STOP FGM – ALSO IN THE MIDDLE EAST

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The Great Unknown

The number 140 million is currently the common official figure of women in the world that have undergone a procedure known as female genital mutilation (FGM). FGM is defined by the World Health Organization as “partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons”. 1 140 million is a very large and deplorable number, yet today we must seriously begin to consider the possibility that the number of genitally mutilated women in the world is, in fact, much higher. How so? 140 million is the estimation primarily for Africa; but growing evidence suggests that FGM is not only an “African problem” – it may well be widespread in various parts of Asia – including the Middle East. Finding out more about the real measures of the practice beyond Africa should be on the agenda of the international bodies and campaigns against FGM in 2013 and in the years to come.

In December 2012, the General Assembly of the United Nations adopted a resolution that condemns all forms genital mutilation. 2 Though the resolution is not legally binding, it is an important step in support of legal bans the practice and towards a change of norms on the ground. Burkina Faso led this effort in the UN that yielded the resolution, joined by other African countries. FGM is indeed widespread in several countries of Africa including Egypt, Sudan, Ethiopia and Mali. In 2013 and the years to come, countries of the Middle East, as well as other parts of Asia must be encouraged to join the international struggle against FGM, which may well be practiced in their midst. The first step in this struggle is to clarify where and to what extent it is widespread.

Outside of Africa, the practice has long been reported and documented in Yemen and Indonesia. Despite these evident outliers, official international discourse insisted on an African connection and influence. Already for Egypt that historically, culturally and politically belongs to the Arab world and the Middle East the “African explanation” strikes some as odd, and it certainly begs some serious question for the case of Indonesia. In other countries of the Gulf and Arab Peninsula reports about FGM were explained by the presence of migrant workers. That the practice can be indigenous to the Middle East was plainly denied.

In recent years, the struggle against FGM has seen an important change, indeed a breakthrough in this regard. Following the efforts of local women’s rights associations in northern Iraq, new evidence and reliable documentation of the practice in the region have been gathered. The regional parliament and government took a brave step: they openly recognized the problem and adopted a law that bans the practice in Iraqi-Kurdistan. Subsequently, it is now acknowledged that, beyond Africa, FGM is also practiced in “pockets of the Middle East and Asia”. 3 But where are these “pockets” exactly? How big are they? How widespread is the practice in them? 4


4 Middle East: FGM still largely an unknown quantity in Arab world, IRIN, 1.3.2005: http://www.irinnews.org/InDepthMain.aspx?InDepthId=15&ReportId=62474&Country=Yes
As the currently existing scattered evidence suggest that FGM may be practiced across the Middle East, it is high time to follow the Iraqi example and find out. The preliminary evidence and the Indonesian case tell us that the practice is hidden, though paradoxically not unknown. It is hidden by not being talked about in public or by dismissing reports about it as “rumors.” The reports about FGM in Indonesia finally ceased to be dismissed as rumor when a journalist visited and documented an annual female circumcision ceremony, held publicly and organized by a local Muslim charity. Even if only some of the evidence and reports from the Middle East about the existence of FGM will turn out, like in Indonesia, to be more than just “rumors”, we would be confronted with a widespread reality, not merely the occasional “pocket”.

Speaking about FGM is a taboo in Middle Eastern societies, as long as nobody speaks out and breaks it. In northern Iraq – the country’s Kurdish region – the existence of the practice was officially denied and the issue was not raised in public. As persistent evidence about the practice of FGM accumulated, through the work of local women’s rights organizations, they decided to speak out. In the course of short five years an astonishing change occurred: FGM and its practice in the region became a public topic, the regional parliament passed a law to ban the practice and now the regional government begins to take steps to enforce the ban. To be sure, in short five years, the practice of FGM in the region has not been abandoned altogether. Yet, a crucial breakthrough towards this objective has been made: the taboo is broken. Even those who wish to defend FGM now need to do so in public, they can no longer hide under the cover of silence.

The first step in the struggle against FGM is making it public. The Middle East and North Africa have seen waves of political activism over the past two years since the Arab Spring. It is an opportune moment to support those activists across the region that attempt to raise question publicly in their countries. A recent high profile international conference about women’s rights asked for its plenary session “The Arab Spring: Window of opportunity or disaster for women?” When it comes to the struggle against FGM it is no doubt a window of opportunity: an opportunity to speak up and break a taboo that enabled FGM to be practiced behind a wall of silence.

**FGM in The Middle East: Some Trails**

Let us take closer look at some of the recent developments concerning FGM, following the Arab Spring and the space that has opened for free expression. No doubt, the issue remains a highly sensitive matter, connected to a broader complex of women’s rights, sexuality, religious beliefs and traditions. Yet there are noteworthy signs. In Oman, an outraged blog post about FGM in 2011 was followed by two local newspaper articles and some more postings by (with one exception) female bloggers. To be sure, participant in an

Here is the attention drawn upon the existence of a long time „hidden“ USAID-study, that already stated in 2003 the existence of FGM in Indonesia with gruesome figures.


9 The first posting as the whole blog Shy Rebellious Arab Girl is now deleted. Other relevant postings:
exchange of this kind represent a highly educated segment of their society, in a position to think in critical
terms about the traditions and customs of their local communities. The important point is that,
nevertheless, the issue has made the leap away from the private, and a restricted discussion in the public
domain may well mark the beginning of a broader public debate. The online discussion was followed by a
Facebook page: *Stop FGM in Oman* (inactive at the moment). On February 6, 2012 the “International Day of
Zero Tolerance for Female Genital Mutilation,” the American embassy in Muscat hosted a discussion about
the topic, following the streaming of a panel discussion from Washington. From the bloggers and the
discussion it emerges that FGM may be quite widespread in Oman both in the North and in the southern
province of Dhofar, which borders Yemen, where most of the mentioned bloggers originate from.
The beginning of the discussion is the end of a taboo; slowly FGM is becoming a topic for the media, the
anti FGM-campaign in northern Iraq received significant coverage in the Arab media, which can in turn
motivate people to ask questions elsewhere. A small-scale research on FGM by a university student in the
United Arab Emirates received some attention in 2011: 200 Emiratis of both sexes were polled, 34% of the
women asked said they were circumcised – and nearly all the men asked about their attitude opposed the
practice. These figures surely do not constitute a solid statistical representation of society as a whole, but
they certainly give us a clue: FGM is also out there at the Gulf and a lot of people feel uneasy about it; a
clear sign that more systematic study must follow. For Saudi Arabia, a clinical research about the possible
connection between female sexual dysfunction (FSD) and FGM, conducted in 2007-08, found that of 260
women interviewed at a Jeddah clinic, half of them had been mutilated. A study in Kuwait and Saudi
Arabia found 38% FGM-cases among 4800 pregnant women.
The figures for Yemen are far more extensive, and Yemen officially acknowledged that FGM is exercised;
according to a survey in 1997, 23% of Yemeni women have undergone some form of FGM. There is regional
variation, with the practice being common at the coastal regions, compared to the highland and mountain
regions. Subsequent studies conducted by the Yemenite Ministry of Health revealed that in some coastal
areas the percentage of FGM my reach 96% of all women, for example in the region of Hadramaut, but also

Susan Mubarak (Al Shari): The Woman with the Frankincense Burner: Muscat daily, 7.6.2011:
http://www.muscatdaily.com/Archive/Stories-Files/Woman-with-an-incense-burner
Also on her blog Susan Al Shari: A local girl's take on culture, society, & politics in Salalah (Southern Oman):
http://susanalshahri.blogspot.de/2011/06/woman-with-frankincense-burner.html
For an overview see: Dhofari Gucci: Ministry of Health: FAIL; 17.1.2012:
http://dhofarigucci.blogspot.de/2012/01/ministry-of-health-fail.html
10 U.S. Embassy Muscat: Webchat on Human Rights, December 12, 2012:
Victoria Cuthbert: Focus on FGM, The Week, 25.4. 2012:
http://www.theweek.co.om/printCon.aspx?Cval=6181

11 See for example a programe of Alsumaria, an Iraqi Satellite TV Network, from January 2013:
http://www.alsumaria.tv/videos-on-Demand/EpisodeFull/2189/


13 Sharifa A. Alsibiani; Abdulrahim A. Rouzi: Sexual function in women with female genital mutilation, Fertility and Sterility, Volume 93, Issue 3 , Pages 722-724, February 2010, abstract:
http://www.fertstert.org/article/S0015-0282%2808%2904269-6/abstract
As immigrant women as Saudi born women were participating, it was unclear, what might be the difference between
this two groups; FGM in Saudi Arabia is sometimes just related to immigrants, but this seems implausible, for example
compared with the neighbouring Yemen. See also: James Randerson: Female genital mutilation denies sexual pleasure
to millions of women, Guardian, 13.11.2008:
http://www.guardian.co.uk/science/blog/2008/nov/13/female-genital-mutilation-sexual-dysfunction

14 Chibber R, El-Saleh E, El Harmi J.: Female circumcision: obstetrical and psychological sequelae continues unabated
the figures for the capital Sanaa showed that nearly half of the women were mutilated.15

New figures from the Middle East come from northern Iraq. A pioneering study in this region from 2010 revealed that in some Iraqi-Kurdish areas the rate of FGM is also high – with some regions FGM rate reaches 80 percent, the average rate of FGM is at around 40%. The figures for girls and women aged 14 to 19 years are lower, which might indicate, that FGM is declining, but still the rate is around 30%.16 The most recent study, published in 2012 looked beyond the Kurdish areas into the Kirkuk region inhabited by Arab, Turkmen and Kurdish populations with different religious backgrounds. The study found that on the whole almost 40% of women in Kirkuk region underwent FGM, with the Kurdish women as the most affected group (65%), followed by Arabs (25%) and Turkmen (12%). Analyzed by religious affiliation, the FGM rates are 40% for the Sunnis, 23% for Shiites and nearly 43% for the Kaka’is.17 Christians in the areas were not affected.18 Subsequently, the concept of FGM-free villages was adapted from Africa and launched in Iraq too.19 Studies of this kind are indispensible for the struggle against FGM, yet they are non-existence for bulk of the Middle East. There is a true hope to bring about change by uncovering the practice of FGM and raising awareness: in Israel, surveys found that FGM was still practiced among Negev Bedouins in the mid 1990s, but disappeared entirely by 2009;20 and now in Iraq too first signs of success can already be seen. The current opportunity to support the struggle in other parts of the Middle East must not be missed.

Religion, FGM And Silence

The data from Iraq and preliminary reports from other parts of the Middle East and Asia point to a possible relationship between the practice and specific law schools within Sunni Islam. The four law schools – Shafaii, Hanbali, Maliki and Hanafi – have been dominant in different areas of the Middle East. They differ in their interpretations of the teachings and provisions of Islamic law and guidance. Whereas the Hanafis do not regard female circumcision as a “Sunnah” – a religious virtue – the practice is recommended on religious grounds by the Maliki and Hanbali law schools and is considered obligatory in the Shafaii school.21

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15 United States Department of State: Yemen: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC), 1.6.2001: http://www.unhcr.org/refworld/docid/46d5787ec.html
See also: http://www.unhcr.org/refworld/docid/46d5787ec.html


17 Kaka’is are a religious group situated in Iran and northern Iraq of Kurdish origin. See: http://en.wikipedia.org/wiki/Kaka%27i


"1. In the Hanafi school of law, female circumcision is permissible within itself but not considered to be a Sunnah. (i.e.
Though not without internal dissent, the Shafi’i position is clearly expressed: “Circumcision is obligatory upon men and women according to us (i.e. the Shafi’is).” In Indonesia for example – where information about the presence of practice has long been available but by and large ignored or dismissed – this is the dominant law school.

Subsequently, the question arises: what about FGM in the world of Shia’i Islam? The picture here is even more obscure, as reliable information is not available. No one really knows or has seriously studied the issue. There are Fatwas against FGM by Ayatollahs, yet it remains unknown to which extent they are being followed. Moreover, it bears to reason that these religious ruling address a problem that exists in reality – but what are the dimensions of this problem? It is known that FGM is practised by Zaydis in Yemen, Isbaddis in Oman and at least by parts of the Ismailis (the Daudi Bohras) in India, all three being branches of the Shia (the Isbaddis less directly connected). Then what about Iran or Shia regions of Lebanon and Syria, Bahrain and parts of Central Asia? What about mainstream Shia? The answer is simple: we do not know.

To be sure, the dominance of a law school alone does not account for the existence or rates of FGM. It is not a single and encompassing predictor, only a tool for preliminary assessment. There are cultural habits, traditions, social backgrounds; the Middle East is permeated by boundaries and divides, which are often not visible at first sight. Women asked about the reasons for having undergone FGM and for performing it on their daughters answer by reference to “tradition” and “customs”, as well as to a sense of religious obligation to do it. The belief that there is such a religious obligation may well be the result of a local cleric that favours FGM.

It is unrealistic to claim time and again that FGM in Muslim societies has nothing to do with religion – but just with “culture”. It is equally redundant to connect the entire phenomenon just to religion. Religious practices and beliefs in daily life constitute an important part of “culture”, while the theological discussions and elaborate teachings often take place in a different sphere, which may not have direct impact on peoples’ daily life decisions. If people commonly belief that FGM is a religious obligation – regardless of what some highbrow clerics or experts say against it – then “religion” is indeed part of the problem. If the readers feel more comfortable with calling it “culture”, they may go ahead and do so, but the problem would remain the same.

Therefore, official statements from prominent religious leaders – e.g. fatwas condemning FGM and declaring it “unislamic” – are surely an essential part of the struggle against the practice. But it is not
enough and it will not work alone. We must ask: who is regarded as a religious authority by those addressed? Further, who is a religious authority that influences your own ideas in a very practical way? Maybe it is the local scholar or cleric, more than the distant one on TV that fulfils this role. Likely, there is a gap between official statements and the reality of habits that are internally unofficially tolerated or even encouraged. If a local cleric supports FGM, it might not be sufficient to cite a fatwa by Yusuf Al-Qaradawi or the scholars of Al Azhar University in Cairo, to persuade parents against the practice. Not to mention the religious leaders and authorities that endorse FGM or refuse to condemn it.

Combating FGM needs a holistic approach which addresses aspects of cultural habits, religion, law enforcement, economy (consider the midwives, who may see substantial financial loss, if the practice ceases to exist) and, even if indirectly, questions of politics and power. Consider, for example, the case of Egypt, where FGM is official banned but is still practised widely. The position of the now ruling Muslim Brotherhood on this sensitive issue is not entirely clear. Yet it is clear that no one can simply turn the wheel back: once the issue is out in the open, once people begin to ask questions and awareness raises, a full clash back, including official support and back up for the practice is a very unlikely. After all, female circumcision is labelled as mutilation in international treaties and human rights norms and is defined as “a violation of the human rights of girls and women.” Accordingly, it is difficult (as it should be) to defend and promote it internationally. The decision of WHO and several UN organisations from 2008 to use the term female mutilation instead of the seemingly more “neutral” female cutting is indeed very helpful in this struggle. Once a government is requested, even softly, to admit that there is somewhere FGM around, it has at least to pretend to take some action.

In this context, we should pay attention to a strategy recently in use by proponents of FGM: they attempt to re-label and re-brand the practice in ways that should give it a less negative connotation and save it from prohibition. The “sunnah” form of FGM, it is argued, falls under the category “Type 1” in the WHO/UNICEF definitions “Partial or total removal of the clitoris and/or the prepuce”. It is thus being compared to male circumcision and its proponents deny the negative health impacts and that there is mutilation involved in the practice. If male circumcision is accepted, proponents of FGM argue that “soft” forms of the practice should be legalized too.

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27 A good example is this “Fatwa” by Saudi Sheik Shaykh Muhammad Saalih al-Munajjid on his website Islam Question & Answer: Shaykh Muhammad Saalih al-Munajjid: Circumcision of girls and some doctors’ criticism thereof: http://islamqa.info/en/ref/60314

28 Mariz Tadros: Mutilating bodies: the Muslim Brotherhood’s gift to Egyptian women, Open democracy, 24.5.2012: http://www.opendemocracy.net/5050/mariz-tadros/mutilating-bodies-muslim-brotherhood%E2%80%99s-gift-to-egyptian-women

29 Every rule has exceptions - Sudan may be the one in this case: A different story seems to be told here with the legislation of the Sunna form of FGM in 2009; but another point would be in how far this decision was due to specific political circumstances and weakness of democratic structures. See: Sudanese Government Legalized the Sunna Form of Female Genital Mutilation; E-JOUSSOUR, 17.12.2009: http://www.e-joussour.net/en/node/3705


31 For example see this statement from the Shafii-law school: What is the Ruling on Circumcision for Women?, Shafiiqf.com/Shafi’i Institute, 1.5.2010: http://www.shafiiqf.com/what-is-the-ruling-on-circumcision-for-women/

32 A good example: “The decline in FGC practice is not proportionate to the efforts exerted. It is not easy to give up your traditions and cultural beliefs for what is considered, by many, to be an attempt to westernize societies in the third world. Many believe that national and international feminist organizations and child rights’ advocates have propagated misleading or unproven information through the media in order to force governments to prohibit the procedure. In fact, all the above-mentioned health hazards were concluded from studies that showed inconsistent findings. [...] The ban against FGC seems to be gender based, especially because no similar act was taken against male circumcision. If male circumcision is considered safe by anti FGC groups, they should advise how to render FGC as safe as male
One of the dangers of this effort is that here too the gap between official labelling and the practice on the ground is remarkable: a study conducted in Sudan revealed that nearly half of the girls and women interviewed that reported that they had undergone a “sunnah circumcision” in fact had FGM type two or even three (which include severe mutilation of the female genitalia), when verified by gynaecological inspection. To prevent the lingering of mutilation “under a different name” the current definition of all forms of female genital cutting as mutilation and a violation of the human rights of the girls must be defended and kept in place.

To understand some of the clerical discourses about FGM, we need to keep these attempts of relabeling in mind. It explains why a preacher can be an “outspoken opponent” of FGM, and the same time argue that genital cutting in the form of “circumcision” is a “divinely ordained right of a woman” under Islam. To prevent this kind of misguidance and confusion that might cost the health and well-being of girls and women, it is important to keep the current across-the-board definitions that consider all forms of female genital cutting as violation of human rights: a no-go. This is also the case for the so called “symbolic” mutilation and “medicalisation” of FGM. Citing the example of Indonesia, some proponents and advocates of FGM speak in favour of an allegedly “symbolic” form of the practice, which supposedly consists merely in a “paper cut” – just a “pricking” of the clitoral hood.” But these claims ignore the fact of growing evidence on the practice of FGM in Indonesia, carried out in all but symbolic forms. If all cuttings, symbolic or otherwise, will not remain prohibited by international human rights norms, who is the even begin to guarantee that your local charity, which may offers that ritual for free, indeed practices a ‘symbolic’ act and not prefers to cut a bit more? Who is then going to control if a pricking is just a pricking? The claim that FGM can continue to be practised in “soft” and non harmful ways is dangerously ambiguous and impracticable. It is no solution.

Medicalisation of FGM refers to the performance of the procedure in a proper medical facility by a trained medical professional. Practically, it means taking the traditional midwifes out of sight. While such policies may prevent some of the infections and complications that girls suffer as a result from the FGM procedure, it must not become a way to legitimizite the practice, and hamper the efforts to stop it. To prevent such attempts to bring FGM in again through the back door, declarations, gestures and symbols - for example 2012 condemnation from UN General Assembly – remain very important. With a clear international stance against FGM, local governments face pressure to act against it and local associations, activists and civil society organisations are encouraged to act and are empowered by the backing of international norms.

In the wake of anti-FGM campaigns in the Middle East, we may well witness similar attempts to

circumcision instead of enforcing the ban against it.[...] Those who insist on circumcising their daughters should be allowed to do so, but advised not to exceed type I cutting; otherwise, they will go for it secretly and illegally by inexperienced personnel in a poorly hygienic environment with the possibility of complications.“


33 “The reliability of reported form of FGM is low. There is considerable under-reporting of the extent. The WHO classification fails to relate the defined forms to the severity of the operation.”


obscure the problem and deny its existence through relabeling and re-branding. So far in Middle Eastern countries, where no reliable information is available about the problem and no open discussion takes place, we find a standard reaction of denial or silencing. For example in the words of a government’s official in Dubai, on TV in 2004: describing the various and diverging positions on FGM of different Islamic law schools, and the lack of consensus among them, he concluded that the question is best left for the parents to decide and, importantly, it is better not to talk about it. Another version of the silencing strategy is described by a Yemeni field worker: “Most educated Yeminis denied the custom’s existence, attributing it only to limited pockets of coastal populations where African immigrants live. My continued work on this phenomenon over a six-year period revealed that FGM is deeply rooted in Yemen.” So the existence of FGM was for the longest time plainly denied or attributed to immigrant groups and foreign influence.

What Can Be Done

It is a main task today of the struggle against FGM in the Middle East to overcome the barriers of silence and denial of the practice. This will enable a self-evolving process of public debate, conversation and contestation. At the risk of stating the obvious: to bring about change the affected societies, and those especially affected within the societies, need to want to bring the change about. As for example in the case of Indian Bohra Muslim (a group that originates from Yemen): in 2011 an activist from within the community launched an online campaign and petition through Facebook against FGM.

Such isolated activists across the Middle East will gain much needed encouragement, support and empowerment by becoming inter-connected and cooperating within and across borders. A first key conference for this objective took place in Beirut in January 2012 with FGM-activists from several Middle Eastern countries. Societies across the region and groups within each society differ in important ways, and strategies of the struggle against FGM need to be adapted accordingly, to specific national initiatives, in line with the culture, traditions and religion of the involved countries and fitting the reality on the ground. The current task is to establish a strong network against FGM covering the whole region, which will enable people from across the region to exchange experience and information. The network can additionally serve as starting point for work within local communities across the region: to support and help develop local initiatives for raising awareness, to work on strategies, to support local demands for legal change to banning FGM and to see the implementation of such laws. 2013 can be the year that will see the break of regional taboo: in which the practice of FGM will be brought in the Middle East from the margins of a silenced practice to open contestation in public.

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The clip is also available on youtube: [http://www.youtube.com/watch?v=jFGLqZUGeS0](http://www.youtube.com/watch?v=jFGLqZUGeS0)


