



HUMAN  
RIGHTS  
WATCH

# “Killing My Daughter Haunts Me”

Female Genital Mutilation in Yemen



# **“Killing My Daughter Haunts Me”**

Female Genital Mutilation in Yemen

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## Female Genital Mutilation in Yemen

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## Summary

Women and girls in Yemen face many forms of discrimination, inequality, and social exclusion which the current and former Yemeni governments have failed to address. For many Yemeni girls female genital mutilation (FGM) is the first human rights violation they will suffer. United Nations agencies define FGM as the “partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.” While in some governorates in Yemen the practice of FGM is unheard of, in others up to 85 percent of women and girls are mutilated. Nationwide, 19 percent of all women and girls have undergone some form of FGM.

In Yemen, 99 percent of women who undergo FGM are mutilated within the first year of birth, with 93 percent mutilated within the first month. FGM is usually carried out by older women from local villages with little education, who were taught the procedure by their mothers or grandmothers and continue to pass it down to their daughters and granddaughters. Sometimes the procedure is also carried out by traditional birth attendants or relatives, almost always in the baby’s home. In some cases, doctors, nurses or midwives carry out FGM in medical facilities, violating a 2001 government decree that prohibits the use of public and private health facilities for FGM procedures.

Practitioners rarely use any form of anesthetic, and usually do the cutting with a razor blade, scissors or a knife. The five practitioners whom Human Rights Watch interviewed for this report said they and other practitioners they knew did not sterilize the blades. The 22 victims interviewed all said they were told when they grew up there had been no sterilization of the blades used on them. While varying types of FGM are performed in Yemen, they typically are what UN agencies consider to be a “Type II” procedure, involving the total or partial removal of the clitoris and the labia minora; this is not as severe as Type III, known as infibulation, which results in the narrowing of the vaginal orifice.

Female genital mutilation is recognized by the United Nations to be a form of violence against women and girls. In Yemen, it is most often carried out at the request of mothers and grandmothers who believe FGM will prevent them from engaging in premarital sex and will thus ensure that their daughters and granddaughters are “clean” and marriageable. Many Yemenis also believe that the practice conforms with the requirements of Islam.

Views of FGM differ considerably within the various branches of Islam in Yemen. Some prominent Yemeni religious leaders who subscribe to the Shafi'i school of jurisprudence (within the Sunni branch of Islam) consider FGM a religious obligation, while others do not. Other schools of jurisprudence in Yemen, such as the Hanafis and Malikis, generally either view the practice as optional or do not practice it at all. The Zaidi Shia community, which represents roughly a third of Yemen's population, do not practice FGM.

Whatever the reasons given for FGM, it is an act of violence. It has no medical justification, is irreversible, and has lasting negative impact on girls' and women's physical, mental, and sexual health. Published studies, as well as the Yemeni doctors interviewed for this report, have found that the procedure can lead to serious medical consequences for women and girls, including fever, infection, difficulty in passing urine, swelling, pus, cysts, menstrual problems, pain and severe bleeding during intercourse and delivery, infertility and lack of an ability to get sexually aroused, as well as depression stemming from these consequences.

When baby girls in rural areas are cut and bleed severely, they are unlikely to have access to life-saving care. Several FGM victims interviewed said their homes had been too far from the nearest hospital to save them if potentially fatal complications had arisen. A number of interviewees told Human Rights Watch that they were aware of deaths caused directly by FGM. However, because many girls never reach the hospital and the Yemeni government keeps no official data on deaths associated with FGM—hospitals have no policy of recording FGM-related deaths—the number of Yemeni girls who have lost their lives due to the practice is unknown.

The Yemeni practice of performing FGM at a young age has resulted in the spontaneous adhesion of the skin leading to the closure of the orifice, a medical complication seen by all healthcare professionals whom Human Rights Watch interviewed. This means that some girls and women require surgery to have intercourse. One midwife told Human Rights Watch, "I have seen several cases of girls that got their first period but were not bleeding because of spontaneous adhesion. They needed surgery, otherwise they would have risked developing serious infections."

A consequence of FGM frequently reported to Human Rights Watch was the woman's loss of libido. Many interviewees expressed the view that FGM was a leading cause of divorce in Yemen.

The United Nations has recognized FGM as a human rights issue for more than two decades. Various UN agencies, treaty monitoring bodies, and other international human rights institutions have issued resolutions and statements calling for the eradication of the practice. They have urged governments, as a human rights obligation, to address women's and girls' rights by banning it. The UN Committee on the Elimination of Discrimination against Women (CEDAW Committee) adopted a general recommendation on FGM in 1990 and called on states to include measures aimed at eradicating it in their national health policies.

In 2002, the UN General Assembly passed a resolution on practices affecting women's health and urged states to enact national legislation to abolish FGM and punish the practice as a criminal offense. The primary UN human rights treaty bodies, the CEDAW Committee, the Human Rights Committee, the Committee on the Rights of the Child, and the Committee on Economic, Social and Cultural Rights, have all identified FGM as a discriminatory practice that directly affects the ability of women and girls to enjoy their human rights. The Human Rights Committee and the Committee Against Torture have both voiced their concerns about FGM and articulated the links between FGM and cruel, inhuman, and degrading treatment.

Yemen has ratified the core international human rights treaties that protect the rights of women and girls, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the International Covenant on Civil and Political Rights (ICCPR). These treaties hold states accountable for their failure to hold private actors accountable for violence against individuals, including FGM.

The practice of FGM may be on the decline in Yemen: recent surveys find that less than 17 percent of Yemeni women aged 15-29 are mutilated compared to 21 to 23 percent of women aged 30 or older. Nonetheless, the government needs to take decisive steps to ensure FGM is eradicated as quickly as possible to protect future girls and women from the harm it incurs.

While a 2001 decree does not allow medical institutions in Yemen to carry out FGM, the country has no criminal law prohibiting and punishing the practice. The debate over a law banning FGM was invigorated during Yemen's 10-month-long National Dialogue Conference from March 2013 to January 2014. Conference members concluded that those



performing FGM should be subject to criminal penalties. Women's rights activists who have been working on the issue for decades viewed this public admission and condemnation of FGM as a groundbreaking development in the fight against the practice. In April 2014, a child rights bill that would criminalize FGM and provide prison sentences and fines for lawbreakers was submitted for ministerial review. At the time of writing this report, the bill was still pending before cabinet.

A law banning FGM should provide a clear definition of FGM, explicitly state that it is prohibited, and impose appropriate criminal penalties on those who carry out the procedure. The law should provide access to medical and psychosocial support to FGM victims. It should establish mechanisms to monitor the progress of eradication efforts.

It will not be sufficient, however, for the government to criminalize the practice of FGM. The experience of FGM eradication efforts around the world shows that effective action plans need to change public attitudes as well as the law. Families subject their daughters to cutting because they feel it is the socially responsible thing to do—that it is part of becoming full members of society. They fear that girls who are not cut are more likely to engage in premarital sex, or be considered unclean and unmarriageable. To address these concerns, the Yemeni authorities as well as individuals with influence in Yemeni society—religious leaders, healthcare workers, teachers, community leaders and others—will need to work with the communities that currently practice FGM to provide accurate information to all about its harms. There needs to be greater popular awareness and understanding of the human rights of girls and women, and the health and psychological costs that FGM imposes on them.

The Yemeni government has an obligation to eradicate FGM throughout the country. Through a combination of new laws properly enforced and a strategic, long-term public education campaign targeting various elements of civil society, this goal is within reach.

## **Key Recommendations**

### **To the Yemeni Parliament**

- Urgently pass legislation to ban female genital mutilation (FGM) for children and non-consenting adult women, using a definition of FGM that is consistent with that of the World Health Organization.
- Support a widespread and sustained public campaign against FGM that involves increasing public awareness and discussion about the harms of the practice.

### **To the Government of Yemen**

- Create a strong legal and policy framework and a comprehensive long-term strategic plan with all relevant ministries and governmental entities aimed at eliminating FGM, and seek the support of civil society organizations. The framework and plan should include measures for data collection, a communications strategy to increase public awareness, social and medical services for women and girls, protective mechanisms, and services to safeguard girls at risk. In order to put this into effect:
  - Form an inter-ministerial advisory committee on FGM to ensure coordination on FGM elimination efforts between ministries, and encourage cooperation between government agencies and civil society.
  - Invite religious leaders, nongovernmental organizations, media and other parts of civil society to join initiatives to combat FGM.

### **To the Ministry of Public Health and Population**

- Enforce the 2001 decree banning FGM in medical facilities.
- Maintain comprehensive records of deaths and other harmful health-related consequences of FGM and issue routine public reports on this information.

### **To the Ministry for Endowments and Guidance**

- Encourage religious leaders to meet with local nongovernmental organizations to discuss the harmful effects of FGM to encourage families in areas of high prevalence to abandon the practice.

### **To the Ministry of Education and Teaching**

- In areas of high prevalence, include age-appropriate information on FGM in relevant curricula for girls and boys.

### **To the Ministry of Higher Education and Scientific Research**

- Incorporate appropriate guidelines on FGM into medical education and training curricula.

## Methodology

This report is based on field research that Human Rights Watch conducted in and around the governorates of Sanaa, Hadramawt, Hodaïda, and al-Mahra in Yemen from April to August 2014. Nongovernmental organizations, academics and international agencies working on female genital mutilation (FGM) in Yemen report that the procedure is carried out elsewhere in the country.

A Human Rights Watch researcher interviewed 22 women who had undergone FGM, two family members of victims, and five FGM practitioners. Human Rights Watch identified the interviewees through the assistance of local branches of the Yemeni Women's Union in Hadramawt, Hodaïda, and al-Mahra. Human Rights Watch also interviewed 14 government officials from Yemen's Ministry for Endowments and Guidance, and from the Ministry of Public Health and Population; representatives of the Higher Council for Motherhood and Childhood, the High Judicial Council, and the National Women's Committee; 14 medical health practitioners and two professors of medicine; eight nongovernmental workers and activists; three community leaders and Muslim clerics; and four United Nations officials.

Human Rights Watch conducted all interviews in Arabic or in a mixture of Arabic and English.

Most interviews took place in the offices of the Yemeni Women's Union in Mukalla, Hodaïda, al-Mahra, and Sanaa, in government offices, in offices of health professionals, and in medical facilities.

We have changed the names and withheld other key details of the victims of FGM, and of traditional FGM practitioners and some medical staff in order to protect their identities. All interviews were voluntary; participants were informed of the purpose of the interview and the way in which their information would be documented and reported, and that they could stop the interview at any time or to decline to answer specific questions posed. All participants gave oral consent to be interviewed, and no one received any remuneration for giving an interview.

Human Rights Watch also reviewed a range of public materials, including Yemeni government reports touching on FGM and those of local nongovernmental organizations

and the United Nations, as well as official statements and media reports. Human Rights Watch was also able to review an internal UN report on FGM.

In November 2014, Human Rights Watch wrote to the Ministry of Foreign Affairs and addressed a list of questions to the Ministries of Health, Interior, Endowments, Education, and Higher Education. The Ministries of Health and Interior sent responses to Human Rights Watch after the report was finalized. These responses are posted on the Yemen page of the Human Rights Watch website: [www.hrw.org](http://www.hrw.org).

## A Note on Terminology

The terms “female genital mutilation” (FGM), “mutilation”, and “cutting” are used throughout this report. This terminology is favored by many human rights groups and health advocates to emphasize the physical, emotional, and psychological consequences associated with the procedure that are more severe than those associated with “circumcision” performed on boys and men.<sup>1</sup> However, the report also sometimes refers to “female circumcision,” as this is how the practice of FGM is referred to in Arabic.

The word “midwife” is used in this report to connote a licensed medical professional, whereas the term “traditional FGM practitioner” is used to refer to individuals who, in Yemen, are referred to as *daiya* (a traditional, unlicensed birth attendant) and *khashfa* (someone who traditionally does ear piercings). Both of these carry out FGM.

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<sup>1</sup> Population Reference Bureau, “Female Genital Mutilation/Cutting: Data and Trends,” December 2008, <http://www.prb.org/pdfo8/fgm-wallchart.pdf> (accessed November 5, 2014), p.2.

## A VICTIM'S STORY

**Hala**, 33, is an outspoken and charismatic woman. She told Human Rights Watch she wanted to talk about the consequences of her own mutilation in the hope that her story may move some to abandon the practice:

My parents are not educated. My father is a laborer and my mother was never educated and just manages the house. However, my three sisters and I were fortunate in that we did well in school, worked hard, and all of us made it through university.

My family is traditional – my sisters and I are all circumcised. I was circumcised within the first week of being born, and my mother has told me about what happened. A woman we call a *muzaiyina* [term common for practitioners, literally translates as “stylist”] came to our house and my grandmother ordered that she not do a Type I circumcision like my sisters have, but Type III [the most severe form]. ... She removed everything. I really do not know why she insisted on that with me, I am not even the eldest sister. I am not sure what kind of blade the *muzaiyina* used, but [my mother said] she did not use any anesthetic, nor did she sterilize the instrument.

After she did the circumcision, my grandmother put cotton and kohl on top to soak up the blood. There is no hospital anywhere near where we lived, so if anything had gone wrong, I don't know if I would still be alive. Now, as a woman, I feel so ugly because of the scar.

My family says we needed to be circumcised in order to protect us from engaging in “bad behavior.” But I do not see it as my religious obligation and got no benefit out of it. Instead, I have

suffered since that day from different effects including a lifetime of inflammations.

When I got married we tried for a full week to have sex, but the blood just poured out every time. Finally, we went to the doctor, who said that after the circumcision, the skin had grown together, so had caused what they call “spontaneous adhesion.” The doctor said I should have a surgery to open it up, so that I could perform intercourse with my husband. My husband refused, and said, “I will open her up, no one else.” I cannot even describe the amount of pain when he did.

The saddest effect of the circumcision is that for the last eight years since getting married I have been unable to conceive a child. I am not sure that my infertility is related, but I have a feeling that it is.<sup>2</sup>

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<sup>2</sup> Human Rights Watch interview with Umm Muhammad, Hodaïda, August 11, 2014.

# I. Female Genital Mutilation Globally and in Yemen

## Female Genital Mutilation

Female genital mutilation (FGM) involves the partial or total removal of the external female genitalia for non-medical purposes. It interferes with the natural functioning of the body and has no known health benefits.<sup>3</sup>

### *World Health Organization Classifications*

There are four types of FGM as classified by the World Health Organization and other UN agencies:

- Type I includes the partial or total removal of the clitoris and/or prepuce. Known as clitoridectomy, this is the form most commonly practiced in Iraqi Kurdistan. It is divided into two sub-divisions. Type I.a. involves the removal of the clitoral hood or prepuce and Type I.b. involves the removal of the clitoris along with the prepuce.
- Type II, a more invasive procedure than Type I, includes the partial or total removal of the clitoris and the labia minora. This form can be performed with or without excision of the labia majora and is known as excision.
- Type III is the most severe type of FGM. It is known as infibulation, or in Yemen and other countries as pharaonic mutilation. Infibulation involves the narrowing of the vaginal orifice with the creation of a seal that is formed by cutting and then stitching the labia minora and/or the labia majora with or without excision of the clitoris.
- The fourth type of FGM includes all other harmful procedures to female genitalia including pricking, piercing, incising, scraping, and cauterization.<sup>4</sup>

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<sup>3</sup> World Health Organization, Female Genital Mutilation, Fact Sheet No. 241, May 2008, <http://www.who.int/reproductivehealth/topics/fgm/overview/en/> (accessed June 5, 2014).

<sup>4</sup> The World Health Organization classified the four types of FGM in 2007.

Population Reference Bureau, "Female Genital Mutilation/Cutting," <http://www.prb.org/pdfo8/fgm-wallchart.pdf>, p. 2.

World Health Organization, "Eliminating Female Genital Mutilation: An Interagency Statement," 2008, [http://whqlibdoc.who.int/publications/2008/9789241596442\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241596442_eng.pdf) (accessed November 5, 2014), p. 1.



### *Types of FGM in Yemen*

Type II FGM is by far the most common form in Yemen, constituting roughly 83 percent of the procedures.<sup>5</sup> Type III has been identified in areas bordering Oman, and in families of Somali origin.<sup>6</sup> A study by the Islah political party's Charitable Society for Social Welfare (CSSW) found that in Aden only Type I was being practiced.<sup>7</sup>

The five practitioners interviewed by Human Rights Watch said they all carry out type I FGM, except for one who also carries out type II.<sup>8</sup>

Another practice in Yemen, known locally as *al-takmeed* (compression), is performed on female genitalia in certain areas. It takes different forms. In some areas, on the fourth day after a girl is born, her mother or an older female household member prepares a compress to use on the genitalia. The compress is a soft cotton material inside of which heated salt or sand is placed, along with oil and herbs. The mother heats the compress and places it on the infant's genitalia, pressing repeatedly for about an hour. This is repeated for between 40 days and four months. The procedure is meant to affect nerve endings and decrease sexual excitement.<sup>9</sup> Other regions use different materials to achieve the same effect—for example, a woman in al-Mahra said that in her community some people rub the clitoris with an onion “for the sake of achieving *tahara* or cleanliness.”<sup>10</sup>

### *Prevalence Globally*

FGM is typically carried out on young girls, from infants to adolescents as old as 15 years of age. Occasionally, it is carried out on adult women. It is difficult to obtain accurate information on the prevalence of FGM, but according to WHO, between 100 and 140 million girls and women around the world have been subjected to some form of the practice.<sup>11</sup> The UN children's agency, UNICEF, estimates that there are nearly three million

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<sup>5</sup> Internal UN report on FGM in Yemen, 2013. Al-Qaderi, Husnia. “Situation Analysis on Female Genital Mutilation/Cutting (FGM) in Yemen,” June 2008, p. 4. Human Rights Watch interview with Dr. Arwa al-Rabi'i, gynecologist, Sanaa, April 2, 2014. Dr. Nagiba Abdulghani al-Shawafi, Deputy Minister for Population Sector in the MoPHP, Sanaa, April 10, 2014.

<sup>6</sup> Al-Qaderi, Husnia. “Situation Analysis on Female Genital Mutilation/Cutting (FGM) in Yemen,” June 2008, p. 4. Human Rights Watch interview with Dr. Arwa al-Rabi'i, gynecologist, Sanaa, April 2, 2014.

<sup>7</sup> CSSW, “Progress Report of Abandonment of FGM in Al-Hoddeidah, Aden & Almahrah Governorates: 3<sup>rd</sup> Quarter, from 1/10/09-31/12/09,” December 31, 2014, p. 3.

<sup>8</sup> Human Rights Watch interview with Asm'a, midwife and FGM practitioner, Mukalla, June 25, 2014.

<sup>9</sup> Al-Qaderi, Husnia. “Situation Analysis on Female Genital Mutilation/Cutting (FGM) in Yemen,” June 2008, p. 4.

<sup>10</sup> Human Rights Watch interview with Umm Osamah, al-Mahra, August 15, 2014.

<sup>11</sup> Population Reference Bureau, “Female Genital Mutilation/Cutting,” <http://www.prb.org/pdfo8/fgm-wallchart.pdf>, p. 2.

girls under the age of 15 that undergo FGM each year, while over 30 million girls under the age of 15 are still at risk.<sup>12</sup> More than three million girls in Africa alone are likely to be subjected to FGM every year annually.<sup>13</sup> Types I and II account for nearly 85 percent of all procedures globally.<sup>14</sup>

According to UNICEF, female genital mutilation is practiced in at least 29 countries in Africa and the Middle East. In Africa, it is most widespread in the Sahel and the Horn.<sup>15</sup> In the Middle East and North Africa, it is practiced extensively in Egypt. In half of the 29 countries that had data, a majority of FGM procedures are completed before girls reach the age of 5; in the other half of these countries, FGM procedures are completed when girls are between the ages of 5 and 14.<sup>16</sup> In the Middle East, it has also been reported in Oman, Jordan, Iraqi Kurdistan, Palestine, and Yemen.<sup>17</sup> FGM is believed to be practiced in some parts of Asia, particularly in communities in Malaysia and Indonesia.<sup>18</sup> Elsewhere in the world, FGM is reported among migrant communities in North America, Europe, and Australia.<sup>19</sup> A study in England and Wales by the Foundation for Women's Health Research and Development (FORWARD) found that nearly 24,012 girls and women in the United Kingdom, mostly immigrants, had either undergone the procedure or were likely to undergo it.<sup>20</sup>

### *Prevalence in Yemen*

The 2013 Demographic and Health Survey (DHS) was a nationally representative survey administered by the Ministry of Public Health and Population (MoPHP) to 19,517

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<sup>12</sup> Ibid.

<sup>13</sup> Ibid.

<sup>14</sup> Program for Applied Technology in Health (PATH), "Female Genital Mutilation: The Facts," undated, <http://www.path.org/files/FGM-The-Facts.htm> (accessed November 5, 2014).

<sup>15</sup> World Health Organization, "Eliminating Female Genital Mutilation," [http://whqlibdoc.who.int/publications/2008/9789241596442\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241596442_eng.pdf), p. 4.

<sup>16</sup> United Nation's Children's Fund, "Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change," July 2013, [http://www.unicef.org/media/files/FGCM\\_Lo\\_res.pdf](http://www.unicef.org/media/files/FGCM_Lo_res.pdf), (accessed June 3, 2014), p.50.

<sup>17</sup> World Health Organization, "Progress in Sexual and Reproductive Health Research: Female genital mutilation-new knowledge spurs optimism," vol. 72, (2006), p. 2.

<sup>18</sup> World Health Organization, "Progress in Sexual and Reproductive Health Research: Female genital mutilation-new knowledge spurs optimism," vol. 72, (2006), p. 3.

<sup>19</sup> World Health Organization, Female Genital Mutilation, Fact Sheet No. 241, <http://www.who.int/mediacentre/factsheets/fs241/en/>.

<sup>20</sup> FORWARD, "A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales," October 2007, <http://www.forwarduk.org.uk/key-issues/fgm/research>, (accessed June 4, 2014).

households. The DHS found that 19 percent of all women aged 15-49 have undergone some form of circumcision.<sup>21</sup> Earlier surveys found similar national prevalence rates.<sup>22</sup>

Prevalence of the practice varies by the education level of women, which suggests that prevalence may also be associated with parents' socio-economic level. In the latest survey, over 22 percent of women with no education, 18 percent of those with fundamental education and 11 percent of those with secondary or higher education stated they were circumcised.<sup>23</sup> This variation was also seen in earlier surveys. All of the victims interviewed by Human Rights Watch said that their fathers were of limited education, and their mothers had no education or only primary school education. Earlier surveys also found that mothers with more children were more likely to have at least one daughter circumcised.<sup>24</sup> Surveys have also seen a relationship between the level of education and knowledge of the practice as well.<sup>25</sup>

Multiple surveys have shown a trend of FGM being less common among younger women. The 2013 DHS found less than 17 percent of women aged 15-29 were mutilated, compared to 21 to 23 percent of women aged 30 or older. A 2012 UNICEF survey also found 19 percent of women and girls under age 20 were circumcised while 23 to 25 percent of those 20 or older were.<sup>26</sup>

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21 Yemen Ministry of Public Health & Population & Central Statistical Organization, "National Health and Demographic Survey 2013 Preliminary Report," p. 28.

22 The 1997 DHS found a rate of 23 percent, the 2003 Yemen Family Health Survey found 21 percent and the 2012 UNICEF National Social Protection Monitoring Survey found 15 percent.

23 Yemen Ministry of Public Health & Population & Central Statistical Organization, "National Health and Demographic Survey 2013 Preliminary Report," p. 29.

24 MoPH, "Yemen Family Health Survey 2003," p. 166.

25 Ibid, pp. 165-166.

26 UNICEF National Social Protection Monitoring Survey 2012.

**Prevalence of Female Circumcision by Age Group, Marital Status, and Education Level,  
Yemen 2013**

AGE	% OF WOMEN CIRCUMCISED	# OF WOMEN IN SAMPLE
15-19	16.4	6,342
20-24	16.8	5,197
25-29	16.4	4,634
30-34	20.5	3,225
35-39	23.1	2,761
40-44	22.1	1,807
45-49	22.8	1,468

MARITAL STATUS		
Never married	16.3	8,870
Ever married	19.7	16,564

EDUCATION LEVEL		
No education	22.5	10,705
Fundamental	18.0	9,339
Secondary	11.3	3,767
Higher	11.9	1,623

Source: MoPHP, "Yemen National Health and Demographic Survey 2013," May 2014, p. 39.

### *Geographical Distribution*

The 2013 DHS showed wide variations in prevalence between different governorates: from less than 1 percent in al-Bayda, al-Jawf, Shabwa, Sanaa, al-Mahweet, and al-Dale'a governorates to 80 percent in Hadramawt governorate and 85 percent in Al-Mahra governorate.<sup>27</sup>

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<sup>27</sup> MoPH, "Yemen National Health and Demographic Survey 2013," May 2014, p. 40.

### Prevalence of Female Circumcision by Governorate and Residence, Yemen 2013

GOVERNORATE	% OF WOMEN CIRCUMCISED	# OF WOMEN IN SAMPLE
Al-Mhrah	84.7	95
Hadramout	79.9	1,427
Al-Hodiedah	62.3	3,261
Reimah	21.5	520
Aden	14.5	921
Dhamar	13.5	1,670
Taiz	13.2	3,512
Hajjah	7.7	1,374
Mareb	7.3	183
Ibb	6.2	2,739
Abyan	5.1	551
Sanaa City	4.8	2,487
Iahj	3.9	678
Sadah	3.0	823
Amran	1.4	852
Sanaa	0.8	1,265
Shabwah	0.6	528
Aldhalae	0.5	641
Al-Jawf	0.4	181
Al-Mhweit	0.3	623
Al-Baidha	0.0	1,101

RESIDENCE		
Urban	17.1	8,619
Rural	19.2	16,815

Source: MoPHP, "Yemen National Health and Demographic Survey 2013," May 2014, p. 39.

Dr. Husnia al-Qaderi, former head of the Gender Development Research and Studies Center at Sanaa University, told Human Rights Watch that she was involved in a 2004 study that revealed that following a decree banning the practice in medical facilities, many women in al-Mahra started taking their girls to the neighboring country of Oman to have the procedure done. In Oman, families typically request type III FGM.<sup>28</sup> One victim from al-Mahra told Human Rights Watch that she had witnessed the practice being performed openly in Oman with medical supervision in hospitals by trained male and female health professionals. She said that in her personal experience, after a baby girl is born in a hospital in Oman, it is normal procedure for nurses to ask mothers if they wish their girl to be mutilated and then, if mothers agree, it is carried out at the same day of delivery or a day after. Some women in al-Mahra chose to give birth in Oman and have the mutilation done there.<sup>29</sup>

The 2013 DHS indicates that women in rural areas are only slightly more likely to have been mutilated than those living in urban areas (19 percent compared with 17 percent). Ahlam Sofan, a gender analyst at the United Nations Population Fund (UNFPA), the UN agency taking the lead on FGM work in Yemen, said that the results of the 2013 DHS were concerning:

Historically, we saw FGM as a coastal problem, but this survey has shown that the practice has spread into the mountains in places like Taizz and Ibb. We didn't see FGM practiced there before so this is a very worrying development.<sup>30</sup>

In recent years many Yemenis from across the country have migrated to live in the country's capital, Sanaa, and it appears some have brought the practice with them. Families from high-prevalence areas have approached doctors at private clinics in Sanaa, asking them to carry out the procedure.<sup>31</sup>

Thikra Naqib of the National Women's Committee told Human Rights Watch about an incident she witnessed at a clinic in 2011:

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<sup>28</sup> Human Rights Watch interview with Dr. Husnia al-Qaderi, lecturer in the faculty of medicine at Sanaa University, Sanaa, April 16, 2014. Human Rights Watch interview with Maha, midwife, al-Ghaida hospital, al-Mahra, August 14, 2014.

<sup>29</sup> Human Rights Watch interview with Umm Fu'ad, al-Mahra, August 15, 2014. Human Rights Watch interview with Umm Osamah, al-Mahra, August 15, 2014. Human Rights Watch interview with Mahmoud, local man, al-Mahra, August 16, 2014.

<sup>30</sup> Human Rights Watch interview with Ahlam Sofan, gender analyst at UNFPA, Sanaa, August 13, 2014.

<sup>31</sup> Human Rights Watch interview with Dr. Arwa al-Rabi'i, gynecologist, Sanaa, April 2, 2014.

I was sitting in the waiting room of a private clinic with my two-year-old daughter, who was sick when a woman came in and asked the secretary if the clinic carried out circumcisions. The secretary said, “Yes, bring your son in.” She replied that it was for her daughter. The secretary said that was fine too and she should bring her in. Once the woman had left, I went up to him and asked if this clinic does the procedure often. He said, “We do it for people from Hadramawt and al-Mahra.” I told him about the Ministry of Health regulation prohibiting the practice in governmental facilities, to which he responded that if they were to abide by that regulation they would run out of business.<sup>32</sup>

### *Reasons for FGM Globally*

FGM is practiced for many different socio-cultural reasons. Often those who practice it point out that it is rooted in local culture and has been passed from one generation to another. Research suggests that ethnicity and the practice of FGM are closely linked.<sup>33</sup> It can serve as a marker of cultural identity, which has the effect of creating a powerful impetus to continue the practice, especially if a society feels under pressure or threat.<sup>34</sup>

Other cultural factors stem from gender inequality within societies that view women as the repositories of family honor. In these situations, it may be believed that girls’ sexual desires must be controlled early on to preserve their virginity and prevent immorality. In other communities, the practice is seen as necessary to ensure marital fidelity and to prevent what is seen as deviant sexual behavior.

In some places, FGM is also performed for hygienic and aesthetic reasons. People may believe that female genitalia are dirty and an un mutilated girl is considered unclean. This belief may reduce a girl’s chances of getting married if she is not mutilated. FGM is also considered to make girls attractive. In northern Sudan, for example, infibulation is thought to achieve smoothness, which is considered beautiful.<sup>35</sup>

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<sup>32</sup> Human Rights Watch interview with Thikra Naqib, Representative of the Director of Development, National Women’s Committee, Sanaa, April 20, 2014.

<sup>33</sup> UNICEF, Innocenti Research Center, “Changing a Harmful Social Convention: Female Genital Mutilation/Cutting,” 2005, [http://www.unicef-irc.org/publications/pdf/fgm\\_eng.pdf](http://www.unicef-irc.org/publications/pdf/fgm_eng.pdf) (accessed November 5, 2014), p.6.

<sup>34</sup> World Health Organization, “Eliminating Female Genital Mutilation,” [http://whqlibdoc.who.int/publications/2008/9789241596442\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241596442_eng.pdf), p.6.

<sup>35</sup> Ibid.

In many societies, a link is thought to exist between FGM and religious faith. The practice of FGM is not particular to any religious tradition—it occurs in communities that are Muslim, Christian, and Jewish, as well as among believers of traditional religions. Perhaps more importantly, however, the majority of Muslims, Christians, and Jews do not practice FGM.<sup>36</sup> FGM is not practiced in Saudi Arabia, Pakistan and most other countries that have a predominantly Muslim population.<sup>37</sup>

The notion that un mutilated girls are unclean is closely linked to societal beliefs about female sexuality as dangerous, which can also be perpetuated through religious rhetoric. Dr. Sami al-Deeb Abu Sahlieh, an Islamic law scholar who has written extensively on male and female mutilation, says that “falling into the forbidden” is the most cited justification used by proponents of female mutilation. In his book, *To Mutilate in the Name of Jehovah or Allah*, he cites Professor Abd al-Rahman al-Adawi from al-Azhar Islamic University in Cairo, Egypt, who says that female mutilation helps a woman “to remain shy and virtuous.” Al-Adawi argues that “[i]n the Orient, where the climate is hot, a girl gets easily aroused if she is not circumcised. It makes her shameless and prey to her sexual instincts, except those to whom God shows compassion.”<sup>38</sup>

In Iraqi Kurdistan, Mullah Muhammad Amine Abd al-Qassar, the head of religious clerics in Germian and Imam of the Larger Mosque of Kallar, stated that a girl goes through puberty faster in warmer climates and therefore mutilation is practiced to “allow girls not to show bad behavior.”<sup>39</sup> In her book, *The Hidden Face of Eve: Women in the Arab World*, leading Egyptian feminist scholar Nawal el-Saadawi, who is also a physician and psychiatrist, suggests that the reason for mutilation in traditional societies in the Middle East and North Africa is due to the importance attached to virginity. She states: “Behind circumcision lies the belief that, by removing parts of girls’ external genitals organs, sexual desire is minimized.”<sup>40</sup>

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<sup>36</sup> Ibid. p. 60.

<sup>37</sup> American Academy of Pediatrics, Committee of Bioethics, “Female Genital Mutilation,” *Pediatrics*, vol. 12, no. 1, (July 1998), pp. 153-156.

<sup>38</sup> Sami A. Abu Sahlieh al-Deeb, *To Mutilate in the Name of Jehovah or Allah: Legitimization of Male and Female Circumcision*, chapter 3, (St. Sulpice: published by the author, July 1994), <http://www.fgmnetwork.org/authors/samialdeeb/Mutilate/Chapter3.html> (accessed November 11, 2014).

<sup>39</sup> Human Rights Watch interview with Mullah Muhammad Amine ‘Abd al-Qassar, head of religious clerics in Germian and Imam of the Larger Mosque of Kallar, Kallar, May 31, 2009.

<sup>40</sup> Nawal el-Saadawi, *The Hidden Face of Eve: Women in the Arab World*, (New York: Zed Books, 2007), p. 50.



The Quran itself does not mention male circumcision or female mutilation, though some schools of Islamic jurisprudence establish principles on circumcision and mutilation.<sup>41</sup> For example, according to some interpretations in the Shafi'i school of Islamic jurisprudence, circumcision or mutilation is obligatory for boys and girls.<sup>42</sup> Although female mutilation is not mentioned in the Quran, a *hadith* mentions the Prophet Muhammad telling a woman who had been mutilating girls "to cut only a little," thus, according to these clerics, indicating that the Prophet was not against mutilation for girls.<sup>43</sup> Some clerics argue that if the Prophet Muhammad in his time had not abolished FGM, they cannot do so now.<sup>44</sup>

A number of Islamic scholars have made clear their view that FGM has nothing to do with Islam, is not a religious requirement, and originates in pre-Islamic practices.<sup>45</sup> In a report published by the UNFPA in 2012, Dr. Mohamed Selim al-Awa, general secretary of the International Federation of Islamic Scholars, challenged the authenticity of the sources often used by some scholars in interpreting the Quran and the *hadith* in favor of FGM.<sup>46</sup> In 2013, former al-Azhar University President Ahmad Omar Hashim and former Grand Mufti of Egypt Ali Gomaa contributed to a report that came to a similar conclusion.<sup>47</sup> That report was a joint publication by UNICEF and the Islamic Center for Population Studies and Research of al-Azhar University, a respected university and center of Islamic learning among Sunnis. Moreover, in June 2013, Mohamed Wessam Khader, director at al-Azhar's Dar al-Iftaa (centre for legal research) and representative

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<sup>41</sup> Islamic law has two major sources of interpretation: the Quran or holy text and sunnah, otherwise known as the traditions of the Prophet Muhammad.

<sup>42</sup> Sunni Muslims adhere to four schools of religious thought: Shafi'i, Hanbali, Hanafi and Maliki.

<sup>43</sup> Human Rights Watch interviews with Mullah Muhammad Amine 'Abd al-Qassar and Mullah 'Abd al-Rahim Jassim, Kallar, May 31, 2009. A *hadith* is an act or a saying attributed to the Prophet Muhammad.

<sup>44</sup> Human Rights Watch interviews with Mullah Muhammad Amine 'Abd al-Qassar and Mullah 'Abd al-Rahim Jassim, May 31, 2009. See also Ibrahim Lethome Asmani, Maryam Sheikh Abdi, "Delinking Female Genital Mutilation/Cutting from Islam," [http://www.popcouncil.org/pdfs/frontiers/reports/FGM\\_Islam.pdf](http://www.popcouncil.org/pdfs/frontiers/reports/FGM_Islam.pdf), pp. 18, 19.

<sup>45</sup> See also Ibrahim Lethome Asmani, Maryam Sheikh Abdi, "Delinking Female Genital Mutilation/Cutting from Islam," [http://www.popcouncil.org/pdfs/frontiers/reports/FGM\\_Islam.pdf](http://www.popcouncil.org/pdfs/frontiers/reports/FGM_Islam.pdf); UNICEF, "Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change," July 2013, [http://www.unicef.org/media/files/FGCM\\_Lo\\_res.pdf](http://www.unicef.org/media/files/FGCM_Lo_res.pdf) (accessed August 14, 2014), p.8; Global Women's Shura Council, "Female Genital Cutting: Harmful and Un-Islamic," July 2010, [http://www.wisemuslimwomen.org/pdfs/shura\\_council\\_fgcdigest.pdf](http://www.wisemuslimwomen.org/pdfs/shura_council_fgcdigest.pdf) (accessed August 20, 2014), p.4.

<sup>46</sup> Mohamed Selim al-Awa, "FGM in the context of Islam," UNFPA, 2012, [http://egypt.unfpa.org/Images/Publication/2012\\_05/d9174a63-2960-459b-9f78-b33ad795445e.pdf](http://egypt.unfpa.org/Images/Publication/2012_05/d9174a63-2960-459b-9f78-b33ad795445e.pdf) (accessed August 14, 2014), pp. 15-17.

<sup>47</sup> Gamal Serour and Ahmed Ragaa Abd El-Hameed Ragab, "Executive Summary: Female Circumcision, Between the Incorrect Use of Science and the Misunderstood Doctrine," 2013, UNICEF/ International Islamic Center for Population Studies & Research, [http://www.unicef.org/egypt/Final\\_English\\_FGM\\_summary\(1\).pdf](http://www.unicef.org/egypt/Final_English_FGM_summary(1).pdf) (accessed August 14, 2014), p.6.

for the Grand Mufti of Egypt Shaqi Abdel Karim Allam, also advocated for more efforts to stop the practice of FGM.<sup>48</sup>

On November 24, 2006, an international conference on female mutilation was held in Egypt. Sponsored by leading Islamic scholars from around the world, the conference's notable attendees included Sultan Abdelkader Mohamed Humad of Djibouti and Sultan Ali Mirah Hanfary of Ethiopia.<sup>49</sup> The late Muhammad Sayyed Tantawi, then Grand Sheikh of al-Azhar University, stated that "circumcising girls is just a cultural tradition in some countries that has nothing to do with the traditions of Islam."<sup>50</sup> A statement issued at the end of the conference read:

The conference appeals to all Muslims to stop practicing this habit, according to Islam's teachings which prohibit inflicting harm on any human being.... The conference reminds all teaching and media institutions of their role to explain to the people the harmful effects of this habit in order to eliminate it.... The conference calls on judicial institutions to issue laws that prohibit and criminalize this habit ... which appeared in several societies and was adopted by some Muslims although it is not sanctioned by the Qur'an or the Sunna[h].<sup>51</sup>

The Global Muslim Women's Shura Council in 2010 stated that the absence of legal consensus (*ijma*) among classical Islamic schools of thought on the interpretation of the Quran and the *hadith* concerning FGM, the abundance of legal opinions (*fatwas*) against the practice, the contradictions between FGM and most of the six objectives of Islamic jurisprudence (*maqasid al-Sharia*), and the weakness of the reasoning by analogy (*qiyas*)

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<sup>48</sup>Al Masry al-Youm, "Mufti's deputy reiterates: Female circumcision prohibited by religion," *Egypt Independent*, June 23, 2013, <http://www.egyptindependent.com/news/mufti-s-deputy-reiterates-female-circumcision-prohibited-religion> (accessed August 14, 2014).

<sup>49</sup> Global Women's Shura Council, "Female Genital Cutting: Harmful and Un-Islamic," July 2010, [http://www.wisemuslimwomen.org/pdfs/shura\\_council\\_fgc\\_digest.pdf](http://www.wisemuslimwomen.org/pdfs/shura_council_fgc_digest.pdf) (accessed August 20, 2014), p.7.

<sup>50</sup> Emad Mekay, "Egypt, Will FGM Fatwa make a difference?," Inter-Press Services, (Johannesburg), November 29, 2006, <http://www.ipsnews.net/2006/11/rights-will-fgm-fatwa-make-a-difference/> (accessed November 5, 2014).

<sup>51</sup> Women's UN Report Program and Network (WRURN), Female Genital Mutilation-FGM, Cairo Conference, al-Azhar University, "Recommendations of the Conference - The Same Value as a Fatwa," [http://www.target-human-rights.com/HP-o8\\_fatwa/index.php?p=fatwaAzhar&lang=en&](http://www.target-human-rights.com/HP-o8_fatwa/index.php?p=fatwaAzhar&lang=en&) (accessed November 5, 2014).

with male circumcision, all point to the inaccurate and illegitimate justification of FGM on strictly religious grounds.<sup>52</sup>

In 2008, Egypt passed a law against FGM following the death of a 12-year-old girl in Upper Egypt in 2007.<sup>53</sup> The al-Azhar Supreme Council of Islamic Research then issued a statement that FGM has “no basis in Islamic law or any of its partial provisions and that it is harmful and should not be practiced.”<sup>54</sup> Al-Azhar’s Dar al-Iftaa also categorized FGM as harmful in a public statement in 2009.<sup>55</sup> The 2013 joint report by UNICEF and al-Azhar found that FGM presents risks for the life of the mutilated girl.<sup>56</sup> Further, according to the joint report, the practice violates the Islamic principle defining the human body as a perfect creation of God that cannot be altered, therefore refuting the acceptability of FGM as a “beautification process.” The report underlines various Quranic verses protecting the principle of wholeness and perfection characterizing God’s creation, a principle which it contends the practice of FGM inherently violates.<sup>57</sup> Mohamed Wessam Khader, director at al-Azhar’s Dar al-Iftaa and representative for the Grand Mufti of Egypt Shaqi Abdel Karim Allam, also stressed the consensus among al-Azhar’s scholars on the negative health effects of FGM.<sup>58</sup>

Dr. Youssef al-Qaradawi, president of the International Union of Muslim Scholars, also declared himself “on the side of those who ban this practice.”<sup>59</sup> On January 12, 2010, religious leaders in Mauritania issued a *fatwa* against the practice of female mutilation

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<sup>52</sup> Global Women’s Shura Council, “Female Genital Cutting: Harmful and Un-Islamic,” July 2010, [http://www.wisemuslimwomen.org/pdfs/shura\\_council\\_fgc\\_digest.pdf](http://www.wisemuslimwomen.org/pdfs/shura_council_fgc_digest.pdf) (accessed August 20, 2014).

<sup>53</sup> Al Masry al-Youm, “Mufti’s deputy reiterates,” *Egypt Independent*.

<sup>54</sup> UNICEF, “Fresh progress toward the elimination of female genital mutilation and cutting in Egypt (News note),” July 2, 2007, [http://www.unicef.org/egypt/media\\_3875.html](http://www.unicef.org/egypt/media_3875.html) (accessed November 5, 2014).

<sup>55</sup> Global Women’s Shura Council, “Female Genital Cutting: Harmful and Un-Islamic,” July 2010, [http://www.wisemuslimwomen.org/pdfs/shura\\_council\\_fgc\\_digest.pdf](http://www.wisemuslimwomen.org/pdfs/shura_council_fgc_digest.pdf) (accessed August 20, 2014), p.7.

<sup>56</sup> Gamal Serour and Ahmed Ragaa Abd El-Hameed Ragab, “Executive Summary: Female Circumcision,” 2013, pp.6-7; “Female Circumcision (FGM/C): between the Incorrect Use of Science and the Misunderstood Doctrine,” UNICEF press release, October 8, 2013, [http://www.unicef.org/egypt/media\\_8542.html](http://www.unicef.org/egypt/media_8542.html) (accessed August 14, 2014).

<sup>57</sup> UNICEF and International Islamic Center for Population Studies & Research, “Female Circumcision, Between the Incorrect Use of Science and the Misunderstood Doctrine (Arabic),” 2013, [http://www.unicef.org/egypt/arabic/FGM\\_FINAL\\_Book.pdf](http://www.unicef.org/egypt/arabic/FGM_FINAL_Book.pdf) (accessed August 14, 2014), pp.13-15.

<sup>58</sup> Al Masry al-Youm, “Mufti’s deputy reiterates,” *Egypt Independent*. Countless other Muslim figures have denounced FGM—including Egyptian scholars Ibn-e-Hajar al-Asqalani, Sheikh Shaltoot, Sheikh Sayyid Sabiq, Dr. Su’ad Salef, Yemeni scholar Muhammad ash-Shawkani, Algerian scholar Sheikh Abubakar Aljazairi, and Yusuf ibn Abdallah al-barr, a scholar born in 978 A.D. in al-Andalus. UNICEF, “Female Circumcision, Between the Incorrect Use of Science and the Misunderstood Doctrine (Arabic),” 2013, p. 17.

<sup>59</sup> Global Women’s Shura Council, “Female Genital Cutting: Harmful and Un-Islamic,” July 2010, [http://www.wisemuslimwomen.org/pdfs/shura\\_council\\_fgc\\_digest.pdf](http://www.wisemuslimwomen.org/pdfs/shura_council_fgc_digest.pdf) (accessed August 20, 2014), p.7.

signed by 33 imams and scholars.<sup>60</sup> The Kurdistan Islamic Scholars Union in the Kurdistan Region of Iraq also pronounced a *fatwa* on FGM on June 16, 2010, stressing the health risks inherent in FGM.<sup>61</sup>

Nevertheless, the belief that FGM has a religious mandate strongly reinforces the justification for its continuation in the Muslim societies where it is practiced, and underlines the important role religious leaders could play to bring an end to the practice.<sup>62</sup>

### *Reasons for FGM in Yemen*

Women, traditional FGM practitioners, government officials, and clerics interviewed by Human Rights Watch gave varied justifications for the practice, justifications that can be divided into four main categories: those based on tradition, Islam, cleanliness, and on the need to curb promiscuity.

Out of 2,163 women in five governorates interviewed for the 2001 Ministry of Health study, 86 percent cited cleanliness and purity as justifications for the practice, 57 percent cited religious justifications, 35 percent cited customs and traditions, and 14 percent cited the need to protect the virginity of women and girls.<sup>63</sup>

Dr. Arwa al-Rabi'i told Human Rights Watch that in her experience the most important drivers behind the practice are perceived religious duty and the idea that it improves cleanliness.<sup>64</sup> Dr. Nagiba Abdulghani al-Shawafi said that while many families claim there is a religious justification, she believed there was one purpose for the practice: suppressing the sexual urges of the girl.<sup>65</sup>

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<sup>60</sup> Laurent Prieur and Abdoulaye Massalatchi, "W. African Genital Cutters Face Fatwa, Jail," *Reuters*, January 22, 2010, <http://www.reuters.com/article/idUSLDE6oL13C> (accessed November 5, 2014).

<sup>61</sup> "Iraqi Kurdistan: FGM Fatwa Positive, but not Definitive," Human Rights Watch news release, July 18, 2010, <http://www.hrw.org/en/news/2010/07/18/iraqi-kurdistan-fgm-fatwa-positive-not-definitive> (accessed August 14, 2014).

<sup>62</sup> See also Ibrahim Lethome Asmani, Maryam Sheikh Abdi, The Population Council's Frontiers in Reproductive Health Program, "Delinking Female Genital Mutilation/Cutting from Islam," 2008, [http://www.popcouncil.org/pdfs/frontiers/reports/FGM\\_Islam.pdf](http://www.popcouncil.org/pdfs/frontiers/reports/FGM_Islam.pdf) (accessed November 5, 2014), p. 27.

<sup>63</sup> MoPHP and the Pacific Institute for Women's Health, "Female circumcision results of a study of selected areas of Yemen," June 2001, p. 21.

<sup>64</sup> Human Rights Watch interview with Dr. Arwa al-Rabi'i, gynecologist, Sanaa, April 2, 2014.

<sup>65</sup> Human Rights Watch interview with Dr. Nagiba Abdulghani al-Shawafi, Deputy Minister for Population Sector in the MoPHP, Sanaa, April 10, 2014.

One victim expressed her frustration at the latter argument:

Some people believe that uncircumcised women will become licentious, but that is not reasonable. I believe a woman's behavior is determined by her exercise of choice and judgment. If a woman wants to go down a wrong path, she will do it regardless of whether she is circumcised or not. She will find ways to do it even if she was locked in her bedroom.<sup>66</sup>

Hamood Ali al-Sa`idi, undersecretary for guidance affairs at the Ministry of Endowments and Guidance, the ministry involved in religious affairs, told Human Rights Watch that the root of FGM is the Shafi`i school of jurisprudence within Islam.<sup>67</sup> He said that many Shafi`i scholars see the practice as an obligation for girls and women. Other schools of jurisprudence, such as the Hanafi and Maliki, either view the practice as optional or do not practice it at all. The Zaidi Shia community, which represents roughly a third of Yemen's population, do not practice FGM.<sup>68</sup> He said this explains why the prevalence in governorates with large Shafi`i populations is very high, and in areas that are predominately Zaidi, the prevalence rate is close to zero.<sup>69</sup>

All the victims interviewed for this report were from communities which followed the Shafi`i rite.

Dr. Husnia al-Qaderi said she had witnessed imams in Hodaïda, where the vast majority of the population is Shafi`i, using their sermons to push people to carry out FGM, though they now called for type I or type II mutilation, rather than type III, as before. She told Human Rights Watch that in Hadramawt she had interviewed husbands and spouses who said that FGM was a religious imperative.

However, al-Qaderi said that women she interviewed in al-Mahra stated that FGM was viewed more as a cultural practice as well as one that protects women – mothers told her

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<sup>66</sup> Human Rights Watch interview with Umm Hilal, victim, al-Mahra, August 15, 2014.

<sup>67</sup> Human Rights Watch interview with Hamood Ali al-Sa`idi, undersecretary for guidance affairs at the Ministry of Endowments and Guidance, Sanaa, July 8, 2014.

<sup>68</sup> Zaidism is part of the Fiver school of Shiism, not the better known Twelver school which is practiced in Iran. Its religious elites, who claim descent from the Prophet Mohammed, ruled North Yemen until 1962. Most Zaidis are based in the north, particularly in and around Saada, Hajja and Dammar governorates, as well as a large population in Sanaa. <http://www.crisisgroup.org/en/publication-type/media-releases/2014/mena/the-huthis-from-sadaa-to-sanaa.aspx> p. 1

<sup>69</sup> Human Rights Watch interview with Hamood Ali al-Sa`idi, undersecretary for guidance affairs at the Ministry of Endowments and Guidance, Sanaa, July 8, 2014.

that because of the heat “girls mature too quickly.”<sup>70</sup> A practitioner in al-Mahra told Human Rights Watch that local religious leaders of the Shafi`i school were key promoters of the practice, regularly describing it as an obligation.<sup>71</sup>

Not all agree that FGM has religious roots. Lamya al-Eryani, head of the High Council on Motherhood and Childhood, asserts that FGM has no relationship to Islam, but is rather derived from culture and customs, although she acknowledges that people may often confuse the reasons for its practice and cite religion.<sup>72</sup> According to Thikra Naqib of the National Women’s Committee, FGM is not a tribal practice in Hodaida and Aden, but it is in Hadramawt and al-Mahra.<sup>73</sup>

Among Yemenis who do not engage in the practice, the overwhelming view expressed to Human Rights Watch was that FGM has no historical roots in Yemen and that it was brought to the coastal areas by African immigrants. Some doctors, Health Ministry officials, and activists held the same view.<sup>74</sup> Soheir Stolba, an expert on FGM in Yemen, has stated that, “Most educated Yemenis denied the custom’s existence, attributing it only to limited coastal pockets of populations where African immigrants live.” However Stolba also said: “My continued work on this phenomenon over a six-year period revealed that FGM is deeply rooted in Yemen.”<sup>75</sup>

In Yemen, as elsewhere, FGM is seen by many as a practice that solely involves women, and is perpetuated by women. Mothers or other female relatives typically make the decision when and whether their daughters should be mutilated; female traditional FGM practitioners carry it out; and the procedure is almost never discussed with the men in the family. Three practitioners and three healthcare professionals said that the practice in Yemen is in the hands of mothers and grandmothers. In two cases, women spoke of cases

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<sup>70</sup> Human Rights Watch interview with Dr. Husnia al-Qaderi, lecturer in the faculty of medicine at Sanaa University, Sanaa, April 16, 2014.

<sup>71</sup> Human Rights Watch interview with Umm Fu`ad, victim, al-Mahra, August 15, 2014. Umm Osamah, victim, al-Mahra, August 15, 2014.

<sup>72</sup> Human Rights Watch interview with Lamya al-Eryani, Secretary General of the high council for motherhood and childhood, Sanaa, July 8, 2014.

<sup>73</sup> Human Rights Watch interview with Thikra Naqib, Representative of the Director of Development, National Women’s Committee, Sanaa, April 20, 2014.

<sup>74</sup> Human Rights Watch interview with Dr. Arwa al-Rabi’i, gynecologist, Sanaa, April 2, 2014. Human Rights Watch interview with Dr. Ashwaq Moharm, deputy manager of the health office within the MoPHP, Hodaida August 11, 2014. Human Rights Watch interview with Saiya Bokhait, head of the Yemeni Women’s Union al-Mahra branch, al-Mahra, August 16, 2014.

<sup>75</sup> Al-Qaderi, Husnia. “Situation Analysis on Female Genital Mutilation/Cutting (FGM) in Yemen,” June 2008, p. 9.

where grandmothers had the baby mutilated without the knowledge of their daughter.<sup>76</sup>  
One victim told Human Rights Watch:

I have two daughters and I am expecting a third, my second daughter is not circumcised but my eldest is. After giving birth to her I was very ill and bedridden. My mother was taking care of her and secretly had her circumcised without telling me. I found out afterwards, when it was too late.<sup>77</sup>

Hamood Ali al-Sa`idi and others interviewed for this report gave examples of several families where the fathers opposed the practice but the mothers and grandmothers in the family insisted on mutilating their newborn girls.<sup>78</sup> Al-Sa`idi said he knew of cases in which fathers did not know their daughters had undergone the practice until years later. Dr. Husnia al-Qaderi said she had interviewed the relative of a Yemeni family whose daughters were born and raised in the United Arab Emirates: the father had opposed the practice but the mother had taken the three daughters to Yemen and had them secretly mutilated.<sup>79</sup>

One man from al-Mahra told Human Rights Watch:

I have three small girls, all of whom are circumcised. The final say on whether they were to be circumcised lay with my mother-in-law. If it had been in my hands, I would not have had my daughters circumcised. But it is such a deep rooted tradition that its considered *`ayb* [disgraceful] not to do it and it is very difficult to stand against one's community and tribe. I would have become ostracized. I know many Mahri men that feel the same way but just have to live with it, including my own father, who says that he

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<sup>76</sup> Human Rights Watch interview with Sara, midwife, al-Ghaida hospital, al-Mahra, August 14, 2014. Human Rights Watch telephone interview with Umm Walid, victim, Hodaïda, August 27, 2014.

<sup>77</sup> Human Rights Watch telephone interview with Umm Walid, victim, Hodaïda, August 27, 2014.

<sup>78</sup> Human Rights Watch interview with Hamood Ali al-Sa`idi, undersecretary for guidance affairs at the Ministry of Endowments and Guidance, Sanaa, July 8, 2014. Human Rights Watch interview with Maha, midwife, al-Ghaida hospital, al-Mahra, August 14, 2014. Human Rights Watch interview with Dr. Husnia al-Qaderi, lecturer in the faculty of medicine at Sanaa University, Sanaa, April 16, 2014. Human Rights Watch interview with Umm Fu`ad, victim, al-Mahra, August 15, 2014. Human Rights Watch interview with Umm Osamah, victim, al-Mahra, August 15, 2014. Human Rights Watch interview with Umm Ezzat, victim, al-Mahra, August 16, 2014. Human Rights Watch interview with Umm Muaad, victim, al-Mahra, August 16, 2014.

<sup>79</sup> Human Rights Watch interview with Dr. Husnia al-Qaderi, lecturer in the faculty of medicine at Sanaa University, Sanaa, April 16, 2014.

personally would like to see the practice stopped, but going against tradition and custom is a red line.<sup>80</sup>

The 2001 Ministry of Health study asked 1,267 women respondents if the practice should be continued or discontinued: 71 percent said it should continue.<sup>81</sup> However, the 2003 FHS asked women the same question and only 32 percent said it should be continued. The study identified trends based on the level of education and the location of the respondent: illiterate women were more supportive of FGM than literate ones and rural women more supportive than urban ones.<sup>82</sup> Of the women who opposed the practice, 68 percent said that it was a bad tradition, and 41 percent said that it contravened Islam.<sup>83</sup>

Thirty-seven percent of respondents who were married at the time of the 2003 FHS reported that they had discussed FGM with their husbands (41 percent in urban and 36 in rural areas). According to their perception, 22 percent of women believed that their husbands supported the continuation of FGM, while another 22 percent thought their husbands would like to see the practice discontinued. In the 2001 Ministry of Health study, 42 percent of 517 men interviewed supported eliminating FGM.<sup>84</sup>

In 2008, the Charitable Society for Social Welfare (CSSW) showed that 65 percent of men agreed with ending the practice, and the number of mothers who supported ending the practice was as high as 56 percent. Among grandmothers, 46 percent agreed with ending the practice; 67 percent of adolescents wished to end the practice.<sup>85</sup>

Sara, a midwife at al-Ghaida hospital in al-Mahra told Human Rights Watch that she had seen a decrease in the number of mutilated women over the past decade, particularly among women who had suffered difficult deliveries and who did not want their daughters to experience similar suffering.<sup>86</sup> Other medical professionals also testified to a

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<sup>80</sup> Human Rights Watch interview with Mahmoud, local man, al-Mahra, August 16, 2014.

<sup>81</sup> MoPHP and the Pacific Institute for Women's Health, "Female circumcision results of a study of selected areas of Yemen," June 2001, p. 20.

<sup>82</sup> MoPHP, "Yemen Family Health Survey 2003," p. 168.

<sup>83</sup> MoPHP, "Yemen Family Health Survey 2003," p. 169.

<sup>84</sup> MoPHP and the Pacific Institute for Women's Health, "Female circumcision results of a study of selected areas of Yemen," June 2001, p. 20.

<sup>85</sup> CSSW, "Progress Report of Abandonment of FGM in Al-Hoddeidah, Aden & Almahrah Governorates: 3<sup>rd</sup> Quarter, from 1/10/09-31/12/09," December 31, 2014, p. 3.

<sup>86</sup> Human Rights Watch interview with Sara, midwife, al-Ghaida hospital, al-Mahra, August 14, 2014.



decrease.<sup>87</sup> One practitioner told Human Rights Watch she still carries out about 17 mutilations a week; however, another who has been doing the procedure for 55 years said that in the first six months of 2014 she had carried out only five mutilations, and that she had seen a steady drop over the last decade.<sup>88</sup>

## Details of the FGM Procedure in Yemen

### *When Performed*

In Yemen, FGM is typically performed shortly after birth. Data indicates that 99 percent of all girls that were mutilated underwent the procedure within their first year, with 93 percent mutilated before they were one month old.<sup>89</sup> All of the victims interviewed by Human Rights Watch said they were mutilated within the first 40 days of birth. Dr. Arwa al-Rabi'i said that, in her experience, girls are mutilated within the first 40 days after birth although, in a few cases, the practice had been conducted on girls up to 3 years of age.<sup>90</sup>

Although rare, FGM is sometimes performed later in Yemen. Dr. Husnia al-Qaderi, former head of the Gender Development Research and Studies Center, told Human Rights Watch that women from areas with low FGM prevalence who married into families in areas of high FGM prevalence sometimes were forced to undergo the procedure in order to marry, even up to age 30.<sup>91</sup>

Amal, a practitioner in al-Mahra said:

Most girls are brought over within days of delivery, in some cases within the first month. However, I had one rare case where a 12-year-old girl was brought to me for circumcision. At that point I insisted on having her

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<sup>87</sup> Human Rights Watch interview with Dr. Sa`ad Awadh Bashbeeb, gynecologist, al-Ghaida hospital, al-Mahra, August 14, 2014.

<sup>88</sup> Human Rights Watch interview with Nora, midwife and FGM practitioner, al-Shehr, June 26, 2014. Human Rights Watch telephone interview with Fatima, traditional FGM practitioner, Hodaida, August 12, 2014.

<sup>89</sup> MoPHP, "Yemen National Health and Demographic Survey 2003," p. 166; Human Rights Watch interview with Dr. Husnia al-Qaderi, lecturer in the faculty of medicine at Sanaa University, Sanaa, April 16, 2014. Human Rights Watch interview with Maha, midwife, al-Ghaida hospital, al-Mahra, August 14, 2014. Human Rights Watch interview with Umm Ezzat, victim, al-Mahra, August 16, 2014.

<sup>90</sup> Human Rights Watch interview with Dr. Arwa al-Rabi'i, gynecologist, Sanaa, April 2, 2014.

<sup>91</sup> Human Rights Watch interview with Dr. Husnia al-Qaderi, lecturer in the faculty of medicine at Sanaa University, Sanaa, April 16, 2014.

consent before I went through with the procedure. Things went well and she didn't struggle.<sup>92</sup>

Every victim interviewed said that all of the women in their families had been mutilated.

### *Who Performs FGM*

The 1997 Demographic and Health Survey (DHS) and a health survey from 1999 found that 90 percent of mutilated women in Yemen had FGM performed by traditional practitioners, and 10 percent by doctors, nurses, or midwives.<sup>93</sup>

The 2003 DHS found that at the time, around one-third of mutilated daughters had the procedure done by a traditional practitioner, 12 percent were mutilated by a medical practitioner (doctor/nurse/midwives), and the remaining procedures were performed by relatives, barbers, and "others."<sup>94</sup>

Fatima Muhammad Qabool, a community social worker in Hadramawt, said that she had come across medically licensed midwives carrying out the practice in families' homes, as well as traditional birth attendants, and in a few cases men who carry out male circumcision as well.<sup>95</sup> Practitioners interviewed by Human Rights Watch included licensed midwives.<sup>96</sup> One community leader told Human Rights Watch he knew of doctors who carry out mutilation, and one practitioner said it was doctors that trained her how to perform the practice.<sup>97</sup> Another practitioner said she carried out the procedure at the local hospital she worked at, without the knowledge of hospital supervisors.<sup>98</sup> Health Ministry officials interviewed, however, denied that the practice ever happened in public hospitals.<sup>99</sup>

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<sup>92</sup>Human Rights Watch interview with Amal, traditional FGM practitioner, al-Mahra, August 14, 2014.

<sup>93</sup> Human Rights Watch interview with Dr.Husnia al-Qaderi, lecturer in the faculty of medicine at Sanaa University, Sanaa, April 16, 2014.

<sup>94</sup> MoPHP, "Yemen National Health and Demographic Survey 2003," p. 167

<sup>95</sup> Human Rights Watch interview with Fatima Muhammad Qabool, unlicensed community social worker, al-Shehr, June 26, 2014.

<sup>96</sup> Human Rights Watch interview with Hasan Muhammad `Awad al-Rubaki, community leader, al-Shehr, June 26, 2014.

Human Rights Watch interview with Mariam, midwife and FGM practitioner, al-Shehr, June 25, 2014.

<sup>97</sup> Ibid.

<sup>98</sup> Human Rights Watch interview with Nora, midwife and FGM practitioner, al-Shehr, June 26, 2014.

<sup>99</sup> Human Rights Watch interview with Dr.Abdullah Salem Ben Goth, General Director of the MoPHP's office in coastal Hadramawt, June 25, 2014. Human Rights Watch interview with Sa`id Salmin al-Mu`lm, Health Awareness Director at the MoPHP's office in al-Shehr directorate, al-Shehr, June 26, 2014.

During Dr. Husnia al-Qaderi's field research in 2008 in al-Mahra, she came across cases of mothers and grandmothers doing the mutilation; five victims in al-Mahra also spoke of mothers and grandmothers carrying it out.<sup>100</sup>

Na`ma Sa`ad Qanza`, 60, is a traditional birth attendant from a village in Hodaida governorate with five daughters, four of whom were born in Saudi Arabia and were not mutilated. She said that in her village the woman who carried out mutilations was known as a *rayisa*. The *rayisa* had been trained by her mother who, in turn, had received her training from her mother. She said that the training for practitioners came simply from watching their mothers and then carrying out the procedure on babies.<sup>101</sup>

Amal, the practitioner from al-Mahra, said:

I was trained to perform circumcision by a Bedouin woman, who said it was an important tradition that I needed to learn and preserve. She emphasized that I should only cut a little, warning of the dangers of deeper cutting. My first trial was on my own daughter. I later trained her to perform circumcision.<sup>102</sup>

One doctor told Human Rights Watch that the Ministry of Health held a training session in 1997 at a hotel in Mukalla, Hadramawt, where healthcare professionals were taught how much to cut to comport with "Islamic circumcision." They instructed practitioners to cut some skin roughly the size of a fingernail from the labia minora.<sup>103</sup> Two practitioners said that in 2007 the ministry held a similar training for all healthcare workers on how much to cut in order to be compliant with Islam, and the training was done by doctors and

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<sup>100</sup> Human Rights Watch interview with Dr. Husnia al-Qaderi, lecturer in the faculty of medicine at Sanaa University, Sanaa, April 16, 2014. Human Rights Watch interview with Umm `mar, victim, al-Mahra, August 16, 2014. Human Rights Watch interview with Umm Haytham, victim, al-Mahra, August 16, 2014. Human Rights Watch interview with Umm Muaad, victim, al-Mahra, August 16, 2014. Human Rights Watch interview with Umm Fu`ad, victim, al-Mahra, August 15, 2014. Human Rights Watch interview with Umm Muhammad, victim, al-Shehr, June 26, 2014. Human Rights Watch interview with Lamis Hasn al-Hamdi, lawyer and activist, Mukalla, June 25, 2014.

<sup>101</sup> Human Rights Watch interview with Na`ma Sa`ad Qnza`a, midwife, Hodaida, August 11, 2014. Human Rights Watch telephone interview with Fatima, traditional FGM practitioner, Hodaida, August 12, 2014.

<sup>102</sup> Human Rights Watch interview with Amal, traditional FGM practitioner, al-Mahra, August 14, 2014.

<sup>103</sup> Human Rights Watch interview with Dr. Amal Mabrok Jum`an Bamedhaf, gynecologist, Mukalla, June 25, 2014.

imams.<sup>104</sup> Human Rights Watch asked the Ministry of Health to confirm whether this training had taken place, as alleged, but received no response.

Although the three practitioners Human Rights Watch interviewed acknowledged potential consequences of FGM, including frequent loss of libido, and that it represented a form of violence against women, they all asserted that FGM had no negative effects.<sup>105</sup> They all said that none of the mutilations they had performed had ever caused medical complications.<sup>106</sup> One said, “Sometimes when a woman is not circumcised, it is difficult for her to have intercourse with her husband... the woman’s private parts may obstruct that of the man’s.”<sup>107</sup> Another said, “I am circumcised and I didn’t experience any problems. My married life is perfectly normal and I gave birth to many kids naturally with no complications.”<sup>108</sup>

When asked why they carry out the procedure, two said that if they did not, families would turn to traditional birth attendants who were less skilled and put babies’ lives at risk.<sup>109</sup> One said that she was an FGM practitioner because it was her livelihood; both she and another practitioner claimed that they wished to cease conducting mutilations but felt unable to do so in face of the many requests they received from families to perform the practice.<sup>110</sup>

The practitioners interviewed said they charged between 500 and 1,000 Yemeni Riyal (US\$2.33 to 4.65) for the procedure. Two said they would perform the procedure without payment or for less if a family was impoverished:

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<sup>104</sup> Human Rights Watch interview with Nora, midwife and FGM practitioner, al-Shehr, June 26, 2014. Human Rights Watch interview with Asm'a, midwife and FGM practitioner, Mukalla, June 25, 2014.

<sup>105</sup> Human Rights Watch interview with Nora, midwife and FGM practitioner, al-Shehr, June 26, 2014. Human Rights Watch interview with Mariam, midwife and FGM practitioner, al-Shehr, June 26, 2014. Human Rights Watch interview with Asm'a, midwife and FGM practitioner, Mukalla, June 25, 2014.

<sup>106</sup> Human Rights Watch interview with Asm'a, midwife and FGM practitioner, Mukalla, June 25, 2014. Human Rights Watch interview with Mariam, midwife and FGM practitioner, al-Shehr, June 26, 2014. Human Rights Watch interview with Nora, midwife and FGM practitioner, al-Shehr, June 26, 2014. Human Rights Watch telephone interview with Fatima, traditional FGM practitioner, Hodaïda, August 12, 2014. Human Rights Watch interview with Amal, traditional FGM practitioner, al-Mahra, August 14, 2014.

<sup>107</sup> Human Rights Watch interview with Amal, traditional FGM practitioner, al-Mahra, August 14, 2014.

<sup>108</sup> Human Rights Watch interview with Nur, al-Mahra, August 15, 2014.

<sup>109</sup> Human Rights Watch interview with Nora, midwife and FGM practitioner, al-Shehr, June 26, 2014. Human Rights Watch interview with Mariam, midwife and FGM practitioner, al-Shehr, June 26, 2014.

<sup>110</sup> Human Rights Watch interview with Amal, traditional FGM practitioner, al-Mahra, August 14, 2014. Human Rights Watch telephone interview with Fatima, traditional FGM practitioner, Hodaïda, August 12, 2014.

It's up to the families what they wish to pay me. Some pay money, some offer clothes, incense, or other gifts. In many instances women who I circumcise visit me before their marriage and give me a gift.<sup>111</sup>

### *The Procedure*

Dr. Nagiba Abdulghani al-Shawafi said the majority of procedures take place in the home or at a private clinic.<sup>112</sup> All other interviewees who witnessed mutilations said they were done in the home of the baby girl's family or at the home of the practitioner. One practitioner said that she sometimes carried out the procedure at the local hospital where she works, without the knowledge of her supervisors.<sup>113</sup>

According to the 2003 DHS study, those conducting mutilations used razorblades in 71 percent and scissors in around 20 percent of the procedures.<sup>114</sup>

Dr. Husnia al-Qaderi told Human Rights Watch that young mothers she interviewed often said they had bought new razorblades to use for the procedure, while older mothers told her they took pride in using the razors their husbands use to shave.<sup>115</sup>

One practitioner said she did not take any steps to sterilize her equipment.<sup>116</sup> Another said she rubbed alcohol into her blade to sterilize it.<sup>117</sup> A third said she doused her blade in Clorox, a chlorine based fluid commonly used for bleaching, and then in boiling water.<sup>118</sup> A fourth said she used a new razor blade each time she conducted a procedure, apparently without taking steps to sterilize the blade.<sup>119</sup> One victim told Human Rights Watch that according to her mother, her practitioner had used boiling water to sterilize the blade

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<sup>111</sup>Human Rights Watch interview with Amal, traditional FGM practitioner, al-Mahra, August 14, 2014.

<sup>112</sup> Human Rights Watch interview with Dr. Nagiba Abdulghani al-Shawafi, Deputy Minister for Population Sector in the MoPHP, Sanaa, April 10, 2014.

<sup>113</sup> Human Rights Watch interview with Nora, midwife and FGM practitioner, al-Shehr, June 26, 2014.

<sup>114</sup> MoPHP, "Yemen National Health and Demographic Survey 2003," p. 167

<sup>115</sup> Human Rights Watch interview with Dr. Husnia al-Qaderi, lecturer in the faculty of medicine at Sanaa University, Sanaa, April 16, 2014.

<sup>116</sup> Human Rights Watch interview with Mariam, midwife and FGM practitioner, al-Shehr, June 26, 2014.

<sup>117</sup> Human Rights Watch interview with Samaa, midwife and FGM practitioner, al-Shehr, June 26, 2014.

<sup>118</sup> Human Rights Watch interview with Nora, midwife and FGM practitioner, al-Shehr, June 26, 2014.

<sup>119</sup> Human Rights Watch interview with Asm'a, midwife and FGM practitioner, Mukalla, June 25, 2014.

before cutting her.<sup>120</sup> The other 21 victims and 9 other interviewees told Human Rights Watch that, in their experience, practitioners failed to sterilize their implements.

Mariam, a midwife and FGM practitioner in Hadramawt, described the process she follows:

First, I sterilize the area that I am going to cut with rubbing alcohol, then I cut a bit of the labia minora using scissors and forceps, then I put iodine on the wound and cover it with gauze. Two hours later, I clean it with cotton and water.<sup>121</sup>

Other victims and practitioners spoke of using salt, turmeric, cotton, egg, and sesame oil following the cutting.<sup>122</sup> The 2008 Yemeni Women's Union study found some communities using many different substances including coffee, salt, warm clarified butter, cotton, Arabic gum, urine, pulverized grasshoppers, and mixtures of kohl and turmeric, cotton and dates, antiseptic cream and chamomile, oil and eggs, sugar and eggs, oil and water, and cotton, mud and turmeric powder.<sup>123</sup>

Usually no anesthetic is used because the baby is so young.<sup>124</sup> Only one practitioner interviewed by Human Rights Watch said she planned to start using an anesthetic:

I carry out circumcision here at home and I use a pair of surgical scissors for the cutting. I make sure I sterilize the scissors beforehand by boiling them in a mix of water and soap, then I add Dettol. I don't use anesthetic but I'm planning to start using anesthetic spray, the kind used by dentists. After the cutting I add iodine antiseptic and some turmeric to prevent infection.<sup>125</sup>

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<sup>120</sup> Human Rights Watch interview with Umm Muhammad, victim, al-Shehr, June 26, 2014.

<sup>121</sup> Human Rights Watch interview with Mariam, midwife and FGM practitioner, al-Shehr, June 26, 2014.

<sup>122</sup> Human Rights Watch interview with Umm Ezzat, victim, al-Mahra, August 16, 2014. Human Rights Watch telephone interview with Fatima, traditional FGM practitioner, Hodaïda, August 12, 2014. Human Rights Watch interview with Mariam, midwife and FGM practitioner, al-Shehr, June 26, 2014.

<sup>123</sup> YWU, "Female Genital Mutilation: A religious and Cultural Perspective," 2008, p. 31.

<sup>124</sup> Human Rights Watch interview with Dr. Husnia al-Qaderi, lecturer in the faculty of medicine at Sanaa University, Sanaa, April 16, 2014.

<sup>125</sup> Human Rights Watch interview with Amal, traditional FGM practitioner, al-Mahra, August 14, 2014.

A victim said that in her village practitioners sometimes rubbed onions or cumin on the skin to numb it before cutting.<sup>126</sup>

Fatima Muhammad Qabool, the community social worker in Hadramawt, said that she had seen licensed midwives using anesthetic, but not other practitioners.<sup>127</sup> None of the midwives or other practitioners interviewed used any anesthetic, besides one who said that if the girl was over the age of seven she did.<sup>128</sup>

## Health Consequences of FGM Globally

FGM is medically unnecessary and irreversible.<sup>129</sup> It severely damages the health of millions of girls and women and has immediate and long-term effects on their physical, sexual, and emotional health.<sup>130</sup>

### *Physical Health Consequences*

All types of FGM have numerous acute and chronic physical health consequences, including implications for reproductive health.<sup>131</sup> The most immediate consequences include death and the risk of death from hemorrhaging, and shock from the pain and level of trauma that may accompany the procedure. Heavy bleeding can be particularly life-threatening in a context of limited access to emergency health care. Serious sepsis may also occur, especially when unsterile cutting instruments such as razor blades are used.

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<sup>126</sup> Human Rights Watch interview with Wahba Bint Abdullah, midwife, Hodaïda, August 11, 2014.

<sup>127</sup> Human Rights Watch interview with Fatima Muhammad Qabool, unlicensed community social worker, al-Shehr, June 26, 2014.

<sup>128</sup> Human Rights Watch interview with Nora, midwife and FGM practitioner, al-Shehr, June 26, 2014.

<sup>129</sup> World Health Organization, "Factsheet no. 241: Female Genital Mutilation Factsheet," February 2014, <http://www.who.int/mediacentre/factsheets/fs241/en/> (accessed October 6, 2014).

See also Nahid Toubia, "Female Circumcision as a Public Health Issue," *The New England Journal of Medicine*, vol. 331, no. 11, (September 1994), pp.712-716.

<sup>130</sup> International Federation of Gynecology and Obstetrics passed a resolution on FGM in 1996. International Federation of Gynecology and Obstetrics, "Ethical Issues in Obstetrics and Gynecology," October 2012, <http://www.figo.org/sites/default/files/uploads/wg-publications/ethics/English%20Ethical%20Issues%20in%20Obstetrics%20and%20Gynecology.pdf> (accessed August 28, 2014), p. 22.

World Health Organization, "Eliminating Female Genital Mutilation," [http://whqlibdoc.who.int/publications/2008/9789241596442\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241596442_eng.pdf), p.1.

World Health Organization, "Factsheet no. 241: Female Genital Mutilation Factsheet," February 2014, <http://www.who.int/mediacentre/factsheets/fs241/en/> (accessed October 6, 2014).

<sup>131</sup> See for example S. De Silva, "Obstetric Sequelae of Female Circumcision," *European Journal of Obstetric and Gynecological Reproductive Biology*, vol. 32, no. 3, (September 1989), pp. 233 – 240.

The risk of infection increases when the same instrument is used to cut several girls. Acute urinary retention may also result from swelling and inflammation around the wound.<sup>132</sup>

Long-term complications include anemia, the formation of cysts, painful sexual intercourse, sexual dysfunction, and hypersensitivity in the genital area. More recent research shows that women who have experienced any type of FGM, including clitoridectomy, run a greater risk of complications during childbirth. Pregnant women carry a greater risk of needing a caesarean section or an episiotomy and may experience postpartum hemorrhage. All types of FGM also have detrimental health effects on fetuses, and women who have been cut may run an elevated risk of a stillbirth. Newborn babies may suffer from early neonatal death and may have lower birth weight. Obstetric complications increase depending on the extensiveness of the procedure.<sup>133</sup>

FGM has also been associated with infertility. This may be attributed to a number of factors that include infections or inadequate penetration during sexual intercourse. In communities where fertility and childbirth constitute major roles for women, the failure to produce children is most often blamed on women. This may result in the rejection of the infertile woman by her husband and his family.<sup>134</sup>

### *Sexual Health Consequences*

FGM involves the partial or total removal of the external female genitalia. The clitoris, labia majora, and labia minora comprise what is known as the vulva. The clitoris is covered by a prepuce. The glans part of the clitoris, visible externally, is a specialized female sexual organ that serves the function of female sexual stimulation and pleasure. The clitoris constitutes the “primary female erogenous zone from which all orgasms are thought to originate.”<sup>135</sup> The vagina is a reproductive organ that has minimal sensory capacity for sexual response.<sup>136</sup> The removal of the clitoris thus impairs normal female sexual response

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<sup>132</sup> R.J. Cook et al., “Female Genital Cutting (Mutilation/Circumcision): Ethical and Legal Dimensions,” *International Journal of Gynecology and Obstetrics*, vol. 79, (2002), pp. 281-287.

<sup>133</sup> World Health Organization, “Progress in Sexual and Reproductive Health Research: Female genital mutilation-new knowledge spurs optimism,” vol. 72, (2006), p. 7.

<sup>134</sup> Padmini Murthy, Clyde Lanford Smith, *Women’s Global Health and Human Rights*, p. 302.

<sup>135</sup> Mumtaz Rashid and Mohammed H. Rashid, “Obstetric Management of Women with Female Genital Mutilation,” *The Obstetrician and Gynecologist*, 2007, pp. 95-101.

<sup>136</sup> Nahid Toubia, “Female Genital Mutilation,” in Julie Peters and Andrea Wolper, eds., *Women’s Rights Human Rights: International Feminist Perspectives* (New York: Routledge, 1995), p.229.



and “takes away the primary specialized female sexual organ, dense with nerve endings and dedicated only to pleasure.”<sup>137</sup> Nahid Toubia, a Sudanese surgeon and human rights activist, explains that “FGM removes the women’s sexual organ and leaves her reproductive organs intact.”<sup>138</sup>

FGM has severe consequences for a woman’s sexual and psychosexual health. Both the clitoris and the labia minora are supplied with large sensory nerve receptors. These nerve receptors and fibers are highly concentrated in the tip of the clitoris. When young girls undergo clitoridectomy or any other form of FGM, these sensory receptors are damaged and often result in the impairment of female external genitalia, and affect female sexual response.<sup>139</sup>

Studies that document the sexual health consequences of FGM show that when women undergo any form of FGM, they may experience physical pain during intercourse and lack physical pleasure during sex. “The missing structures and tissue of a woman’s sexual organs have negative effects on a woman’s sexual desire, arousal, sexual pleasure, and satisfaction.”<sup>140</sup>

It is already known that psychological aspects of sexuality affect sexual responses—and this is also one of the consequences of FGM. Pandmini Murthy and Clyde Lanford Smith, in *Women’s Global Health and Human Rights*, explain that the “trauma of [female] circumcision may always influence a woman’s sex life.”<sup>141</sup> In fact, psychosexual problems may result from the pain associated with the procedure, or painful menstruation, or intercourse that may occur as a result of the procedure. Recurring episodes of lack of sexual desire and enjoyment during intercourse may also result in psychosexual health complications.<sup>142</sup>

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<sup>137</sup> Ibid.

<sup>138</sup> Ibid.

<sup>139</sup> The International Society of Dermatology, “Stop female genital mutilation: an appeal to the international dermatologic community,” *International Journal of Dermatology*, vol. 41, (2002), pp. 253-263.

<sup>140</sup> When a woman’s sexual organs and tissues are impaired, other sexually sensitive parts of her body—breasts, lips, neck, and earlobes—become more sensitive to make up for the lack of sexual stimulation in her genitalia.

Padmini Murthy, Clyde Lanford Smith, *Women’s Global Health and Human Rights*, (Massachusetts: Jones and Bartlett Publishers, 2010), p. 465.

<sup>141</sup> Ibid.

<sup>142</sup> The International Society of Dermatology, “Stop female genital mutilation,” *International Journal of Dermatology*, pp. 253-263.

### *Mental and Emotional Health Consequences*

Research that has examined the effects of FGM on mental and emotional health indicates that FGM causes varying degrees of emotional difficulties that may lead to psychiatric disorders. The psychological consequences of FGM may be caused by a loss of trust or a sense of betrayal by a close family member. Girls are often accompanied to the traditional FGM practitioner's home by their mothers, aunts, or grandmothers without any prior knowledge about where they are going and what is to be done to them. In other instances, close female relatives or neighbors, instead of traditional FGM practitioner, carry out the procedure on their own girls.<sup>143</sup> Other studies have also reported women's feelings of anger and helplessness.<sup>144</sup>

Research has linked FGM with depression, anxiety, phobias, post-traumatic stress disorder (PTSD), psychosexual problems, and other mental health problems.<sup>145</sup> The prevalence of PTSD is likely to be higher in girls and women who undergo more severe forms of FGM. The prevalence of PTSD may increase if the girl or woman suffered severe complications as a result of the procedure. PTSD may also occur when flashbacks are triggered by reminders of the procedure. These memory triggers may occur during sexual intercourse, during gynecological exams, and even during childbirth and delivery.<sup>146</sup>

Chronic pain in women who undergo FGM is often the result of either trauma or physical complications they may have experienced while undergoing the procedure. Complications may include infections, painful menstrual periods, and urination difficulties.<sup>147</sup> Chronic pain also causes girls and women to experience distress and feelings of sadness. Social isolation, feelings of worthlessness and of guilt may also increase as a result.<sup>148</sup> As one

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<sup>143</sup> James Whitehorn et al., "Female genital mutilation: cultural and psychological implications," *Sexual and Relationship Therapy*, vol. 17, no. 2, 2002, pp. 161–170.

<sup>144</sup> Alean Al-Krenawi and Rachel Wisel-Lev, "Attitudes Toward and Perceived Psychosocial Impact of Female Circumcision as Practiced Among the Bedouin-Arabs of the Negev," *Fam Process* 38 (1999): 431, accessed June 6, 2014, doi:10.1111/j.1545-5300.1999.00431x.

<sup>145</sup> See, for example, Alice Behrendt and Steffen Moritz, "Posttraumatic Stress Disorder and Memory Problems after Female Genital Mutilation," *American Journal of Psychiatry*, vol. 162, (2005), pp.1000-1002; Mohammed El-Defrawi, et al., "Female Genital Mutilation and its Psychosexual Impact," *Journal of Sex and Marital Therapy*, vol.27, no. 5, (October 2001), pp. 465-473; James Whitehorn et al., "Female Genital Mutilation: Cultural and Psychological Implications," *Sexual and Relationship Therapy*, pp. 161-170.

<sup>146</sup> James Whitehorn et al., "Female Genital Mutilation: Cultural and Psychological Implications," *Sexual and Relationship Therapy*, pp. 161-170.

<sup>147</sup> World Health Organization, "Female Genital Mutilation and Obstetric Outcome," 2006, <http://www.who.int/reproductivehealth/publications/fgm/fgm-obstetric-study-en.pdf?ua=1> (accessed June 6, 2014), pg. 6.

<sup>148</sup> Ibid.

report has found, FGM can be a “source of personal and collective identity.” Women that undergo the procedure have reported feelings of empowerment and social acceptance. On the other hand, failure to undergo the procedure can lead women to be ostracized from society. This includes feelings of exclusion, shame, stigmatization, and loss of honor and social position.<sup>149</sup>

## Consequences of FGM for Yemeni Girls and Women

As described above, research around the world has established that female genital mutilation, from its mildest to the most severe forms, has negative consequences for girls’ and women’s health. Yemeni healthcare professionals report that the picture in Yemen is no different.

When asked about medical complications in the 2003 Data Health Survey, a majority of women reported that their daughters experienced some type of complication from having been mutilated. Bleeding was the most frequent complication, mentioned by 67 percent of mothers, followed by severe pain (55 percent), fever or infection (51 percent), difficulty in passing urine (32 percent), swelling (36 percent), and pus (21 percent).<sup>150</sup> Overall, 12 percent of the women reported that their daughters experienced “frequent” complications.

Victims and doctors interviewed by Human Rights Watch cited bleeding, inflammations, menstrual problems, pain and severe bleeding during intercourse and delivery, infertility and lack of an ability to get sexually aroused as the main consequences of FGM, including depression sometimes stemming from these consequences.

The 2008 study done by the Yemeni Women’s Union found that out of 88 women who had been mutilated, 80 suffered from hemorrhaging following the mutilation.<sup>151</sup> A mother of five and pregnant at the time of the interview, told Human Rights Watch, “When I have sex I am in a lot of pain, but delivery is even worse. After I give birth there are tears that

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<sup>149</sup> Rigmor C. Berg, Eva Denison, and Atle Fretheim, “Psychological, Social and Sexual Consequences of Female Genital Mutilation/Cutting (FGM/C): A Systematic Review of Quantitative Studies,” Norwegian Knowledge Centre for the Health Services. 13 (2010) (accessed June 6, 2014).

<sup>150</sup> MoPHP, “Yemen National Health and Demographic Survey 2003,” p. 168

<sup>151</sup> YWU, “Female Genital Mutilation: A religious and Cultural Perspective,” 2008, p. 29

need to be sewn up. This has happened all five times, and I am scared it will happen when I give birth again.”<sup>152</sup>

All of the healthcare professionals interviewed said that they also frequently saw patients with cysts.<sup>153</sup> One doctor said that about a third of her mutilated patients experience recurring infections, some are infertile, some get abscesses, and on rare occasions she sees urine incontinence, which occurs when the mutilation causes trauma to the sphincter.<sup>154</sup>

A victim told Human Rights Watch,

My cousin was circumcised when she was 20 days old. The practitioner tied the two labia minora together and cut the rest. At age 7, the family decided that it was ugly and had the practitioner come back and cut everything. Now she is 11 years old and has a large cyst. We took her to the doctor, but we don’t know what will happen to her.<sup>155</sup>

One practitioner said she had witnessed at least three girls going into shock following the procedure.<sup>156</sup>

Nonetheless, out of 1,146 women interviewed for the 2001 Ministry of Health study, 72 percent believed that FGM has no health effects and out of 972 women, 79 percent answered that their daughters underwent FGM because they did not believe that it would affect their health.<sup>157</sup> Umm Ezzat, a victim in al-Mahra, told Human Rights Watch:

The type of FGM practiced in al-Mahra is harmless and involves removing only a miniscule part of the clitoris. Problems occur with other types of FGM where bigger portions of the flesh are removed, or if the person that

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<sup>152</sup> Human Rights Watch telephone interview with Umm Walid, victim, Hodaida, August 27, 2014.

<sup>153</sup> Human Rights Watch interview with Dr. Sa`ad Awadh Bashbeeb, gynecologist, al-Ghaida hospital, al-Mahra, August 14, 2014.

<sup>154</sup> Human Rights Watch interview with Dr. Ashwaq Moharm, deputy manager of the health office within the MoPHP, Hodaida August 11, 2014.

<sup>155</sup> Human Rights Watch interview with Umm Muhammad, victim, al-Shehr, June 26, 2014.

<sup>156</sup> Human Rights Watch interview with Mariam, midwife and FGM practitioner, al-Shehr, June 26, 2014.

<sup>157</sup> MoPHP and the Pacific Institute for Women’s Health, “Female circumcision results of a study of selected areas of Yemen,” June 2001, p. 27-28.

performed the circumcision did so without proper attention. We also ensure it is done when the baby is very small, no older than three days.<sup>158</sup>

Amal, the practitioner from al-Mahra, said:

Taking precautions is essential in circumcision. Problems and complications occur only in cases where cutting form is severe, where practitioners remove the clitoris and the labia. This severe form is common in some areas in al-Mahra. Sometimes people from that area come and ask me to remove everything but I refuse. I only perform the type where just the tip of the clitoris is removed...

I have not personally had any problems or complications when doing the procedure. There was just one time where the girl was bleeding after the procedure and her mother got scared. I just dabbed the spot with some iodine antiseptic and turmeric, and the girl was fine.<sup>159</sup>

The lack of health care in many rural areas of Yemen, particularly emergency care, makes FGM a potentially deadly procedure. When babies in rural areas are cut and bleed severely, they are unlikely to have access to life-saving care. They may have homes too far from the nearest hospital to save their lives if complications arise.<sup>160</sup>

Because the government keeps no official data on deaths associated with FGM—there is no policy in hospitals of recording whether the cause of death for young girls is related to FGM—the number of girls who have lost their lives due to the practice is unknown.

Na`ma Sa`ad Qnza`a told Human Rights Watch that she recalled the deaths of five or six girls in her village due to mutilation. She said that most cases she had witnessed resulted in bleeding, to which mothers commonly responded by apply three leaves to the wound. Several other interviewees said they were aware of deaths specifically arising from FGM. Amal told Human Rights Watch:

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<sup>158</sup>Human Rights Watch interview with Umm Ezzat, victim, al-Mahra, August 16, 2014.

<sup>159</sup>Human Rights Watch interview with Amal, traditional FGM practitioner, al-Mahra, August 14, 2014.

<sup>160</sup> Human Rights Watch interview with Umm Qasem, victim, Mukalla, June 25, 2014. Human Rights Watch telephone interview with Umm Walid, victim, Hodaïda, August 27, 2014. Human Rights Watch interview with Umm Mahmoud, victim, Hodaïda, August 11, 2014.

I have heard of some cases of death due to FGM. And I personally knew of one instance about three years ago where an old, visually-impaired practitioner cut and damaged an artery. The girl bled to death very quickly. Cases of bleeding can be common if the practice is not executed with care. When there is severe bleeding, you can either try to stitch up the wound, or apply iodine and some pressure to the wound until the bleeding stops.<sup>161</sup>

A victim from al-Mahra accidentally killed her own daughter during mutilation:

I have five daughters, all except the last one, who is 18 years old, are circumcised. I performed the circumcision for them. I became a strong opponent after one of my daughters died because of the procedure. Killing my daughter haunts me.<sup>162</sup>

The risk of infection is likely to increase where traditional FGM practitioners use unclean blades, which is a frequent occurrence in Yemen, and when the same blade is used to cut several girls. Since infections are only documented when women seek care, it is difficult to ascertain the extent of these complications. Even where women and girls do seek care, the Ministry of Public Health and Population does not have policies or guidelines to help hospitals or clinics to systematically document and monitor the health consequences of FGM.

There may be an increased risk of HIV and other sexually transmitted disease (STD) because instruments are often unsterilized and practitioners reuse blades. There may be repeated cutting and stitching during labor, and there is a higher chance of lacerations and abrasions during intercourse.<sup>163</sup>

Because FGM in Yemen is practiced at such a young age, another medical problem is spontaneous adhesion of the skin leading to the closure of the hole, something that all the healthcare professionals interviewed had seen in their work. Dr. Arwa al-Rabi'i, a gynecologist in Sanaa, told Human Rights Watch:

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<sup>161</sup>Human Rights Watch interview with Amal, traditional FGM practitioner, al-Mahra, August 14, 2014.

<sup>162</sup>Human Rights Watch interview with Umm Fu'ad, victim, al-Mahra, August 15, 2014.

<sup>163</sup> Al-Qaderi, Husnia. "Situation Analysis on Female Genital Mutilation/Cutting (FGM) in Yemen," June 2008, p. 4. Human Rights Watch interview with Dr. Ashwaq Moharm, deputy manager of the health office within the MoPHP, Hodaida August 11, 2014.

Two months ago a girl of 16, half Somali half Yemeni, came into my clinic with her husband, who was half Yemeni half Nigerian, two weeks after their wedding – they were a very poor couple. He was complaining that when he tried to sleep with her, she would cry and scream in pain. He tried to penetrate her but could not because her opening was so small. He said that if he was unable to consummate the marriage he wanted to get a divorce. I examined the girl, who insisted that she could not get a divorce – it would be a scandal to her family. Upon examination I realized that she had had type III FGM as a baby. After the procedure there had been spontaneous adhesion of the skin and now the hole left was so small that it would be impossible to have intercourse, and even urine came out of the same small hole. I carried out surgery without charge in order to open up the hole. Upon doing the surgery I saw that there had been years of poor hygiene that led to inflammation and serious infection.<sup>164</sup>

One practitioner said she was asked to rectify cases of adhesion as well:

I use a kohl applicator (*mee*) to part the labia in instances where adhesion occurs. I had one case of a 6-month-old girl who had been circumcised in Oman and the person who performed the procedure didn't take the right precautions and applied Vaseline to the wound after the procedure, which led to adhesion of the labia. The girl later had inflammations and her family brought her to me to open it up.<sup>165</sup>

Dr. Husnia al-Qaderi said she heard complaints of bleeding most often, and spontaneous adhesion, which she said was worsened by the different natural products that are applied after the procedure. She had interviewed several girls who had required surgery in order to have intercourse upon getting married, as well as a surgeon in Hadramawt, who regularly carries out such surgery for girls. He had told his wife he did not want his daughters to

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<sup>164</sup> Human Rights Watch interview with Dr. Arwa al-Rabi'i, gynecologist, Sanaa, April 2, 2014.

<sup>165</sup> Human Rights Watch interview with Amal, traditional FGM practitioner, al-Mahra, August 14, 2014.

undergo the procedure but she and her mother had insisted and arranged for the procedure to be carried out without his knowledge.<sup>166</sup>

Midwife Wahba Bint Abdullah told Human Rights Watch, “I have seen several cases of girls that got their first period but were not bleeding because of spontaneous adhesion. They needed surgery.”<sup>167</sup>

Dr. Nagiba Abdulghani al-Shawafi said she had witnessed many cases of spontaneous adhesion requiring surgery to make intercourse possible.<sup>168</sup>

Because of adhesion, victims often bleed much more during pregnancy, something that doctors themselves struggle to deal with.<sup>169</sup> Given the reality that only 30 percent of births in Yemen take place in medical facilities, this represents a challenge to midwives, who are ill-equipped to stop the bleeding, and a danger to the lives of the women giving birth.<sup>170</sup>

Dr. Arwa al-Rabi`i told Human Rights Watch that the most prevalent side effect of FGM that she has seen is the loss of libido which, she said, had often caused serious marital complications.<sup>171</sup> A 2008 study done by the Yemeni Women’s Union found that 45 percent of 600 mutilated women surveyed reported that they were unable to experience pleasure during sexual intercourse.<sup>172</sup>

Dr. Husnia al-Qaderi, former head of the Gender Development Research Studies Center, said that she had interviewed mutilated young women in 2008 in al-Mahra and Hadramawt who refused to marry because they had heard that they would face problems because they would be unable to satisfy their husbands sexually.<sup>173</sup>

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<sup>166</sup> Human Rights Watch interview with Dr. Husnia al-Qaderi, lecturer in the faculty of medicine at Sanaa University, Sanaa, April 16, 2014.

<sup>167</sup> Human Rights Watch interview with Wahba Bint Abdullah, midwife, Hodaïda, August 11, 2014.

<sup>168</sup> Human Rights Watch interview with Dr. Nagiba Abdulghani al-Shawafi, Deputy Minister for Population Sector in the MoPHP, Sanaa, April 10, 2014.

<sup>169</sup> Human Rights Watch telephone interview with Ali al-Haimi, Deputy Minister for Sector of Curricula and Supervision within the Ministry of Education, Sanaa, July 7, 2014.

<sup>170</sup> MoPHP, “Yemen National Health and Demographic Survey 2013,” May 2014, p. 16.

<sup>171</sup> Human Rights Watch interview with Dr. Arwa al-Rabi`i, gynecologist, Sanaa, April 2, 2014.

<sup>172</sup> YWU, “Female Genital Mutilation: A religious and Cultural Perspective,” 2008, p. 31.

<sup>173</sup> Human Rights Watch interview with Dr. Husnia al-Qaderi, lecturer in the faculty of medicine at Sanaa University, Sanaa, April 16, 2014.



A victim told Human Rights Watch that mutilated women, “are under constant fear and pressure, they wish the sun doesn’t set and the time for intercourse doesn’t arrive.”<sup>174</sup>

Dr. Husnia al-Qaderi told Human Rights Watch that a man she had interviewed in al-Mahra had said to her, “I have two refrigerators at home, one is for food, and one is my wife.” She said many women expressed envy towards uncircumcised women in northern Yemen.<sup>175</sup> One man from al-Mahra told Human Rights Watch:

I feel circumcision greatly affects husbands. In my case, my wife doesn’t get sexually aroused because she is circumcised and that affects our ability to experience pleasure during intercourse. I hear from other male friends from other governorates about their sexually active and fulfilling marital lives and always feel upset and sad that I cannot enjoy a similar experience. I even sometimes contemplate marrying a second wife from outside al-Mahra. Many of my Mahri male friends complain about the same thing and I hear that some wives tell their husbands to pleasure themselves. Some men take a different path and try to fulfil their sexual pleasures outside marriage, often with women from outside al-Mahra. One of my friends keeps saying he would be willing to pay any amount of money to reverse his wife’s circumcision through surgery or any other measures. He says he loves his wife very much and wishes they could have a fulfilling sexual life. I used to support circumcision before I got married, but after seeing how it affects my marriage, and after learning more about its harmful effects on women, I personally strongly oppose it.<sup>176</sup>

Dr. Ahlam Ben Brik, lecturer on community medicine in the faculty of medicine at Mukalla University in Hadramawt, told Human Rights Watch that she had carried out a study among men locally, 32 percent of whom said that FGM affected intercourse with their wife, while

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<sup>174</sup> Human Rights Watch interview with Umm Fu`ad, victim, al-Mahra, August 15, 2014.

<sup>175</sup> Human Rights Watch interview with Dr. Husnia al-Qaderi, lecturer in the faculty of medicine at Sanaa University, Sanaa, April 16, 2014.

<sup>176</sup> Human Rights Watch interview with Mahmoud, local man, al-Mahra, August 16, 2014.

58 percent reported that they would not marry women or girls who had been mutilated because of the negative impact this has on sexual intercourse.<sup>177</sup>

There is also an important link between the practice of FGM and early and child marriage in Yemen, one of the few countries in the Middle East and North Africa without a minimum age for marriage. It is difficult to get accurate numbers on rates of early marriage, but a 2013 UNICEF survey showed that about one in five women between 15-49 years old had been married by the time they were 15 years old.<sup>178</sup>

According to Dr. Husnia al-Qaderi and Dr. Vitnam al-Musli, both practices are frequently justified as “protecting” the girl, and both are driven by fears that a girl may jeopardize the family’s honor by engaging in premarital sex.<sup>179</sup> As Lamya al-Eryani pointed out to Human Rights Watch, both practices also impinge on the sexual rights of girls. She said she considered child marriage and FGM the two most important child rights issues currently confronting Yemen.<sup>180</sup>

Midwife Wahba Bint Abdullah told Human Rights Watch that in her experience FGM can sometimes prevent child marriage. “Families with circumcised girls are less worried about their daughter making a mistake and therefore are in less of a rush to marry her off,” she said.<sup>181</sup>

One victim said that regardless of the reasons behind either practice, when the two overlap, the results are the most dangerous; a young girl who is mutilated is likely to bleed even more extremely during sex and is more likely to die as a result.<sup>182</sup>

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<sup>177</sup> Human Rights Watch interview with Dr. Ahlam Ben Brik, lecturer on community medicine in the faculty of medicine at Mukalla University, June 25, 2014.

<sup>178</sup> UNICEF and The Republic of Yemen, “Situation Analysis of Children in Yemen 2014”, 2014, [http://www.unicef.org/mena/MENA-Situation\\_Analysis\\_report\\_-\\_English\\_Final\(1\).pdf](http://www.unicef.org/mena/MENA-Situation_Analysis_report_-_English_Final(1).pdf) (accessed August 4, 2014), p. 228. UNICEF, “Yemen Baseline Survey Report,” July 2013, p. 96.

<sup>179</sup> Human Rights Watch interview with Dr. Husnia al-Qaderi, lecturer in the faculty of medicine at Sanaa University, Sanaa, April 16, 2014. Human Rights Watch interview with Dr. Vitnam al-Musli, gynecologist, Mukalla, June 25, 2014.

<sup>180</sup> Human Rights Watch interview with Lamya al-Eryani, Secretary General of the high council for motherhood and childhood, Sanaa, July 8, 2014.

<sup>181</sup> Human Rights Watch interview with Wahba Bint Abdullah, midwife, Hodaida, August 11, 2014. Human Rights Watch interview with Umm Abdullah, victim, Hodaida, August 11, 2014.

<sup>182</sup> Human Rights Watch interview with Umm Mahmoud, victim, Hodaida, August 11, 2014.

According to Imam Ghalb Ali Hasan al-Waqdi, who works at the Ministry of Endowments, both child marriage and FGM threaten healthy pregnancy and delivery and often lead to divorce. He said that in his experience, many men, particularly those whose religious beliefs would prevent their seeking sexual satisfaction through an adulterous relationship, have divorced their mutilated wives because they cannot achieve sexual satisfaction with them.<sup>183</sup> Other interviewees also mentioned FGM as a cause of divorce.<sup>184</sup>

While not against FGM in principle, Imam Hamood Ali al-Sa`idi said that all forms of FGM currently practiced in Yemen violated the version of the procedure allowed by Islam, which permits only a tiny cut the size of a finger nail.<sup>185</sup> He described FGM, as it is practiced in Yemen, as a form of violence against women and a violation of both Islam and basic human values.

One victim told Human Rights Watch:

I am not yet married, but when I have a daughter I will not have her circumcised. I am against the practice because I witnessed with my own eyes that my baby cousin had to be hospitalized to stop the bleeding after circumcision. We don't know if the practice is right or wrong but I believe we should avoid practices that are likely to cause more harm than benefit.<sup>186</sup>

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<sup>183</sup> Human Rights Watch interview with Ghalb Ali Hasan al-Waqdi, guidance and awareness executive within the Ministry of Endowments, Hodaïda, August 12, 2014.

<sup>184</sup> Human Rights Watch interview with Lamis Hasn al-Hamdi, lawyer and activist, Mukalla, June 25, 2014. Human Rights Watch interview with Umm Hana', victim, al-Shehr, June 26, 2014.

<sup>185</sup> Human Rights Watch interview with Hamood Ali al-Sa`idi, undersecretary for guidance affairs at the Ministry of Endowments and Guidance, Sanaa, July 8, 2014.

<sup>186</sup> Human Rights Watch interview with Umm Hilal, victim, al-Mahra, August 15, 2014.

## II. Female Genital Mutilation – a Human Rights Issue

FGM began to be recognized worldwide as a form of violence against women and a human rights violation in the early 1990s.

In 1993, the World Conference on Human Rights in Vienna recognized women's rights as integral to and indivisible from human rights. The World Conference declared that gender-based violence, including violence stemming from culture, had to be eliminated. Two years later, in 1995, the Fourth World Conference on Women, the Beijing Conference, called on governments to enact and enforce legislation against FGM.<sup>187</sup>

In 2001, the World Health Assembly officially recognized FGM as a human rights violation.<sup>188</sup> The year following, in 2002, Yemen adopted the Cairo Declaration for the Elimination of FGM, which characterized FGM as a violation of women's and girl's human rights. The Declaration stated that:

Governments, in consultation with civil society, should adopt specific legislation addressing FGM in order to affirm their commitment to stopping the practice and to ensure women's and girl's human rights.<sup>189</sup>

In 2004, the Committee on the Rights of the Child, the body charged with interpreting the Convention on the Rights of the Child, called attention to FGM, referring to it as a "harmful traditional practice." The committee emphasized that countries are obliged "to protect adolescents from all harmful traditional practices," including female genital mutilation.<sup>190</sup> The committee recognized that parents and guardians have an important role in making decisions for their children with regard to such practices, but ultimately

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<sup>187</sup> UN Fourth World Conference on Women, "Platform for Action," U.N. Doc. A/CONF.177/20/REV.1, September 1995, <http://www.un.org/womenwatch/daw/beijing/platform/health.htm> (accessed November 5, 2014).

<sup>188</sup> UN Commission on Human Rights, "Report of the Special Rapporteur on violence against women, its causes and consequences," E/CN.4/2002/83, January 31, 2002, [http://ap.ohchr.org/documents/alldocs.aspx?doc\\_id=2920](http://ap.ohchr.org/documents/alldocs.aspx?doc_id=2920) (accessed November 5, 2014).

<sup>189</sup> The National Council of Childhood and Motherhood, "Cairo Declaration for the Elimination of FGM," June 23, 2002, [http://www.childinfo.org/files/fgmc\\_Cairodeclaration.pdf](http://www.childinfo.org/files/fgmc_Cairodeclaration.pdf) (accessed November 5, 2014).

<sup>190</sup> United Nations. "Report of the Committee on the Rights of the Child: Supplement Number 41," 2004, p. 111.

held that governments are responsible for tackling violations of children's rights such as FGM.<sup>191</sup>

Over the last 10 years, other UN entities, including UN agencies, treaty bodies, and the UN General Assembly, have called for an end to FGM, as have special rapporteurs appointed by the UN Human Rights Council. International human rights frameworks have addressed FGM both as a health issue and as a form of violence against children and women.

## Right to Health

The right to health is broadly recognized in international human rights law. The International Covenant on Economic, Social and Cultural Rights (ICESCR) in article 12, articulates “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”<sup>192</sup> The ICESCR further states that the rights guaranteed in the Covenant are non-discriminatory and should be afforded to all people regardless of age, sex, color, or other affiliations.<sup>193</sup>

In 2000, the Committee on Economic, Social and Cultural Rights, the UN body that monitors the implementation of the ICESCR, adopted Comment No. 14 on the right to the highest attainable standard of health. Comment No. 14 specifically outlines states' obligations to “respect, protect and fulfil” the right to health.<sup>194</sup> The Comment makes specific reference to the obligations of governments to address women's and girls' health, including by adopting effective and appropriate measures to abolish FGM.<sup>195</sup>

The Committee stated that the obligation to protect requires states to take adequate measures to ensure that third parties do not interfere with the right to health. This obligation urges governments to adopt legislation or to take other measures “to prevent third parties from coercing women to undergo traditional practices, e.g. female genital

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<sup>191</sup> Centre to End Violence against Women Now, “Developing Legislation on Violence against Women and Girls, May 2011, <http://www.endvawnow.org/uploads/modules/pdf/1355776748.pdf>, (accessed July 9, 2014), p. 413.

<sup>192</sup> ICESCR, art. 12.

<sup>193</sup> Ibid., art. 2(2).

<sup>194</sup> UN Committee on Economic, Social and Cultural Rights (CESCR), “Substantive Issues Arising in the Implementation of the International Covenant on Economic, Social and Cultural Rights,” General Comment No. 14, The Right to the Highest Attainable Standard of Health, E/C.12/2000/4 (2000), <http://www.refworld.org/docid/4538838do.html> (accessed November 5, 2014), para. 33.

<sup>195</sup> Ibid, para. 22.

...mutilation; and to...protect all vulnerable...groups of society, in particular women, children, adolescents...in the light of gender-based expressions of violence.”<sup>196</sup> The Committee found that such violations include “the failure to protect women against violence or to prosecute perpetrators; the failure to discourage the continued observance of harmful traditional...or cultural practices.”<sup>197</sup>

The obligation to fulfill, as articulated in the Comment, requires states to adopt appropriate legislative measures towards the full realization of the right to health.<sup>198</sup> These obligations include “the promotion of...health education, as well as information campaigns, in particular with respect to...sexual and reproductive health, traditional practices, domestic violence.”<sup>199</sup> The Committee notes that “it is also important to undertake preventative, promotive and remedial action to shield women from the impact of harmful traditional cultural practices and norms that deny them their full reproductive rights.”<sup>200</sup>

Other international treaties, including CEDAW, obligate states to eliminate discrimination and violence against women in the healthcare field and ensure access to healthcare services.<sup>201</sup> In its General Recommendation on Women and Health adopted in 1999, the CEDAW Committee, the body responsible for monitoring implementation of the CEDAW convention, recommended that governments devise and implement laws that prohibit FGM.<sup>202</sup> The CEDAW Committee’s General Recommendation No. 14 on Female Circumcision, adopted in 1990, notes that states should include appropriate strategies in their national health policies aimed at eradicating female mutilation in public health care.<sup>203</sup> The recommendation urges states to seek assistance from appropriate UN agencies and to include measures to end FGM in their reports to the Committee.<sup>204</sup>

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<sup>196</sup> Ibid., para. 35.

<sup>197</sup> Ibid., para. 51.

<sup>198</sup> Ibid.

<sup>199</sup> Ibid., para. 36.

<sup>200</sup> Ibid., para. 21.

<sup>201</sup> CEDAW, art. 12(1).

<sup>202</sup> CEDAW Committee, General Recommendation No. 24, Women and Health, A/54/38/Rev.1, chap. I (1999), <http://www.refworld.org/docid/453882a73.html> (accessed November 5, 2014 ), para. 15(d).

<sup>203</sup> These strategies may include the special responsibility of health personnel and traditional birth attendants to explain the harmful effects of female circumcision. CEDAW Committee, General Recommendation No. 14, Female Circumcision, U.N. Doc. A/45/38 (1990), <http://www.refworld.org/docid/453882a30.html> (accessed November 5, 2014), paras a, b, and d.

<sup>204</sup> Ibid., paras iv(b) and (c).

## Right to Access Accurate Health Information

The CESCR recognizes “the right to seek, receive and impart information and ideas related to health” as an important component to attaining the right to health.<sup>205</sup> The right to access health-related information translates into both negative and positive obligations on the part of the state. On the one hand, the state is obligated to refrain from limiting access to information and from providing erroneous information. On the other hand, it needs to ensure access to full and accurate information.

These obligations, as they relate to FGM, have been elaborated upon in various documents by treaty monitoring bodies and special rapporteurs. The CEDAW Committee’s General Recommendation on Female Circumcision recognizes information as a key tool to abolishing FGM. It notes that efforts to collect and disseminate data on FGM should be made by universities, medical associations, and nongovernmental organizations.<sup>206</sup>

The CESCR recognizes the importance of access to information in the realization of women’s right to health: “The realization of women’s right to health requires the removal of all barriers interfering with access to health services, education and information.”<sup>207</sup>

The Committee on the Rights of the Child also urges states to implement education campaigns aimed at changing attitudes towards the practice and ones that address gender stereotypes that contribute to harmful practices such as FGM.<sup>208</sup> The Committee stated that multidisciplinary information and advice centers should be established to facilitate information sharing about harmful practices including female genital mutilation.<sup>209</sup>

## Right to be Free from Violence

The Declaration on the Elimination of Violence against Women, adopted by the UN General Assembly in 1993, defines violence against women as “any act of gender-based violence that

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<sup>205</sup> CESCR, “Substantive Issues Arising in the Implementation of the International Covenant on Economic, Social and Cultural Rights,” General Comment No. 14, The Right to the Highest Attainable Standard of Health, E/C.12/2000/4 (2000), para. 12(b).

<sup>206</sup> The CEDAW Committee’s General Recommendation on Female Circumcision encourages religious and community leaders, and the media to cooperate in influencing attitudes towards the abandonment of FGM.

CEDAW Committee, General Comment No. 14, para a (iii).

<sup>207</sup> CESCR, General Comment No. 14, The Right to the Highest Attainable Standard of Health, E/C.12/2000/4 (2000), para. 21.

<sup>208</sup> UN Committee on the Rights of the Child, General Comment No. 4, Adolescent Health and Development in the Context of the Convention on the Rights of the Child, U.N. Doc. CRC/GC/2003/4, (2003), para. 20.

<sup>209</sup> Ibid.

results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”<sup>210</sup> Article 2 explicitly defines FGM as a form of violence against women.<sup>211</sup> Additionally, the Declaration calls upon governments to protect women against any form of violence that occurs within the family household or in other environments.<sup>212</sup>

The Declaration urges states to condemn violence against women and to refrain from invoking traditional or religious explanations to avoid their obligations under international human rights law.<sup>213</sup> In its General Recommendation No. 19 on violence against women, the CEDAW Committee set out states’ responsibilities to exercise due diligence, not only in preventing violations, but also in investigating and punishing such acts. The recommendation refers to violent acts that also occur in private, such as FGM.<sup>214</sup>

## Right to Life and to Physical Integrity

The right to life is protected by many international human rights documents, including the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, and the Convention on the Rights of the Child. The Human Rights Committee interprets the right to life as requiring governments to adopt “positive measures” to preserve life.<sup>215</sup> While there are no figures to indicate how many girls and women have lost their lives as a result of FGM, this report and other research shows that there is a demonstrable risk of death associated with the practice since many women die a few hours after the procedure due to uncontrolled bleeding or infection.<sup>216</sup>

In addition to women and girls dying as a direct result of FGM, FGM may also be a “contributory or causal factor in maternal death.”<sup>217</sup> States should take steps to prevent such loss of life.

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<sup>210</sup> UN Declaration on the Elimination of Violence against Women (DEVAW), December 20, 1993, G.A. res. 48/104, 48 U.N. GAOR Supp. (No. 49) at 217, U.N. Doc. A/48/49 (1993), art. 1.

<sup>211</sup> *Ibid.*, art. 2.

<sup>212</sup> *Ibid.*

<sup>213</sup> *Ibid.*, art. 4c.

<sup>214</sup> UN Committee on the Elimination of Discrimination against Women, General Comment No. 19, Violence against Women, U.N. Doc. A/47/38 (1992), para. 9.

<sup>215</sup> UN Human Rights Committee, General Comment No. 6, The Right to Life (Article 6), (Sixteenth Session, 1982), April 30, 1982, <http://www.refworld.org/docid/45388400a.html> (accessed November 5, 2014), para. 5.

<sup>216</sup> UNICEF, Innocenti Research Center, “Changing a Harmful Social Convention,” [http://www.unicef-irc.org/publications/pdf/fgm\\_eng.pdf](http://www.unicef-irc.org/publications/pdf/fgm_eng.pdf), (accessed June 11, 2014), p. 16.

<sup>217</sup> *Ibid.*



The right to physical integrity under the ICCPR includes the right to liberty and security of the person. FGM threatens a girl's physical security when girls and women are forcibly held down, their legs forced apart and their bodies cut.<sup>218</sup>

## Right to Non-Discrimination

The rights to non-discrimination and equality are fundamental to a number of international human rights instruments.<sup>219</sup> The provisions aim to achieve substantive equality and not just formal equality, meaning that the measure of equality should be the impact of policies and laws on the lives of women and men, and not the apparent gender neutrality of the policy or law.

The CEDAW Committee, the Human Rights Committee, the Committee on the Rights of the Child, and the Committee on Economic, Social and Cultural Rights have all identified FGM as a practice that directly affects women's and girls' abilities to enjoy their human rights on an equal footing with men, and that therefore violates their rights to non-discrimination and equality.<sup>220</sup> In her report on cultural practices in the family, the then-special rapporteur on violence against women, Radhika Coomaraswamy, stated that, "FGM is also a result of the patriarchal power structures which legitimize the need to control women's lives. It arises from the stereotypical perception of women as the principal guardians of sexual morality, but with uncontrolled sexual urges."<sup>221</sup>

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<sup>218</sup> UN Human Rights Committee, General Comment no. 20, Replaces general comment 7 concerning prohibition of torture and cruel treatment or punishment (Article 7), (Forty-fourth session, 1992), March 10, 1992, <http://www.refworld.org/docid/453883fbo.html> (accessed November 5, 2014), para. 2.

<sup>219</sup> See, e.g., the Universal Declaration of Human Rights, ICCPR, and CEDAW. CEDAW urges governments to take appropriate measures to eliminate discrimination against women. These measures include the adoption of legislation to modify or abolish existing laws, customs or practices which constitute gender discrimination, CEDAW, arts 2.

<sup>220</sup> The CEDAW Committee stated in a report to Kenya that all forms of violence against women, including FGM, are a form of discrimination against women and therefore a violation of the Convention. CEDAW Committee, "Concluding comments of the Committee on the Elimination of Discrimination against Women: Kenya," CEDAWC/KEN/CO/6, August 10, 2007, <http://www.refworld.org/publisher,CEDAW,CONCOBSERVATIONS,KEN,46d280ff6,o.html> (accessed November 5, 2014), para. 24.

The CEDAW Committee also stated in a report to Togo that "comprehensive education and awareness raising programmes targeting women and men at all levels of society, including tribal chiefs, with a view to changing discriminatory social and cultural patterns of conduct and to creating an enabling and supportive environment or women to exercise their human rights." CEDAW Committee "Concluding comments of the Committee on the Elimination of Discrimination against Women: Togo," February 3, 2006, para. 15.

<sup>221</sup> UN Commission on Human Rights, "Report of the Special Rapporteur on violence against women, its causes and consequences," E/CN.4/2002/83, January 31, 2002, para. 14.

## Right to be Free from Cruel, Inhuman, and Degrading Treatment

The Human Rights Committee and the Committee Against Torture have both articulated the links between FGM and the right to be free from cruel, inhuman, and degrading treatment.<sup>222</sup> The Human Rights Committee has stated that article 7 prohibiting cruel, inhuman, or degrading treatment, does not apply only to physical treatment, but also to conducts that cause “mental suffering to the victim.”<sup>223</sup>

The Committee Against Torture has voiced its concern over traditional practices that violate the physical integrity and human dignity of women and girls, including FGM.<sup>224</sup> The Committee has called on governments to enact legislation prohibiting FGM, and to punish perpetrators of FGM.<sup>225</sup> The Committee has also urged states to adopt necessary measures to eradicate FGM, including through awareness-raising campaigns in cooperation with civil society organizations.<sup>226</sup>

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<sup>222</sup> The Human Rights Committee stated that FGM violates article 7 of the ICCPR, which states “no one shall be subjected to torture or to cruel, inhuman, or degrading treatment or punishment.” The Committee Against Torture is the expert body that monitors implementation of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Convention Against Torture).

UN Human Rights Committee, “Consideration of Reports Submitted by States Parties Under Article 40 of the Covenant, Concluding observation of the Human Rights Committee: Gambia,” CCPR/CO/75/GMB, August 12, 2004, <http://www.refworld.org/docid/42ce6c004.html> (accessed November 5, 2014), para. 10.

<sup>223</sup> UN Human Rights Committee, General Comment 20, Article 7 (Forty-fourth session, 1992), U.N. Doc. HRI/GEN/1/Rev.1 at 30 (1994).

<sup>224</sup> UN Committee Against Torture, “Consideration of Reports Submitted by States Parties Under Article 19 of the Convention, Concluding observations of the Committee Against Torture: Chad” CAT/C/TCD/CO/1, June 4, 2009, <http://www.unhcr.org/refworld/category,COI,CAT,CONCOBSERVATIONS,TCD,4a645fco2,o.html> (accessed November 5, 2014), para. 30.

<sup>225</sup> UN Committee Against Torture, “Consideration of Reports Submitted by States Parties Under Article 19 of the Convention, Conclusions and recommendations of the Committee against Torture: Cameroon,” CAT/C/CR/31/6, February 11, 2004, <http://www.unhcr.org/refworld/category,COI,CAT,CONCOBSERVATIONS,CMR,4117402a4,o.html> (accessed September 1, 2009), para. 11. UN Committee Against Torture, “Consideration of Reports Submitted by States Parties Under Article 19 of the Convention, Conclusions and recommendations of the Committee against Torture: Kenya,” CAT/C/KEN/CO/1, January 19, 2009, <http://www.unhcr.org/refworld/category,COI,CAT,CONCOBSERVATIONS,KEN,4986bcobd,o.html> (accessed September 1, 2009), para. 27. UN Committee Against Torture, Consideration of Reports Submitted by States Parties Under Article 19 of the Convention, Conclusions and recommendations of the Committee against Torture: Togo,” CAT/C/TGO/CO/1, July 28, 2006, <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/Go6/434/74/PDF/Go643474.pdf?OpenElement> (accessed November 5, 2014), para. 27.

<sup>226</sup> UN Committee Against Torture, “Consideration of Reports Submitted by States Parties Under Article 19 of the Convention, Conclusions and recommendations of the Committee against Torture: Indonesia,” CAT/C/IDN/CO/2, July 2, 2008, <http://www.unhcr.org/refworld/category,COI,CAT,CONCOBSERVATIONS,IDN,4885cf822,o.html> (accessed September 1, 2009), para. 16. UN Committee Against Torture, Consideration of Reports Submitted by States Parties Under Article 19 of the Convention, Conclusions and recommendations of the Committee against Torture: Togo,” July 28, 2006, <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/Go6/434/74/PDF/Go643474.pdf?OpenElement>, para. 27. UN Committee Against Torture, “Consideration of Reports Submitted by States Parties Under Article 19 of the Convention, Conclusions and recommendations of the Committee against Torture: Kenya,” January 19, 2009, <http://www.unhcr.org/refworld/category,COI,CAT,CONCOBSERVATIONS,KEN,4986bcobd,o.html>, para. 27.

In his report on the promotion and protection of all human rights, the then-UN special rapporteur on torture and other cruel, inhuman, or degrading treatment or punishment, Manfred Nowak, stated: “It is clear that even if a law authorizes the practice, any act of FGM would amount to torture and the existence of the law by itself would constitute consent or acquiescence by the State.... Also in cases where FGM is performed in private clinics and physicians carrying out the procedure are not being prosecuted, the State de facto consents to the practice and is therefore accountable.”<sup>227</sup>

In 2009, Human Rights Watch found that health providers in Iraqi Kurdistan were involved in both performing and promoting misinformation about the practice of FGM. The investigation found that while FGM was practiced by midwives, its prevalence and harm were routinely minimized by physicians and government medical officials. In Iraqi Kurdistan, Human Rights Watch concluded that medical personnel were complicit both through performing FGM or providing patients patently false information about and through failing to halt the practice in their role as government officials.<sup>228</sup>

## Eliminating FGM

The recognition of FGM as a human rights violation has contributed to the development of global, rights-based strategies to combat the practice.

### *UN Actions to Eliminate FGM*

UN bodies have repeatedly emphasized governments’ role and responsibility in eliminating FGM. In 2001, the UN General Assembly passed resolution 56/128 on Traditional or Customary Practices Affecting the Health of Women and Girls. The resolution urged states to adopt various measures to eradicate FGM, including the enactment and enforcement of national legislation, policies and programs to abolish the practice, and to prosecute perpetrators.<sup>229</sup>

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<sup>227</sup> UN Human Rights Council, “Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment,” A/HRC/7/3, 15 January 2008, <http://daccessdds.un.org/doc/UNDOC/GEN/Go8/101/61/PDF/Go810161.pdf?OpenElement>, paras 44 and 53.

<sup>228</sup> Human Rights Watch, *Iraqi Kurdistan – “They Took Me and Told Me Nothing”; Female Genital Mutilation in Iraqi Kurdistan*, June 2010, <http://www.hrw.org/sites/default/files/reports/wrdo610webwcover.pdf>.

<sup>229</sup> UN General Assembly, “Traditional or Customary Practices Affecting the Health of Women and Girls,” Resolution 56/128, December 19, 2001, A/RES/56/128, [http://www.un.org/en/ga/search/view\\_doc.asp?symbol=A/RES/56/128](http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/56/128) (accessed November 5, 2014), para. 3(d).

In 2007, the UN Commission on the Status of Women adopted resolutions that aimed to end FGM by 2007, 2008, and 2010.<sup>230</sup> In a 2007 report, the Commission brought a resolution focused on ending FGM, Resolution 51/2, to the attention of the Economic and Social Council.<sup>231</sup> The resolution stressed that, “Empowerment of girls is key to breaking the cycle of discrimination and violence.”<sup>232</sup> In their 2008 and 2010 reports, the UN Commission on the Status of Women highlighted governments’ responsibility to enact effective legislation prohibiting FGM.<sup>233</sup> In 2008, the UN Commission on the Status of Women also passed a resolution urging states to prohibit FGM and end impunity.<sup>234</sup>

The UN Human Rights Committee has also stated its concerns about the persistence of FGM in rural areas and has urged governments to increase efforts to ban FGM for both children and adults.<sup>235</sup> In 2011, 10 agencies within the United Nations signed an interagency statement on the need to eliminate FGM.

By December 2012, the UN General Assembly had passed a resolution calling upon states to intensify global efforts to eliminate FGM.<sup>236</sup> The resolution called upon countries to develop a framework for policies aimed at protecting women and girls from FGM. The resolution urged states to promote “gender-sensitive, empowering educational processes,” including by reviewing and revising school curricula, and integrating “a comprehensive understanding of the causes and consequences of gender-based violence and discrimination against women and girls into education and training curricula at all levels.” The resolution also called on states to develop formal and non-formal education, training and advocacy programs, to

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<sup>230</sup> UNICEF, “Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change,” July 2013, [http://www.unicef.org/media/files/FGCM\\_Lo\\_res.pdf](http://www.unicef.org/media/files/FGCM_Lo_res.pdf), (accessed June 6, 2014), p. 12.

<sup>231</sup> UN Commission on the Status of Women, “Report on the Fifty-First Session: Economic and Social Council Official Records,” 2007, <http://www.refworld.org/pdfid/46c5b30do.pdf> (accessed July 11, 2014), p. 24.

<sup>232</sup> *Ibid.* p. 26.

<sup>233</sup> UN Commission on the Status of Women, “Report on the Fifty-Second Session: Economic and Social Council Official Records,” 2008, <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/No8/290/62/PDF/No829062.pdf?OpenElement>, (accessed July 11, 2014), p. 19.

UN Commission on the Status of Women, “Report on the Fifty-Fourth Session: Economic and Social Council Official Records,” 2010, <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N10/305/76/PDF/N1030576.pdf?OpenElement> (accessed July 11, 2014), p. 35.

<sup>234</sup> UN Commission on the Status of Women, Ending Female Genital Mutilation, E/CN.6/2008/L.2/Rev.1, (2008), [http://www.un.org/womenwatch/daw/csw/csw52/AC\\_resolutions/Final%20L2%20ending%20female%20genital%20mutilation%20-%20advance%20unedited.pdf](http://www.un.org/womenwatch/daw/csw/csw52/AC_resolutions/Final%20L2%20ending%20female%20genital%20mutilation%20-%20advance%20unedited.pdf) (accessed November 5, 2014), para. 6.

<sup>235</sup> UN Human Rights Committee, “Consideration of Reports Submitted by States Parties Under Article 40 of the Covenant, Concluding Observations of the Human Rights Committee: Kenya,” CCPR/CO/83/KEN, April 29, 2005, <http://www.refworld.org/docid/42d16c4d4.html> (accessed November 5, 2014), para. 12.

<sup>236</sup> UN General Assembly, “Intensifying Global Efforts for the Elimination of Female Genital Mutilations,” UN Doc. A/C.3/67/L.21/Rev.1 (2012), p. 5.

undertake effective and specific measures for protecting female refugees and migrants, and to develop unified methods for the collection of data on all forms of discrimination and violence. States were also urged to allocate sufficient resources to eliminating FGM. It designated February 6 as the International Day of Zero Tolerance for Female Genital Mutilation, and requested the UN secretary-general to submit an in-depth multidisciplinary report on the root causes of and contributing factors to the practice of female genital mutilation.<sup>237</sup>

The report, published on July 30, 2014, concluded that the practice remains a grave concern. According to the report, the majority of girls and women are in favor of abandoning the practice but are unaware of and underestimate the share of boys and men who also believe that female genital mutilations should end. While states are passing laws criminalizing FGM, globally there remains insufficient enforcement of legislation and policies and a limited allocation of resources for their implementation.<sup>238</sup>

On November 5, 2014, the CEDAW committee and the Committee on the Rights of the Child issued a comprehensive interpretation of the obligations of States to prevent and eliminate harmful practices inflicted on women and girls, which include female genital mutilation, as well as crimes committed in the name of so-called honour, forced and child marriage, and polygamy.<sup>239</sup>

### *State Progress to Eliminate FGM*

As of 2013, 26 countries in Africa and the Middle East that possess high FGM prevalence rates had enacted some law or issued some sort of constitutional decree against the practice.<sup>240</sup> Legislation and decrees enacted in the 26 countries vary widely. In Mauritania, for example, ordinance 2005-015 prohibits medical practitioners and government health

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<sup>237</sup> UN General Assembly, “Intensifying Global Efforts for the Elimination of Female Genital Mutilations,” UN Doc. A/C.3/L.21/Rev.1 (November 16, 2012), <http://www.unfpa.org/webdav/site/global/shared/documents/publications/2012/67th%20UNGA%20-%20Resolution%20adopted%20on%20FGM.pdf> (accessed August 19, 2014)

<sup>238</sup> UNGA, “Intensifying global efforts for the elimination of female genital mutilations: Report of the Secretary-General,” July 2014, <http://www.un.org/Docs/journal/asp/ws.asp?m=A/69/211> (accessed October 13, 2014), p. 14-17.

<sup>239</sup> OHCHR, “UN human rights experts set out countries’ obligations to tackle harmful practices such as FGM and forced marriage,” November 5, 2014, <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=15250&LangID=E#sthash.fHF8w1Yw.dpuf> (accessed November 13, 2014)

<sup>240</sup> UNICEF, “Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change,” July 2013, [http://www.unicef.org/media/files/FGCM\\_Lo\\_res.pdf](http://www.unicef.org/media/files/FGCM_Lo_res.pdf), (accessed June 6, 2014), p. 8.

facilities from conducting the procedure.<sup>241</sup> Other countries, such as Egypt and Kenya, further prohibit parents and guardians from making their children undergo FGM.

The UN has taken concrete steps to assist governments eliminate the practice. The UNFPA-UNICEF Joint Programme on FGM/C, for example, one of the largest global programs related to FGM, has been implemented in 15 African countries. By its fifth year of implementation, in 2012, the Joint Programme was supporting several “complementary outputs,” including the effective use of national policy and local-level commitment to eradicate FGM.<sup>242</sup> The program sponsored activities that empowered women and girls and pressured governments to enact anti-FGM legislations.<sup>243</sup> Laws banning FGM were adopted in Gambia, Guinea, Mauritania, and two regions in Somalia—Puntland and Somaliland.<sup>244</sup>

Egypt, Kenya, and Burkina Faso, some of the first countries to be sponsored into the UNFPA-UNICEF program, took different approaches to combating FGM.<sup>245</sup> Egypt and Kenya, for example, both criminalized the practice, and began to enforce penalties. Burkina Faso, engaged community members in a discussion of the practice and holding trainings for critical stakeholders and community leaders.

Egypt had come under criticism by the Committee on Economic, Social and Cultural Rights in 2000. The treaty monitoring body condemned Egypt for allowing third parties to subject women and girls to FGM, and criticized limiting criminalization of FGM to only those who performed the practice outside of hospitals and without medical qualifications.<sup>246</sup> Egypt responded to the Committee’s criticism in 2007, when the Egyptian Ministry of Health and Population issued decree number 271 criminalizing FGM for anyone who engaged in the practice, including medical professionals.<sup>247</sup> In 2008, FGM was also criminalized in Egypt’s

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<sup>241</sup> Juvenile Justice Code of Mauritania, Ordinance 2005-015 of 2005, art. 12 of Chapter 2.

<sup>242</sup> UNFPA and UNICEF, “Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change,” 2012, [http://www.unfpa.org/webdav/site/global/shared/documents/publications/2013/UNICEF-UNFPA%20Joint%20Programme%20AR\\_final\\_v14.pdf](http://www.unfpa.org/webdav/site/global/shared/documents/publications/2013/UNICEF-UNFPA%20Joint%20Programme%20AR_final_v14.pdf), (accessed July 9, 2014), p. viii.

<sup>243</sup> Ibid.

<sup>244</sup> Ibid. p. ix.

<sup>245</sup> Ibid.

<sup>246</sup> CESCR, “Consideration of Reports Submitted by States Parties Under Articles 16 and 17 of the Covenant, Concluding observations of the Committee on Economic, Social and Cultural Rights: Egypt,” E/C.12/1/Add.44, May 23, 2000, [http://www.unhcr.ch/tbs/doc.nsf/\(Symbol\)/E.C.12.1.Add.44.En?Opendocument](http://www.unhcr.ch/tbs/doc.nsf/(Symbol)/E.C.12.1.Add.44.En?Opendocument) (accessed September 1, 2009), para. 16.

<sup>247</sup> Ministerial Decree of Egypt, 2007, decree 271; Child Law of the Ministry of Health and Population of Egypt, Law No. 126 of 2008.

Penal Code, establishing a minimum sentence of three months and a maximum sentence of two years' imprisonment. Egypt also banned the practice in law number 126 of 2008.<sup>248</sup>

In March 2014, Egypt witnessed its first prosecution for FGM. Suhair, a 13-year-old girl, died after undergoing FGM. Both her doctor and father faced trial on charges related to the practice of FGM.<sup>249</sup> A charge of manslaughter by negligence was settled out of court with a payment to the family and both were acquitted for the remainder of the charges on November 20, 2014. The public prosecutor has since filed an appeal.<sup>250</sup>

In 2011, Kenya amended its 2001 FGM prohibition law to cover minors as well as adult women, and to penalize Kenyan citizens who practice FGM beyond the country's border.<sup>251</sup> The Kenyan government has attempted to enforce these laws. Prosecutors brought charges against two guardians and a practitioner that contributed to the death of 13-year-old Rehema Lesale on April 13, 2014.<sup>252</sup> Rehema's guardians pleaded not guilty, but they have remained in custody since April 15, 2014.<sup>253</sup> Since 2011, 71 cases related to FGM in Kenya have gone to court.<sup>254</sup> As of 2014, 16 of these cases had resulted in convictions. The other cases remain pending.<sup>255</sup> Adopting laws, however, is only one element of the comprehensive action programs that governments should take if they are to eradicate FGM.<sup>256</sup> Approaching FGM solely through punitive action alone may drive the practice underground, placing the lives of girls and women at even greater risk.<sup>257</sup>

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<sup>248</sup> Penal Code of Egypt, 2008, art. 242 bis.

<sup>249</sup> "Egypt: Deadly Risks, But Female Genital Mutilation Persists," BBC News Online, May 12, 2014, <http://www.bbc.co.uk/news/world-middle-east-27322088> (accessed June 5, 2014).

<sup>250</sup> "Egypt's first female genital mutilation trial ends in not guilty verdict," The Guardian, November 20, 2014, <http://www.theguardian.com/world/2014/nov/20/egypt-first-female-genital-mutilation-fgm-trial-not-guilty> (accessed November 25, 2014).

<sup>251</sup> Children's Act of Kenya, Act No. 8 of 2001, section 14.

<sup>252</sup> "Two to Be Charged with Murder After FGM Victim Dies," Reuters, April 23, 2014, <http://www.trust.org/item/20140423144006-gr2tf/>, (accessed June 3, 2014).

<sup>253</sup> "Kenya Couple Deny Murder in FGM Case," The Guardian, June 4, 2014, <http://www.theguardian.com/society/2014/jun/04/kenya-couple-deny-murder-fgm-case> (accessed June 9, 2014).

<sup>254</sup> "Two to Be Charged with Murder After FGM Victim Dies," Reuters, April 23, 2014, <http://www.trust.org/item/20140423144006-gr2tf/>, (accessed June 3, 2014).

<sup>255</sup> Ibid.

<sup>256</sup> UNICEF, Legislative Reform to Support the Abandonment of Female Genital Mutilation/Cutting," August 2010, [http://www.unicef.org/policyanalysis/files/UNICEF\\_\\_\\_LRI\\_Legislative\\_Reform\\_to\\_support\\_the\\_Abandonment\\_of\\_FGMC\\_August\\_2010.pdf](http://www.unicef.org/policyanalysis/files/UNICEF___LRI_Legislative_Reform_to_support_the_Abandonment_of_FGMC_August_2010.pdf), (accessed June 6, 2014), p. 6.

<sup>257</sup> World Health Organization, Department of Women's Health, Health Systems and Community Health, "Female Genital Mutilation, Programmes to Date: What Works and What Doesn't," 1999, [http://libdoc.who.int/hq/1999/WHO\\_CHS\\_WMH\\_99.5.pdf](http://libdoc.who.int/hq/1999/WHO_CHS_WMH_99.5.pdf) (accessed November 5, 2014), p. 14.

Research from countries where FGM is common suggests that an approach addressing the underlying factors that perpetuate the practice and other violations of women's human rights is essential.<sup>258</sup> This includes collecting and sharing reliable information on the prevalence of the practice and the social context in which it occurs. Increasingly, eradication programs are encouraging the flow of information and the conduct of national and local debates about FGM involving both men and women. These approaches often aim to get whole communities to collectively abandon FGM, often affirming this commitment through some kind of public act.<sup>259</sup>

In 1975, Burkina Faso launched a radio campaign against the practice. A national committee was established in 1990 that included members from the national women's union, and the midwives' and nurses' associations. This committee carried out public awareness raising events and targeted trainings for traditional leaders, Islamic associations, Christian churches, women's associations, health professionals, birth attendants, police, teachers, youth, and media. A law prohibiting FGM was enacted in 1996 and went into effect in February 1997.<sup>260</sup> In 2010, according to a demographic and health survey, Burkina Faso witnessed a 28 percent reduction in FGM between older and younger women.<sup>261</sup>

In its June 2010 report, "*They Took Me and Told Me Nothing*": *Female Genital Mutilation in Iraqi Kurdistan*, Human Rights Watch urged the government and parliament of Iraq's semi-autonomous Kurdistan region, as well as civil society organizations and donors, to take steps to end the practice of FGM. Shortly after, on July 6, 2010, the High Committee for Issuing Fatwas at the Kurdistan Islamic Scholars Union, the highest Muslim religious authority on religious pronouncements and rulings, issued a *fatwa* (legal opinion) stating that FGM predates Islam and is not required by it. The *fatwa* did not explicitly ban the practice but encouraged parents not to subject their daughters to the procedure because of the negative health consequences.

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<sup>258</sup> World Health Organization, "Eliminating Female Genital Mutilation," [http://whqlibdoc.who.int/publications/2008/9789241596442\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241596442_eng.pdf), p.13.

UNICEF, "Coordinated Strategy to Abandon Female Genital Mutilation/Cutting in One Generation: A Human Rights-Based Approach to Programming," June 2007, [http://www.childinfo.org/files/fgmc\\_Coordinated\\_Strategy\\_to\\_Abandon\\_FGMC\\_in\\_One\\_Generation\\_eng.pdf](http://www.childinfo.org/files/fgmc_Coordinated_Strategy_to_Abandon_FGMC_in_One_Generation_eng.pdf) (accessed November 5, 2014), p. 28.

<sup>259</sup> UNICEF, Innocenti Research Center, "Changing a Harmful Social Convention," [http://www.unicef-irc.org/publications/pdf/fgm\\_eng.pdf](http://www.unicef-irc.org/publications/pdf/fgm_eng.pdf), pp. 13-14.

<sup>260</sup> United States Department of State, "Burkina Faso: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)," June 1, 2001, <http://www.refworld.org/docid/46d57874c.html> (accessed June 11, 2014).

<sup>261</sup> National Institute of Statistics and Demography, "Burkina Faso: Demographic and Health and Multiple Indicator Cluster Survey," ("Burkina Faso: Enquête Démographique et de Santé et à Indicateurs Multiples"), 2010, <http://dhsprogram.com/pubs/pdf/FR256/FR256.pdf>, (accessed July 10, 2014), p. 291.



In addition, a Family Violence Law, went into effect on August 11, 2011 in Iraq's Kurdistan region that included several provisions to eradicate FGM.<sup>262</sup> One year later, Human Rights Watch spoke to over 60 villagers, police officers, government officials, lawyers, and human rights workers and found that the regional government had begun to run awareness campaigns, train judges, and issue orders to police on the articles of the law dealing with domestic violence, although it appears that it has not, as yet, taken similar steps to implement the FGM ban.<sup>263</sup> Nongovernmental organizations, including Wadi, a German-Iraqi human rights nongovernmental organization, have sought to raise public awareness of the Family Violence Law's provisions against FGM and the effects of FGM by encouraging "FGM-free communities." This involves asking village elders and other community representatives to reject FGM and sign documents to make their areas FGM-free.<sup>264</sup>

In September 2014, the Kurdistan Regional Government, the High Council of Women's Affairs, UNICEF, Heartland Alliance International, and Wadi, acting in collaboration with UN Women and UNFPA, released the results of a first "knowledge, attitudes and practices" (KAP) survey on the root causes of FGM in the Kurdistan Region of Iraq.<sup>265</sup> The September 2014 study concluded that the campaign to raise public awareness of FGM appeared to be having a positive effect, particularly its television component – 64 percent of interviewees reported that they had heard of the FGM public awareness campaign, with 86 percent of these respondents stating that they had learned of it through television.<sup>266</sup>

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<sup>262</sup> Family Violence Law, No. 8 of 2011 [http://www.ekrg.org/files/pdf/combat\\_domestic\\_violence\\_english.pdf](http://www.ekrg.org/files/pdf/combat_domestic_violence_english.pdf) (accessed November 5, 2014)

<sup>263</sup> "Iraqi Kurdistan: Law Banning FGM Not Being Enforced", Human Rights Watch news release, August 29, 2012, <http://www.hrw.org/news/2012/08/29/iraqi-kurdistan-law-banning-fgm-not-being-enforced>

<sup>264</sup> Hivos, "Kurdish villages declare themselves FGM-free," June 13, 2014, <https://westasia.hivos.org/news/kurdish-villages-declare-themselves-fgm-free> (accessed November 5, 2014).

<sup>265</sup> UNICEF, "UNICEF and Partners Release First-Ever Survey of FGM in Northern Iraq," September 7, 2014, [http://www.uniraq.org/index.php?option=com\\_k2&view=item&id=2583:unicef-and-partners-release-first-ever-survey-of-fgm-in-northern-iraq&Itemid=605&lang=en](http://www.uniraq.org/index.php?option=com_k2&view=item&id=2583:unicef-and-partners-release-first-ever-survey-of-fgm-in-northern-iraq&Itemid=605&lang=en) (accessed November 5, 2014)

<sup>266</sup> UNICEF, "Female Genital Mutilation (FGM): A survey on Knowledge, Attitudes, and Practice among Households in the Iraqi Kurdistan Region," September 2014, [http://www.uniraq.org/index.php?option=com\\_k2&view=item&task=download&id=627\\_4e86df8e9347eac7a6c677ec87eb2e25&lang=en](http://www.uniraq.org/index.php?option=com_k2&view=item&task=download&id=627_4e86df8e9347eac7a6c677ec87eb2e25&lang=en) (accessed November 5, 2014).

### III. Local Action against FGM

I have been working on this issue since the 1980s and finally I am starting to see an acceptance among communities to abandon the practice. Right now we have a huge opportunity.<sup>267</sup>

Yemen is a party to the core international treaties that protect women's and girls' human rights and prohibit FGM.<sup>268</sup> Yet it has not taken adequate steps to eliminate the practice.

Yemen should adopt a comprehensive framework that includes laws that prohibit FGM and provide suitable penalties where the prohibition is ignored. It should adopt and implement policies that include data collection; a communications strategy that disseminates broadly the issues involved; social and medical services for women and girls; necessary protective mechanisms; and services to safeguard girls at risk. In order to be effective, the policy framework will require multi-sector cooperation, including the relevant government ministries and civil society organizations; and a multifaceted approach that addresses the traditional justifications for perpetuating the practice, through programs with families, the religious community, and traditional FGM practitioners.

#### Establishing a Legal and Policy Framework

Yemen has no law prohibiting FGM. Over the past decade, however, there have been various efforts to curtail the practice. For example, in January 2001, the Ministry of Public Health issued a decree that prohibited FGM procedures in government and private health facilities that, however, did not impose penalties for violations.<sup>269</sup>

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<sup>267</sup> Human Rights Watch interview with Sobhia Ahmed Rajih, head of the Yemeni Women's Union Hodaïda branch, and Mariam `omr al-Haj, projects executive at the Yemeni Women's Union Hodaïda branch, August 11, 2014.

<sup>268</sup> International Covenant on Civil and Political Rights (ICCPR), adopted December 16, 1966, G.A. Res. 2200A (XXI), 21 U.N. GAOR Supp. (No. 16) at 52, U.N. Doc. A/6316 (1966), 999 U.N.T.S. 171, entered into force March 23, 1976, acceded by Yemen on February 9, 1987. International Covenant on Economic, Social and Cultural Rights (ICESCR), adopted December 16, 1966, G.A. Res. 2200A (XXI), 21 U.N. GAOR Supp. (No. 16) at 49, U.N. Doc. A/6316 (1966), 993 U.N.T.S. 3, entered into force January 3, 1976, acceded by Yemen on February 9, 1987. Convention on the Rights of the Child (CRC), adopted November 20, 1989, G.A. Res. 44/25, annex, 44 U.N. GAOR Supp. (No. 49) at 167, U.N. Doc. A/44/49 (1989), entered into force September 2, 1990, ratified by Yemen on May 1, 1991. Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), adopted December 18, 1979, G.A. res. 34/180, 34 U.N. GAOR Supp. (No. 46) at 193, U.N. Doc. A/34/46, entered into force September 3, 1981, acceded by Yemen on May 30, 1984.

<sup>269</sup> UNFPA and MOPHP, "Ministry of Public Health and Population: Yemen National Reproduction Health Strategy 2011-2015," February 2011, [http://yemen.unfpa.org/demo/uploaded/Yemen%20NRHS%202011-2015%20Final%20English%20version%20\\_1.pdf](http://yemen.unfpa.org/demo/uploaded/Yemen%20NRHS%202011-2015%20Final%20English%20version%20_1.pdf), (accessed July 16, 2014), p. 9.

According to health officials, the decree has not been effective in stopping FGM due to the difficulty of monitoring its implementation in medical facilities.<sup>270</sup> For example, Dr. Arwa al-Rabi'i, a gynecologist at a public hospital in Sanaa, told Human Rights Watch that she is often asked by visitors if she will carry out the procedure. When she refuses, they turn to private health clinics that are willing to do so.<sup>271</sup> Hassan Abd al-Rahman al-Mutawakkil, a judge in al-Ghaida court, as well as Public Health Ministry officials were unaware of a single case being brought to court based on the decree or relating to FGM in general.<sup>272</sup> A 2011 report by UNFPA and the Ministry of Health showed that, despite efforts against the medicalization of FGM, 12 percent of all health facilities still performed the procedure.<sup>273</sup>

Despite the difficulties in implementing the 2001 ministerial decree, Yemen has continued to make efforts to strengthen legislation prohibiting FGM. In 2008, a Health Ministry panel presented the Safe Motherhood Bill to parliament. The bill aimed to protect women's health before and during marriage. The bill prompted heated debate for years due to a provision that prohibited "surgical interventions on a woman's genitalia" unless required for legitimate or surgical reasons. Several members of parliament disagreed with the provision and argued that it contradicted Sharia (Islamic law), which allows for surgical interventions, such as FGM. Consequently, members of parliament voted against the provision, permitting FGM to continue to be practiced. The Safe Motherhood Law, without the provision prohibiting FGM, was passed on March 31, 2014.<sup>274</sup>

The debate on passing a law banning FGM was reinvigorated during the National Dialogue Conference. In its final report, the Conference's Sustainable Development group recommended that the government:

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<sup>270</sup> Ibid.

<sup>271</sup> Human Rights Watch interview with Dr. Arwa al-Rabi'i, gynecologist, Sanaa, April 2, 2014.

<sup>272</sup> Human Rights Watch interview with Hassan Abd al-rahman al-Mutwakkil, judge in al-Ghaida court, al-Mahra, August 14, 2014. Human Rights Watch interview with Sa'id Salmin al-Mu`lm, Health Awareness Director at the MoPHP's office in al-Shehr directorate, al-Shehr, June 26, 2014. Human Rights Watch interview with Dr. Abdullah Salem Ben Goth, General Director of the MoPHP's office in coastal Hadramawt, June 25, 2014.

<sup>273</sup> UNFPA and MOPHP, "Ministry of Public Health and Population: Yemen National Reproduction Health Strategy 2011-2015," February 2011, [http://yemen.unfpa.org/demo/uploaded/Yemen%20NRHS%202011-2015%20Final%20English%20version%20\\_1.pdf](http://yemen.unfpa.org/demo/uploaded/Yemen%20NRHS%202011-2015%20Final%20English%20version%20_1.pdf), (accessed July 16, 2014), p. 9.

<sup>274</sup> Anwar al-Taj, "Parliament Discusses Safe Motherhood Law," ("النواب يناقشون مشروع قانون الأمومة المأمونة"), *Yemen Now*, March 24, 2014, <http://yemennow.net/news57510.html> (accessed July 16, 2014).

Accelerate efforts to adopt provisions that criminalize performing harmful medical procedures on children, especially FGM. Monitor doctors and medical practitioners who further perpetuate such practices. And raise awareness regarding the negative consequences of these practices by implementing effective awareness programs in collaboration with communities and religious figures.<sup>275</sup>

The Conference's Rights and Freedom group also recommended criminal prohibitions in its recommendation No. 94: "Infringements on bodily integrity (FGM) . . . shall be criminalized."<sup>276</sup>

In response to these recommendations, in April 2014 the ministers of social affairs and labour, and legal affairs, submitted a draft of a new Child Rights Law to Prime Minister Mohammad Basindawa. The Child Rights bill addresses important issues such as early marriage, the recruitment of child soldiers, and child labor. The bill also seeks to prohibit FGM, stating that a child has the right to "enjoy health" and should be protected from all forms of violence, including FGM.<sup>277</sup> The bill would impose criminal penalties of one to three years in prison or a fine of between 300,000 and 1 million Yemeni Riyal (US\$1,400-4,700) for violating the provision.<sup>278</sup> At the time of writing, the cabinet had yet to approve the bill and forward it to parliament for debate and adoption.<sup>279</sup>

Dr. Nagiba Abdulghani al-Shawafi told Human Rights Watch that he considered the passage of a law specifically prohibiting FGM as essential to eliminate the practice in Yemen.<sup>280</sup> Lamya al-Eryani, head of the High Council on Motherhood and Childhood said that it was important that any laws sets out penalties, otherwise it would produce no change in practice. She also said the main obstacle to passing a law in Yemen is that the question of children's rights is intertwined with party politics and political horse-trading.

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<sup>275</sup> National Dialogue Conference, "Final Report of the Sustainable Group's Second Session," (التقرير النهائي للفترة الثانية لفريق التنمية), n.d., p. 57.

<sup>276</sup> National Dialogue Conference, "Final Report of the Rights and Freedom Group's Second Session," (التقرير النهائي للفترة الثانية), (الفريق العمل), n.d., p. 11.

<sup>277</sup> Child Rights Bill of 2014, art. 13(b).

<sup>278</sup> Ibid., art. 242(b).

<sup>279</sup> "Yemen: End Child Marriage," Human Rights Watch news release, April 27, 2014, <http://www.hrw.org/news/2014/04/27/yemen-end-child-marriage> (accessed July 16, 2014).

<sup>280</sup> Human Rights Watch interview with Dr. Nagiba Abdulghani al-Shawafi, deputy minister for Population Sector in the MoPHP, Sanaa, April 10, 2014.

As an intermediary step, until such a law is passed, al-Eryani suggested that the Public Health Ministry modify the 2001 decree to add penalties for those who commit the procedure in public and private medical facilities.<sup>281</sup>

Specific legislation to ban FGM is a crucial step to advancing Yemen's commitment to the rights of women and girls. Legislation should include the following components:

- A legal definition of FGM that encompasses all forms of FGM, based on the terminology designated by WHO.
- A specific statement that all types of FGM against girls and non-consenting adult women are prohibited.
- Clear identification of where liability lies under the law and the range and possible severity of penalties.<sup>282</sup>

A law prohibiting FGM should also include a public education component that would educate communities on the new provisions, especially if they carry criminal sanctions. In addition, the law should ensure that women have full rights to make decisions about their bodies, should ensure that conditions are in place for women to give informed consent. Informed consent requires that consent to a medical intervention is “obtained freely, without threats or improper inducements.”<sup>283</sup> What constitutes informed consent should also take into account the impact of social, cultural, and religious pressures on women's ability to freely choose to undergo the procedure.<sup>284</sup>

Even with a law, ensuring implementation in Yemen will be extremely difficult. As FGM happens within the private sphere, often in the home, it is very difficult for the government

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<sup>281</sup> Human Rights Watch interview with Lamya al-Eryani, secretary general of the High Council for Motherhood and Childhood, Sanaa, July 8, 2014.

<sup>282</sup> Center for Reproductive Rights, “Female Genital Mutilation: An Advocate's Guide to Action, A Matter of Human Rights,” 2006, [http://reproductiverights.org/sites/crr.civicactions.net/files/documents/FGM\\_final.pdf](http://reproductiverights.org/sites/crr.civicactions.net/files/documents/FGM_final.pdf) (accessed November 5, 2014), pp. 24-25. See also The National Council of Childhood and Motherhood, “Cairo Declaration for the Elimination of FGM,” June 23, 2002, [http://www.chldinfo.org/files/fgmc\\_Cairodeclaration.pdf](http://www.chldinfo.org/files/fgmc_Cairodeclaration.pdf).

<sup>283</sup> UN General Assembly, “Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care,” Resolution 46/119, December 17, 1991, A/RES/46/119 <http://www.un.org/esa/socdev/enable/rights/wgrefa11.htm> (accessed November 5, 2014).

<sup>284</sup> Center for Reproductive Rights, “Female Genital Mutilation: An Advocate's Guide to Action,” 2006, [http://reproductiverights.org/sites/crr.civicactions.net/files/documents/FGM\\_final.pdf](http://reproductiverights.org/sites/crr.civicactions.net/files/documents/FGM_final.pdf), p.25.

to reach in to stop the practice.<sup>285</sup> As such, any legislative change that prohibits FGM would benefit from the creation of a government body specifically empowered to receive and investigate complaints against those who participate in FGM transfer that information as appropriate to the Office of the Prosecutor.

The Ministry of Interior's Family Protection Unit currently appears best placed to play such a role in Yemen. While the Ministry of Public Health and the Ministry of Human Rights now also maintain hotlines for complainants, they have little capacity to act on any complaints they receive. The Ministry of Health refers people who call in to different civil society organizations or foundations that might be able to address their needs. The Ministry of Human Rights, when it receives complaints of violence against women on its hotline or to its complaints department, refers complainants to the nongovernmental National Women's Union for assistance. None of the three ministries reports ever having received an FGM-related complaint.<sup>286</sup> The general director of the Family Protection Unit told Human Rights Watch that her unit rarely receives complaints of violence against women.<sup>287</sup> Efforts are needed to raise awareness regarding complaints mechanisms and about the importance and benefits of reporting cases of abuse.

## Dissemination of Accurate Information

The government also has a key role to play in ensuring women have access to accurate and up-to-date information about FGM, and should aim to correct persistent myths and misinformation about FGM in the public sphere. Dr. al-Shawafi suggested that a nationwide clinical study comparing the prevalence of certain symptoms in non-pregnant women, half who had undergone FGM and half not, were conducted, it would go a long way towards demonstrating the health consequences of the practice.<sup>288</sup> Others, including medical professionals and teachers, could be encouraged to help ensure women have accurate information on the health consequences of FGM. As the special rapporteur on the

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<sup>285</sup> Human Rights Watch interview with Dr. Husnia al-Qaderi, lecturer in the faculty of medicine at Sanaa University, Sanaa, April 16, 2014.

<sup>286</sup> Human Rights Watch telephone interview with Ghada al-Eryani, National Women's Union, Sanaa, July 7, 2014.

<sup>287</sup> Human Rights Watch telephone interview with So'ad Mohammed al-Qatifi, general director of the Family Protection Unit within the Ministry of Interior, Sanaa, July 7, 2014.

<sup>288</sup> Human Rights Watch interview with Dr. Nagiba Abdulghani al-Shawafi, deputy minister for Population Sector in the MoPH, Sanaa, April 10, 2014.

right to health has stated, “Women should have equal access, in law and fact, to information on sexual and reproductive health issues.”<sup>289</sup>

### *Dissemination of Information through Healthcare Professionals*

The Yemeni government should stress the obligations of health professionals to disseminate accurate information on the health consequences of FGM, and to develop appropriate policies and protocols in hospitals and clinics.<sup>290</sup> The healthcare professionals interviewed by Human Rights Watch said that they only spoke with patients about FGM if the patient asked them about it, and that they did not themselves raise the issue with new mothers and other women. Doctors, nurses and other health professionals can play an important role as agents of change, along with traditional FGM practitioners, to eliminate the practice.

Medical professionals should ensure that women and girls have access to accurate information about the health consequences of FGM and to provide such information. Medical professionals should provide adequate medical treatment to girls and women who have undergone FGM and to provide counseling or make referrals for victims who experience emotional distress. They should also record deaths that result from FGM, listing FGM as the cause of death. Currently, if a baby is brought into a hospital or healthcare center following mutilation and bleeds to death, doctors may include FGM in the medical report but list the cause of death as bleeding. As a result there is no way of accurately gauging how many girls have died because of the practice in Yemen.<sup>291</sup>

As Dr. Ashwaq Moharm noted that, now there are more female doctors, including gynecologists, women should feel less embarrassed to raise some of the health implications of FGM with their doctors than when they were almost all males, providing an opportunity to inform their female patients about the medical consequences of FGM and urge them not to mutilate, and cause suffering to, their daughters.<sup>292</sup>

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<sup>289</sup>UN Commission on Human Rights, “The right of everyone to the enjoyment of the highest attainable standard of physical and mental health,” Paul Hunt, U.N. Doc. E/CN.4/2004/29, February 16, 2004, UN Doc. A/HRC/7/11/Add.1, March 4, 2008 [https://www.unfpa.org/derechos/documents/rapporteur\\_health\\_2004.pdf](https://www.unfpa.org/derechos/documents/rapporteur_health_2004.pdf) (accessed November 5, 2014), para. 28.

<sup>290</sup> Human Rights Watch interview with Dr. Ashwaq Moharm, deputy manager of the health office within the MoPHP, Hodaïda August 11, 2014.

<sup>291</sup> Human Rights Watch interview with Dr. Ashwaq Moharm, deputy manager of the health office within the MoPHP, Hodaïda August 11, 2014.

<sup>292</sup> Human Rights Watch interview with Dr. Ashwaq Moharm, deputy manager of the health office within the MoPHP, Hodaïda August 11, 2014.

### *Dissemination of Health Information in Schools*

According to Khalid al-Absi, deputy director of curricula within the Ministry of Education, in 9<sup>th</sup> grade biology (with students about 12-years-old) there used to be a brief mention of FGM, calling it one of “many bad habits practiced in some rural areas,” but without providing details. This reference was removed in 2008, and ministry staff said they were worried that including the topic may actually encourage some to take up the practice.<sup>293</sup>

Ali al-Haimi, the deputy minister for Sector of Curricula and Supervision within the Ministry of Education, said that students in Yemeni schools receive little health information generally on reproductive issues. He told Human Rights Watch that teachers do not receive any training on the topic. However, some human rights topics, including women’s rights, are included in the curriculum, and that the curriculum could be expanded to cover forms of violence against women, such as FGM.<sup>294</sup> Including information on FGM in the school curriculum, specifically in the governorates that have high prevalence, would be an important step for Yemen in raising awareness and ensuring access to information. This includes appropriately addressing the topic in primary school, given the low rates of female attendance in secondary schools.

Some progress has already been made in Yemeni schools. The Hodaida branch of the Yemeni Women’s Union has launched projects that aim to engage with students in high school and their teachers around increasing awareness of the negative health consequences of FGM. Following their projects, the Union has seen spontaneous initiatives by some students to address the topic through art and theater.<sup>295</sup>

The Women’s Union, however, told Human Rights Watch that more could be done. Each school has a psychosocial expert on staff that could be trained to discuss FGM

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<sup>293</sup> Human Rights Watch interview with Ali al-Haimi, Deputy Minister for Sector of Curricula and Supervision within the Ministry of Education, Khalid al-Absi, deputy director of curricula within the Ministry of Education, Yahya al-Sraj, director of planning and coordination within the Ministry of Education, and Hazim al-Kalbi, consultant for curricula management at the Ministry of Education, Sanaa, August 28, 2014. Human Rights Watch telephone interview with Yahya al-Sraj, director of planning and coordination within the Ministry of Education, Sanaa, September 11, 2014.

<sup>294</sup> Human Rights Watch interview with Ali al-Haimi, Deputy Minister for Sector of Curricula and Supervision within the Ministry of Education, Khalid al-Absi, deputy director of curricula within the Ministry of Education, Yahya al-Sraj, director of planning and coordination within the Ministry of Education, and Hazim al-Kalbi, consultant for curricula management at the Ministry of Education, Sanaa, August 28, 2014.

<sup>295</sup> Human Rights Watch interview with Sobhia Ahmed Rajih, head of the Yemeni Women’s Union Hodaida branch, and Mariam `omr al-Haj, projects executive at the Yemeni Women’s Union Hodaida branch, August 11, 2014.



systematically with students, for example. Regular homeroom teachers for each grade, who require training on the impact of FGM and how to broach the topic with students, could also discuss the topic with their students.<sup>296</sup> In addition, teachers could raise the issue of FGM with parents during their regular, annual meetings.<sup>297</sup>

### *Dissemination of Information through Birth Registrars*

Yemen has one of the lowest rates of birth registration worldwide. Between 2005 and 2012, according to UNICEF, the country registered only 17 percent of all births. Only 11 percent of births in rural areas were registered, and a mere 3 percent of births among the poorest one-fifth of Yemen's population.<sup>298</sup> Despite this, the Ministry of Interior's civil registration units could play a role in disseminating information to parents on the dangers of FGM when they register births of girls.

## **Mobilizing Support to End FGM**

The Yemeni government has a key role to play in encouraging and supporting community initiatives to end FGM. These should be directed at religious-based political parties, imams (religious leaders) and the religious community; youth, mothers and men; and traditional FGM practitioners.

### *Engaging the Religious Community*

Religious figures could be important partners in any government campaign to eliminate the practice of FGM. A major difficulty in combatting FGM in Yemen arises from religious-based parties and institutions that vocally oppose banning the practice. Dr. Husnia al-Qaderi said that during the study conducted in 2004 in Hodaïda she heard religious and political figures from the Sunni Islah party openly advocating for FGM on religious grounds.<sup>299</sup>

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<sup>296</sup> Human Rights Watch interview with Sobhia Ahmed Rajih, head of the Yemeni Women's Union Hodaïda branch, and Mariam `omr al-Haj, projects executive at the Yemeni Women's Union Hodaïda branch, August 11, 2014.

<sup>297</sup> Human Rights Watch telephone interview with Ali al-Haimi, deputy minister for Sector of Curricula and Supervision within the Ministry of Education, Sanaa, July 7, 2014.

<sup>298</sup> UNICEF, "At a glance: Yemen," total birth registration 2005–2012, measures the percentage of children less than five years of age that were registered at the moment of the survey, [http://www.unicef.org/infobycountry/yemen\\_statistics.html](http://www.unicef.org/infobycountry/yemen_statistics.html) (accessed October 11, 2014).

<sup>299</sup> Human Rights Watch interview with Dr. Husnia al-Qaderi, lecturer in the faculty of medicine at Sanaa University, Sanaa, April 16, 2014.

According to Saiya Bokhait, head of the Yemeni Women's Union al-Mahra branch, the most heated opposition during workshops the Union has held over the last several years with women in local communities has come from women belonging to the Islah party, who have accused Union staff of working on behalf of "infidels."<sup>300</sup>

Other religious leaders, however, have come out against FGM, including in debates on national TV. Providing information on the harms incurred by FGM to the religious community could go a long way in lessening public support for the practice. Imam Ghalb Ali Hasan al-Waqdi told Human Rights Watch that imams have a unique opportunity to raise FGM with their constituents during Friday discussions held inside the mosque following the sermon. "Many imams in my area have started to do this, and as far as I know, no one in my area is practicing FGM anymore."<sup>301</sup>

In a *fatwa* declared on June 3, 2006, renowned Yemeni Sheikh Ali Salem Saeed Bakir, while not condemning FGM outright, called for restraint.<sup>302</sup>

Officials have made efforts to engage members of the religious community that support FGM. In 2012, the National Women's Committee carried out workshops with different individuals, including with staff from the Ministry of Endowments and Guidance. One of the workshop's recommendations was that the Yemeni religious leadership should issue a *fatwa* condemning the practice of FGM.

Thikra Naqib of the National Women's Committee suggested that each political party should nominate a representative to participate in a multi-party team to study the issue from a religious perspective and, if they agree that FGM is un-Islamic, request Sanaa's grand mufti to issue a *fatwa* condemning FGM.<sup>303</sup>

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<sup>300</sup> Human Rights Watch interview with Saiya Bokhait, head of the Yemeni Women's Union al-Mahra branch, al-Mahra, August 16, 2014.

<sup>301</sup> Human Rights Watch interview with Ghalb Ali Hasan al-Waqdi, guidance and awareness executive within the Ministry of Endowments, Hodaïda, August 12, 2014.

<sup>302</sup> Sheikh Ali Salem Saeed Bakir, "Fatwa of June 3, 2006," June 3, 2006.

<sup>303</sup> Human Rights Watch interview with Thikra Naqib, Representative of the Director of Development, National Women's Committee, Sanaa, April 20, 2014.

Hamood Ali al-Sa`idi of the Ministry of Endowments and Guidance said that the ministry had never taken a public position against FGM because there is no agreement within the Yemeni religious community that FGM is wrong.<sup>304</sup>

Despite the lack of a ministry position, the Ministry of Endowments and Guidance tried to launch a series of trainings in 2008 to petition imams to cease endorsing the practice of FGM, only to drop the program when discussions ended in deadlock. In Al-Sa`idi's view, if the Ulama Association of Yemen were to issue a *fatwa* against FGM, it would have an influential impact and open the way for the Ministry of Endowments and Guidance to restart its former training program backed by an authoritative religious declaration that imams would not readily counter.<sup>305</sup>

In 2014, UNICEF and UNFPA launched a global initiative in 17 countries, including Yemen, on combatting FGM. The project included working with religious communities, bringing together 100 imams for a discussion on FGM. There were hopes that the imams would then filter down the influence in favor of ending FGM into their local constituencies through their Friday sermons.<sup>306</sup> The Hodaïda branch of the Yemeni Women's Union has run many trainings of this sort with imams that it considered positive. A branch member told Human Rights Watch that four imams who had left the training unconvinced of FGM's harms changed their minds to become opponents of FGM after they subsequently attended more extensive training that UNICEF provided in Sanaa.<sup>307</sup>

Other efforts to engage religious-based political parties have been considered unsuccessful. In 2010 UNICEF and the Charitable Society for Social Welfare (CSSW) jointly organized a series of workshops for social specialists in Hadramawt and al-Mahra but the latter's Islamist stance, according to Naqib and al-Qaderi, deterred those attending from adopting a common position condemning FGM, with the result that discussions focused on reducing the types of FGM used.<sup>308</sup>

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<sup>304</sup> Human Rights Watch interview with Hamood Ali al-Sa`idi, undersecretary for guidance affairs at the Ministry of Endowments and Guidance, Sanaa, July 8, 2014.

<sup>305</sup> Human Rights Watch interview with Hamood Ali al-Sa`idi, undersecretary for guidance affairs at the Ministry of Endowments and Guidance, Sanaa, July 8, 2014.

<sup>306</sup> Human Rights Watch interview with Ahlam Sofan, gender analyst at UNFPA, Sanaa, August 13, 2014.

<sup>307</sup> Human Rights Watch interview with Sobhia Ahmed Rajih, head of the Yemeni Women's Union Hodaïda branch, and Mariam `omr al-Haj, projects executive at the Yemeni Women's Union Hodaïda branch, August 11, 2014.

<sup>308</sup> Human Rights Watch interview with Thikra Naqib, Representative of the Director of Development, National Women's Committee, Sanaa, April 20, 2014.

Dr. Ashwaq Moharm, deputy manager of the health office within the Ministry of Health in Hodaida and a leading activist against FGM, told Human Rights Watch of her experiences as one of those seeking to educate imams on the subject of FGM:

I carried out a two-day training on FGM for imams a few years ago, and at the end of the training one of the imams approached me, said he had been so convinced by my presentation that he wanted me to circumcise his daughter. I was speechless. I told him that I could not do it yet, but that he should come back in a week. During that week I read every single religious text on FGM and the following week when he came back I was able to argue each religious argument with him. He is now a major advocate against FGM and his daughters remain uncircumcised.<sup>309</sup>

### *Engaging the Community: Youth, Mothers and Men*

The Yemeni government should engage with youth, mothers and men to gain support for ending FGM.

The 2014 UNICEF and UNFPA global initiative, which will run in Yemen from 2014-2017, aims, among other things, to raise awareness regarding the FGM issue within the wider community. So far, it has brought together youth in Ibb and Hadramawt to discuss child marriage and FGM. Ahlam Sofan, a gender analyst at UNFPA, which currently takes the lead on UN FGM work in Yemen, told Human Rights Watch:

It is difficult to change the old generation's views because of their traditional and cultural beliefs. Youth are the change makers in any society, that's why UNFPA focuses them and we hope that the ones who attend our discussion groups and awareness sessions will then go home to their communities and become advocates of banning both practices in their own communities.<sup>310</sup>

Dr. Husnia al-Qaderi said that, based on her experience, training involving young mothers in a setting where they felt sufficiently secure to discuss intimate issues could be very

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<sup>309</sup> Human Rights Watch interview with Dr. Ashwaq Moharm, deputy manager of the health office within the MoPHP, Hodaida August 11, 2014.

<sup>310</sup> Human Rights Watch interview with Ahlam Sofan, gender analyst at UNFPA, Sanaa, August 13, 2014.

effective. In such setting, trainers could explain how damaging FGM had been to their mothers' lives and challenge women as to why they would wish to commit their daughters to similar problems and pain. She considered too that involving un mutilated women from northern Yemen as trainers would be beneficial as they could speak to women participating as peers.<sup>311</sup>

Dr. Ashwaq Moharm told Human Rights Watch that she and some of her colleagues regularly attend birth celebrations for local women at which they speak to them about FGM, and that this had produced results in changing women's minds and turning them into opponents of FGM.<sup>312</sup>

Men also need to be targeted in order to encourage and mobilize those opposed to FGM and to change the minds of those who support it. Dr. Husnia al-Qaderi told Human Rights Watch that during field research in al-Mahra in 2008, the fathers and husbands she interviewed said they did not object to stopping FGM. Some young men interviewed for this report in Hadramawt and al-Mahra expressed their desire to find a northern wife—that is, one who had not been mutilated. In group discussions with men from Hadramawt, many said that they would not want their daughters to be mutilated. However, Human Rights Watch also found that some men continue to support the practice and resist its elimination. An interviewee in al-Mahra said that it was her husband who had insisted that they mutilate their daughters and another said her father had insisted that she be mutilated.<sup>313</sup>

In 2001, the National Women's Committee funded four local NGOs to launch a range of healthcare awareness projects in Hodaida, including lectures for women's rights groups, focus group discussions, and platforms for victims to give personal accounts. While assessing the impact of their work, the group found that only 26 percent of participants knew of the negative health consequences of FGM before the training, while 39 percent knew of them by the end. In addition, while 36 percent of participants had supported the

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<sup>311</sup> Human Rights Watch interview with Dr. Husnia al-Qaderi, lecturer in the faculty of medicine at Sanaa University, Sanaa, April 16, 2014.

<sup>312</sup> Human Rights Watch interview with Dr. Ashwaq Moharm, deputy manager of the health office within the MoPHP, Hodaida August 11, 2014.

<sup>313</sup> Human Rights Watch interview with Umm `mar, victim, al-Mahra, August 16, 2014. Human Rights Watch interview with Umm Muhammad, victim, al-Shehr, June 26, 2014.

practice before the training, the number dropped to 15 percent by the end of the program. The number that wanted to end the practice rose from 52 percent to 72 percent.

Recent research in Yemen has also suggested that public declarations made by entire communities repudiating FGM can be effective. From 2008-2010, UNICEF conducted a project that included working with local communities to achieve “collective abandonment” of the practice. The project sought to convince all families to sign a joint contract, agreeing not to mutilate their daughters. Through this and other work, UNICEF found that positive messaging on stopping the practice was more effective in Yemen than negative messaging, such as emphasizing on the violence of the practice through images and descriptions of blood or the instruments used.<sup>314</sup>

### *Engaging Traditional FGM Practitioners*

Traditional FGM practitioners—the individuals most responsible for carrying out FGM—can themselves become part of FGM elimination efforts if they learn about the full effects of the practice. The 2008 UNICEF project trained traditional FGM practitioners to become birth attendants, so that giving up FGM did not amount to giving up their livelihood. At the end of the trainings, each woman was given a midwifery kit. In other countries with similar trainings, at the graduation ceremony of such courses, women were asked to take an oath not to participate in mutilation again.<sup>315</sup>

The Hodaïda branch of the Yemeni Women’s Union has engaged with traditional FGM practitioners. Their approach is to identify the practitioners in each area and invite them to group trainings that examined the medical and religious aspects and the consequences of FGM with the aim of having the practitioners provide signed promises not to continue with mutilations. The Union told Human Rights Watch that 80 percent of women involved in such trainings consented to provide such undertakings under oath.<sup>316</sup>

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<sup>314</sup> Human Rights Watch interview with Michaela Pasini, chief child protection officer at UNICEF, Noor S. M. al-Kasadi, child protection specialist at UNICEF, and Alison Parker, chief of communication & advocacy at UNICEF, Sanaa, August 10, 2014.

<sup>315</sup> Human Rights Watch interview with Michaela Pasini, chief child protection officer at UNICEF, Noor S. M. al-Kasadi, child protection specialist at UNICEF, and Alison Parker, chief of communication & advocacy at UNICEF, Sanaa, August 10, 2014.

<sup>316</sup> Human Rights Watch interview with Sobhia Ahmed Rajih, head of the Yemeni Women’s Union Hodaïda branch, and Mariam `omr al-Haj, projects executive at the Yemeni Women’s Union Hodaïda branch, August 11, 2014.

Changing personal opinions on FGM is not always easy. Dr. Husnia al-Qaderi, former head of the Gender Development Research Studies Center, told Human Rights Watch that while working on projects about FGM she had met midwives and nurses who insisted on carrying out the procedure.<sup>317</sup> She said:

In order to ensure sustainability and effectiveness, the communities must experience ownership of the projects, and activities must be based on voluntary commitment and participation. Project duration should ideally be five or six years (or longer), and sufficient funds should be provided for baseline surveys, monitoring and evaluation. In order to maximize project impact, the entry points into the communities appear to be of considerable importance. Some intervention may use early marriage campaign projects, or HIV/AIDS, or reproductive health, as entry points for discussions on FGM.<sup>318</sup>

### *Engagement by the Medical Community*

Yemen's medical community has the knowledge and skills to help disseminate accurate information about FGM to families, traditional FGM practitioners, and the community at large. They also can play a necessary role in documenting the health consequences of FGM among Yemeni girls and women to assist in the treatment of FGM survivors. Yemeni health regulations already make it clear that medical professionals should play no role in carrying out FGM. But more needs to be done to mobilize doctors and other medical health workers against FGM.

Currently there does not appear to be sufficient awareness in the medical profession about the extent of FGM and of its negative medical effects. Dr. Zaid `Atef, head of the Yemeni Medical Council, told Human Rights Watch that the Council does not take a position on FGM because it has never received any complaints about it and did not consider FGM a priority because, in the view of the Council, it is not a common practice.<sup>319</sup> Dr. Ahlam Ben Brik, lecturer on community medicine in the faculty of medicine at Mukalla University, carried out a study among medical and nursing school students at the university from March 2009 to May 2010. She interviewed 380 paramedical and nursing college students,

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<sup>317</sup> Human Rights Watch interview with Dr. Husnia al-Qaderi, lecturer in the faculty of medicine at Sanaa University, Sanaa, April 16, 2014.

<sup>318</sup> al-Qaderi, Husnia. "Situation Analysis on Female Genital Mutilation/Cutting (FGM) in Yemen," June 2008, p. 18.

<sup>319</sup> Human Rights Watch telephone interview with Dr. Zaid `Atef, head of the Yemeni Medical Council, Sanaa, July 3, 2014.

236 males and 144 females. Through the study, she found that 89 percent of the students had heard of FGM, with 34 percent citing it as very common. Among students, 58 percent agreed with the practice; 57 percent said they had no information about the procedure itself; 78 percent said they did not think of the procedure from a medical perspective; and 42 percent of the males surveyed preferred a wife who had undergone the procedure.<sup>320</sup> Dr. Abd al-Rahman Jarallah, Health Ministry representative in Hodaïda, told Human Rights Watch that not a single girl under the age of 20 was mutilated in the governorate. When pushed on that claim, he acknowledged that the practice may be continuing in some remote villages. “However, that is not the Ministry of Health’s problem,” he told Human Rights Watch. “We have no role in preventing circumcision outside of public hospitals. It is simply not our job.”<sup>321</sup>

He confirmed that FGM is not included in medical school curricula. He said this was because such curricula are based on those developed in Europe and do not take into full account the Yemeni context. He said that the ministry’s programmatic work to combat FGM was limited to giving local NGOs permission to carry out trainings, workshops, and other awareness activities but nothing more.<sup>322</sup>

The Yemeni Medical Council should take a strong and vocal position in opposition to FGM and prohibiting Yemeni physicians or other medical providers from performing FGM on children and non-consenting adult women in both public and private hospitals, as well as clinics, healthcare centers, and other places. The Council should also adopt disciplinary and punitive measures, such as withdrawal of a doctor’s license to practice, in the event of violating such prohibitions.<sup>323</sup> In addition, the Council should ensure that physicians are fully informed about the risks of FGM to the victim and encouraged to disseminate accurate information to their patients regarding those risks, including when attending women giving birth. According to Dr. Husnia al-Qaderi, doctors and midwives should

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<sup>320</sup> Human Rights Watch interview with Dr. Ahlam Ben Brik, lecturer on community medicine in the faculty of medicine at Mukalla University, June 25, 2014.

<sup>322</sup> Human Rights Watch interview with Dr. Abd al-Rahman Jarallah, general manager of the health office within the MoPHP.

<sup>322</sup> Human Rights Watch interview with Dr. Abd al-Rahman Jarallah, general manager of the health office within the MoPHP, Ali Ibrahim al-Hindi, al-Hawk district manager, and Abd al-Karim, sports manager within the MoPHP, Hodaïda, August 11, 2014. Human Rights Watch interview with Dr. Abdullah Salem Ben Goth, General Director of the MoPHP’s office in coastal Hadramawt, June 25, 2014.

<sup>323</sup> Human Rights Watch interview with Hasan Muhammad `Awad al-Rubaki, community leader, al-Shehr, June 26, 2014. Human Rights Watch interview with Dr. Ahlam Ben Brik, lecturer on community medicine in the faculty of medicine at Mukalla University, June 25, 2014.



consistently advise parents of the dangers of FGM when attending births of girls and warn the mother and other family members of the dangers of subjecting their child to FGM.<sup>324</sup>

Likewise, unlicensed women who assist in delivering children, including traditional birth attendants, should be targeted for such information as many women in Yemen give birth at home or other private places, not in hospitals or other medical facilities.<sup>325</sup>

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<sup>324</sup> Human Rights Watch interview with Dr. Husnia al-Qaderi, lecturer in the faculty of medicine at Sanaa University, Sanaa, April 16, 2014.

<sup>325</sup> Al-Qaderi, Husnia. "Situation Analysis on Female Genital Mutilation/Cutting (FGM) in Yemen," June 2008, p.19.

## **Recommendations**

### **To the Yemeni Parliament**

- Urgently pass legislation to ban female genital mutilation (FGM) for children and non-consenting adult women, using a definition of FGM that is consistent with that of the World Health Organization. The ban should cover all forms of FGM and provide: appropriate penalties for persons carrying out the procedure; appropriate support services for victims of FGM, including access to health care, social and psychological support; measures to engage with traditional FGM practitioners and others involved in the procedure; and protective and preventive measures for girls at risk of FGM.
- Support a widespread and sustained public campaign against FGM that involves increasing public awareness and discussion about the harms of the practice.

### **To the Government of Yemen**

- Take all necessary steps to ensure compliance with Yemen's international human rights obligations with regard to FGM set out in the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social, and Cultural Rights, the Convention on the Elimination of All Forms of Discrimination against Women, and the Convention on the Rights of the Child, as described in chapter II of this report.
- Create a strong legal and policy framework and a comprehensive long-term strategic plan with all relevant ministries and governmental entities aimed at eliminating FGM, and seek the support of civil society organizations. The framework and plan should include measures for data collection, a communications strategy to increase public awareness, social and medical services for women and girls, protective mechanisms, and services to safeguard girls at risk. In order to put this into effect:
  - Form an inter-ministerial advisory committee on FGM to ensure coordination on FGM elimination efforts between ministries, and encourage cooperation between government agencies and civil society.

- Invite religious leaders, nongovernmental organizations, media and other parts of civil society to join initiatives to combat FGM.
- Once legislation banning FGM is enacted, disseminate information about the new law in various formats and media outlets, especially those most likely to reach women and girls.
- Transmit to Parliament the Child Rights Bill currently pending before the Cabinet for review, which criminalizes early marriage, the recruitment of child soldiers, and child labor, among other issues.

## **To the Ministry of Public Health and Population**

- Enforce the 2001 decree banning FGM in medical facilities.
- Collaborate closely with other parties in an inter-ministerial advisory committee on FGM to ensure the development and implementation of a comprehensive, coordinated action plan against FGM.
- Ensure that accurate information on the consequences of FGM are integrated into sustained public health campaigns in areas of high prevalence and involve healthcare workers in sustained public outreach and discussion.
- Maintain comprehensive records of deaths and other harmful health-related consequences of FGM and issue routine public reports on this information. Conduct a survey among medical practitioners in areas of high prevalence to assess the need for victims of FGM to receive surgery to undo spontaneous adhesion.
- Ensure that healthcare workers in areas of high prevalence receive training on the consequences of FGM and instruct them to systematically transmit accurate information to patients, particularly to mothers immediately following the birth of a girl, on the health effects of FGM.
- Ensure that healthcare workers in areas of high prevalence actively discourage the practice of FGM.
- Ensure that hospitals and healthcare workers throughout Yemen are aware of their professional and ethical obligations not to perform FGM.

- Adopt necessary measures to disseminate information to parents in areas of high prevalence about the adverse health effects of FGM on girls.
- Take necessary measures so that girls and women who have undergone FGM have access to medical care, psychological health care, and accurate health information related to FGM.
- Support and work closely with religious leaders, local organizations and civil society in areas of high prevalence towards the eradication of FGM.

### **To the Ministry for Endowments and Guidance**

- Issue a public statement condemning FGM.
- Hold dialogues with religious leaders in areas of high prevalence on the dangers of FGM, as well as other violence against women and girls.
- Provide information to religious leaders, including the Ulama Association of Yemen, on the dangers of FGM and encourage their involvement in community initiatives to end the practice.
- Encourage religious leaders to meet with local nongovernmental organizations to discuss the harmful effects of FGM to encourage families in areas of high prevalence to abandon the practice.

### **To the Ministry of Education and Teaching**

- In areas of high prevalence, include age-appropriate information on FGM in relevant curricula for girls and boys.
- Provide training for teachers in areas of high prevalence on reproductive health and FGM, including on health consequences and how to teach students about them.

### **To the Ministry of Higher Education and Scientific Research**

- Incorporate appropriate guidelines on FGM into medical education and training curricula.
- Ensure that medical students in areas of high prevalence receive appropriate information on FGM.

## **To the Ministry of Interior**

- Implement a safe and confidential complaints mechanism within the Family Protection Unit to ensure that FGM and other forms of violence against women and girls can be reported to the authorities.
- Ensure that all complaints concerning FGM are investigated. Fairly prosecute perpetrators as permitted by law and ensure victims of FGM receive adequate health care and support services.
- Require Civil Registration Authority staff to disseminate information to parents on the dangers of FGM when they register births of girls.

## **To the Ministry of Justice**

- Once FGM is banned, ensure that lawyers and public prosecutors in areas of high prevalence are adequately trained to try court cases on violence against women and girls including FGM. Provide information to the judiciary on FGM under Yemeni law.

## **To the Constitutional Drafting Committee**

- Enshrine absolute equality for men and women, and the prohibition of all forms of discrimination.

## **To the Ulama Association of Yemen**

- Discuss with clerics the dangers of FGM and the steps they can take to help end the practice.
- Organize meetings, in conjunction with the Ulama Authority and the Ulama Community Organization, for influential clerics in high prevalence areas on the dangers of FGM.

## **To the Yemeni Medical Council**

- In accordance with existing law, prohibit physicians and other health workers from performing FGM in both public and private hospitals, clinics, and other healthcare centers.
- Ensure that physicians and other health workers have appropriate information on the dangers of FGM.

- Ensure that physicians and other health workers disseminate accurate information to patients on the health consequences of FGM.

## **To Nongovernmental Organizations Working to Eliminate Violence against Women**

- Advocate for the Yemeni authorities to develop and implement a strong legal and policy framework and a comprehensive long-term strategic plan aimed at FGM eradication involving relevant ministries, other governmental entities, and civil society organizations.
- Work with religious leaders to encourage their participation in efforts to eliminate FGM.
- Promote information exchanges between regional and international nongovernmental organizations and local organizations in Yemen working to combat violence against women, including FGM.
- Include awareness of FGM in programs focused on violence against women.
- Address FGM in programs that are geared towards improving educational and economic opportunities for girls and women.
- Ensure that programs for traditional FGM practitioners on the consequences of FGM include educational opportunities to provide them with skills for alternative income generation opportunities such as midwifery.
- Develop more “collective abandonment” community projects where all families in the community voluntarily agree not to carry out the practice.
- Provide training and support to a small number of women, including traditional practitioners, in each community in high prevalence areas to carry out sustained advocacy around FGM.

## **To WHO, UNICEF and UNFPA**

- Continue WHO, UNFPA and UNICEF joint programmatic work on FGM eradication.
- Advocate for and support the development and implementation in Yemen of a strong legal and policy framework and a comprehensive long-term strategic plan with relevant ministries, other governmental entities, and civil society

organizations aimed at FGM eradication. In order to put this into effect, assist the authorities and organizations by providing accurate information on eradication strategies, resources, networking opportunities, and information-sharing initiatives.

- Support establishing coordination mechanisms among all stakeholders working on FGM eradication.
- Support the Ministries of Health and Education to ensure that health, reproductive health and education programs disseminate information on the dangers of FGM and that medical staff and schools become actively involved in eradication initiatives.

## To Donor Countries

- Advocate for and support government efforts to enact criminal sanctions against FGM and to develop and implement a strong legal and policy framework and a comprehensive long-term strategic plan aimed at FGM eradication involving relevant ministries, other governmental entities, and civil society organizations. This should include supporting measures for data collection, the implementation of a communications strategy to increase public awareness in communities, social and medical services for women and girls, protective mechanisms, and services to safeguard girls at risk.
- Assist local human rights, women's rights, and development organizations to implement programs to help end FGM.
- Finance media initiatives giving platforms to victims and health professionals to talk about the harms of FGM, and to activists, educators and clerics who are seeking to end the practice.

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## “Killing My Daughter Haunts Me”

### Female Genital Mutilation in Yemen

In Yemen nearly one in five women and girls is subjected to female genital mutilation (FGM), the removal with a knife, scissors or razor blade of external female genitalia for non-medical reasons. In some parts of Yemen the practice is extremely common while in others it is virtually unknown, depending on local practice. Virtually all of those mutilated have the procedure performed within the first year of birth, with the majority before they are a month old.

Based on in-depth interviews with women who had undergone FGM in Yemen and their family members, as well as FGM practitioners, and medical health professionals, *“Killing My Daughter Haunts Me”* documents the serious harms Yemeni women and girls suffer due to FGM. These include fever, infection, difficulty in passing urine, as well as swelling, pus, cysts, and menstrual problems. Women can also experience pain and severe bleeding during intercourse and childbirth, infertility, loss of sexual pleasure, and resulting depression. Sometimes FGM leads to death. Yemen has no law against FGM and the government has done little to end the practice.

The report calls on the Yemeni government to promptly pass a law to criminally prohibit the practice of FGM. The government should encourage and support educational campaigns and community initiatives that address the underlying causes for the practice, through programs with families, religious leaders, and traditional FGM practitioners. Human Rights Watch also urges donor countries to support these measures through programs with both the government and nongovernmental organizations.

*(above) Girls in Hodaïda governorate gather for a speech by a Ministry of Health official on the dangers of female genital mutilation.*

*(front cover) Practitioner of female genital mutilation in Yemen’s Hodaïda governorate shows her blade.*

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