

COMMUNICATION FOR BEHAVIOURAL IMPACT (COMBI) PLAN FOR
**ELIMINATING FEMALE GENITAL
MUTILATION (FGM)**
IN KURDISTAN REGION-IRAQ

ONE AND A HALF YEAR PROGRAMME
2019-2020

High Council of Women Affairs in Kurdistan Regional Government in
collaboration with UNFPA/KR-I Office

2019

Background

A study of Female Genital Mutilation (FGM) in the Kurdistan Region of Iraq (KR-I) commissioned by High Council of Women Affairs (HCWA) in 2015 indicated the following: Among the mothers surveyed, 44.8% reported undergoing FGM/C themselves (60% in Sulaymaniyah, 40% Halabja, 68% Erbil and 7% Dohuk) compared to 10.7% of their daughters (age 0-14 years of age) being cut. Most of the FGM **prevalence** re their daughters age 4-14 years old is to be found in Erbil (17%) and Sulaymaniah (12%) governorates with smaller amounts in Duhok (4%) and Halabja (1%) governorates.

Girls are cut usually around 5 years of age. The cutting usually takes place at home and 65% of all reporting cuttings were carried out by traditional birth attendants, some of whom are “certified” in some fashion by the Ministry of Health to deliver babies at their homes or the homes of pregnant women.

When mothers were asked about their plans to cut or not to cut their daughters, only 4.3% stated that they intend to have FGM/Cutting carried out on their

daughter with an additional 5.3% saying they were unsure about their plans. So about 10 % of mothers may have their daughters around age 5 circumcised. There is near zero cutting intended for the next year of a daughter around age 5 in Duhok and Halabja. As a consequence, the COMBI Plan proposes more intense communication work in Sulaymaniyah and Erbil governorates.

Of girls who were cut, the vast majority (90.0%) were cut with a razor blade. Cutting usually happened at the girl's home (75.0%) rather than at the home of a relative or the home of the cutter (sometimes the same person) (21.1%).

The HCWA in collaboration with UNFPA developed a public communication program to persuade mothers of KR-I to not cut their daughters.

This 18-month public communication plan is presented below and the public is asked to join in a regional effort to eliminate this damaging and hurtful practice of FGM/Cutting in all of KR-I.

Overall Goal

To assure the rights of girl children and their full development without maltreatment and gender-based violence in the form of Female Genital Mutilation (FGM) via eliminating the practice of FGM in KR-I.

Specific behavioral Objective

To get 7,500 mothers out of an approximate 15,000 mothers in KR-I over the next 12 months who would normally have arranged for their girl child age around 5 for “female circumcision/cutting” by a traditional birth attendant (TBA) or family relative or other “cutter” will now not do so, and will not ever do so, leading to a decline in female cutting/circumcision to a level of 5% from a current estimate of 10% in the previous 12 months.

(The term “cutting” will be used interchangeably with FGM and female circumcision from here on).

(Special Note: The vast majority of cutting is taking place in Sulaymaniyah and Erbil; and very little in Duhok and Halabja. We believe that there will be zero cutting taking place in Duhok and Halabja in the next 12 months.)

Strategy

An effective strategy to eliminate cutting/FGM calls for some behavioral analysis of the cutting behavior, and to try to understand why do mothers have their daughters cut but also why do most mother (almost 90 % of mothers) do not have their daughters cut.

With this understanding we then plan to engage families thinking of cutting their daughters with arguments that will persuade them otherwise. For that minority group of about 10 % who do have their daughters cut, some say that cutting/circumcision/FGM is rooted in their KR-I culture and tradition. They see it as an expected “normative behavior” (traditional behavior) in their network of families. Among this minority group, cutting is viewed by many as Islamic, as Sunnah. It is viewed as central to protecting the “honors” of the child, meaning her virginity by reducing sexual yearnings, and avoiding the risks of being “oversexed”. For some, it is seen as a vital pre-requisite for eventual marriage. The popular view among some is that no man will marry an uncut girl.

There is also the view that an uncut girl is seen as not clean, not honorable, and this seems to mean morally clean. “Clean” also seems to mean “not pure” in the eyes of Allah. In the same way, the ritual washing prior to prayer is seen as making one pure in the eyes of Allah, female circumcision is seen by some as making one pure before Allah. There are stories that if it known that girl has not been cut, family member will not accept food or water served by the uncut

child.

Many women who have undergone FGM in the past forget the horror of the experience and the subsequent health consequences, or they treat it as part of the course for a woman. But there are also situations where a mother would have her first daughter cut but then would not do the same for her other daughters. She would feel regret at cutting the first daughter, remember her own pain when she was cut and the more recent pain of her daughter being cut and then have serious reservations about cutting her other daughters. And then when she sees on TV that this is not Islamic, it confirms her “decision”/desire not to cut the other daughters.

Among some, it is viewed that if a family does not get their girls cut, the family will be looked down upon by the community. People will speak badly of the girl and presume she is a “bad” girl.

Most FGM is being carried out by traditional birth attendants (TBAs) who are sometimes registered with the MOH. Other older women and family relatives also perform FGM.

The cutting is a slight cut or nick of the clitoris and so is seen as minor.

The primary decision-makers with regard to FGM seems to be the mother and grandmother; fathers seem to leave the FGM practice in the hands of mothers, seeing it as a woman’s issue, and appear to provide tacit, unstated approval. Father’s take care of their sons’ circumcision. Of course, other female relatives may also influence the decision to have a girl

cut.

Given the decisive role of fathers as heads of household, there is a view that if fathers were to insist on no cutting, then there would be no cutting; mothers would have to respect the firm decision of fathers. At the current time, fathers seem to say nothing and are often not aware of when the cutting has taken place. It appears, that without actually consulting fathers, mothers presume that there is agreement by fathers that cutting should take place. There is an assumed consensus. All of the above should be seen in the context of the vast majority of mothers not getting their girls cut – about 90%. The vast majority do not approve of FGM. The vast majority do not see FGM as required by Islam. The vast majority of Imams do not support FGM, according to the Ministry of Religious Affairs. In essence, the social norm is not to cut. Men seem to prefer uncut women as marriage partners, because it makes marriage life/sexual intimacy better. There seems to be some discussion about unhappy sex lives among those women who have been cut.

The KRG has passed a law of combating domestic violence including the article no. 6 about criminalizing FGM; but the law is not enforced. There are about 15,000 female circumcisions in a year but no arrest, except for a recent single arrest.

There is more open expression by religious leaders that FGM is not an Islamic behavior, though some still say it is not totally forbidden, that it is sunnah. Television programs featuring imams saying that FGM

is not an Islamic requirement seem to have influenced many people.

We plan to engage families and persuade them to not cut their daughters by focusing on the following themes:

1. Cutting is child abuse, child maltreatment, and violence and is a denial of the right of the child to be not abused.
2. Remind the mother (if she had been cut) that Cutting was extremely painful and had damaging health consequences and affected her marital relations.
3. Explain that there are no health benefits to cutting and that enormous health harm is done by cutting, including: severe pain, excessive bleeding genital tissue swelling, fever, infections e.g., tetanus, urinary problem, wound healing problems, injury to surrounding genital tissue, shock, death.
4. Highlight for the family the long-term consequences of cutting: urinary problems (painful urination, urinary tract infections); scar tissue and keloid; sexual problems (pain during intercourse, decreased satisfaction, etc.); psychological problems (depression, anxiety, post-traumatic stress disorder, low self-esteem, etc.);
5. Cutting can lead to an unsatisfying marriage and even divorce because of the unhappy state of the marriage, given unsatisfactory marital intimate relations due to cutting.

6. Cutting is illegal. The Kurdistan Regional Government has passed a law making FGM illegal, with those involved and found guilty facing a massive fine and jail time; and people will be encouraged to call a special hot line to report any planned Cutting or report on a Cutting that has been done, and so initiating the process of prosecuting those who break this law.
7. Cutting is not an Islamic behavior mandated by Allah, that in Islam Cutting is forbidden as it goes against the Islamic requirement of doing no harm to children as specified in the Quran.
8. Cutting is not practiced by Saudi mothers in Saudi Arabia, the birthplace of the Prophet.
9. There is a new Fatwa in KR-I definitively declaring FGM as un-Islamic.
10. Thousands of uncut girls are getting married in KR-I without any problem (if what a mother fears is that an uncut girl will not find a husband.)
11. 90% of the Kurdish population do not carry out this horrible practice of FGM and the general public and the community do not support this dreadful practice.
12. Protecting the honors of the child (if this is what concerns the mother) is best done by other means (such as proper moral upbringing) and not by physical means like harmful cutting.
13. Cutting one's daughter is in fact to dishonor her.

What will be emphasized over and over again is the following 4 key themes:

- (a) Cutting is hurtful and very harmful;*
- (b) Cutting is un-Islamic;*
- (c) Cutting is illegal and is being prosecuted;*
- (d) 90% of the Kurdish population do the right thing and do not cut their daughters;*
- (e) People can call anonymously a hotline number to report any planned FGM/C, and provide the name of the parties involved, and prosecutorial action will then take place.*

The Strategic Communication Actions

Branding: We have branded the behavior we are recommending: (#Do_Not_Cut_Her). The following Poster has been designed to promote this behavior:



که مپینی کوتایهینان به خهته نه کردنی مپینه
له هه ریمی کوردستان — عێراق

CAMPAIGN TO END FEMALE GENITAL
MUTILATION IN KURDISTAN REGION
IRAQ

حملة لانهاء ختان الاناث
في اقليم كوردستان العراق



Administrative Mobilization

We will advise every single staff member working in the KR-I Government of our public communication effort to eliminate FGM/Cutting in KR-I, and invite all government colleagues to promote this “Don’t Cut Her” (DCH) behavior at home, with other families and in the larger community.

Advocacy for behavioral Impact (ABI) Multi-Sectoral Partnership

A series of 3-6 meetings will be held between KHCWA and each of its member Ministries, leading towards specific actions by each Ministry which would advance the effort achieve zero level of FGM in KR. The outcome of these meetings with each Ministry is as follows:

Ministry of Religious Affairs:

The Ministry will (a) develop a new definitive Fatwa stating clearly and unambiguously that FGM is Un-Islamic; (b) publicly announce that FGM/Cutting is Un-Islamic; (c); (d) request that a short statement be read out by all Imams at Friday prayer service every other Friday during the next year, explaining that FGM/Cutting is Un-Islamic, and asking fathers and mothers to discuss FGM/Cutting together and agree that their daughters will not be cut, with a call at the end of the statement for Friday prayer

participants to raise their hands in a public pledge to not have their daughters cut; (c) request all Imams as their community duty to engage with families with young girls age 4/5 where the girls might be at risk of FGM and request that the families not cut their daughters.

Ministry of Interior

General Directorate for Combatting Violence Against Women (GDCVAW) – The Ministry will:

- (a) Educate the public about the law against FGM and a new Hotline for people to report anonymously any incidence of FGM they believed to have taken place, providing the name of the family involved and the name of the cutter;
- (b) Investigate each report of FGM, even if no formal arrests take place;
- (c) conduct a monthly press conference by a chief spokesperson for the Ministry together with KHCWA announcing how many FGM reports were made to the Hotline and how many investigations took place and their outcome;
- (d) arrange for each Mokhtar in each village to hold a community/village meeting every two months involving local imams, village Child Honor Ambassadors (CHAs) – described later, other village leaders and elders, **and Traditional Birth Attendants/informal village midwives**, to discuss

FGM, and to have present a police officer who will explain the illegality of carrying out FGM; (e) prepare for the next annual report of the GDCVAW one or two pages on action taken re FGM.*[Much of the above is intended to show that the Ministry of Interior/GDCVAW is taking FGM seriously and will investigate reported cases of FGM.]*

Ministry of Justice

The Ministry will be expected to bring a few select cases of FGM to the courts for prosecution, with appropriate media coverage to highlight the cases that have been brought to the courts and eventual adjudication of these cases. This too will indicate the serious intent of the Ministry of Justice to prosecute FGM cases.

Ministry of Education

(a) All school principals and heads of kindergarten will be asked to arrange parent-teachers meetings twice in each term for all parents (mothers and fathers of children in kindergarten age and in Grade 1 to discuss FGM and secure public pledging of parents to not cut their daughters; (b) The Ministry will issue a letter on FGM and why the behavior “Don’t Cut Her” (DCH) is being urged to all parents of kindergarten age children and Grade 1 children (age 4-5 years) to be given to each child of this age in

school to take home to their parents in a sealed envelope, with a tear off slip at the bottom of the letter to be signed by a parent pledging (#Do_Not_Cut_Her), to be returned to a teacher via the school child or directly by the parent; (c) All school principals will arrange three 45 minute sessions in the senior graduating classes of high school to educate graduating seniors about the harm of FGM and why future parents should practice DCH.

Ministry of Labour and Social Affairs

All social workers at the community level working with the Ministry will contact families where there is 4-5-year-old girl child at risk of FGM and counsel families on FGM and DCH.

Ministry of Health

(a) The Ministry will request all health facilities providing antenatal care (ANC) to have a nurse engage each pregnant woman about the importance of DCH at the first ANC session, getting the pregnant woman to sign an (#Do_Not_Cut_Her)Pledge Card saying she promises not to cut her daughter (at which time she gets a small gift), and acknowledging the vast majority of mothers are not carrying the harmful practice of Cutting; (b) The Ministry will request each health facility where mothers come for post-natal care and the first immunization of their baby to have

a nurse do a similar action with the mother, with a re-signing of the (#Do_Not_Cut_Her)Pledge Card and handing her a small gift; (c) The Ministry will request each health facility where the pre-kindergarten immunization is given to have a nurse carry out a similar action with the mother; (d) The Ministry of Health will hold a meeting of all midwives, both formal and informal (Traditional Birth Attendants-TBAs) to explain that FGM is illegal and that any TBA/midwife found to be carrying out FGM will be stripped of their Certification and will likely be prosecuted by the law.

Media Promotion

We will launch the FGM/DCH COMBI Plan with a major **DCH press conference**, hosted by the KRG-I Prime Minister/President and Secretary General of the KHCWA. This will be followed by **three press conferences** during the course of the year, covering key aspects of the rationale for the DCH program. In all public communication, we will thank the vast majority of the population in KR-I for doing the right thing, not cutting their daughters, but pointing out that our focus is on that 10% who still carry out this horrible practice. The press conferences should also stress the government's intention to investigate and prosecute cutters and families involved in Cutting, and inviting the public to anonymously report

intended or planned acts of Cutting to a special Hotline of the Ministry of the Interior.

The **press conferences** will also drive traffic to the social media websites dealing with DCH to be developed. Additional press conferences will be held from time to time to share with the media and public the emerging results of the work of the partner Ministries as described earlier. In particular, there will be a special monthly press conference for the Ministry of Interior/General Directorate for Combatting Violence Against Women (GDCVAW), the Ministry of Justice and KHCWA, announcing what actions are being taken to enforce the FGM law, e.g. number of investigations and location, any arrests and prosecution, etc.

Every month a 2000-word feature article on DCH will be distributed to print and electronic media (including social media news sites), incorporating messages related to the harm of Cutting and why the KR-I wants to see this practice totally eliminated.

Every three months there will a daily one-hour **call-in radio and television chat show** over a one-week period dealing with DCH, child protection, child honors, and gender-based violence. The public will be invited to call-in live with their questions. The themes to be stressed in these broadcasts are: FGM/C is illegal and will be prosecuted, it is un-Islamic, it is hurtful/harmful. There will be constant

repetition of the request to the public to call a hotline anonymously to report a planned FGM/C act or one that has already taken place.

An 8-minute video on DCH will be produced, for use on television chat shows, and in community meetings. The DCH video will also be posted on YouTube, with a link to it via the DCH web page on the HCWA website.

A series of 10 15-second sound bites will be written to be used as a public service as “fillers” between musical selections by radio announcers at all radio stations, in suggested three-week time periods in the course of the year, multiple times in the suggested days, urging the DCH behavior and sharing its rationale.

A separate web page just for (#Do_Not_Cut_Her)/ Eliminating FGM in KR-I will be created on the website of the HCWA with links to a special Facebook page on DCH, and links to the YouTube video on DCH. In addition, a Twitter account will be created for DCH, with the posting of a daily DCH message. These social media sites will be announced during the various press conferences and radio-TV talk shows mentioned above. A special network of 100 DCH supporters within KRG/KHCWA, partner agencies and partner NGOs will be created to drive traffic to these websites.

A Business Partnership Against FGM will be created and will comprise representatives of selected business companies such as a mobile phone company, a bank, supermarket companies, airlines, oil companies, travel tour companies, hotels, and others. These partners will be invited to fund different components of the proposed COMBI Plan (such as providing gifts for volunteers, and small gifts (e.g. ball point pens, pencils...etc.) for those who take the DCH Pledge with discreet acknowledgement given to the business entities for their contribution.

Community Mobilization – Sulaymaniyah and Erbil

Every two months a meeting will be called by the Mokhtar in villages and urban settings in Sulaymaniyah and Erbil, where possible, involving local Imams, community leaders, Traditional Birth Attendants (TBAs), midwives, police officers linked to the GDCVAW, health staff, Child Honor Ambassadors (described later), school principals and parents, to discuss DCH. These discussions should highlight the importance of DCH, pointing once more that the vast majority of Kurdistan population do not perform FGM, thanking them for this proper behavior, emphasizing the key themes about FGM, that FGM is harmful/hurtful, is illegal and is un-Islamic.

The meetings will emphasize that midwives and registered TBAs are not allowed to practice FGM and

if found to be doing so will lose their certification to practice. It should be stressed that it is a shame on the community when a hurtful, damaging behavior such as FGM is practiced, especially when the larger community is not practicing this harmful behavior. Imams attending these meetings should be invited to speak up against FGM and declare that it is un-Islamic. These sessions should end with a call for those attending the meeting to pass on the word about DCH and to raise their hands if they plan on not cutting their daughters, in the form of a public pledge. In addition, the meetings should also request volunteers who can help each other in getting the recommended DCH behavior discussed in families and carried out.

Each imam in Sulaymaniyah and Erbil will be asked to read out a 3-minute statement prepared by the Ministry of Religious Affairs against FGM, advocating for DCH, every Friday during Friday prayers every other month. The statement should call for mothers and father to discuss together the DCH recommended behavior and make a joint decision on DCH. The statement should also declare that FGM is un-Islamic ,illegal and punishable by a fine and/or prison.

Each school principal in Sulaymaniyah and Erbil will call a meeting of parents and teachers of kindergarten age children and those in Grade 1 for an

in-school gathering to discuss DCH, twice in each term. At these meetings the school principal will call for a public pledge for DCH by getting parents to put up their hands and declare their support for DCH.

Advertising

We plan an advertising campaign consisting of 6 three-week spurts (or flights) of advertising, during the year, with radio advertising consisting of 60-second and 30-second spots played 6-10 times per day for 5 days per week in each flight, television spots (60 seconds and 30 seconds) 2-3 times per evening five days per week in each flight and full-page print advertisements during the first week of each flight. The advertising themes will be based on the basic DCH themes, stressing that FGM is harmful/hurtful, that FGM is illegal, that it is un-Islamic and that 90% of families in KR-I do not carry out this horrible behavior. The ads should thank the majority of the population for doing the right thing. In addition, during the above flights of advertising, a daily text message re the recommended behavior should be sent to all mobile phone users at least 3 times/per day on each of the five days of the three weeks of each advertising flight.

*Personal Selling/Interpersonal Communication:
Child Honor Ambassadors (CHAs) Home Visits, School*

Children, Nurses, Imams, Social Workers – Sulaymaniyah and Erbil

(This is perhaps the most important component of this plan)

First, a network of 4,000 Child Honor Ambassadors (CHAs), about 1 per village will be established, primarily in the governorates of Erbil and Sulaymaniyah, since (as explained earlier) most FGM/Cutting is taking place in these two governorates and not the other two. Each CHA will be assigned to roughly 100 - 200 families for home visits, in collaboration with a mentor/supervisor chosen from a partner agency of KHCWA working on FGM. The village CHA will be asked to map the households/families in their Village(s) to identify homes with girls age 4-5 years of age. The CHAs (following short training) will be asked to visit each home in their village where there is such a family. These visits will be short 15-30-minute home visits, and is to be repeated every three months with those homes where FGM is a possibility and the DCH decision needs to be taken, allowing for at least three visits per year. Beyond these three visits, the CHAs may have other contacts with the families in the area, especially when the moment approaches for a mother to consider cutting her daughter. Such occasions will require special involvement of the CHAs.

The CHAs will not be paid but will be rewarded in various ways by the Business Partnership described earlier.

Second, “personal selling” will also take the form of a special school-involvement program involving all kindergarten and Grade 1 children in government schools, again just in Sulaymaniyah and Erbil. It is estimated that 60% of kindergarten-age children are in kindergarten, which is not compulsory. Grade 1 education is compulsory and so almost all Grade 1-age children are in school. Children will themselves serve as indirect “personal sellers” to their families via sharing of information at home and parental signing of a slip committing them to actions for *DCH*. The Ministry of Education (MOE) via a memorandum to each school head will request each school head to be involved in this program, providing information on its rationale and asking each school head to share the same information with all kindergarten and Grade 1 teachers.

Each child in kindergarten and Grade 1 (approximately 300,00 children) will be given in a sealed confidential envelope (addressed to the parents of the child) a single-page two-sided work sheet of information on Child Protection, Child Rights,

and *DCH*, on a particular fixed date and a fixed time for all schools(preferably the last day of the school week before the close of school day) , and covering the key themes about DCH. At the bottom of the sheet will be a tear-off slip which is titled “DCH Pledge”. The Pledge will simply say that mother/father commits to the DCH behavior and will not carry out cutting of their daughter. The parents (either Mother or Father) will be asked to sign this pledge/tear-off slip, put it back in the envelope, seal the envelope, and give it to their child to return to their teacher. All collected DCH Pledge slips will then be formally handed over on a particular day to the Secretary General of KHCWA (with appropriate press coverage) pointing to the level of family support for *DCH*.

Third, senior high school students will serve as “personal sellers” to themselves about DCH, via In-Class Discussion Among Senior Graduating Students in High School, again just in Sulaymaniyah and Erbil. The MOE will request each school head to arrange for two in-class discussion sessions (50 minutes long) in small groups of 7 students in each group, in each school term (total 4 discussion sessions), among graduating high school students about gender equality (GE) , GBV, and DCH, based on content of a Discussion Sheet to be handed out to each

student. This is proposed as a way of preparing these students in their role as future parents to make the DCH decision in light of GE and GBV.

Fourth, “personal selling” of DCH will also take place at health facilities during antenatal visits, immunization visits, pre-kindergarten immunization visit, again just in Sulaymaniyah and Erbil, and as described earlier on the contribution of the Ministry of Health to this DCH project. Each doctor, nurse, midwife in all government health facilities will briefly discuss DCH when they interact with women in antenatal care, routine immunization visits, and the pre-kindergarten immunization visit. Part of the interaction will involve encouraging women to sign a DCH Pledge Card, with all those signing receiving a token thank you gift.

Fifth, Imams will engage each family where there is 4-5-year-old at risk of FGM, again primarily just in Sulaymaniyah and Erbil. The Ministry of Religious Affairs will inform each registered Imam to be on the look-out in their community of a family with a 4-5-year-old girl who might be at risk of FGM. The Imam should be requested to engage each such family and persuade the family about DCH, stressing that it is harmful/hurtful, that it is illegal, and that it is un-Islamic.

Sixth, Social Workers of the Ministry of Labour and Social Affairs (MOLSA) will engage each family where there is 4-5-year old at risk of FGM again just in Sulaymaniyah and Erbil. The Social Worker will be requested to engage each such family and persuade the family about DCH, stressing that it is harmful/hurtful, that it is illegal, and that it is un-Islamic.

Outdoor Promotion and Point of Service Promotion

About 300,000 DCH poster will be posted in multiple quantities (3-5 posters in the same spot, one after the other) at a variety of places where women/men go for services: health centers, government offices, small shops, schools, pharmacies, hair salons/barber shops, market places, and at locations near mosques and schools.

Impact Evaluation

Behavioral impact will be evaluated by way of first conducting a baseline measure of proportion of girls who were cut in the past year in a random sample of communities and families, via mobile phone. An end-line random sample survey after one year will be conducted to measure any behavioral difference in cutting.

Management

The COMBI Plan will be managed under the supervision of HCWA and by a team to be called the Implementation Group (IG) comprising officers from the lead agency for implementation, and other participating KR-I Ministries, UNFPA, UNICEF, WHO, and other appropriate government departments, civil society organisations, international NGOs in the field working on FGM/ child protection / gender equality/gender based violence, selected representatives of the media, and selected other partners such as from the Business Partnership.