of politicians, professionals, religious and community leaders at all levels including the media and the arts to cooperate in influencing attitudes towards the eradication of female circumcision is imperative. Similarly, the research findings about the problems arising from female circumcision should be disseminated through seminars and workshops.
In countries, where people practice FGM due to religious faith, FGM are mostly justified with the claim that it is the part of the religion. Without considering other options and the social bedding preparation, implementing laws requires immense courage in the Kurdish regions and the south, societies where clerics and influential women can play a provocative role in the name of religion and culture.

The role played by religious leaders is among the most influential in its perpetuating FGM/C, so they need to be persuaded to make a proclamation against FGM in order to empower their communities in the struggle to end the practice. Not leaving all the decision making power in their hands, the communities must also be encouraged and empowered through training and knowledge raising missions. The pilot intervention has provided platforms for religious leaders to speak out against the ritual. These interventions need to continue, which can be ensured through advocacy work with and the lobbying of clerics to persuade them to state clearly that there is no/weak religious basis for FGM/C. This should become a formal campaign so that the effort can be properly implemented and acknowledged.

The anti-FGM program currently in place in Iran with much of the progress beginning at the grassroots level. These initiatives would be more effective if program communicate their efforts to the government more publicly and collaboration at a project level. A coalition against FGM will be a stronger voice in terms of lobbying and will be more effective in obtaining sustainable funding and achieving program success.

Appropriate strategies should be incorporated with national health policies aimed at eradicating female circumcision in public health care. Such strategies could include the special responsibility of healthcare personnel including traditional birth attendants to explain the harmful effects of female circumcision.

Education is a central issue in the elimination of FGM. Lack of basic education is a root cause for perpetuating social stigmas surrounding the psychological issues as a repercussion of FGM hinders the girl’s ability to be focuses on education which results in less economic opportunity for them. This lack of education directly relates to issues surrounding child marriage. Anti-FGM programs need to be focused on advocating for girl’s education, but educating men and boys on FGM is equally crucial.
This is immensely imperative that Program and research studies concerned with the elimination of FGM in Iran should have sustainable funding in order to be effective. Continued publicity of current FGM practices at a global level, particularly through the UN, UNICEF, UNFPA and WHO, is crucial for ensuring that NGOs and charities are given support and resources long term. The global agenda is also more focused on ending health and poverty issues in the world and eliminating gender biased practices catching less attention as compared to other crises. However, FGM is a focal issue connected to these crises and directly relates to several of the millennium development goals.

Roots of the harmful customs are the hardest to detach from a traditional society such as Iran who’s reluctant of changes in cultural beliefs, the findings of the programmed training project provided to natives and local practitioners resulted in significant decreasing trends in practicing FGM/C in Iran.

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The present updated report is an analysis of the newest scale of FGM/C state in Iran. FGM/C, the deep rooted longstanding traditional practice has been dominantly prevalent in four main provinces of Iran; West Azerbaijan, Kurdistan, Kermanshah and Hormozgan. The ritual has faced declining orientation-with difference in pace- in all of the program areas which were intervened during one decade of longitudinal research. The pilot study investigated the importance of anti-FGM/C training on elimination of the practice in four districts with the highest rates of women’s circumcision. Though the old roots of the harmful customs are the hardest to detach from a traditional society such as Iran who’s reluctant of changes in cultural beliefs, the findings of the programmed training project provided to natives and local practitioners resulted in significant decreasing trends in practicing FGM/C in Iran.