



# The Attitudes toward Female Genital Mutilation: A Survey among the Residents of Uramanat Region, Iran

Osman Mahmoudi<sup>1,\*</sup> and Elham Hosseini<sup>1</sup>

<sup>1</sup>Hamraz Counseling Center of Javanrud, Javanrud, Iran

\*Corresponding author: Hamraz Counseling Center of Javanrud, Javanrud, Iran. Email: [mahmoudi.osman@gmail.com](mailto:mahmoudi.osman@gmail.com)

Received 2020 February 25; Revised 2020 October 02; Accepted 2020 October 03.

## Abstract

**Background:** Female genital mutilation (FGM) refers to the removal of a part or the entire female genital organ, which is often performed by a local individual using a blade without any anesthetics. FGM is concentrated in some African countries, Asia, and the Middle East.

**Objective:** The present study was conducted in Iran, where FGM is a religious practice and not considered a crime, aiming to evaluate the information, beliefs, and understanding of the phenomenon among the residents of Uramanat (Javanrud, Ravansar, Salas, and Pavah cities) and compare the differences in the responses of the residents.

**Methods:** A questionnaire was distributed among the Uramanat residents of Kermanshah province, Iran. Data were collected on the age, marital status, attitude, and knowledge of FGM.

**Results:** The survey was implemented among 250 residents of the Uramanat region, and 212 questionnaires (82.7%) were returned by 96 women (47%) and 109 men (54%). Notably, 66.8% of the female participants had been circumcised. The findings indicated that 81.04% of the male residents and 88.5% of the female residents believed that FGM is a religious practice. Only 8.1% of the female residents compared to 18.7% of the male residents considered FGM to be illegal. Although 78.8% of the male participants stated that their spouse was circumcised, the majority of the men (57.8%) preferred a wife with a healthy female genitalia.

**Conclusions:** According to the results, there are numerous and confusing perspectives regarding FGM. The lack of specific rules and knowledge about the psychological, sexual, and physical effects of FGM lead to the continuation of this practice. Therefore, raising the awareness of various social groups about FGM and its complications could put an end to this inhuman issue.

**Keywords:** Female Genital Mutilation, Uramanat Residents, Attitude

## 1. Background

Female genital mutilation (FGM) refers to the practices that manipulate, change or remove the external genital organs of girls and women (1). The World Health Organization (WHO) has classified FGM/C as four major types, which range from the partial or total removal of the clitoris to infibulation, in which case the vaginal opening is narrowed through the creation of a covering seal. A traditional circumciser (mostly an elderly woman) with no medical background and training typically performs FGM (2). The current data regarding FGM show that over two hundred million women are circumcised, while three million women are currently at the risk of circumcision. Population growth, especially in the countries where circumcising women is common, has raised the concerns about the increased risk of FGM (3-7). While the exact number of the girls and women who have undergone FGM/C worldwide

remains unknown, the United Nations Children's Fund (UNICEF) has estimated that at least 200 million girls and women alive have undergone FGM/C in 30 countries with nationally representative prevalence data (2). If the practice continues at the current rates, it has been predicted by the United Nations Population Fund (UNFPA) that 68 million girls will be subject to FGM/C by 2030 (4). In Iran, FGM/C has a long history and is known as *Khatne* or *Sonat* (3). In many parts of the world, the decline of the practice is slow, while in Iran, the FGM/C rates are dropping rapidly.

FGM/C is often referred to as *Khatne* or *Sonat* in Iran, and the national data in this regard remain unclear (8). Similar to other social issues, data is scarce regarding FGM and its prevalence in Iran, and limited research has been focused on this practice (9-11). FGM is carried out in homes by family members (especially mothers) in Iran, and there are no accurate data available in this regard. FGM is a traditional practice in Iran, and due to the lack of adequate data, re-

searchers are unable to discuss the existence of this practice in the society. According to the few studies on FGM, its practice has been confirmed in four provinces of Iran, including Hormozgan province, and the Sunni regions of the north western and western provinces, especially the cities and villages near the border of Iraqi Kurdistan. The prevalence of FGM in these provinces varies from one region to another and from one village to the neighboring village in some cases (12-15).

According to the WHO (2014), two types of female circumcision are performed in Iran, one of which involves the cutting of the tip of the clitoris, and the other entails the cutting of parts or all of the labia minora, in addition to the tip of the clitoris. Based on the religious beliefs of Iranians, there are two types of girls who would not be circumcised, including those who have a small clitoris tip, which is believed to have been circumcised by angels before they were born, and those whose families or mothers do not want to circumcise their daughters, in which case the girl's skirt is torn with a razor to wipe out guilty conscience (13, 16-18). Based on the Sunni Shafi'ie religion, a woman should be circumcised, and families (especially mothers) want to practice this on their daughters. *Khatana* is frequently performed by "dayeh" (midwives), mothers or the old women in the family without anesthetizers or the observance of health conditions. A shaving razor is used for cutting the head of the clitoris (Balokah); midwives (*dayeh*) use Beta-dine to clean and ash wood to prevent the bleeding of the cut piece. *Khatana* would last 10-20 minutes.

FGM is deeply rooted in the traditions of the society and is a severe form of violence against women through tradition (14, 18-22). Traditional ideas, religious beliefs, and social pressure seem to be the most important reasons for the practice of FGM in Iran. Due to the religious segregation in Iran, the Shiite religious community does not comply with FGM since they believe it is a Sunni practice, which should not concern or involve these particular followers of Islam. Due to this difference, FGM is not considered an important issue to be discussed by authorities such as the health, social, and welfare organizations and universities in Iran, and no official attempts have been made to eradicate FGM/C due to the lack of trust in the Sunni population (13).

## 2. Objectives

In Iran, there are no laws to ban the practice of FGM, and no previous studies have elaborated on female circumcision in Iran. The present study was conducted in Kermanshah province (Iran), which has residents of diverse ethnic, religious, and social groups, with the aim of assessing the

beliefs and understanding of the phenomenon among the Uramanat residents (Javanrood, Ravansar, Salas, and Paveh cities) and comparing the differences in the responses of the male and female residents of these areas.

## 3. Methods

A researcher-made questionnaire was distributed among the first 250 male and female residents of four cities of Kermanshah province during 15 days in February 2018. The questions and guidance were provided in Persian. Demographic data included age, gender, religion, education level, and marital status, which were collected and analyzed. In addition, the awareness of the residents regarding FGM and its complications was evaluated.

Data analysis was performed in SPSS using the two-tailed t-test, and the P-value of less than 0.05 was considered significant.

## 4. Results

The respondents were from various cities, including Javanrood (50.2%), Ravansar (15.1%), Salas (33.6%), and Paveh (12.2%). In addition, 99.8% of the respondents were Muslims, 110 (53%) were male, and 97 were female (47%) were women. The mean age of the men and women was  $32.6 \pm 5.1$  and  $30.4 \pm 5.8$  years, respectively (Table 1).

According to the findings, 25.21% of the male respondents were in favor of FGM, as well as 10.3% of the women ( $P < 0.01$ ). The positive attitudes toward this practice were religious (men: 7.8%, women: 50%), social and cultural (men: 10%, women: 10%), sexual (men: 7.1%, women: 10%), and a combination of these factors (men: 10.5%, women: 30.1%) (Table 1).

According to the obtained results, 81% of the men and 84.2% of the women were against FGM. A small proportion (men: 31.5%, women: 25%) were aware of the sexual, menstrual, and labor issues and other FGM complications, and 54.9% of the men and 64.5% the women considered FGM to be legal. In terms of religious recommendations for FGM, 81.08% of the men and 88.5% of the women favored the practice, while 6.3% of the men and 4.2% of the women were against the practice. Although 66.8% of the women had undergone FGM, most of the men and women (75%) were unaware of its complications.

The findings of the current research indicated that 57.8% of the men preferred the women who experienced FGM as their future spouses, and only 11.7% indicated a preference for a spouse with healthy female genitalia, while 16.5% did not assume circumcision would influence their

Table 1. Responses of Residents to Main Questions<sup>a</sup>

Qusetion	Male (N = 109)	Female (N = 94)	P Value
Mean age years (SD)	32.6 (5.8)	30.4 (5.8)	
<b>Are you in favour of female circumcision?</b>			
Yes	28 (25.22)	10 (10.4)	P < 0.01
No	92 (82)	81 (84.3)	NS
Not sure	2 (0.90)	5 (5.2)	P < 0.01
<b>If in favour why?</b>			
Religious reasons	22 (78)	5 (50)	NS
Sexual reasons	1 (4)	1 (10)	P < 0.01
Cultural and social reasons	2 (7.1)	1 (10)	NS
Combined reasons	3 (10.6)	3 (30)	NS
FGM complications awareness (sexual, labor & fertility)	35 (31.5)	24 (25)	NS
<b>FGM is against the law</b>			
Legal	61 (54.95)	62 (64.5)	
Illegal	9 (8.1)	18 (18.7)	
Don't know	41 (36.9)	16 (16.6)	
<b>Does your religion recommend female circumcision?</b>			
Yes	90 (81.08)	85 (88.5)	P < 0.05
No	7 (6.3)	4 (4.2)	NS
Don't know	14 (12.61)	7 (7.3)	NS
<b>Married Male residents: do your wife is circumcised female?</b>			
Circumcised	87 (78.7)		
Non-circumcised	13 (11.8)		
I don't know	11 (9.5)		
<b>Unmarried Male residents: do you prefer a wife with a healthy female organ?</b>			
Circumcised	32 (28.7)		
Non-circumcised	64 (57.8)		
No preference	18 (16.5)		
<b>Female residents: Are you circumcised?</b>			
Yes		64 (66.8)	
No		27 (28)	
Don't know		3 (3.1)	
No answer		2 (2.1)	
<b>Circumcised females: Who decided to circumcise you?</b>			
Mother		40 (64)	
Father		14 (22)	
Grandmother		8 (12.5)	
Others		2 (1.5)	
<b>All: Do you think this practice should continue?</b>			
Yes	17 (15.2)	5 (4.9)	P < 0.01
No	88 (78.8)	85 (88.5)	NS
Don't know	6 (5.9)	6 (6.6)	NS

Abbreviation: NS, no significant statistical difference.

<sup>a</sup>Values are expressed as No. (%) unless otherwise indicated

marital life. In addition, 78.7% of the married men had circumcised spouses, and 11.8% were not aware if the spouse was circumcised or had uncircumcised spouses (Table 1).

In total, 64% of the circumcised women stated that their mothers were the decision-makers of the practice,

while the grandmothers and fathers were the decision-makers in 12.5% and 22% of the cases, respectively. When the residents were asked whether the practice of FGM should continue, 78.8% of the men and 88.5% of the women stated that the practice should be abolished (P=0.13), while

only a small proportion (15.3% of men and 4.9% of women) believed that the practice should continue ( $P < 0.01$ ) (Table 1).

## 5. Discussion

To date, few studies have investigated the prevalence of FGM in the women of Uramanat area in Kermanshah province (Iran). For instance, Ahmadi (2015) has reported that 95% of the women in Uramanat have been circumcised, while the prevalence of FGM was lower in the present study in this region (68%).

Our research indicated that a minority of the residents were aware of FGM complications (men: 31.5%, women: 25%), which contributed to the belief of these individuals in the continuation of this practice. Only 21% of the men and 11.5% of the women either favored FGM or were uncertain in this regard. Therefore, it could be inferred that cultural and religious beliefs and the community continue to support this tradition without attention to the associated risks with FGM. In the current research, the residents who favored the practice stated that it is a religious dictate (78% of men and 50% of women), mentioning that it has been advised by Prophet Muhammad "This is a *Sonat*."

The Iranian law is rather vague about FGM, and as a result, there have been no reported cases of successful prosecutions against those who commit this practice. In the present study, this issue was reflected in the responses of the residents to the question of the association between FGM, the laws against FGM, and religion. Reducing the prevalence of FGM may not be a true reflection of the practice, and it is hoped that public knowledge increase regarding the complications of FGM to eradicate the practice. According to our findings, mothers (64%) and grandmothers (12.5%) were mainly responsible for the decision to circumcise girls, which highlighted the role of women in this inhuman action.

### 5.1. Conclusion

In conclusion, vague religious messages, ambiguous laws, and unawareness about FGM complications are the leading causes of the continuation of FGM. Therefore, it is strongly recommended that the government, education experts, and religious leaders morally explain FGM and its complications.

## Footnotes

**Authors' Contribution:** O.M, E.H; Designed and performed experiments, analyzed data and co-wrote the paper.

**Conflict of Interests:** There is not any potential conflict of interest of authors of this manuscript.

**Funding/Support:** No fund.

## References

1. Yirga WS, Kassa NA, Gebremichael MW, Aro AR. Female genital mutilation: prevalence, perceptions and effect on women's health in Kersa district of Ethiopia. *Int J Womens Health*. 2012;4:45-54. doi: 10.2147/IJWH.S28805. [PubMed: 22371659]. [PubMed Central: PMC3282605].
2. WHO; Department of Reproductive Health and Research. *Eliminating female genital mutilation. An interagency statement-OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO*. World Health Organization; 2008. Available from: <https://www.who.int/reproductivehealth/publications/fgm/9789241596442/en/>.
3. UNICEF. *Somaliland multiple indicator cluster survey 2011, final report*. Nairobi: Somaliland Ministry of Planning and National Development; 2014.
4. Lowenstein LF. Attitudes and attitude differences to female genital mutilation in the Sudan: Is there a change on the horizon? *Soc Sci Med*. 1978;12(5):417-21. doi: 10.1016/0160-7979(78)90101-7. [PubMed: 705387].
5. El Dareer A. Attitudes of Sudanese people to the practice of female circumcision. *Int J Epidemiol*. 1983;12(2):138-44. doi: 10.1093/ije/12.2.138. [PubMed: 6874206].
6. WHO. *Understanding and addressing violence against women*. World Health Organization; 2012, [cited 16 Aug]. Available from: [https://www.who.int/reproductivehealth/topics/violence/vaw\\_series/en/](https://www.who.int/reproductivehealth/topics/violence/vaw_series/en/).
7. WHO. *Female genital mutilation and other harmful practices*. World Health Organization; 2018. Available from: <http://www.who.int/reproductivehealth/topics/fgm/fgm-sexuality/en/>.
8. Daneshkhan F, Allahverdi-pour H, Jahangiri L, Andreeva T. Sexual Function, Mental Well-being and Quality of Life among Kurdish Circumcised Women in Iran. *Iran J Public Health*. 2017;46(9):1265-74. [PubMed: 29026793]. [PubMed Central: PMC5632329].
9. Biglu M. Impact of women circumcision on mental health. *IJPBS*. 2017;2(4):100. doi: 10.11648/j.ijpbs.20170204.13.
10. Bahrami M, Ghaderi E, Farazi E, Bahramy A. The prevalence of female genital mutilation and related factors among women in Kamyaran, Iran. *Chronic Dis J*. 2018;6(3):113-9.
11. Khalesi ZB, Beiranvand SP, Ebtekar F. Iranian midwives' knowledge of and attitudes toward female genital mutilation/cutting (FGM/C). *Electron Physician*. 2017;9(2):3828-32. doi: 10.19082/3828. [PubMed: 28465814]. [PubMed Central: PMC5410913].
12. Ahmed HM, Kareem MS, Shabila NP, Mzori BQ. Knowledge and perspectives of female genital cutting among the local religious leaders in Erbil governorate, Iraqi Kurdistan region. *Reprod Health*. 2018;15(1):44. doi: 10.1186/s12978-018-0459-x. [PubMed: 29514701]. [PubMed Central: PMC5842576].
13. Ahmady K. A comprehensive research study on female genital mutilation/cutting (FGM/C) in Iran. *Swift Journal of Social Sciences and Humanity*. 2015:28-42.
14. Pashaei T, Ponnet K, Moeeni M, Khazaei-pool M, Majlessi F. Daughters at Risk of Female Genital Mutilation: Examining the Determinants of Mothers' Intentions to Allow Their Daughters to Undergo Female Genital Mutilation. *PLoS One*. 2016;11(3). e0151630. doi: 10.1371/journal.pone.0151630. [PubMed: 27031613]. [PubMed Central: PMC4816284].
15. Dehghankhalili M, Fallahi S, Mahmudi F, Ghaffar-pasand F, Shahrzad ME, Taghavi M, et al. Epidemiology, Regional Characteristics, Knowledge, and Attitude Toward Female Genital Mutilation/Cutting in

- Southern Iran. *J Sex Med.* 2015;**12**(7):1577-83. doi: [10.1111/jsm.12938](https://doi.org/10.1111/jsm.12938). [PubMed: [26139452](https://pubmed.ncbi.nlm.nih.gov/26139452/)].
16. Hakim LY. Impact of female genital mutilation on maternal and neonatal outcomes during parturition. *East Afr Med J.* 2001;**78**(5):255-8. [PubMed: [12002086](https://pubmed.ncbi.nlm.nih.gov/12002086/)].
  17. Pashaei T, Rahimi A. Related factors of female genital mutilation (FGM) in ravansar (Iran). *J Women's Health.* 2012;**1**(2). doi: [10.4172/2167-0420.1000108](https://doi.org/10.4172/2167-0420.1000108).
  18. Ragheb SS, Smith E, Mekhemer SA. Study of knowledge and attitudes of nurses in Alexandria towards female circumcision. *Bull High Inst Public Health.* 1978;**8**(1):293-306. [PubMed: [12336293](https://pubmed.ncbi.nlm.nih.gov/12336293/)].
  19. Onuh SO, Igberase GO, Umeora JO, Okogbenin SA, Otoide VO, Gharoro EP. Female genital mutilation: knowledge, attitude and practice among nurses. *J Natl Med Assoc.* 2006;**98**(3):409-14. [PubMed: [16573307](https://pubmed.ncbi.nlm.nih.gov/16573307/)]. [PubMed Central: [PMC2576104](https://pubmed.ncbi.nlm.nih.gov/PMC2576104/)].
  20. Tamaddon L, Johnsdotter S, Liljestrand J, Essen B. Swedish health care providers' experience and knowledge of female genital cutting. *Health Care Women Int.* 2006;**27**(8):709-22. doi: [10.1080/07399330600817741](https://doi.org/10.1080/07399330600817741). [PubMed: [16893807](https://pubmed.ncbi.nlm.nih.gov/16893807/)].
  21. Mahmoudi O, Hosseini E. Psychosexual complications of female genital mutilation for couples: A comparative study. *J Kermanshah Univ Med Sci.* 2017;**20**(4). e69660. doi: [10.22110/jkums.v20i4.2769](https://doi.org/10.22110/jkums.v20i4.2769).
  22. Mahmoudi O, Hosseini E. The relationship between honor-based violence and female genital mutilation in janvanrood county. *Int J Health Life Sci.* 2019;**4**(2). e83680. doi: [10.5812/ijhls.83680](https://doi.org/10.5812/ijhls.83680).