

# **Female genital mutilation in Syria?**

An inquiry into the existence of  
FGM in Syria

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April 2016

## Colophon

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*Female genital mutilation in Syria? An inquiry into the existence of FGM in Syria* is developed by Pharos.

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## Acknowledgements

The authors would like to gratefully and sincerely thank all organizations and individuals involved in making this research possible.

First, we would like to thank the Dutch Ministry of Health, who acknowledged the importance of clarifying the rumors about female genital mutilation (FGM) in Syria and who financed this research on a difficult subject in a turbulent timeframe.

Second, we thank the respondents in our international network for their willingness to fill in and share our questionnaire in their network(s).

Mieke Aitink from the Koninklijke Nederlandse Organisatie van Verloskundigen (KNOV) who forwarded the questionnaire to midwives in her network. We thank you for your valuable assistance, and all midwives who contributed to our research activities.

GGD Hart van Brabant, who organized three group courses especially for Syrian women and discussed the subject of FGM with them. A warm thank you for Monica Overmars and Nafisa Nur Osman for your cooperation and for the Syrian women who shared their experiences and knowledge on FGM.

We would also like to thank GGD Twente, who performed the action research activities at the youth healthcare agency. A special thank you for Renny Polstra, Monique Tilmans and Sietse Lever for their cooperation and efforts to make this possible.

Last but not least, we like to thank our Syrian key-informants who shared their expertise with us about healthcare in Syria and for their openness to discuss taboo subjects like domestic violence and FGM. A warm thank you goes out to them.

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Jacqueline Mulders

Utrecht, April 2016

## Summary

### **Introduction**

Syria is not listed by the World Health Organization (WHO) as a country in which FGM has been documented as a traditional practice. With a growing number of Syrian nationals seeking asylum in the Netherlands, the question arose whether or not FGM is prevalent in (parts of) Syria. This was also due to a message spread by the UN that ISIS was ordering FGM on women living in the so-called caliphate. The intended outcome for this study was to explore the possible existence of FGM in the Syrian context.

### **Research questions**

The research questions were as follows:

*In Syria:*

- Is there a tradition of FGM in Syria?
- What do we know about the prevalence of FGM in Syria? Are there recent developments that lead to FGM?
- If so, in what region? Among which ethnic groups or religious groups? What form(s)?

*In the Netherlands:*

- Among Syrian refugees in the Netherlands, are there women and girls who have been circumcised?
- Are Syrian women and girls in the Netherlands at risk for FGM?

### **Research methods**

The following research methods and sources of information were selected:

- a. Review of scientific literature and grey sources
- b. Quick scan: survey set out in international network
- c. Consultation of (healthcare) professionals in the Netherlands
- d. Action research Dutch youth healthcare agency (JGZ)
- e. Action research at the Asylum Reception Centre
- f. Exploration of key-informants in the Syrian community

### **Results**

The research activities did not lead to substantiated information that FGM is a traditional practice in Syria. In addition, no data on prevalence is available. This however does not mean that FGM does not exist in Syria. While in the scientific literature no textual evidence was found, grey sources do mention its existence in Syria. Specific links between ethnicity (Kurdish), law school (Shafi'i) and FGM were too precarious to draw any conclusions for the Syrian context. Furthermore, no evidence was found with regards to the rumor of ISIS ordering FGM on women in ISIS controlled area. This does not mean however that we should not take this threat seriously. The research activities with the Dutch healthcare professionals, the Dutch youth healthcare agency, the Asylum Reception Centre and among Syrian key-informants do not provide a substantiated indication that Syrian women and girls in the Netherlands are circumcised or are at risk of being circumcised.

### **Conclusion**

Considering all the gathered information, at this moment we see no need to add Syria to the list of countries where FGM is practiced. This does not mean we conclude FGM does not exist in Syria. To uncover the practice of FGM demands close collaboration with civil society structures and NGO's on the ground. We hope this research contributes to a relatively new field of study and provides an entry point for further research activities in the Middle East.

## 1. Introduction

In several FGM affected countries reliable data on prevalence of FGM do not exist. Only by explicit agreement and official permission of the host state, USAID and UNICEF are allowed to conduct country-wide surveys to explore the prevalence and associated attitudes and awareness surrounding FGM. Increasingly, researchers, non-governmental organisations and anti-FGM activists are obtaining data themselves. This is currently particularly the case in the Middle East and South East Asia. FGM was long considered as an “African problem” rooted in pre-Islamic and pre-Christian culture<sup>1</sup>.” However, in the last decade new evidence is arising that shows previous geographic assumptions are not correct. In parts of the Middle East and South East Asia (Yemen, Oman, the United Arab Emirates, Bahrain, the Kurdish regions of Iraq, Iran, India, Malaysia and Indonesia) FGM is also practiced, however less well known<sup>2</sup>.

Syria is not listed by the WHO as a country in which FGM has been documented as a traditional practice. Prevalence (and risk) of FGM among Syrian girls and women is unknown, and there are conflicting statements both confirming and denying the existence the practice. With growing numbers of Syrian nationals seeking asylum in the Netherlands, the question was arising if FGM is prevalent in (parts of) Syria. Pharos receives many inquiries from municipalities, schools and JGZ (the Dutch youth healthcare agency) about this ‘new’ refugee group, especially about their psychosocial wellbeing but also whether or not FGM is prevalent. These inquiries were fed by the message spread by the UN that ISIS was ordering FGM on women living in the so-called caliphate<sup>3</sup>. We felt a growing urge to explore if FGM is a (traditional) practice in Syria and if subsequently women and girls from Syria in the Netherlands are possibly at risk of FGM. This study was funded by the Dutch Ministry of Health, Welfare and Sports.

### 1.1. Methodology

The following research questions were formulated:

*In Syria:*

- Is there a tradition of FGM in Syria?
- What do we know about the prevalence of FGM in Syria? Are there recent developments that lead to FGM?
- If so, in what region? Among which ethnic groups or religious groups? What form(s)?

*In the Netherlands:*

- Among Syrian refugees in the Netherlands, are there women and girls who have been circumcised?

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<sup>1</sup> Piecha, O. M. (N.D.) No “African Problem” Stop FGM Middle East. Retrieved online via:

<http://www.stopfgmmideast.org/background/unicefs-limited-numbers-female-genital-mutilation-much-more-widespread/>

<sup>2</sup> Wadi (2010). *Female genital Mutilation in Iraqi-Kurdistan. An Empirical study by Wadi. p.1.* Retrieved online via: [http://www.stopfgmkurdistan.org/study\\_fgm\\_iraqi\\_kurdistan\\_en.pdf](http://www.stopfgmkurdistan.org/study_fgm_iraqi_kurdistan_en.pdf)

<sup>3</sup> To listen to the audio of the full statement of Ms. Jacqueline Badcock, please see:

<http://www.unmultimedia.org/radio/english/2014/07/women-and-girls-in-iraq-risk-forced-circumcision/>

- Are Syrian women and girls in the Netherlands at risk for FGM?

## 1.2. Research methods

Researching and discussing FGM is considered a taboo in many societies<sup>4</sup>. While it is globally known that FGM exists, it is not spoken about and mostly referred to as an “African phenomenon”<sup>5</sup>. Many governments in the Middle East deny the presence of FGM and dispute its prevalence in their counties<sup>6</sup>. To our knowledge there have been no prevalence studies done in the Middle East, apart from Iran and the Kurdish autonomous region in Iraq. The taboo and lack of prevalence studies required a combination of research strategies.

The following research methods and sources of information were selected:

*a. Review of scientific literature and grey sources* like blogs, news articles, online platforms and websites for example of human rights organizations or activists.

*b. Quick scan: survey set out in our international network*

Consultation by telephone and e-mail, contact with European network of NGOs, universities, refugee organizations and the WHO.

*c. Consultation of (healthcare)professionals in the Netherlands*

Distribution of a questionnaire to contact persons at maternity care agencies and the Asylum Seekers Health Centre (GC A).

*d. Action research Dutch youth healthcare agency (JGZ)*

Risk assessment of FGM by the JGZ with parents from Syria and their daughter(s), as is done with parents from the official risk countries for FGM. Pharos monitored this pilot project by requesting a feedback form after every consultation with Syrian parents. We consulted the Dutch Association of Medical Research Ethics Committees (Centrale Commissie Mensgebonden Onderzoek) if a declaration to carry out this research activity was needed. They decided that this would not be necessary.

*e. Action research at the Asylum Reception Centre*

GGD Hart van Brabant (the Dutch public health service in the province Brabant) provided an already existing course on Women and Health for women from Syria at an asylum reception center. After several meetings when trust was built, the topic FGM was also discussed. The women were asked to fill in an evaluation form and the group facilitator evaluated with Pharos.

*f. Exploration of key-informants Syrian community*

Pharos conducted in-depth individual interviews with key-informants of the Syrian community in the Netherlands. All of which have a background in healthcare in Syria.

Lastly, we intended to use data from the Perinatal registration system. In this data system there is a special module for registration on FGM. We hoped this data system could provide

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<sup>4</sup> Abadeer, A.S.Z.(2015). *Norms and Gender Discrimination in the Arab World*. Palgrave Macmillan US. p. 180.

<sup>5</sup> Abadeer, A.S.Z.(2015). *Ibid.*, p. 180.

<sup>6</sup> Abadeer, A.S.Z.(2015). *Ibid*, p. 180.



us with information if FGM was observed among Syrian women. This however was not possible at the moment. The Perinatal Registration expects to be able to deliver these numbers in 2018 at the earliest. Until now hardly any hospitals adopted the module on registration on FGM.

### 1.3. Ethical considerations

In March 2011, pro-democracy protests erupted in the southern city of Deraa, Syria, after the arrest and torture of some teenagers who painted revolutionary slogans on a school wall. When security forces opened fire on demonstrators, killing several, it triggered national unrest and protests demanding President Assad's resignation. While the government's use of force continued, opposition supporters began to take up arms as well. Violence escalated and the country descended into civil war as rebel brigades were formed to battle government forces for control of cities, towns and the countryside<sup>7</sup>.

Over 250,000 people have been killed in the conflict and over one million injured<sup>8</sup>. The conflict evolved into more than a battle between those for or against President Assad. Sectarian overtones added a further dimension, pitching the country's Sunni majority against the president's Shia Alawite sect, and drawn in neighboring countries and world powers<sup>9</sup>. In addition, the rise of the jihadist groups, including Islamic State, has added further complexity.

More than 4.5 million people have fled Syria since the start of the conflict, most of them women and children<sup>10</sup>. It is one of the largest refugee exoduses in recent history, which accelerated dramatically in 2013, as conditions in Syria deteriorated. While most refugees are accommodated in neighboring countries, the influx of Syrian refugees in Europe and the Netherlands has risen sharply.

Pharos is sadly aware of the gravity and complexity of the humanitarian crisis coupled with the extensive needs of the Syrian refugee communities around the world. During the research activities we were continuously mindful and cautious when asking questions about FGM, as humanitarian needs have never been greater. The intended outcome for this study has been to explore the possible existence of FGM in the Syrian context. So adequate healthcare and prevention can be organized in case this is required. (Youth) healthcare professionals in the Netherlands are alert on possible psycho-traumas in Syrian children and women, but they need to know if it is necessary to be alert on possible consequences of FGM as well. In addition, the outcomes of this study might be relevant for other countries hosting Syrian refugees.

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<sup>7</sup> Aggregated overview based on detailed timeline of BBC News (12 March 2015). Syria: The story of the conflict. Retrieved online via: <http://www.bbc.com/news/world-middle-east-26116868>

<sup>8</sup> United Nations Office for the Coordination of Humanitarian Affairs. Syrian Arab Republic. Retrieved online via: <http://www.unocha.org/syria>

<sup>9</sup> See for a more detailed overview of the Syrian civil war: BBC News (12 March 2015). Syria: The story of the conflict. Retrieved online via: <http://www.bbc.com/news/world-middle-east-26116868>

<sup>10</sup> European Commission. ECHO Factsheet – Syria crisis – March 2016. Retrieved online via: [http://ec.europa.eu/echo/files/aid/countries/factsheets/syria\\_en.pdf](http://ec.europa.eu/echo/files/aid/countries/factsheets/syria_en.pdf)

## 2. Results

This chapter describes the results of the different research activities aimed to explore the possible existence of the practice of FGM in the Syrian context.

### 2.1. Desk research

The desk review focused on the following research questions:

- Is there a tradition of FGM in Syria?
- What do we know about the prevalence of FGM in Syria? Are there recent developments that lead to FGM?
- If so, in what region? Among which ethnic groups or religious groups? What form(s)?

#### 2.1.1. Terminology FGM

The first step in the research process was to identify the terminology which is customary in Syria and the wider region. This subsequently determined the selection of search terms used for the desk review. For the topic FGM, selection of keywords is not a straightforward process. As Abd el Salam (1999) justly points out:

*“Language is both subjective and symbolic and represents both individual and communal biases. Hence, different people will perceive different terms as accurate or inaccurate, and representative or non-representative, according to their specific stance as social actors<sup>11</sup>.”*

In Arabic, FGM is customarily called *Khitan* (خِتان) or *Khitan al-Inath*, referring to circumcision of both men and women<sup>12</sup>. While this term is not correct in the female context, it is often used in reference to women in order to avoid using the more direct term *Khafd* (or *Khifad*) which literally means ‘cutting the external female genitalia<sup>13</sup>.’ In Arab-speaking communities, other euphemistic terms used in relation to both genders are *Tahara* or *Tuhur* (meaning purification) and *al-Nakht fi al-Jasad* (meaning body-sculpting). The term ‘*Khitan*’ was confirmed by the Syrian key-informants whom were interviewed, as the most adequate term to use in this context.

In the desk research the following search terms were used (in both Dutch and English): female genital mutilation, FGM, female genital cutting, FGM/C, Syria, harmful practice, harmful cultural practice, traditional practice, harmful gender practice, khitan, khifad, khafd, tahara, tuhur, al-nakht fi al-Jasad, women’s rights, Sexual and gender-based violence (SGBV). For the scientific literature search the following databases were used: PsychINFO, PubMed and Google Scholar.

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<sup>11</sup> Quoted directly from: Abd el Salam, S. (1999). *Language Is Both Subjective and Symbolic*. *Reproductive Health Matters*. Vol. 7, No. 13. *Living without Children*. p.121-123. Retrieved online via: [http://www.jstor.org/stable/3775712?seq=1#page\\_scan\\_tab\\_contents](http://www.jstor.org/stable/3775712?seq=1#page_scan_tab_contents)

<sup>12</sup> Kedar, M. (2002). *Islam and “Female Circumcision”: The Dispute over FGM in the Egyptian Press, September 1994*. *Medicine and Law: Journal of the World Association for Medical Law*. Vol. 21, No. 2. p.403-418. Retrieved online via: <http://heinonline.org/HOL/LandingPage?handle=hein.journals/mlv21&div=35&id=&page=>

<sup>13</sup> Kedar, M. (2002). *Ibid*. p. 403-418.

To investigate whether or not FGM is a traditional practice in Syria we followed different traces. First, we searched for existing studies about FGM in Syria. Second, we looked at the prevalence of FGM in neighboring countries. And third, we explored if the ethnic and religious groups living in Syria could give an indication whether FGM exists in Syria as a traditional practice.

### 2.1.2. Syria

When searching for Syria and FGM, there are no research results available that explicitly study the Syrian context in relation to FGM. Syria is only mentioned in a list of countries where FGM supposedly does or does not exist, without any explanation or specification and without backed by any reference.

Few articles mention Syria as a country where FGM is *not* practiced. Such as in Gilbert, D. (1993), who states: “Muslim countries like Iraq, **Syria**, and Tunisia do not practice FGM”<sup>14</sup> or Assaad, M. B. (1980) who states FGM: “is not practiced in such Muslim countries as Saudi Arabia, **Syria**, Yemen, Iraq”<sup>15</sup> or Aldeeb Abu-Sahlieh, S. A. (1997) “But we have other Arab and Muslim countries that do not practice it, such as the North African Countries, **Syria**, Iraq, Jordan, Saudi Arabia (with some exceptions), and Iran”<sup>16</sup>.” And “While FGM is practiced in neither Saudi Arabia, **Syria**, Iraq, nor Tunisia, it is practiced in other Muslim countries, including Sudan, Egypt, and Somalia”<sup>17</sup>.” These articles are dated and it is unclear where the authors base the assumption on that FGM is not practiced in Syria, as the above statements are not backed by a reference.

No scientific papers and articles were found that describe or confirm the practice of FGM in the Syrian context. In the grey literature Syria is occasionally listed as a country where FGM is practiced. This is described in detail in section 2.2. A FGM network-website from a professor at an American university states: “FGC in a variety of its forms is practiced in Middle Eastern countries (the two Yemens, Saudi Arabia, Iraq, Jordan, **Syria**, and Southern Algeria)”<sup>18</sup>.” After contacting the professor to ask where this statement is based on, she said it was based on anecdotal evidence and that she was not able to locate additional citations to validate the statement.

<sup>14</sup> Gilbert, D. (1993). *For the sake of purity (and control). Female genital mutilation. Winter Vol. 9, No. 5. p. 6-8.*

<sup>15</sup> Assaad, M. B. (1980). *Female Circumcision in Egypt: Social Implications, Current Research, and Prospects for Change. Studies in Family Planning. Vol. 11, No. 1. p. 3-16.*

<sup>16</sup> Aldeeb Abu-Sahlieh, S. A. (1997). *Jehovah, His Cousin Allah, and Sexual Mutilations. Sexual Mutilations, in A Human Tragedy. Springer-Verlag US. p. 41-62. Retrieved online via: [http://link.springer.com/chapter/10.1007/978-1-4757-2679-4\\_3](http://link.springer.com/chapter/10.1007/978-1-4757-2679-4_3)*

<sup>17</sup> Monasser, M. A. (1988). *In: Female circumcision: strategies to bring about change. Proceedings of the International Seminar on Female Circumcision, 13-16 June 1988, Mogadisho, Somalia, [compiled by] Associazione Italiana Donne per lo Sviluppo [and] Somali Women's Democratic Organization. Rome, Italy, Associazione Italiana Donne per lo Sviluppo, 1989. p. 2-3. Retrieved online via: <http://www.popline.org/node/381075>*

<sup>18</sup> *The Female Genital Cutting Education and networking project. Retrieved online via: <http://www.fgmnetwork.org/intro/fgmintro.html>*

### 2.1.3. FGM in the Middle East

This section will describe the prevalence of FGM in neighboring countries and the studies that are available. The map below shows the geographic location where Syria is situated:



**Image 1.** Syria and neighboring countries (source: Google Maps).

Some dated articles mention countries such as Iraq or Iran as countries where FGM is not practiced. This is however incorrect as new evidence increasingly arises from the broader region in which Syria is situated. In this section these studies will be briefly highlighted and we will provide an overview of which groups in these countries are practicing FGM.

#### Iran

Social anthropologist Kameel Ahmady published a report in 2015 after a decade-long field study in which he explores and analyses the existence of FGM in Iran<sup>19</sup>. He found that FGM in Iran is not a new phenomenon and he highlights some existing research from female postgraduate students. Ahmady describes the practice is mainly associated with Shafi'i Kurds who speak the Surani dialect<sup>20</sup> and that the practice is found mostly in rural areas and some urban outskirts, in parts of the east and west of the country<sup>21</sup>. Data shows that FGM is prevalent in the western part of the country, namely in West Azerbaijan, Kurdistan and

<sup>19</sup> Ahmady, K. (2015). *A comprehensive research study on female genital mutilation/cutting (FGM/C) in Iran*. Retrieved online via: <http://www.pharos.nl/documents/doc/kameel%20-%20en%20final.pdf>.

<sup>20</sup> Ahmady explains in his report on p. 14: "There are variations in dialects in the Kurdish language. They can be categorized into two main groups: Kurmanji Kurdish and Sorani Kurdish. Sorani is spoken in the regions near Iraq's Suleimanieh, Iraqi Kurdistan, south of Western Azerbaijan and also Kermanshah, Ilam and Iraq's Khaanghin. Kurmanji is the predominant language of Syria and Turkey and a part of Northern Iraqi Kurdistan and the Kurds in North and West of Iran. Other Kurdish dialects include Kermanshahi, Ilaami, Laki and Kalhori."

<sup>21</sup> Ahmady, K. (2015). *Ibid.*, p. 14.

Kermanshah provinces, and some areas of southern Iran, namely Hormozgan province and its islands<sup>22</sup>.

FGM in Iranian Kurdistan occurs in certain areas within the Kurdistan Sunni regions including villages near the border with Iraqi Kurdistan. However, prevalence of FGM in these areas is patchy and varies sharply from one region to another and in some cases varies significantly between neighboring villages. FGM is not found amongst the Kurdish Kurmanji speaking inhabited areas, nor in the large areas within mainland Iranian Kurdistan where there has been no evidence of FGM for the last three generations.

### **Iraq**

In Iraq, like in Iran, FGM is mostly associated with Shafi'i Kurds who speak the Surani dialect. In 2010, the German NGO Wadi published a study on FGM in the Kurdish region of Iraq<sup>23</sup>. It found that 72% of women and girls were circumcised. Two years later, a similar study was conducted in the province of Kirkuk with findings of 38% FGM prevalence giving evidence to the assumption that FGM was not only practiced by the Kurdish population but also existed in central Iraq. Thanks to a ban in the Kurdish region and active campaigning, the FGM rates seem to be dropping. This is according to the Kurdish regional government, UNICEF and local NGOs<sup>24</sup>. The collected data by Wadi also reveal a relationship between FGM and lack of education in connection with the factor ethnicity. They found a relatively high level of education among questioned non-Kurdish. Hence, the correlation between FGM and ethnicity in Iraq could also be interpreted as a byproduct of the FGM–education correlation. However, the reasons for the educational disparity between Kurds and non-Kurds remain unclarified.

### **Oman**

Though the government of Oman has recognized the existence of FGM and announced a study on its prevalence, until now only small-scale studies are available. One study questioned 100 women from all regions in a hospital waiting room. It concluded that 78% of the questioned women were cut<sup>25</sup>. Most reports on FGM come from the Southern province of Dhofar, where FGM type 2 is practiced<sup>26</sup>. The studies conducted in Oman provide too little information to conclude a relation between ethnicity, education level, religion and FGM in Oman.

### **Yemen**

According to a survey in 1997, 23 percent of Yemeni women have undergone FGM. In some areas this percentage rises to 69 percent<sup>27</sup>. Even though there were only small-scale government measures against FGM and campaigns, attitudes seem to have changed since

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<sup>22</sup> Ahmady, K. (2015). *Ibid.* p. 5.

<sup>23</sup> Wadi (2010). *Female genital mutilation in Iraqi-Kurdistan. An empirical study by Wadi.* Retrieved online via: [http://www.stopfgmkurdistan.org/study\\_fgm\\_iraqi\\_kurdistan\\_en.pdf](http://www.stopfgmkurdistan.org/study_fgm_iraqi_kurdistan_en.pdf)

<sup>24</sup> *Stop FGM in the Middle East. Iraq.* Retrieved online via: <http://www.stopfgmmideast.org/countries/iraq/>

<sup>25</sup> Al Hinai, H. (2014). *Female Genital Mutilation in the Sultanate of Oman.* Retrieved online via: <http://www.stopfgmmideast.org/wp-content/uploads/2014/01/habiba-al-hinai-female-genital-mutilation-in-the-sultanate-of-oman1.pdf>

<sup>26</sup> *Stop FGM in the Middle East. Oman.* <http://www.stopfgmmideast.org/countries/oman/>

<sup>27</sup> UNHCR (2001). *Yemen: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC).* Retrieved online via: <http://www.stopfgmmideast.org/countries/yemen/>



the government acknowledged the problem. A study from 2013 by the Medical University of Tokyo shows a small, yet clear decrease in the percentage of girls having undergone FGM from 29.3% in 1997 to 22.4%. The percentage of women supporting the practice had decreased from 41.5 to 32.3%, that of husbands from 29.8% to 21.1%<sup>28</sup>.

The studies highlighted above show that research on FGM in the Middle East is a relatively new field of study. The taboo on speaking about FGM still exists and makes it difficult to uncover the practice.

#### 2.1.4. Ethnicity and Sunni law school

We followed two leads in data about surrounding countries that could give some information about the existence of FGM in Syria. First of all the supposed link between FGM and the Kurdish ethnicity and the link between Sunni Shafi'i law school and FGM.

##### Kurdish group in Syria

The Syrian population forms a mosaic of diverse religious and ethnic groups. Specific demographic data for Syria is however unreliable, as some minority groups are defined primarily by *religion*, and others by *ethnicity*. In addition, the current civil war and subsequent refugee flows have profoundly impacted the demographic reality of Syria and neighboring countries. See the table below for a brief overview of the main religions, minority groups and languages in Syria<sup>29</sup>. This table does not take into account the population shifts resulting from Syria's ongoing civil war.

<b>The main religions in Syria are:</b>	<ul style="list-style-type: none"> <li>▪ Sunni Islam (74%)</li> <li>▪ Alawite Islam (11%)</li> <li>▪ other Muslim (including Ismaili and Ithna'ashari or Twelver Shia) (2%)</li> <li>▪ Christianity (including Greek Orthodox, Syriac Orthodox, Maronite, Syrian Catholic, Roman Catholic and Greek Catholic) (10%)</li> <li>▪ Druze (3%)</li> </ul>
<b>The main minority groups in Syria are:</b>	<ul style="list-style-type: none"> <li>▪ Alawi Muslims 2.1 million (11%)</li> <li>▪ Christians of various denominations 1.9 million (10%)</li> <li>▪ Iraqi refugees 1.5 - 2 million (7.8 - 10.4%)</li> <li>▪ Kurds 2 - 2.5 million (10- 15%)</li> <li>▪ Druze 580,000 (3%)</li> <li>▪ Palestinians 442,000 (2.3%)</li> <li>▪ Isma'ilis and Ithna'ashari or Twelver Shia 386,000 (2%)</li> <li>▪ Armenians 323,000 (1.7%)</li> </ul>
<b>The main languages in Syria are:</b>	<ul style="list-style-type: none"> <li>▪ Arabic (official)</li> <li>▪ Kurdish (Kurmanji dialect)</li> </ul>

<sup>28</sup> Al-Khulaidi, G.A, Nakamura, K., Seino, K. & Kizuki, M. (2013). *Decline of Supportive Attitudes among Husbands toward Female Genital Mutilation and Its Association to Those Practices in Yemen*. Division of Public Health, Graduate School of Tokyo Medical and Dental University, Tokyo, Japan, December 2013. Retrieved online via: <http://www.stopfgmmideast.org/countries/yemen/>

<sup>29</sup> The demographic data in this table is quoted directly from: *Minority Rights Group International (2011). World Directory of Minorities and Indigenous Peoples - Syria : Overview*. Retrieved online via: <http://www.refworld.org/docid/4954ce5ac.html>

	<ul style="list-style-type: none"> <li>▪ Armenian</li> <li>▪ Aramaic</li> </ul>
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**Table 1.** Summary of main religions, minority groups and languages in Syria<sup>16</sup>.

The largest ethnic minority in Syria are the Kurds (1.5 million). Approximately one third of the Kurdish population lives north of Aleppo and an equal number live along the Turkish border. The other 30 per cent live in the outskirts of Damascus and in Jarabulus, northeast of Aleppo<sup>30</sup>.

The Kurdish language has various dialects, but are generally categorized into two groups: Kurmanji Kurdish and Surani Kurdish. Kurmanji is the predominant language of Syria and Turkey and a part of Northern Iraqi Kurdistan and the Kurds in North and West of Iran. Surani is spoken in regions near Iraq's Suleimanieh, Iraqi Kurdistan, south of Western Azerbaijan and also Kermanshah, Ilam and Iraq's Khaanghin. Other Kurdish dialects include Kermanshahi, Ilaami, Laki and Kalhori.

Though we have not found an explanation, the practice of FGM is mainly associated with Sunni Kurds of Shafi'i sect who speak the Surani dialect. FGM is not associated with those in the Kurdish Kurmanji speaking areas of Iran, Iraq, Turkey and Syrian Kurdistan, even though they are also Shafi'i Muslims<sup>31</sup>.

In the desk review section on grey sources in section 2.2 we found some documents that confirm FGM is practiced in rural Kurdish communities in Syria, however these statements are not supported by a reference.

### Shafi'i law school

Within Sunni Islamic law, there are four main schools namely: the Hanafi, the Hanabali, the Shafi'i and the Maliki. All schools agree on the four recognized sources of law: the Quran, the Sunna, the Ijma (concensus of the faithful) and Qijas (analogy). The Hanafi and Shafi'i schools of law dominate in Syria. The Shafi'i school is mainly associated with the practice of FGM. Carefulness is necessary in concluding that in all countries where the Shafi'i school is dominate, FGM is being practiced. Berg and Denison (2013) explain in their systematic literature review on factors perpetuating and hindering the continuance of FGM, the link between Islamic law schools and the practice of FGM. Even though some Islamic law schools regard FGM as a recommended practice, the sociocultural practices manifest differently per country. They argue that FGM is "virtually nonexistent in several countries that adhere to the Shafi'i law school (e.g., Palestine, Lebanon, **Syria**)<sup>32</sup>." This reference can be led back to Roald (2001) who researched why countries belonging to the same law school have such variation in the practice of FGM<sup>33</sup>. She mentions Syria as a specific country in which the development of Islamic legislation did not mean female circumcision became a regional custom. Syria is a country which adheres to a law school that promotes female circumcision (Shafi'i law school) but the practice of female circumcision is not in common

<sup>30</sup> *Minority Rights Group International (2011). Ibid.*

<sup>31</sup> *Ahmady, K. (2015). A comprehensive research study on female genital mutilation/cutting (FGM/C) in Iran. Retrieved online via: <http://www.pharos.nl/documents/doc/kameel%20-%20en%20final.pdf>.*

<sup>32</sup> *Berg, R. C. & Denison, E. (2013). A Tradition in Transition: Factors Perpetuating and Hindering the Continuance of Female Genital Mutilation/Cutting (FGM/C) Summarized in a Systematic Review. Health Care for Women International. 34. p.837–859. Retrieved online via: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3783896/>*

<sup>33</sup> *Roald, S. A. (2001). Women in Islam: The Western Experience. London, England: Routledge. p. 113 and p. 244.*

use<sup>34</sup>. Contrary to Egypt and Yemen for example, who (largely) adhere to the same law school<sup>35</sup>. The reason that it is not a socio-cultural custom in Syria, is probably because it was never a pre-Islamic custom in the country prior to the spread of Islam<sup>36</sup>.

### 2.1.5. Grey sources

Grey sources such as online news articles, policy documents, blogs and discussions on online platforms were screened. This section will highlight the most important findings. The screening of grey sources was conducted via search engine Google and Google Scholar.

Obtaining reliable information and sources on Syria, especially on a sensitive topic such as FGM, has proven to be extremely difficult. For many years, the Syrian government imposed restrictions on the (inter)national media and has maintained a tight censorship and control over information and communication technologies. Dissemination of information that criticizes the government in any way, could result in arrest and detention. Virtually all domestic media is controlled by the state, other media are closely monitored by the authorities that are linked to the state and are not allowed to publish on politically sensitive topics<sup>37</sup>. Especially websites related to politics, minorities, human rights, and foreign affairs, are filtered extensively by the Syrian government<sup>38</sup>. In addition, self-censorship is widespread and Syrians are extremely cautious and avoid sensitive topics when writing online<sup>39</sup>. This dynamic worsened in 2011 since the outbreak of the civil war. The internet infrastructure and mobile phone networks have been repeatedly shut down entirely by the Syrian government, either nationwide or at particular areas of unrest<sup>40</sup>. Information can no longer be independently verified due to the badly damaged communications infrastructure, limited freedom of movement, as well as insecurity in the entire country<sup>41</sup>. Subsequently, this desk review was hampered by the difficulty in obtaining information.

With regards to FGM we found conflicting information in grey sources. Via Google most hits were found on news messages of Islamic State in Iraq and Syria (ISIS) and FGM. This will be discussed under section 2.3: *FGM: a new practice?*

On some websites and news articles Syria is listed as a country in which the practice FGM occurs and other websites deny that FGM exists in Syria. In some cases the same quotes and sources are used. All sources however lack citations and seem to be based only on anecdotal evidence. The origin of the anecdotal evidence is unclear. In addition, most sources are dated. Below a selection of quotes from documents, news articles, online

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<sup>34</sup> Roald, S. A. (2001). *Ibid.* p. 113 and p. 244.

<sup>35</sup> Roald, S. A. (2001). *Ibid.* p. 113 and p. 244.

<sup>36</sup> Roald, S. A. (2001). *Ibid.* p. 113 and p. 244.

<sup>37</sup> Ministry of Foreign Affairs, Consular Affairs and Migration Policy Department (2015). *Algemeen ambtsbericht Syrië*. Retrieved online via: <http://www.rijksoverheid.nl/documenten-en-publicaties/ambtsberichten/2015/06/22/algemeen-ambtsbericht-syrie-2015-06-22.html>

<sup>38</sup> Freedom House (2015). *Syria report 2012*. Retrieved online via: <https://freedomhouse.org/report/freedom-net/2012/Syria>

<sup>39</sup> Freedom House (2015). *Ibid.*

<sup>40</sup> Freedom House (2015). *Ibid.*

<sup>41</sup> Ministry of Foreign Affairs, Consular Affairs and Migration Policy Department (2015). *Ibid.*



platforms and websites that list Syria as a country where FGM is, is not, or is rarely practiced.

Please note that in the quotes below, some countries are listed of which we now know, FGM does occur. Such as Iraq, Iran and Yemen. In addition, some quotes use the term which refers to female genital cutting.

Dr. Mohamed Selim Al-Awa, the General Secretary of the International Federation of Islamic Scholars argues in the publication “FGM In the Context of Islam” that “*most Islamic countries, abounding with Ulemas<sup>42</sup>, do not perform female genital mutilation, among these countries is Saudi Arabia, the Gulf countries, as well as Yemen, Iraq, Syria, Lebanon, Jordan, Palestine, Algeria, Morocco, and Tunisia<sup>43</sup>.*”

“FGM [...] is largely unheard of in Tunisia, Morocco, Lebanon, **Syria**, Jordan, Iraq, and Kuwait<sup>44</sup>.”

“Not all Muslims practise FGM, for example, it is **not practised in Saudi Arabia, Libya, Jordan, Turkey, Syria, the Maghreb countries of northwest Africa, Morocco, Iran and Iraq<sup>45</sup>.**”

With regards to the legal framework two sources were found on FGM and the lack of legislation on this topic in Syria:

“There is “no legislation in place specifically on FGM. [...] **FGM does not appear to be practised in The Syrian Arab Republic<sup>46</sup>.**”

A recent country report on human rights in Syria of the United States State Department asserted that: “There is **no law against FGM/C**. Observers provided **no reports of FGM/C**. The abuse was **previously reported primarily in rural Kurdish communities<sup>47</sup>.**” Yet the country report does not provide a timeline and is unclear on who or which organization made these reports of FGM in rural Kurdish communities.

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<sup>42</sup> An Ulema is a scholar of Islamic religious sciences. Böwering, G. & Crone, P. (2013). *The Princeton Encyclopedia of Islamic Political Thought*. Princeton University Press. p. 547. Retrieved online via: [https://books.google.nl/books?id=q110pcrFFSUC&printsec=frontcover&dq=encyclopedia+of+islam&hl=en&sa=X&sqi=2&redir\\_esc=y%20-%20v=onepage&q=ulama&f=false#v=snippet&q=ulama&f=false](https://books.google.nl/books?id=q110pcrFFSUC&printsec=frontcover&dq=encyclopedia+of+islam&hl=en&sa=X&sqi=2&redir_esc=y%20-%20v=onepage&q=ulama&f=false#v=snippet&q=ulama&f=false)

<sup>43</sup> Quoted directly from: Dr. Mohamed Selim Al-Awa General Secretary of the International Federation of Islamic Scholars. *FGM in the context of Islam*. p. 14. Retrieved online via: [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)

<sup>44</sup> Quoted directly from: Abdel Salam, G. I. (1994). *Female genital mutilation in Arab countries*. Unpublished. Retrieved online via: <http://www.poplone.org/node/308776>

<sup>45</sup> Quoted directly from: Afrikanische Frauenorganisation in Wien. (2003). *The other face of FGM: moral and social elements*. African Women’s Organisation. p. 8. Retrieved online via: [http://intact-network.net/intact/cp/files/1387187480\\_other-face-of-FGM.pdf](http://intact-network.net/intact/cp/files/1387187480_other-face-of-FGM.pdf)

<sup>46</sup> Quoted directly from: OECD Development Centre. (n.d.) *Gender Index*. Syrian Arab Republic. Retrieved online via: <http://www.genderindex.org/sites/default/files/datasheets/SY.pdf>

<sup>47</sup> Quoted directly from: U.S. Department of State (2014). *Country Reports on Human Rights Practices for 2014*. United States Department of State, Bureau of Democracy, Human Rights and Labor. Retrieved online via: <http://www.state.gov/documents/organization/236834.pdf>

A publication of Freedom House from 2010 states: *“Harmful gender-based traditional practices like **female genital mutilation are rare in Syria**, but early marriage remains fairly common<sup>48</sup>.”*

On an online Google discussion board the following two statements were posted:

*“FGM has spread to countries in or near Africa (e.g. Egypt) which are Muslim. But **FGM is rare or nonexistent in many other Muslim countries**. Examples are Iran, Jordan, Lebanon, **Syria**, and Turkey. Also, It is not done in the Maghreb countries of Northwest Africa<sup>49</sup>.”*

*“Until the early 1990s, few large-scale surveys had investigated the prevalence of FGC. Based on the evidence available, the greatest incidence is observed in African countries, although the custom is not seen in North African countries such as Algeria, Morocco and Tunisia. Some report that **FGC is not practised in Arab countries that adhere strictly to Islamic law such as Iran, Iraq, Libya, Saudi Arabia and Syria**; others note that the **procedure has been seen there, but has never been studied to determine its extent**. It is seen incidentally in other countries such as India, Indonesia, Malaysia, Oman and the United Arab Emirates and has been reported among indigenous groups in Brazil, Colombia, Mexico and Peru<sup>50</sup>.”*

On an Arabic internet discussion forum we found a discussion thread where someone posted a request for information about FGM saying: *“I need to work on a local research about the existence of such criminal tradition [referring to FGM] in Syria, not only Damascus any one offers to help?”* Individuals respond by saying they heard of the practice in Egypt, or of male circumcision but not female circumcision. One person states: *“I agree with dr.hanadi that **this is likely to be very rare in Damascus, if it is practiced at all**. Damascus is relatively small close city, where such a thing if it happens, people will talk about it<sup>51</sup>.”*

Other blogposts and news articles mention the following:

*“There is also **circumstantial evidence to suggest that FGM is present in Syria**<sup>52</sup>.”*

*“There is also **circumstantial evidence to suggest it is present in Syria**, western Iran, and southern Turkey<sup>53</sup>.”*

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<sup>48</sup> Quoted directly from: Kelly, S. and J. Breslin (2010). ‘Syria’ in S. Kelly and J. Breslin (eds). *Women’s rights in de Middle East and North Africa*, New York: Freedom House. p.481.

<sup>49</sup> Quoted directly from: Google discussion forum. *Female genital mutilation in Africa, the Middle East & Far East*. Retrieved online via:

<http://answers.google.com/answers/threadview/id/136167.html>

<sup>50</sup> Quoted directly from: Google discussion forum. *Ibid*.

<sup>51</sup> Quoted directly from: Online discussion forum. (2007). *Stop the FGM!* Retrieved online via: <http://www.hakeem-sy.com/main/node/14455>

<sup>52</sup> Quoted directly from: IRIN (2005). *FGM still largely an unknown quantity in Arab world*. Retrieved online via: <http://www.irinnews.org/news/2005/03/16/fgm-still-largely-unknown-quantity-arab-world>

<sup>53</sup> Quoted directly from: Birch, N. (2005). *“Female circumcision surfaces in Iraq.”* *Christian Science Monitor*. Retrieved online via: <http://www.csmonitor.com/2005/0810/p06s01-woiq.html?s=t5>

*“Although there have **not been substantial research into FGM in Syria, Turkey, Jordan or Kuwait** there is some evidence to **suggest that FGM exists in these countries. In Turkey and Syria it is reported that FGM is practiced by regions inhabited by Kurdish minorities, Shafi'i and minority Muslim groups.** In Jordan and Kuwait the practice is found in Muslim communities who follow the Shafi'i and Maliki school of Islamic Jurisprudence<sup>54</sup>.”*

Most sources that describe FGM is also known to exist in Syria, seem to originate from a conference held in 2012 in Beirut, Lebanon. *“The Beirut conference on FGM brought together activists and experts from Iraqi Kurdistan, central Iraq, Yemen, Egypt, and Indonesia. Their primary goal is to establish an anti-FGM network with a permanent structure and an effective strategy to eliminate FGM. Among Arab countries, **FGM is also known to exist in Saudi Arabia, Syria, and Oman**”<sup>55</sup>.”* A news article about this conference states: *“Last January, the first conference on FGM in the Middle East revealed that the practice is carried in Iraq, Iran, **Syria**, Saudi Arabia and Yemen”<sup>56</sup>.”*

Delving into the grey sources it quickly became clear that there is no reliable information available. Syria is mostly mentioned in a list of countries as a country in which FGM does, does not, or rarely occurs. FGM in the Syrian context has, to our knowledge, never been studied in depth. We can however identify a few main sources where the quotes above can be traced back to.

The first source is the The Hosken Report (1993): Genital and Sexual Mutilation of Females<sup>57</sup>, which states that: *“There is little doubt that similar practices—excision, child marriage, and putting rock salt into the vagina of women after childbirth—exist in other parts of the Arabian Peninsula and around the Persian Gulf”<sup>58</sup>.”* The Hosken Report is referred to a basis to assume FGM is prevalent in the Middle East. In some cases we contacted the authors of websites and articles, especially those who state FGM is practiced in Syria. When we consulted a professor of an American university she referred to this report as well, and she further added: *“Most of what we know is based on “rumors” and anecdotal evidence only. It is very difficult to study this practice, especially if it is not widespread in countries like Syria.”*

Another main source for news messages was a presentation held in Vienna in 2005 by the NGO Wadi. During this meeting Wadi, provided the first statistical proof of the existence of

<sup>54</sup> Quoted directly from: Dara, N. (2015). FGM in the Middle East - Guest blog by Nigeen Dara. Retrieved online via: <http://28toomany.org/blog/2015/jul/23/fgm-middle-east-guest-blog-nigeen-dara/>

<sup>55</sup> Quoted directly from: Al-Alawi, I.(n.d.) Middle East Conference Against Female Genital Mutilation. Stonegate Institute. Retrieved online via: <http://bit.ly/1LHmnUi>

<sup>56</sup> Quoted directly from: Malik, A. (2012). Female genital mutilation: a brutal violation of rights. Gulf News. Retrieved online via: <http://gulfnews.com/opinion/thinkers/female-genital-mutilation-a-brutal-violation-of-rights-1.1036052>

<sup>57</sup> Fran P. Hosken. (1993). *The Hosken Report: Genital and Sexual Mutilation of Females, Fourth Revised Edition.* Women's International Network News: Lexington, MA.

<sup>58</sup> Quoted directly from: Von der Osten-Sacken, T. & Uwer, T. (2007). *Is Female Genital Mutilation an Islamic Problem? Middle East Quarterly*, p. 29-36. Retrieved online via: [http://www.meforum.org/1629/is-female-genital-mutilation-an-islamic-problem#\\_ftn30](http://www.meforum.org/1629/is-female-genital-mutilation-an-islamic-problem#_ftn30)

female genital mutilation in the Middle East, more specifically the Iraqi-Kurdish region<sup>59</sup>. Here it was mentioned that there is circumstantial evidence to suggest it is present in Syria, western Iran and southern Turkey<sup>60</sup>.

The last main source was the first conference on FGM in Middle East, held in Beirut in 2012. This event was organized by Wadi and Hivos. During this event FGM in Arab countries was discussed and news articles following this event state that “FGM is also known to exist in Saudi Arabia, **Syria**, and Oman<sup>61</sup>.”

For us it is unclear in what context these statements were made, by whom and on what grounds. To uncover the practice of FGM asks for a precarious balance between asking difficult questions in a taboo setting and simultaneously being mindful not to do any harm to groups by spreading unintended “rumors.” The lack of textual evidence does not mean the practice does not occur. At the same time, we should be careful in using anecdotal evidence in drawing conclusions.

## 2.1.6. FGM: a new practice?

### Islamic State in Iraq and Syria (ISIS) and FGM

In July 2014, Jacqueline Badcock, the humanitarian coordinator of the United Nations (UN) in Iraq issued a statement that women and girls in Mosul (Iraq) risk forced circumcision by the militant group ISIS<sup>62</sup>. She claimed that up to four million women and girls aged 11-46 faced the risk of genital mutilation based on a fatwa<sup>63</sup> that was issued by the militant group. Badcock said “FGM is not so prevalent in Iraq. There have been documented cases here in the Kurdistan region. UNFPA estimates that up to 4 million girls and women could be affected by this new fatwa. This is not the will of the Iraqi people, or the women of Iraq in these vulnerable areas covered by the terrorists<sup>64</sup>.”

Reports and newspaper articles that followed cast doubt on Badcock’s statement and the authenticity of the fatwa. The fatwa by the Islamic State's leader Abu Bakr al-Baghdadi was

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<sup>59</sup> Birch, N. (2005). *Ancient practices still a threat to Iraqi women*. *The Washington Times*. Retrieved online via: <http://www.wadinet.de/wadiev/presse/spiegel/22-08-2005-washtimes.htm>

<sup>60</sup> Birch, N. (2005). *Ancient practices still a threat to Iraqi women*. *The Washington Times*. Retrieved online via: <http://www.wadinet.de/wadiev/presse/spiegel/22-08-2005-washtimes.htm>

<sup>61</sup> Quoted directly from: Al-Alawi, I.(n.d.) *Middle East Conference Against Female Genital Mutilation*. Stonegate Institute. Retrieved online via: <http://bit.ly/1LHmnUi>

<sup>62</sup> To listen to the audio of the full statement of Ms. Jacqueline Badcock, please see: <http://www.unmultimedia.org/radio/english/2014/07/women-and-girls-in-iraq-risk-forced-circumcision/>

<sup>63</sup> A fatwa is an Islamic legal pronouncement, issued by an expert in religious law (mufti), pertaining to a specific issue, usually at the request of an individual or judge to resolve an issue where Islamic jurisprudence (fiqh), is unclear. Typically, such uncertainty arises as Muslim society works to address new issues – issues that develop as technology and society advance. However, a fatwa is not binding as is the verdict of the secular courts; while correct and applicable to all members of the Muslim faith, the fatwā is optional for the individual to respect or not. For more information please see: <http://www.islamicsupremecouncil.org/understanding-islam/legal-rulings/44-what-is-a-fatwa.html>

<sup>64</sup> Quoted directly from audio statement, please see: <http://www.unmultimedia.org/radio/english/2014/07/women-and-girls-in-iraq-risk-forced-circumcision/>

issued more than a year prior to Badcock's statement. The ISIS fatwa which circulated on social media said the following<sup>65</sup>:

*“For protecting our Islamic nation in Iraq and Syria, our land, and our people, we need to look after our women and their behavior while preventing them from the dreadful modern life they are surrounded with. A rule to all of the Islamic nations, regions, and districts is to protect women as our Khalifa says and prophet says while the mother Aatyia was circumcising a woman, the prophet said, “Don’t get disappointed, that is good for your husband, and your face”. In another story, the prophet saw the mother Hajer, who had been known to circumcise women, and asked her whether she still practices her job or not, the mother Hajer answered with yes. Then she asked the prophet whether it is Haram or not and he answered her that it was halal and he could teach her how to do it. The prophet said, “it is brighter for the face, and makes the husband happy”. Meanwhile, the prophet says, “if you cut, do not exaggerate”. Abu Harera gives another statement that the prophet says, “All Muslim women, accept circumcision but do not exaggerate on it”. Therefore, this is a call for all women to get cut.”*

After further investigation, some argue that the fatwa was released in 2013, in Aleppo Syria<sup>66</sup>. In social media outlets several ISIS supporters have dismissed the fatwa<sup>67</sup>. However no high ranking official of the militant group has responded to the fatwa<sup>68</sup>.

At this point it is thus unclear whether the fatwa is real or not. Pharos closely follows the news messages surrounding this topic. As Dr. John Chua rightly points out: *“whether fake or not, those of us working in this field have to take such threats seriously, not least because anecdotal evidence indicates that many in Mosul believe the fatwa to be real”*<sup>69</sup>. In the interviews with key informants and action research in the Reception centres we asked if people had more information about the possible impact of ISIS and the practice FGM.

## 2.1.7. Conclusion

In the desk research we followed several leads. We explored whether or not FGM is a tradition in Syria. In the literature we found no textual evidence of the prevalence of FGM in Syria. There are very few scientific sources that mention Syria as a country in which FGM is not practiced. We further explored the possibility that FGM in Syria could be linked to Kurds and/or to the Shafi'i law school. We found no substantial support for both assumptions. FGM is associated with Kurds who speak a different language than is spoken by the Kurdish group in Syria. As to the link to Shafi'i law school, not all countries where this law school is

<sup>65</sup> Quoted directly from: *FGM in Iraq: the hoax of a hoax?* Retrieved online via: <http://www.stopfgmmideast.org/fgm-in-iraq-the-hoax-of-a-hoax/#more-1307>

<sup>66</sup> *FGM in Iraq: the hoax of a hoax?* Ibid.

<sup>67</sup> *The Guardian* (2014). *Isis denies ordering that all girls in Mosul undergo FGM.* Retrieved online via: [http://www.theguardian.com/world/2014/jul/24/isis-deny-ordering-fgm-girls-mosul?CMP=share\\_btn\\_link](http://www.theguardian.com/world/2014/jul/24/isis-deny-ordering-fgm-girls-mosul?CMP=share_btn_link)

<sup>68</sup> *FGM in Iraq: the hoax of a hoax?* Ibid.

<sup>69</sup> Chua J. (2015). *Isis may have issued a fatwa introducing FGM in Mosul – but cutting in the Middle East is not new. In Kurdistan we saw how exposing the issue could help end its practice.* Retrieved online via: <http://www.independent.co.uk/voices/reports-say-isis-have-issued-a-fatwa-introducing-female-genital-mutilation-in-mosul-but-fgm-in-the-a6689836.html>



dominate practice FGM and not all practicing communities follow Shafi'i law school. Therefore we are not able to draw any conclusions based on these assumptions.

To complement the desk review grey sources were screened. Here the information was even more conflicting. On some websites and news articles Syria is listed as a country in which FGM occurs and other websites deny that FGM exists in Syria. All sources lack citations and seem to be based on anecdotal evidence. The origin of the anecdotal evidence is unclear. The final lead were the news messages surrounding ISIS issuing a fatwa that women and girls in Mosul (Iraq) risk forced circumcision. While it is unclear whether the fatwa is real or not, Pharos closely follows the news messages as we need to take such threats seriously.

## 2.2. Quick scan international network

Due to the conflicting documented information about the occurrence of FGM in Syria: denial of FGM as a practice in Syria versus claims of indirect (anecdotal) evidence of the presence of FGM in Syria, the next step in the research process was to question professionals in the network of Pharos in order to obtain more information for clarification (see Annex 1).

In addition to the survey, we consulted the WHO on the availability of prevalence data on FGM in Syria. We also asked if they recognized any rumors about FGM in Syria. They had no specific information on Syria, and stated: *“WHO is aware that the practice continues to occur despite prevention efforts in several countries in the region (Middle East). Unfortunately monitoring is a difficult task due to the fact that the main sources we use (as you mentioned DHS and MICs) only report on Yemen and Iraq... If you have completed a systematic review, we would be happy to receive when it is published/in press.”*

### 2.2.1. Approach

A brief survey was set out via e-mail among our network in the fields of humanitarian relief, healthcare, development cooperation and journalism. The survey aimed to explore whether or not FGM was identified as a possible risk for Syrian women and girls, and if so: why; how many women and girls; and what type of FGM occurred. Pharos was very cautious when setting out the survey and continuously emphasized to be sadly aware of the gravity and extensive needs of the Syrian refugee communities around the world. Nevertheless Pharos received some criticism on the survey from individuals who found questions about FGM offensive, while Syrians refugee communities around the world are suffering from extensive needs. This was coupled with unfavorable timing of research activities, as a rising number of refugees and migrants began to make the journey to the European Union to seek asylum during the last half year of 2015. This raised ethical considerations and Pharos decided therefore not to further publish the survey publicly but only contacted individuals in our network directly.

### 2.2.2. Results

The survey was set out in two private e-mail list serves for professionals in the field of humanitarian relief and development cooperation. Each list serve approximately reaches 250 professionals. However, only five individuals responded to the survey. All indicate that within their organizations, FGM is not identified as a possible risk. Three of the five respondents

currently work in neighboring countries of Syria: Jordan and Turkey. These respondents explain that they never heard about this being an issue. One respondent says *“While we work to mainstream protection and gender sensitivity through our programs, we haven’t been asking about FGM or other specific protection risks.”* A Syrian journalist who answered the questionnaire stated she *“never received any news or case related to FGM.”* She further adds in an e-mail: *“I have filled in the survey and shared it with other colleagues. But a group of women which I have share the survey with them, mentioned that FGM is not a widespread phenomenon in Syria.”* A Syrian gynecologists says *“FGM is not done in the past or present in Syria.”* When asked about minority groups and geographic regions he answered: *“I practiced Professor of gynecology in Syria for almost half of my professional life since 1972. I never seen or heard of FGM carried out in the whole of Syria.”*

Since very few individuals responded via the list serve, other professionals were approached directly via e-mail with the survey questions. In addition, three individuals were asked to spread the survey in their own network. From the latter, we did not receive any response. However, the individuals that were questioned directly responded via e-mail. A human rights lawyer specialized in sexual violence and women’s right in the Syrian context and broader Middle East and North Africa-region states: *“FGM has never been a problem for Syrian women and girls. [...] A good example of the absence of such devastating phenomenon was the massive reaction of the local communities to the rumour that ISIS might perform FGM on women and girls, the various reactions showed that the practice is completely unacceptable and various arguments, including religious ones, where used against it by the local communities.”*

A senior Canadian government official who worked in Damascus until 2011 states: *“During my time in Damascus I recall that the issue of FGM was one which was too often neglected by both government and civil society. There was a perception even amongst those working on human rights and gender that the practice was a relic, perhaps still present amongst certain isolated communities or tribal groups (for example in the semi nomadic communities – both Kurdish and Sunni Arab - in the north east), but not a mainstream concern. The fact that civil and family law was left to the jurisdiction of religious authorities also tended to create something of a vacuum in terms of the role of the state.”* He forwarded our survey to his colleagues but from this we did not receive a response.

Lastly we contacted Hivos and Wadi, two organizations who work to stop FGM in the Middle East. The person we contacted at Hivos states: *“We have not worked on this issue [FGM] in Syria and we are not aware of its presence unless it is among the Kurds population”* The individuals contacted at Wadi say *“We did not have the chance to do any research in Syria itself, but it would be very helpful to survey the refugees. We got quite contradictory information from within Syria until now, some say, yes it is practiced in some areas, other say no.”* [...] *“From my experience it seems FGM is not spread within the Syrian Kurdish community. Kurds are split as far as we know, the Sorani speaking part, mainly living in the southern areas of Iraqi-Kurdistan and in Iran is practicing FGM, the Kurmanji speakers in their vast majority don’t. Syrian Kurds belong to the latter.”* [...] *“I heard FGM is practiced in some villages around Homs and Damascus. But these were rumors”* [...] *“We only know from hear-say about FGM supposedly existing in villages in the region of Homs and Damascus. All our Kurdish contacts in Syria have not heard about it. This does not mean that it doesn’t exist - in Syria there were few channels how a taboo could be broken.”*

### 2.2.3. Conclusion

It was difficult to get a high level response on the questionnaire. While the motivation of respondents is difficult to assess, it is very likely that the timing of the questionnaire was unfavorable. Over the course of the year the Syrian civil war worsened and the priorities to address the needs of the Syrian refugees clearly lie elsewhere. In addition there were ethical considerations. While being very mindful in formulating questions and justifying the reason of conducting research on this topic, there was still a negative backlash from some individuals who conveyed a sense of frustration and expressed their aversion.

## 2.3. Quick scan Dutch healthcare professionals

### 2.3.1. Approach

We aimed to obtain information from professionals at the Asylum Seekers Health Centre (GCA) and midwives. A brief questionnaire (see Annex 2) was developed in Google Drive. Because of the workload due to the growing influx of refugees the managing department of the GCA choose to be very selective in what information they spread among their professionals. They decided that at this time they could not answer to our request.

The questionnaire was spread two times via the newsletter of the professional association of midwives 'Koninklijke Nederlandse Organisatie van Verloskundigen (KNOV)' among all connected midwives. Midwives are trained to discuss FGM with pregnant women. They act according to their KNOV 'Statement on female genital mutilation'<sup>70</sup>.

### 2.3.2. Results

Seven midwives completed the questionnaire. All together they had supervised 27 Syrian pregnant women. Six of them said they never observed FGM in Syrian women. One of them answered that she observed FGM with several women from Syria. We contacted this midwife to ask further questions. When we contacted her for additional information, she concluded that she had been wrongfully mistaken and that the women she thought of while answering the questions didn't originate from Syria but from another country.

### 2.3.3. Conclusion

Seven healthcare professionals filled in the questionnaire. The professionals that answered the questionnaire said they never observed FGM being an issue among Syrian women. It is difficult how to interpret the low response to our questionnaire. This can be due to many things: lack of time, ill reading of the newsletter, hardly any contact with Syrian women, but maybe also a lack of recognizing that FGM could be an issue in Syrian women and therefore finding no need to respond to the questionnaire.

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<sup>70</sup> KNOV. *Standpunt vrouwelijke genitale verminking*. Retrieved online via: <http://www.knov.nl/vakkennis-en-wetenschap/tekstpagina/260/vrouwelijke-genitale-verminking/>



## 2.4. Action research youth healthcare

### 2.4.1. Approach

The youth healthcare monitors the growth and development of all the children in the Netherlands. They have an important role in the prevention of physical and psychosocial problems. Concerning FGM, youth healthcare nurses and doctors act according to the 'Statement on prevention on FGM by the Youth Health Care'<sup>71</sup>. This statement describes a working method of how to discuss FGM with parents with daughters originating from countries where FGM is practiced and how to assess the risk of FGM. Normally the youth healthcare professionals wouldn't discuss FGM with parents from Syria, since Syria is not known to be a country where FGM is being practiced. For this research we found GGD Twente willing to cooperate. During a period of three months, a female youth healthcare professional discussed FGM with Syrian parents with daughters who came to her consultation in a reception center. She spoke with them with the help of a female Syrian translator by phone. After every consultation the youth healthcare professional filled in a anonymous feedback form and sent it to Pharos (see Annex 3).

### 2.4.2. Results

The youth healthcare nurse had ten consultations with Syrian parents in which FGM was discussed.

- One consultation with both parents.
- One consultation with a father of two daughters.
- Two unaccompanied female minors (16 and 17).
- Six consultations with mother of daughter(s).

The families came from different areas in Syria.

- Three families from Damascus area
- Three families from al-Hasaka province
- One family from Aleppo
- One family from Latakia
- One from south of Syria, province undefined
- One from south-east of Syria, province undefined

The following citations are from the feedback form the youth healthcare professional sent us after each consultation. She tried to stay close in her formulation to the original reaction of the parents. In some cases Pharos asked for an additional explanation.

All clients answered that FGM is not practiced in Syria. Most parents had heard of it's existence but in context of other countries: *"I know that they are doing this in other countries, like in Egypt. But my husband and I will never do that to our daughter. It's a damage of what God has given to us"* and *"Our daughters are not circumcised. I know of it's existence in the*

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<sup>71</sup> RIVM (2010). Standpunt preventie van vgv door de jeugdgezondheidszorg. Retrieved online via: <http://www.pharos.nl/nl/kenniscentrum/meisjesbesnijdenis/protocollen-en-materialen/modelprotocollen-en-standpunten/standpunt-jgz>

*world but we in Syria condemn it” and “Our daughter is not circumcised, that doesn’t happen in Syria! Absolutely not!! We have also lived in Egypt, there it was happening, but not in Syria.”*

Not all people had heard of FGM and were shocked by the idea it could be considered that this would be a practice in Syria. *“The girl never heard about FGM. She was shocked to hear that this is done to girls.”* and *“No!! We don’t do that in Syria. Only with boys. But are you doing that in the Netherlands? No. Oh, good!!”*

The nurse once referred explicitly to the claim that ISIS ordered FGM for women living in the caliphate. *“Mother knows for sure that this is not happening in Syria. When I tell her that ISIS could be doing this, she says: “Yes they are hurting people badly, that is true. But I never heard that they are practicing FGM: that is gossips.””*

One respondent said: *“Oh no, we don’t do that!! I am a sunit. But I know the Da’esh do it. I am from Damascus and there we don’t do that.”* By Da’esh the respondent is referring to ISIS. This is the only referral we have to ISIS supposedly practicing FGM. Unfortunately we weren’t able to find out on what information the respondent based this comment. It could be he referred to the message of the UN as described in section 2.3, but the possibility also exists that he actually heard this from people on the ground in Syria.

### **2.4.3. Conclusion**

The results of the action research by the youth healthcare don’t indicate that FGM is practiced in Syria. Most parents had heard of the practice of FGM but referred to it as a practice done in other countries *like Egypt*. There was one referral to ISIS practicing FGM. We were not able to analyze this claim any further and are therefore not sure where this claim is based on.

## **2.5. Action research in Reception Centre**

### **2.5.1. Approach**

The municipal health service ‘GGD Hart voor Brabant’ developed a course for female asylum seekers ‘Woman’s Health’. The course contains of a minimum of four meetings of 3 hours and is taught by a migrant health educator (gezondheidsvoorlichter eigen taal en cultuur). This health educator bridges cultural differences and is trained to discuss subjects like FGM; the anatomy of the female body; sexual transmitted diseases and birth control; the (youth)healthcare system in the Netherlands.

During the research period the health educator gave three courses especially for Syrian women. As Syria is not known to be a country where FGM is practiced, normally she would not discuss the module FGM with Syrian women. However for the aim of this research she did. The health educator discussed the different types of FGM; where and why it is practiced and the physical and psychosocial consequences of FGM. During the discussion she asked if women were aware of its existence at all and in Syria particularly. At the end of this meeting, the women were asked to fill in a short questionnaire (see Annex 4).

### **2.5.2. Results**

This health educator is very experienced in assessing the possibility if people don't dare/want to talk about a subject like FGM because of its taboo or delicacy. According to her, this wasn't the case with the Syrian women she met. All of them seemed genuinely surprised about the assumption FGM could be happening in Syria. They were clear and definite in their answer that FGM is not being practiced in Syria.

The health educator spoke to women from all over Syria. The women who were aware of the existence of FGM referred to Egypt as a country where it is practiced. They were all familiar with male circumcision and confirmed that this is a common practice with Syrian men. The questionnaire was completed by 46 women. 80% of this women said they never heard of FGM before. All of them answered that FGM is not practiced in Syria.

### **2.5.3. Conclusion**

The action research in the reception center doesn't give any indication that FGM is practiced in Syria. All the women that attended the course denied its existence in Syria.

## **2.6. Quick scan key informants**

To complement our preliminary conclusion that FGM is not a tradition in Syria, key informants of the Syrian community were interviewed about healthcare for women and taboo subjects such as domestic violence, child abuse and FGM in relation to the Syrian healthcare system. These individuals studied and worked in healthcare and have fled Syria in the last years. Please note that some of the quotes have been translated from Dutch to English.

### **2.6.1. Approach**

On two Facebook group-pages for Syrian refugees in the Netherlands<sup>72</sup> we posted a call for Syrian healthcare professionals to contact us when willing to discuss with us the Syrian healthcare system and how it differs from the Dutch healthcare system, with a focus on healthcare for women. Pharos received over 40 responses. Of the Syrian healthcare professionals who responded, we selected seven healthcare professionals who would be able to share information about women's healthcare and the taboo subjects listed above. In the result section below we also present their information on domestic violence to clarify how we introduce the subject of FGM. But it also shows the openness and willingness of key-informants to discuss taboo subjects with us.

Participants received a reimbursement of their travel costs and a gift certificate for their participation in the interview.

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<sup>72</sup> Facebook pages: "Syrians in Holland" (<http://bit.ly/21Jc3T>) and "In the Heart of Holland" (<http://bit.ly/1RnhizP>).

## 2.6.2. Results

All Syrian healthcare professionals who participated in the interviews state confidently that, to their knowledge, FGM is not and never was a practice carried out in Syria.

The first interview was conducted with a senior medical officer from Damascus who worked for the refugee agency UNWRA for many years. He studied medicine and graduated in 1979. He subsequently studied public administration and public health. During the interview taboo subjects were discussed such as the prevalence of domestic violence in Syria. About this he says it is a big issue in Syria. *“It exists in most or all families and has to do with lack of education. People are taught about nationality but not on how to behave. There are no methods for teaching this. It is a common sense. Most families, especially in rural areas have domestic violence.”* When asked who addresses domestic violence in the healthcare system, he answers: *“There are social workers in the school, but their influence on the lives of children is limited. Problematic issues are being kept secret within the family.”* With regards to FGM he states that *“FGM is not available in Syria. It is not forbidden but there is no habit for it. It does not exist in the communities.”* At a later stage in the interview when asked if this is the case for all ethnic and religious communities in Syria, he adds: *“Yes, it does not exist among any community in Syria as far as I know.”*

The second interview was held with a psychologist who worked in Yarmouk camp, near Damascus. About FGM he says that there is no tradition of FGM in Syria, but that this is something that happens in Egypt. When told the practice is also prevalent in Iraq and Iran, he states that among the Kurdish population there are many differences [between Kurds in Iraq, Iran and Syria, e.g. ethnically and linguistically speaking], and that he has not heard about this being an issue among the Syrian Kurdish population. He spoke about his mother, who was a midwife in a small hospital in Damascus and attended to many women. She also worked in Hama governorate, which according to him is known to be more traditional in cultural practices. In both areas he has never heard his mother speak about this being an issue. About domestic violence he says this is an issue that is kept within the family. In some cases it is possible the wife says it to her mother, but the mother then is powerless to change anything. He says there are no laws with regards to domestic violence.

The third interview was conducted with an ear, nose and throat (ENT) specialist. After studying general medicine he worked as a physician-assistant in the academic hospital of Damascus. Subsequently he started working in his own private clinic in Damascus. With regards to domestic violence he says this depends on the culture and the family. *“Some men believe that you are a good father when you beat your child. A lot of children get beaten. Also because of psychological problems of the parents. There is no law on child abuse. When you observe this as a doctor, you can not do anything. It is up to the family.”* Women have the option to go to the police to report domestic violence, but the problem arises afterwards when the woman is burdened with having to deliver proof. In some cases the man goes to prison, but this is rare. And when the man gets out, he will likely return to the family. With regards to FGM he states that *“In Syria there is no ‘Khitān’ for women. Not in poor villages, nowhere.”* When asked if there are any guidelines or protocols he answers: *“You don’t find it. It’s not mentioned. There is no law, but people don’t do it.”*

The fourth interview was held with a general practitioner from Aleppo. Prior to his flight to the Netherlands he was in the process to complete his studies in medicine. *“As a doctor,”* he

states *“you are obliged to address domestic violence. You need to try to talk to the man and woman, and give advice whenever possible.”* He says that each family has their own customs and habits and that religion plays a very important role. By law, domestic violence is not forbidden, according to him. With regards to FGM, he says this is not a problem in Syria, but he has heard about it being a problem in Egypt. He thinks this has to do with the warm climate in Egypt and that girls menstruate earlier compared to Syrian girls. When asked about protocols or guidelines on FGM he says there is no law in Syria that says anything about FGM because it simply doesn't exist and therefore there are no protocols in place.

The fifth interview was conducted with a plastic surgeon from Aleppo. About domestic violence he says the Syrian government doesn't care about child abuse. The problem often stays within the family and is not discussed openly. About FGM he says it is very rare in Syria. He mentions it happens in Somalia and maybe in Iraq, but that it is very rare in Syria and that FGM is a very old habit. He says *“for about 60 years we haven't seen or heard about it. Also in villages in very closed communities (my mother worked there) I have never heard about this. Even the villages where they don't let the girls go to school, even there you don't hear it. We are all the same in habits, have all the same manner of life.”* When asked about the rumor of ISIS performing FGM on girls he explains that the people who control ISIS are not from Syria. The leaders of ISIS are not Syrian. He doesn't know if there is any legislation in Syrian law on FGM.

The sixth interview was held with a specialist in obstetrics, gynecology and women's surgery. He worked in the obstetrics and gynecology department in several hospitals in Damascus until 2012 and subsequently moved to Turkey where he worked with International Medical Corps (IMC) as reproductive health manager for the Syrian emergency response. He was also in charge of the coordination between different NGO's and UN agencies to improve the humanitarian response about primary healthcare in Syria and working part time for UNFPA as a trainer of clinical management of rape survivors. For this he developed a new guideline: the CMR protocol, clinical management of rape survivors. He also trained medical staff who worked inside Syria to enhance a better response for women's health. Currently in the Netherlands, he works voluntary at a private practice for gynecological care in Zwolle.

He says FGM is not practiced in Syria. During the interview the different types of FGM are discussed. He explains that in Egypt they cut the clitoris but in some African countries they practice mutilation (*clitoridectomy versus infibulation*). He is sure in Syria it does not happen. He says *“as a gynecologist, I would know about FGM in Syria. In my master we did learn about FGM as a topic. When I worked at International Medical Corps we wrote a funding proposal for a reproductive health project in besieged areas in Syria. One of the proposal requirements was to address FGM. In Syria, we didn't find a place to work where it occurred, so we never received funding for this. It simply does not happen in Syria.”*

The final interview was held with a senior medical officer who worked in healthcare management for the Ministry of Health in Syria. He also worked for the Ministry of Health in Saudi Arabia. Prior to this he was a director of a large private hospital in Aleppo. When the civil war started he moved to Jordan where he worked with the Syrian American Medical Society, to organize and provide health aid in the refugee camps. With regards to FGM he says: *“It doesn't exist in Syria, but it does in Egypt. I don't hear about this in Syria. [...] Never heard about it. If it happens than very small and isolated cases.”* When asked about legislation he says *“There is no law or legislation, because it doesn't exist.”* When discussing

ISIS and whether or not they would enforce FGM on Syrian women and girls, he says: *“I don't think so. It is not a religious demand, it's an old tradition.”*

### **2.6.3. Conclusion**

Based on the seven interviews with Syrian healthcare professionals, it seems unlikely that FGM is a cultural practice in Syria. Key informants state confidently that, to their knowledge, FGM is not and never was, a tradition in Syria. If FGM occurs in Syria, it is most probably a very local practice. However the healthcare professionals that were interviewed, do not give any indication that it is probable among a certain minority group or a specific geographical region.

When asked if there were any protocols, guidelines or legislation in place for healthcare professionals in case they did encounter a female patient from an FGM-affected country, health professionals stated that there were no such guidelines as it was never practiced in the country itself. Only one healthcare professional who obtained a master's degree in obstetrics, gynecology and women's surgery says the topic FGM was covered during his studies. Also here he never heard this was an issue in Syria.



### 3. Conclusion and discussion

A combination of research strategies was used to answer the research questions. In this section we briefly answer every question. In addition, we describe the limitations faced in gathering information about this subject in the current timeframe and context.

*In Syria:*

- *Is there a tradition of FGM in Syria?*
- *What do we know about the prevalence of FGM in Syria? Are there recent developments that lead to FGM?*
- *If so, in what region? Among which ethnic groups or religious groups? What form(s)?*

The research activities did not lead to substantiated information that FGM is a traditional practice in Syria. However this does not mean FGM does not exist in Syria. Syria is mentioned in different grey sources as a country where FGM is practiced. These statements are based on anecdotal evidence without any referral from whom or where this anecdotal evidence originates.

The possible relation between ethnicity (Kurdish) and law school (Shafi'i) and FGM is too precarious to draw any conclusions for Syria. The Kurdish people in Syria speak a different language than the Kurdish people in Iran and Iraq where FGM is a known practice. And not all communities where Shafi'i law school is dominant practice FGM.

Pharos follows the news closely for possible new developments with regards to the threat of FGM for women living in ISIS controlled areas. So far, we found no supporting evidence for the initial news spread by the UN.

*In the Netherlands:*

- *Among Syrian refugees in the Netherlands, are there women and girls who have been circumcised?*
- *Are Syrian women and girls in the Netherlands at risk for FGM?*

The information collected during the research period do not give a substantiated indication that Syrian women and girls in the Netherlands are circumcised or are at risk of being circumcised.

Our research was limited by a variation of factors. These factors make it difficult to draw any explicit conclusions.

The topic addressed is one people not easily speak about. The lack of information about FGM in Syria can be based on different grounds. Maybe there is no information available because it simply doesn't exist and maybe it is not available because it is still a hidden practice. The results of the study in Iraqi Kurdistan show how difficult it is to clarify the practice and research to what extent it is widespread. It took more than a year of building trust and working in the area on the ground with local communities, before Kurdish women

began to speak about FGM<sup>73</sup>. It was the existence of civil society structures and demand for individual rights that enabled local NGO's to uncover the practice of FGM<sup>74</sup>. As Von der Osten-Sacken & Uwer rightly point out: *"such conditions simply do not exist in Syria where local authorities fight to constrain individual freedoms rather than promote them"*<sup>75</sup>.

When speaking with key-informants of the Syrian community the researchers took into account that the practice of FGM is generally concealed in Middle Eastern societies. As the German NGO Wadi argues: *"It is not a public act and undertaken more or less secretly by the women of the family. It is not unusual to find men who haven't even heard of it and have no clue that their wife, sisters and daughters are circumcised"*<sup>76</sup>. This is the why Syrian healthcare professionals were interviewed about the healthcare system in Syria and more specifically healthcare for women and children. The assumption behind this was to discuss FGM from a medical perspective and compare how specific gynecological and obstetric healthcare needs of women who have undergone FGM are addressed in the Syrian health system versus the Dutch health system. However no women healthcare professionals were consulted. Yet, women were highly represented in the action research activities performed in the Asylum Reception Centre and the Dutch youth healthcare agency.

The most important limitation in gathering information in the international network was the understandable lack of focus on the subject FGM when humanitarian needs of the Syrian refugees are so grave and extensive. Priorities naturally lie elsewhere. In addition, the response on the questionnaire of the quick scan among Dutch healthcare professionals was also understandably affected by the high influx of refugees.

Pharos follows the news on Syria and FGM closely. If any new indications arise, we will act accordingly. Furthermore, Pharos will keep in contact with NGO's who are working in the area, like the German organization Wadi.

With the available resources in time, literature, and persons willing and able to speak to us about this subject we carefully conclude that at this moment, there is no direct indication that Syria should be added to the list of countries where FGM is practiced.

We created a blueprint for future research on possible 'new' countries with the combination of research strategies as described in this report. Apart from the limitations described above, we were still able to gather a substantive amount of information and a great willingness of individuals and organizations to contribute to our research.

In the action research in the Asylum Reception Centres, 40 Syrian women were included. In the action research of the Dutch youth healthcare agency, we gathered information from 10 Syrian parents with daughters. Seven Syrian key informants shared their knowledge and

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<sup>73</sup> Von der Osten-Sacken, T. & Uwer, T. (2007). *Is Female Genital Mutilation an Islamic Problem? Middle East Quarterly*. p. 29-36. Retrieved online via: [http://www.meforum.org/1629/is-female-genital-mutilation-an-islamic-problem#\\_ftn30](http://www.meforum.org/1629/is-female-genital-mutilation-an-islamic-problem#_ftn30)

<sup>74</sup> Von der Osten-Sacken, T. & Uwer, T. (2007). *Ibid.*

<sup>75</sup> Quoted directly from: Von der Osten-Sacken, T. & Uwer, T. (2007). *Ibid.*

<sup>76</sup> Quoted directly from: Piecha, O. M. (N.D.) *No "African Problem" Stop FGM Middle East*. Retrieved online via: <http://www.stopfgmmideast.org/background/unicefs-limited-numbers-female-genital-mutilation-much-more-widespread/>



expertise with us. Seven midwives completed the questionnaire. And we also met willingness from professionals in our international network who shared their experiences with us. Pharos will conduct further research activities on FGM in the Middle East in 2016. The dissemination of results of this study will be included.

To conclude, we support and acknowledge the importance of researching and raising taboo subjects. Sometimes there is nothing more available than anecdotal evidence. As researchers we need to stay critical and reflect on what grounds conclusions and statements are based on. This demands for continuous balancing and weighing of information and sources. To us, at this moment there seems to be no ground to include Syria as a country where FGM is practiced. We found no source of information who could tell or teach us more about the referred to anecdotal evidence. At the same time, we are aware this does not mean FGM does not exist in Syria. We believe studies on FGM, as on other taboo subjects, asks for a close cooperation of researchers, civil society organizations on the ground and a creative combination of different research strategies. We sincerely hope this research contributes to a relatively new field of study and provides an entry point for further research activities.

## Annex 1: Questionnaire International network

### Exploratory study on Female Genital Mutilation (FGM) among Syrians

Dear contact,

Pharos (Centre of Expertise on Health Disparities) is currently undertaking an exploratory study on Female Genital Mutilation (FGM) among Syrian girls and women. We are sadly aware of the gravity and extensive needs of the Syrian refugee communities around the world. And we feel rather self-conscious asking questions about FGM, as humanitarian needs have never been greater. At the same time our organisation has been asked by the Dutch Ministry of Health to find out whether or not FGM is prevalent among Syrian women and girls, and we need to make the exclusion of this practice valid. The aim of this study is to organize adequate healthcare and prevention in the Netherlands, in case this is necessary. So far, we found conflicting documented information about the prevalence of FGM in Syria and we want to clarify this as much as possible. Syrians are currently the largest group of asylum seekers in the Netherlands.

We kindly ask for your invaluable assistance by answering the following questions:

\* **Mandatory**

**1a. Within your organization, has female genital mutilation been identified as a possible risk for Syrian women and girls? And why?\***

- Yes
- No

**Explain why in the box below:\***

**1b. In what type of organisation do you work, and what is the main focus of your organisation (i.e. healthcare, social protection)? \***

**2a. Has your organisation identified women or girls that underwent female genital mutilation? And if so, how many? \***

- Yes
- No
- I don't know

**2b. If applicable, please give an estimation of the number of women or girls that your organisation has identified: \***

**2c. If applicable, what type(s) of FGM was identified? \***

- Type 1 - Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).
- Type 2 - Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).
- Type 3 - Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).
- Type 4 - All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.
- I don't know
- Not applicable

**3. Does Pharos have permission to contact you for additional questions? \***

- Yes
- No

**If yes, please fill in your contact details below (name, e-mail, name organisation)**

### **More information**

Pharos has been designated by the Ministry of Health as the Dutch Focal Point for issues related to FGM. If you have any questions about this survey, please send an email to [fgm@pharos.nl](mailto:fgm@pharos.nl) or [j.mulders@pharos.nl](mailto:j.mulders@pharos.nl)

We greatly appreciate you forwarding this survey to colleague refugee agencies or women's and/or rights organizations. You can copy this link:

[https://docs.google.com/forms/d/1tgcP\\_htVC-G9uH2OPlqKGZkhQWhnp8x7YMjt2M\\_QdG4/viewform](https://docs.google.com/forms/d/1tgcP_htVC-G9uH2OPlqKGZkhQWhnp8x7YMjt2M_QdG4/viewform)

## **Annex 2: Questionnaire for Dutch Healthcare professionals – maternity care**

### **Signalen meisjesbesnijdenis Syrië**

Beste verloskundige,

Op dit moment zijn Syriërs de grootste groep asielzoekers in Nederland. Velen van hen krijgen snel een vergunning en stromen door naar de gemeenten. Pharos (expertisecentrum gezondheidsverschillen en landelijk focal point meisjesbesnijdenis) verzamelt informatie om geruchten dat meisjesbesnijdenis in Syrië voorkomt te onderbouwen dan wel te ontkrachten. Deze informatie wordt gebruikt om te bepalen of het Nederlandse preventiebeleid op meisjesbesnijdenis aangepast moet worden.

Wij vragen uw onmisbare medewerking door vier vragen te beantwoorden. Als u vragen heeft over deze verkenning, kunt een mail sturen naar [fgm@pharos.nl](mailto:fgm@pharos.nl) of [d.geraci@pharos.nl](mailto:d.geraci@pharos.nl).

#### **1. Heeft u een vrouw uit Syrië onder begeleiding (gehad)?**

Zo ja, kunt een indicatie geven van hoeveel vrouwen?

#### **2. Heeft u bij vrouwen uit Syrië besnijdenis gesignaleerd?**

Zo ja, kunt u aangeven hoe vaak u dit heeft gesignaleerd en uit welke regio ze kwamen?

#### **3. Indien u vraag 2 met 'ja' heeft beantwoord, om welk type ging het?**

type 1 - clitoridectomie; type 2 - excisie; type 3 - infibulatie; type 4 - overige vormen

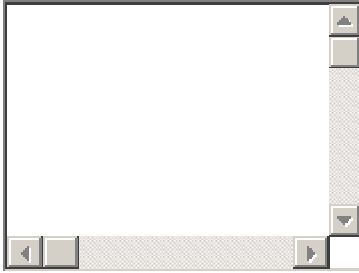
#### **4. Indien u vraag 2 met 'ja' heeft beantwoord, bent u hierover met de vrouw in gesprek gegaan?**

Kunt u toelichten hoe dit gesprek verliep?

#### **Mag Pharos u benaderen voor aanvullende vragen?**

U kunt uw contactgegevens hier invullen.

**Ruimte voor opmerkingen of vragen**



## Annex 3: Action research youth healthcare

### Pilot risicotaxatie vrouwelijke genitale verminking (vgv) bij Syriërs Terugkoppeling JGZ aan Pharos

Deze terugkoppeling van de risicotaxatie (Zie **Standpunt Preventie Vrouwelijke genitale verminking door de JGZ**) maakt onderdeel uit van de verkenning waarmee Pharos wil verhelderen of vgv al dan niet voorkomt in Syrië. Het betreft een anonieme verkenning. Per oudergesprek graag 1 formulier invullen.

U kunt dit mailen aan [d.geraci@pharos.nl](mailto:d.geraci@pharos.nl). Gebruik dit mailadres ook voor eventuele vragen.

Met wie heeft u gesproken? (vul in: vader, moeder, beide of anders nl. **Vul geen namen in**)

Wat was de woonplaats van de familie voor de vlucht uit Syrië?

#### Leidt het thema vgv in zoals u gewend bent dit te doen

→ *In een aantal landen rondom Syrië komt vrouwenbesnijdenis voor (Irak, Iran, mogelijk Jordanië). Komt vrouwenbesnijdenis volgens u ook voor in Syrië?(Arabische woord: Khitan voor vrouwen)*

Antwoord en reactie van ouder (let op non-verbale houding):

#### Vraag aan ouder met inleiding

Deze vraag kan beladen zijn, vandaar graag inleiden. Geen antwoordcategorieën, mensen mogen zichzelf benoemen. Antwoorden kunnen zowel betrekking hebben op religie als op etniciteit.

Voor uw informatie zijn op pagina 2 mogelijke antwoorden toegevoegd.

→ *Als ik zo vrij mag zijn/sorry dat ik zo direct ben, is er een etnische of religieuze groep in Syrië waarmee u zich identificeert?*

Hieronder staat een aantal risicofactoren zoals omschreven in het Standpunt Preventie Vrouwelijke genitale verminking door de JGZ.

Graag ontvangen we een terugkoppeling op de besproken risicofactoren.

Maak het betreffende antwoord VET.

**NB de score op de risicofactoren blijkt uit het gesprek, niet uit een lichamelijk onderzoek.**

*Risicofactoren*

moeder besneden

besneden

onbekend

*Eén of meer zusjes besneden*

ja

onbekend

*Risicoinschatting vgv*

onbekend

geen risico

twijfelachtig risico

reëel risico

vermoeden uitgevoerde vgv, bij toelichting waarop het vermoeden is gebaseerd

vastgestelde vgv, bij toelichting om welke vorm het gaat

Toelichting

De belangrijkste religieuze stromingen in Syrië van voor de burgeroorlog:

- Soennieten (74%)
- Alawieten (11%)
- Andere islamitische stromingen (2%)
- Christelijk (10%)
- Druzen (3%)

Een aantal groepen die genoemd kunnen worden:

- Irakees (8 – 10%)
- Koerd (10-15%)
- Druze (3%)
- Palestijns (2,3%)
- Armeens (2%)

## Annex 4: Action research in Reception Centre

### EVALUATIEFORMULIER - Nederlands

#### Inhoud

1. Weet je meer over [THEMA ACTIVITEIT] dan voor de [NAAM ACTIVITEIT]?

- Ja
- Nee

2. Wat heb je vooral geleerd tijdens [NAAM ACTIVITEIT]?

.....  
.....

3. Wat ga je van deze bijeenkomst gebruiken?

.....  
.....

4. Was je bekend met het thema vrouwenbesnijdenis?

- Ja
- Nee

5. Komt vrouwenbesnijdenis ook voor in Syrië?

- Ja
- Nee
- Misschien

#### Voorlichter

6. Wat vond je goed aan de manier waarop de informatie werd overgebracht?

.....  
.....

7. Wat kan beter aan de manier waarop de informatie werd overgebracht?

.....  
.....



**إستمارة تقييم**

**المضمون**

١ هل تعرف الآن عن [موضوع النشاط] أكثر من قبل [عنوان النشاط]؟

- نعم

- لا

٢ ما هو أكثر شيء تعلمته أثناء [عنوان النشاط]؟

.....

٣ ماذا ستستخدم من هذه الجلسات؟

.....

٤ هل كنت من قبل على علم بموضوع ختان النساء؟

- نعم

- لا

٥ هل يتم ختان النساء في سوريا؟

- نعم

- لا

- ربما

**المرشد**

٦ ما هو الشيء الجيد الذي وجدته في طريقة إعطاء المعلومات؟

.....