

Frankfurt/M and Suleymaniah, March 12th 2013

- UNAMI Bagdad
- UNAMi Arbil

CC:

UN WOMEN Mideast; UNICEF Bagdad; MoH in Baghdad; MoH in Arbil; Iraqi Civil Society Organizations

***Subject: The MICS4 survey for Iraq and the quest for FGM in the Middle East***

Dear Ladies and Sirs,

Concerning the prevalence rate of FGM in Iraq we would like to share some observations and thoughts with you.

This open letter refers to your February 6<sup>th</sup> press release which highlights the MICS4 figures on FGM.

With respect to our common goal of eliminating FGM we would be very pleased if you consider our concerns.

Yours sincerely

Oliver M. Piecha

- Stop FGM Mideast Coordination

# FIGURES BEYOND REALITY?

## The MICS4 survey for Iraq and the quest for FGM in the Middle East

### Some questions and thoughts addressing UNAMI Bagdad and Erbil

On February 6<sup>th</sup>, 2013, the International Day for Zero Tolerance of Female Genital Mutilation, UNAMI, the UN-Mission to Iraq, emphasized in a press release that the FGM prevalence rate in Iraq is around 8% and FGM is mainly found in Kurdish areas.<sup>1</sup>

These figures originate from the UNICEF Multiple Indicator Cluster Survey (MICS42) for Iraq, conducted in 2011. According to the results only 8% of women and girls below 49 years are mutilated and the overall majority of them only in one part of the country, i. E. The Kurdish populated north of Iraq.

But is this really the whole story?

#### A) The Problem

According to the MICS-findings FGM is practised almost exclusively in areas of the KRG – Kurdistan Regional Government. In the rest of Iraq, regardless of its ethnically and religiously mixed population, the FGM rate tends towards zero. In short: MICS found FGM more or less only in areas where WADI did research before and where in the aftermath of those findings a successful anti-FGM campaign took place, with the topic of FGM becoming part of the public debate.<sup>3</sup>

That at least seems to call for an explanation. A closer look at some figures of the MIC survey deepens the impression that the findings concerning FGM do not reflect realities on the ground. At least not everywhere.

The results of MICS may be questioned from two angles:

First in analysing some of the findings and figures. Some of them are quite inconsistent, and there appear to be peculiarities when viewing the results on different sides of political/administrative borders and the ethnical and confessional mix of populations. There is good reason to assume, that in fact some of the MIC figures do strongly hint at the existence of FGM in areas where it allegedly does not exist.

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<sup>1</sup>

<http://unami.unmissions.org/Default.aspx?tabid=2854&ctl=Details&mid=5170&ItemID=970161&language=en-US>

<sup>2</sup> [https://dl.dropbox.com/u/21257622/MICS4\\_Iraq\\_FinalReport\\_2011\\_Eng.pdf](https://dl.dropbox.com/u/21257622/MICS4_Iraq_FinalReport_2011_Eng.pdf)

<sup>3</sup> For an overview: <http://www.stopfgmkurdistan.org/>

Secondly, it may be questioned to which extend the methodical approach of MICS can unconditionally record the realities of FGM in Middle Eastern societies.

## **B) SOME STRANGE FIGURES**

**1. In some governorates, according to MICS, a remarkable proportion of women believe FGM should be continued – whereas the practice of FGM is allegedly non-existent in these areas.**

Why 9.4% of women polled in Al-Qadisiya believe FGM should be continued whereas only 0.8% have undergone FGM? The figures for Babil and Kerbela are 4,9 and 4,3 % with FGM-rates of 0.3 respectively 0.2. According to Wadi's results it is realistic to assume that the share of FGM proponents is around one tenth of the FGM rate. Or consider the 2004 ORC Macro report *Female Genital Cutting in the Demographic and Health Surveys*:

*„A declaration of support will likely be related to overall FGC prevalence and to the proportion of women who have at least one daughter circumcised. We would logically expect that most circumcised women will express support for FGC, and the data bear this out. However, because the question about FGC support is a normative one—and some respondents may say that they do not support FGC because of what they have heard in the media—we would expect that the proportion of women who support the continuation of FGC would be less than the overall prevalence rate.“<sup>4</sup>*

Indeed, this sounds plausible. But does it sound credible that almost 10 % of women support the continuation of FGM while FGM is not practised at all? We may turn the question and try to figure out which overall prevalence rate of FGM is indeed implicated for these areas by such an answer.

**2. In some areas a high prevalence of FGM is proven by MICS, while in neighbouring districts, it suddenly decreases to zero. This occurs even in areas where the local population is to a large extent similar in ethnical, confessional and social terms in the adjacent districts.**

Dyala or Ninive governorates may serve as examples. The district of Makhmoor (belonging to the KRG, Number 24 in the district codes used by MICS5) holds a FGM rate between 50 and 75%, its neighbouring district belonging to Ninive governorate have a rate of allegedly under 1%.

These findings are not only peculiar but contradict WADIs earlier findings, which assessed an FGM rate of 25% in Haweeja district (42) belonging to Ninive. A rate of

<sup>4</sup>Yoder, P. Stanley, Nouredine Abderrahim, and Arlinda Zhuzhuni. 2004. *Female Genital Cutting in the Demographic and Health Surveys: A Critical and Comparative Analysis*. DHS Comparative Reports No 7. Calverton, Maryland: ORC Macro. Page 23.

<sup>5</sup> Page 195f.

25% does seem much more plausible for the area as large portions of the population are similar on both sides of the border.

For Dyala governorate, the figures for the northern and southern districts of Kifri (37 and 53) do not seem to match. The northern part belongs to the KRG created New Kirkuk Governorate (number 37) and has a prevalence rate of up to 25%, whereas the southern district belongs to Dyala governorate and has a rate of zero. For Kifri town, the main centre of the area, officially belonging to the southern district, WADI has figures that show FGM rates at around 70%.

The same goes for the two nearby districts of Khanaqeen (40 and 56). For the northern part, MICS found a prevalence rate of up to 50%. WADI has some figures for that area, too. They point to a widespread practise of FGM. Around the city of Khanaqeen, a WADI random survey in 2008 covering 35 villages found that slightly more than half of the interviewed 1000 women were mutilated.

It is not reasonable that in the southern part (56) the FGM prevalence suddenly tends towards zero with a more or less identical population on both sides of the district borders. South Khanaqeen is to a large extent Kurdish-populated, although it is not part of the KRG. Political or administrative boundaries do not reflect a sharp ethnic divide in these areas, accordingly we may not assume a cultural divide with different traditions either.

These inconsistent findings could reflect a statistical/methodological gap: FGM in areas of the Middle East like Iraq is presumably found in irregular patterns; on the regional and even local levels it will occur in large numbers in one area while the population of a neighboring village with a different religious and/or ethnic background may be not practicing it at all. But if FGM really occurs with extreme irregularity, it might be not recorded properly by MICS.

These patterns, where to expect FGM and where presumably not are not very clear until now. You need a close look into the situation on the local level to learn about the existence of FGM; furthermore the MICS sample apparently does not distinguish between ethnicity or religious beliefs. But that might be extremely important in case of FGM.

As the 2004 ORC Macro report *Female Genital Cutting in the Demographic and Health Surveys* already stated:

*“Except for countries with prevalence rates above 90 percent, FGC prevalence varies widely within countries by ethnicity. Ethnicity provides a better explanation of the distribution of FGC within countries than other variables. Prevalence may be 1 percent in one group and 95 percent in another, in the same country. Distribution by*

*religion or urban-rural residence is uneven.*<sup>6</sup>

(For Middle Eastern societies, “religion” might be an important marker as well, if you focus for example on regionally dominant religious “right schools”. Some of them favour FGM others are more ambiguous).

**3. Even if you assume that more or less only Kurds practise FGM in Iraq, how come that in Baghdad the FGM rate is zero – with hundreds of thousands of Kurds living there?**

Sure, moving to a city environment is likely to change social life and traditions of people, but assuming that all Kurds suddenly stop practising FGM when they move to Baghdad<sup>7</sup> (but still practise it when they move to a Kurdish provincial capital like Suleimaniya) does not seem plausible.

How representative is the MICS sample when it comes to specific parts of the population?

**4. A joint research done by Pana and WADI found that FGM is common in Kirkuk, also among the Turkmen and non-Kurdish Sunni and Shi’a population. According to MICS, FGM is more or less non-existent in Sunni and Shi’a populations elsewhere in Iraq.**

For Kirkuk, WADI proved that FGM is even practised by around 20% of the Arabic (Shi’ite and Sunni) population – with slightly more Sunnis than Shi’ites.<sup>8</sup> It may be considered just another strange coincidence that FGM is found by MICS exactly where an FGM survey was done before – and in almost no other Sunni and Shi’a Arab areas in Iraq.

**5. There are some interesting findings in the MICS figures: In four isolated districts in central Iraq FGM seems to be practised. Are they islands in the sea?**

Again, we have to ask for the patterns that determine the existence of FGM and if MICS can reflect them accordingly; The districts of Alsamaoua, Alhamza, and Alhshmeea belonging to Al Qudissiya governate and Baladrooz, belonging to Diyala have an FGM

<sup>6</sup> Yoder, P. Stanley, Nouredine Abderrahim, and Arlinda Zhuzhuni. 2004. *Female Genital Cutting in the Demographic and Health Surveys: A Critical and Comparative Analysis*. DHS Comparative Reports No 7. Calverton, Maryland: ORC Macro. Page IX.

<sup>7</sup> An 1975 survey gave the number of 300.000. If this was accurate, it should be much more now. Chaliand, Gerard (ed). *A People Without a Country: The Kurds and Kurdistan*. New York: Olive Branch Press (1993 - revised first American edition), pg. 143

<sup>8</sup> [http://www.stopfgmkurdistan.org/media/Study\\_FGM\\_Kirkuk-en-1.pdf](http://www.stopfgmkurdistan.org/media/Study_FGM_Kirkuk-en-1.pdf)

prevalence of up to 25%. Why does FGM occur all of a sudden in the centre of Iraq – and not in neighbouring, more or less similar-structured districts?

When FGM is practised in these predominantly Shi'ite areas, what does it mean for the large neighbouring Shi'ite areas, where MICS found no FGM at all?

In Dyala governorate, it would be of interest to have a closer look at the mix up of the population in Baladrooz district: Do Kurds constitute a considerable proportion of the population? Or who else is practising FGM here?

### **C) APPROACHING A SENSITIVE TOPIC**

There is a remarkable difference in the percentage of women “who have heard of FGM/C”:

In Suleimaniya, 98,3 % of the interviewed women knew about FGM, in Kirkuk 76,5, in Erbil 97,5%. In these areas an extensive anti-FGM campaign with considerable impacts on local media and public discussion took place over the last years. And it is again Suleimaniya, where the campaign against FGM was based, that sees the highest rates of knowledge according to the MICS figures.

The FGM-knowledge figures drop sharply below 50% in all non-Kurdish areas and vary between 25 and 50%. But this is still disturbingly high, considering the alleged non-existence of FGM in these governorates.

It may appear reasonable to argue, that, since FGM is prevalent in Iraqi Kurdistan, people are informed about it, while in areas where FGM is not common, less people know about the phenomenon. But it should be remembered that the pure existence of FGM was not only a taboo issue in the KRG areas until a few years ago – its existence was in fact completely denied. In short, it was the same situation as now in other parts of Iraq – and in the Middle East in general. One wonders which kind of FGM-related figures a MICS survey would have produced for Kurdistan ten years ago – before it became an officially admitted and openly discussed topic.

The situation in the KRG areas regarding FGM could be broadly summarized as follows: Even people in remote rural areas and people with poor education standards know about FGM in general and they recognize that nowadays it is socially appropriate and accepted to speak about it, as it became a public issue.

The situation in other parts of Iraq may be quite different. There, FGM, as in the Middle East in general, still belongs to the sphere of taboo. It is not addressed in public and, to be more precise, not in front of men. FGM is regarded as part of the women's sphere. In

the beginning of anti-FGM campaigning in the KRG areas, many men simply did not know that their female relatives were mutilated.

How are women, for example in southern Iraq, in remote and quite underdeveloped areas where anything related to sexuality is strictly tabooed and the existence of FGM is probably flatly denied (as a hypothesis, analogous to the situation in the Kurdish areas ten years ago), supposed to react when some interviewers with a more or less official appearance ask them about FGM?

The percentage of women who have heard of FGM appears much too high with 30%, or even 50% in areas where there is more or less no FGM at all according to their answers. If they had not come in touch with the issue, it would be hard to understand why 50% of the women questioned in Kerbela governorate have heard of FGM – in a society that has very strict taboos. Having this in mind, the fact that some of these women want the practice of FGM to be continued makes more sense suddenly.

#### **D) CONCLUSION**

As a thesis, we would like to point out, that the huge differences in the MICS figures between the Kurdish areas and the rest of Iraq when it comes to FGM, do not reflect the existence of the practice in reality. These figures may more refer to a greater preparedness of the Kurdish population to speak about FGM than in other areas of Iraq, where FGM was not addressed officially or in the local media before. And where FGM is still a taboo, it is not supposed to be mentioned.

The problem at least in some areas of the Middle East may be that even if the samples of an survey as MICS are representative for the female population, this female population might not be prepared in all areas to answer questions about FGM openly in the context of such a survey.

Of course, surveys offer the advantage of providing information on large numbers of women, but first it should be made sure that there is an rudimentary open public knowledge about the facts of FGM and that speaking about FGM is appropriate – as it is the case in the Iraqi-Kurdish region where pros and cons were already discussed in local media.

FGM is a sensitive topic in many ways: Official figures that “prove” the none existence of FGM will not only discourage activists, it will further support those, not only on the political level, who do not want a further and deeper discussion about the topic at all.

In the end, these controversial MICS figures show that FGM research focusing on local conditions in different parts of Iraq is urgently needed.