

The Politics of Culture-Female Genital Mutilation/Cutting in Iran

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ABSTRACT

Female Genital Mutilation/Cutting (FGM/C) is rooted in patriarchal and traditional cultures as a communal experience signifying a transition from girlhood to womanhood. This is an integral part of the society where patriarchy still exists. However, the conversations surrounding FGM/C have been complicated by the involvement of women themselves in perpetuating the practice. This article is based on the most consistent findings of the study in Iran, where DHS Data on the attitudes of men and women towards FGM have been collected from four provinces. Of the four provinces for which DHS data are available on women's opinions toward excision, West Azerbaijan is the only one in which the majority favours discontinuation. A variety of justifications are given by DHS respondents who favor continuation of the practice, including preservation of virginity before marriage, fidelity after marriage, enhancement of the husband's sexual pleasure, enhancement of fertility, prevention of infant and child mortality, cleanliness and religious requirements, but tradition is by far the most commonly mentioned reason. Findings of the study revealed that the practice is usually performed by older women under the supervision of the mother/grandmothers of girls who believe that the procedure will increase women's attractiveness and marriageability. Practicing women are themselves products of a patriarchal society who perform FGM/C on younger girls to achieve a cultural standard expected of women in such communities. The study then explored the reasons that why despite so much pain women are the keeper of the practice in Iran. Methodological approach adopted by this study was primarily participatory due to the sensitivity of the subject matter. The findings demonstrate that FGM in some selected villages is widespread among women and girls (around 60% in some villages of Qeshm Island in Southern province of Hormozgan, especially in the villages of the four provinces in the northwest, west, and south of Iran. Within these provinces, however, FGM was not practiced in the northern parts of West Azerbaijan, where people are Turkish Azri and Kurmanji Kurdish speakers, nor in the Southern parts of Kermanshah and Northern parts of Hormozgan. This research study has gained global recognition and has been inaugurated by the Guardian and BBC by June 4th, 2015 through their websites. Soon after its inauguration, the aforementioned study got the United Nations (UN) platform to be discussed among the Human Rights Council in Geneva on June 19th, 2015 at a session on eliminating FGM/C by Kameel Ahmady In addition to that, Reuters also published the analysis of the research and considered it one of the rare contributions in the history

Keywords: Female Genital Mutilation/Cutting, Iran, Patriarchal, Culture.

INTRODUCTION

Combating Female Genital Mutilation (also known as Female Genital Cutting, (FGM/C) is a controversial subject globally, and its elimination is considered an imperative goal by

feminists, human rights campaigners and social activists as well as international organizations such as UNICEF and responsible governments. The practice generally involves

partial or, in some extreme cases, the total removal of the external parts of the female genitalia. In English, the term "female circumcision" has been used for this practice, to compare it with male circumcision. Nowadays, however, as a result of the work of feminist activists against this practice; just female genital mutilation (FGM) is the preferred expression.

An extreme form of FGM can have serious health consequences for a girl, including being traumatized and in some cases even death due to severe bleeding and infections. In the long term, women who have subjected to FGM suffer undesirable health effects in their married lives. Recent data from the United Nations Children's Fund (UNICEF) indicates that roughly 130 million girls and women alive today worldwide have undergone some form of FGM/FGC. Further research shows that 92 million of them are over the age of 10 and mostly live in Africa.

According to official UN data, FGM is practiced in 29 countries in western, eastern, and north-eastern Africa, in parts of the Middle East, and Asia, and within some immigrant communities in Europe, North America and Australia. Its prevalence in several countries exceeds 80%. The age of girls undergoing FGM varies from one culture to another. In general, it is performed on a girl between the ages of 4 and 12; however, in some cultures, it is practiced on newborns or just prior to marriage.

FGM is a longstanding ritual which continues to violate aspects of women's sexual rights. It prevails in societies because of certain beliefs, norms, attitudes, and political and economic systems. While there is some data available on FGM in Iran, it is limited in scope. For the first time, this research gave a complete overview of the prevalence of FGM in the whole of Iran with a focus on the most FGM-affected areas in the western provinces West Azerbaijan, Kurdistan and Kermanshah, and in some areas of southern Hormozgan province and its islands.

SOCIAL CONTEXT

Female circumcision is an integral part of the societies that practice it, where patriarchal authority and control of female sexuality and fertility are givens. In communities where a person's place in society is determined by lineage traced through fathers, female circumcision reduces the uncertainty surrounding paternity by discouraging or preventing women's

sexual activity outside of marriage. The practice originated as one form of control of fidelity of women particularly when men were ought to away for a long time. Salam and De Waal link this to the social acceptance of the women to be accepted by the communities and societies (Salam et. al., 2001). This is what their husbands, relative expect them to do with their daughters for their better future.

Although the societies that practice circumcision vary in many ways, most girls receive little education and are valued primarily for their future role as sources of labour and producers of children. In some communities, the prospective husband's family pays a bride price to the family of the bride, giving his family the right to her labour and her children; she herself has no right to or control over either.

There is a belief that FGM stimulates fertility in women, decreases any homosexual urges, and increase loyalty to the woman's arranged spouse. In many cases, infibulation is performed to preserve the woman's virginity and loyalty to her husband by sewing up her vaginal opening, to be unsealed exclusively for her spouse on the wedding night. It ensures her fidelity as well as giving extra sexual pleasure to the man, thus contributing to serving the male desire (Lindorfer, 2007). In certain communities, mutilation is carried out as part of the initiation into adulthood.

Lindorfer mentions in his book about some supporting beliefs are associated with hygiene and aesthetics. In FGM-practicing communities, an uncut woman is considered unclean. They also live with the perception that the woman's clitoris grows in size if not cut (Lindorfer, 2007, 48). In addition, they believe that female genitalia are unsightly and dirty and cutting will make girls pure; once she is married her cooking will be considered halal.

FGM has beautifully embedded in the social fabric of practicing communities, who have an abundance of reasons to justify the act of removing a part of women's bodies. WHO associates the justifications with the ideologies and histories of practicing societies, founded on gender inequalities and the patriarchal control of women's sexuality (Sultana, 2012).

In this regards, a long list of reasons ranges from myths to economic factors. Whatever varied perception or reason behind the practice of FGM, there seems to be a common thread running through traditional societies that these are male-dominated societies where resources and power are generally under male control (Scott, 1999). However, it is

inaccurate to suggest that all women are under that generalisation. It is important to know that some women benefit from a certain degree of authority within socially prescribed roles and even in oppressive situations you can come across extremely strong women who defy all kinds of suppression (Butler, 2004).

One important factor behind FGM economy, the women performing FGM on girls and women are called Excisors. They are known to receive economic gains from executing the practice, and by which it becomes an important source of their income. In some cases during the FGM ceremonies the girls receive gifts from their parents and friends; in return parents also receive a much higher "bride price" for their daughters being mutilated, than of those who have not.

OBJECTIVE OF THE RESEARCH STUDY

The central objective of this research study is to benefit communities from the findings and recommendations of this study and to give access to government, individuals, and other NGOs to updated authentic and large amount of data about the existence of FGM/C in Iran. The findings of this study contribute to two larger perspectives. Firstly, it works as a baseline for future studies and research in Iran, which is required; secondly, it will help create and increase awareness that patriarchy is a base of cultural belief and culture plays a vital role in FGM continuation.

Women's contribution in continuation is basically based on patriarchy and culture. The exposure to this fact will assist Iranian society, children right lobby and international organizations in starting a dialogue with the relevant stakeholders in Iran to help address and combat FGM in Iran. Besides digging out the truth about the practice of FGM in Iran, this study discussed the social context of the ritual, the prevalence of the practice in Iran, and the vale of justification society used to continue with the practice.

RESEARCH METHODOLOGY

International data on FGM were collected through a separate module of the Demographic and Health Surveys (DHS) Program since the beginning of 1990. The module has yielded a rich data set comparable over many countries, mainly in Africa. Since the prevalence of FGM in Iran has not been

addressed by UN/UNICEF or any other international organization, therefore, a module similar to that of the DHS was used to conduct the first ever countrywide data collection project. The methodological approach adopted by this study was primarily participatory due to the subject matter. This methodological framework took into account the views of women and girls, in particular, those of actual victims, so that the findings would reflect their true views. The language of the interviews was simple and user-friendly to avoid any ambiguity or misunderstandings between and participants. Since the research stretched over a period of ten years, the methodology was adjusted along the way as we came up with new strategies.

UNICEF-style standardized questionnaires were used to collect data in the style of DHS & UNICEF's Multiple Indicator Cluster Surveys (MICS). Importantly, good communication and networking allowed the researchers to win support from the local population, some community and religious leaders and a number of academics. Local individuals were chosen for the work, the aim is to ensure they adhered to ethical standards and maintained confidentiality.

As May (1997) puts it, ethical standards in research 'are binding, hence need to adhere to irrespective of the circumstances surrounding the research; they remind us of our responsibilities to the people being researched'. She adds that it is easier for participants also if they can take part with peace of mind, having all the relevant information about the research. For the said research, Participants were asked for their consent and were informed prior to the commencement of the research about how the data will be utilized and what its findings aimed to achieve. In some case interviews were conducted over the phone rather than in person, applying the same standards.

A total of 4000 interviews were carried out within the provinces of Hormozgan, West Azerbaijan, Kermanshah, and Kurdistan. In each province, 1000 interviews were conducted, involving 750 women and 250 men. For the first time in Iran, there was a focus on the male perspective as well, to examine their role in the perpetuation of FGM.

ETHICAL CONSIDERATIONS

Written informed consent was sought from all respondents. Anonymity and confidentiality of data were ensured by

identifying the respondents with codes only and keeping identifying markers out of the data, as well as restricting access to the data set to the researchers.



THE POLITICS OF CULTURE-FGM IN IRAN

This comprehensive research shows that FGM is prevalent in the rural areas of parts of three western and one southern province of Iran: West Azerbaijan (Kurdish populated south), Kurdistan, Kermanshah and Hormozgan provinces, and close-by islands. The provinces of Kurdistan are populated by a Sunni Shafi'i majority and certain Shi'a communities.

The remaining provinces have mixed Sunni, Shi'a and other ethnic and religious populations, such as large minorities of Shi'a Turkish Aziri and small minorities of Turkish Ahl-e-Haq (in West Azerbaijan, between the towns of Mahabad and Miandoab), plus a small community of Armenian Christians in Urumiye and Shi'a Kurdish Kalhor and as well as Ahl-e-Haq Kurds in parts of Kermanshah which do not practice FGM. However, some Shi'a women who live near Sunni populated areas in Hormozgan province do currently practice FGM; and historically many groups of Shi'a Kurdish women in parts of Kermanshah and Ilam province have practiced FGM.

It is important to stress that FGM is mainly associated with Sunni Kurds of Shafi'i sect who speak the Sorani dialect, and not those in the Kurdish Kurmanji speaking areas of Iran, Iraq, Turkey and Syrian Kurdistan, even though they are also Shafi'i Muslims. Likewise, the Ahl-e-Haq Kurds, Alevi, Yezidis, or Kurdish minority of Armenia as well as the forcibly migrated Kurds in the east and north of Iran practice FGM.

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. As mentioned previously, it is important to highlight that the practice of FGM in Iranian Kurdistan is patchy and demonstrates sharp variations from one region to another, even from one village to another.

With respect to the southern part of Iran, it is unclear how the practice of FGM came to this region. One argument is that the custom was brought into the country through a naval exchange between India and Somalia (Mohajer, 2010), and to this date, some small communities of Afro Iranian live in Qeshm.

In addition to the southern part of the country, FGM is also practiced in some villages and rural parts of Western Iran as well as in Kurdistan and Kermanshah province and in West Azerbaijan province. In some locations girls are usually 'circumcised' between the ages of three and six with a sharp

razor or a knife and, afterward, some ash or cold water is applied to their mutilated genitals (though this is changing; increasingly, more hygienic materials such as Betadine and bandage pads are used). Some locals in these parts including Hormozgan province believe that FGM is a tradition of Prophet Muhammad and that circumcised women who have undergone it are purified. According to this group of believers, FGM helps keep girls chaste by decreasing their sexual desire and by preserving their virginity before marriage and produces faithful wives.

Another local custom practiced in limited areas is chehelthigh (forty razors, which are believed to take away girls' sexual urges and make them smell more pleasant, and therefore more sexually appealing, to men. In the south and west of Iran, some Bibis make a small razor cut in the thigh of the girl for those parents who cannot bear to see their child suffering, this practice is called Tighe Muhammedi (Mohajer, 2010).

In various villages in the Kermanshah and Kurdistan provinces, some women believe that girls should be circumcised or at least cut, with a small amount of bleeding, dirty blood exits the child's for both religious and health reasons (the local term for this practice is Pajela).

Some citizens of Bandar Kang believe that women are evil creatures who can only be saved from the reach of the devil by being circumcised (Jalali, 2007). Bandar Kang is located five kilometres from Bandar Lengeh in the south of Iran. In Bandar Kong, girls are circumcised with a shaving razor when they are 40 days old or older. According to the study by Parisa Rezazadeh Jalali, 70% of the girls in this port city have been circumcised.

Most groups which practice FGM in Iran use religion to justify the practice. They usually believe that FGM was practiced during the early years of Islamic Kingdom, where the Prophet's and Imams' wives and daughters were circumcised. Others, mainly argue it is a religious duty and local tradition and because their mothers and grandmothers did it, they will continue the tradition; most are unaware of the FGM's medical consequences and health hazards (Jalali, 2007).

FGM remains a taboo issue in Iran even after it was included on the FGM-practicing list (Alawi and Schwartz, 2015). Government ministries either deny it exists or conceals its existence to the general population. A report from Head of the Scientific Association of Social Workers of Iran stated that

FGM is more of an African issue and is not a serious problem in Iran. The report claimed that FGM in Iran only happens in a few villages with populations of fewer than two thousand people.

SURVEY FINDINGS

It is important to discover how the perceptions of men and women about the FGM influence its survival, and also to find out who plays a prominent role in taking decisions to go ahead with FGM. The research used gender-focused questionnaires to try to get at the facts. The data show that the most prominent figure in determining whether a girl is subject to FGM are female, mostly the mother or grandmother, but sometimes another female relative; men have some say in this but not a dominant one.

As for general support for FGM, the figures show that in Hormozgan it reaches up to 44% among women in Qeshm, Hormuz and Larak islands while the corresponding level among men is 33%. In Paveh and Javanrood in Kermanshah support is lower, at 21% of women and less than 10% of men. In Paveh and Javanrood in Kermanshah support is lower, at 21% of women and less than 10% of men. The results show that despite having a patriarchal nature of society, men appear less concerned about FGM than women. However, the women who feel the silent pressure of the patriarchy and so are compelled to continue with the ritual. As these data show, women themselves are involved in perpetuating the practice of female genital cutting. data on the attitudes of men show that men are slightly more likely than women to favour discontinuation and that men who believe the practice should be stopped are about twice as likely as their female counterparts to cite medical complications and lack of sexual satisfaction as reasons.

Another contributing factor to the perpetuation of FGM is the vested interest of the circumcisers who are available within each community and the financial rewards they receive from the practice is the only source of their livelihood. FGM in Iran is performed by three types of people: Roma groups, bibis (midwives) and family members (in practice older women).

Findings of the study revealed that the practice is usually performed by older women under the supervision of the mother/grandmothers of girls who believe that the procedure will increase women's attractiveness and marriageability. The

practising women are themselves products of a patriarchal society who perform FGM/C on younger girls to achieve a cultural standard expected of women in such communities.

The scenario in every province is distinctive. In Hormozgan, FGM is mostly performed by traditional practitioners, including bibis; however, in some areas or situations, family members may get involved. In West Azerbaijan, FGM is mainly done by Roma groups who illegally cross from Iraqi Kurdistan into West Azerbaijan province, of Iranian Kurdistan are stay in the same area but fearing arrest from the Iranian border police (due to not having passport/visa).

These groups are making good money by carrying out FGM in the area. Mostly they don't use safe methods which cause multiple types of disease. Besides Roma groups, a mixed trend among family members and traditional practitioners have also found. In Kermanshah and Kurdistan villages, it is carried out by traditional practitioners, although in some villages, Roma groups and bibis are active. In any case, the circumciser is a woman.

This is an integral part of the society where patriarchy still exists. However, the conversations surrounding FGM/C have been complicated by the involvement of women themselves in perpetuating the practice. Of the four provinces, West Azerbaijan is the only one in which the majority favour discontinuation. A variety of justifications are given by DHS respondents who favour continuation of the practice, including preservation of virginity before marriage, fidelity after marriage, enhancement of the husband's sexual pleasure, enhancement of fertility, prevention of infant and child mortality, cleanliness and religious requirements, but tradition is by far the most commonly mentioned reason. This article in below part is giving an overview of the reasons and justification for women encouraging attitude towards FGM, explored during the survey.

DISCUSSION ON MAJOR CONTRIBUTING FACTORS

In every society within which FGM is widely practiced, men and women usually support it without question, with condemnation, harassment, and ostracism as a punishment for dissent. This manifestation of gender inequality is perpetuated by the social, economic and political structures within such societies. The following passage will provide an overview of the role played

by the society and other major actors in igniting FGM. As a result, women ought to play her role to continue the practice.

The practice of FGM is not presented to women in a straightforward manner. It has been covered in mystery, magic and fear. Women who undergo FGM receive social approval and gain certain benefits; being marriageable and through marriage, having access to resources in the community. All the communities practicing FGM have the similar theme with the concept of becoming a woman and being raised to a higher status. In terms of gender roles, FGM marks the difference of sexes in preparation for their future roles in life and marriage. In Some communities, when belonging to an ethnic group, one often has to follow certain obligations in order to become a full member of that group.

These obligations often include following rules and regulations whatever they may be within the group, to contribute and defend the groups' cultural base. Cultural identity or belonging to a lineage group is considered very important to most African families. Given that parents want their children to become a part of the society and pass on the culture, the practice of FGM centres the full social acceptability and integration upon females and assigns status and value to the girl or woman, as well as to her family.

For a woman living in a patriarchal society with no access to land or education and no effective power base, marriage is her main means of survival and access to resources - and FGM is her pre-requisite for marriage. With the beliefs surrounding FGM deeply embedded from childhood, the social approval associated with FGM and the sanctions women face if they don't undergo FGM, the benefits of FGM would seem to outweigh the physical difficulties. FGM is inevitably viewed in a very positive light and this can explain why women continue to cling to the tradition, colluding in their own daughters' circumcision.

A girl's virginity may be considered essential to her family's ability to arrange her marriage and receive a bride price, as well as to family honour. In this context, parents see both infibulation and early marriage as a means of ensuring that their daughter remains "pure" and thus worthy of the bride price.

The practice of FGM has many social, religious, economic, educational and political reasons. The mothers associate these practices with the empowerment of their daughters, helping to ensure the girls get married and to protect the family's good

name. Cultural beliefs of the practicing communities in terms of gender and sexuality provide strength to FGM. They associate the procedure with the beautification, modesty, and cleanliness of women. Interestingly, in some of these communities, a girl who has been subject to FGM may receive a good number of marriage proposals.

Women's desires to conform to peer norms may make them eager to adopt circumcision for their daughters, since those who remain uncut may be teased and looked down on. A girl's wishes, in any case, are often irrelevant; it has been her family often the mother or elder female relatives who decide whether she will undergo circumcision.

Indeed, girls have very little choice. Given their age and their lack of education and resources, they are dependent on their parents, and later on their husband, for the basic necessities of life. Those who resist may be cut by force. If they remain uncircumcised and their families are therefore unable to arrange a marriage, they may be cast out without any means of subsistence. Because of their lack of choice and the powerful influence of tradition, many girls accept circumcision as a necessity, and even natural, part of life, and adopt the rationales given for its existence.

The interesting fact came out during the survey that mutilations are performed without any help or involvement of men. FGM is a hidden in most of the places, but most men know of its existence. It appears that a large majority of men in the Kurdish and southern areas are aware of the practice. This "disconnection" of males seems to apply to other "women's issues" as well. There is no much conversation of maximum women about sexuality with their husbands.

Many studies confirm that men are unaware of the discussion about the reproductive health of a female, in most of the societies it is considered to be women's issue or "secret" and men have no say in it. The group's men who are influential in this regards are the cleric, clergymen, and imams who preach about the practice with its diversified benefits and its connection with the religion.

This is quite interesting to mention attitude and justifications for FGM by some of the women who underwent the FGM. According to them, those who are not circumcised are not a "full woman". For them, FGM is something that needed to be done to bring dignity to both women and girls and to preserve their chastity. Women never questioned it as they have considered it a part of their life which comes from

generations to generations. Importantly, FGM is mostly done when a girl is a child who has no choice and says. In order to keep the chain intact, they do the same harm with their daughters as they consider this mandatory for getting married.

Economic reasons cannot be ignored and are the most vital of all other justifications. In some of practicing communities, an uncut girl is seen as a burden for her family and not eligible for marriage, due to the deeply rooted practice of mutilation. As a result, she is unable to fetch the "bride price" for her parents. Besides, sometimes as a religious duty clerics (both men and women), community leaders, village chiefs, traditional birth attendant/midwives, gypsies, and circumcisers have a prominent and a dominant role in promoting FGM in rural parts and circumcisers to ensure their regular income.

The more operations are performed, the more these traditional circumcisers receive financial benefits. Besides, it may also earn them goodwill. Their cooperation in this context is therefore also critical in preventing and eliminates the worst forms of FGM. Prevention of the practice is associated with changing the attitudes of these actors by giving them an alternate means of income; hence at the grassroots level, development workers collaborate closely with these birth attendants to convince them to play a role against the practice.

While the practice of FGM remains in the female sphere and women are commonly considered the excisors and the perpetrators of the practice, the underlying role of men cannot be overemphasized. FGM is universally considered a practice resulting from patriarchal societies and the subsequent powerlessness of women. It is considered to be rooted in male-dominated societies that have attempted to subjugate women and repress their sexuality. A narrowed vaginal opening is believed to enhance a husband's sexual pleasure. A man will commonly refuse to marry an uncircumcised woman.

RECOMMENDATIONS

This is already a known fact that a permanent alteration in an old age ritual requires the self-awareness and willingness of the practicing group or community. However, eliminating FGM requires an approach with the blend of togetherness and the joint efforts of the saviors with victims. In this regards, we first need to identify the main actors in this. This is up till now understood that the lack of community effort keeps the affected countries away from experiencing progress in the fight against

FGM. Countries that have succeeded in lowering the rate of female genital mutilation, like Senegal, have used varied methods: alternative rites of passage into womanhood, campaigns in which brides and bridegrooms state that they both reject the custom, and the involvement of clerics and priests.

When it comes to the violation of human rights, it is governments who are largely responsible for this. Similarly, the implementation of many human rights is not possible without the positivity of the respective government towards it. However, many times despite the optimistic attitude of government the patriarchal culture and norms of the respective society which ignite the element of the violation. This is very important in the context of women's and children rights which are more often ignored. This can visibly be seen by the still continue practice of FGM in Iran and Egypt. Despite the government efforts to ban the practice, and despite many fatwa's about the forbidden status of the ritual in Islam, FGM is still flourishing. In addition to the patriarchy, the political structure and system are equally responsible for the growth of FGM.

The decision to subject or not a girl to the practice appears as the result of a complex process involving multiple actors. Although few men are active participants in this process, their intention to have FGM/C performed on their daughters is likely to influence it. The support towards the practice is highly dependent on ethnic identity, being much higher among men from traditionally practicing groups. However, awareness of FGM/C health complications is prone to positively influence men's willingness to play a role in its prevention. In this line of thought, a strategy of acknowledging men's ethnic background and focusing on increasing their understanding of FGM/C negative impact on health might well be an effective way to influence and promote a positive change to the secret world of women.

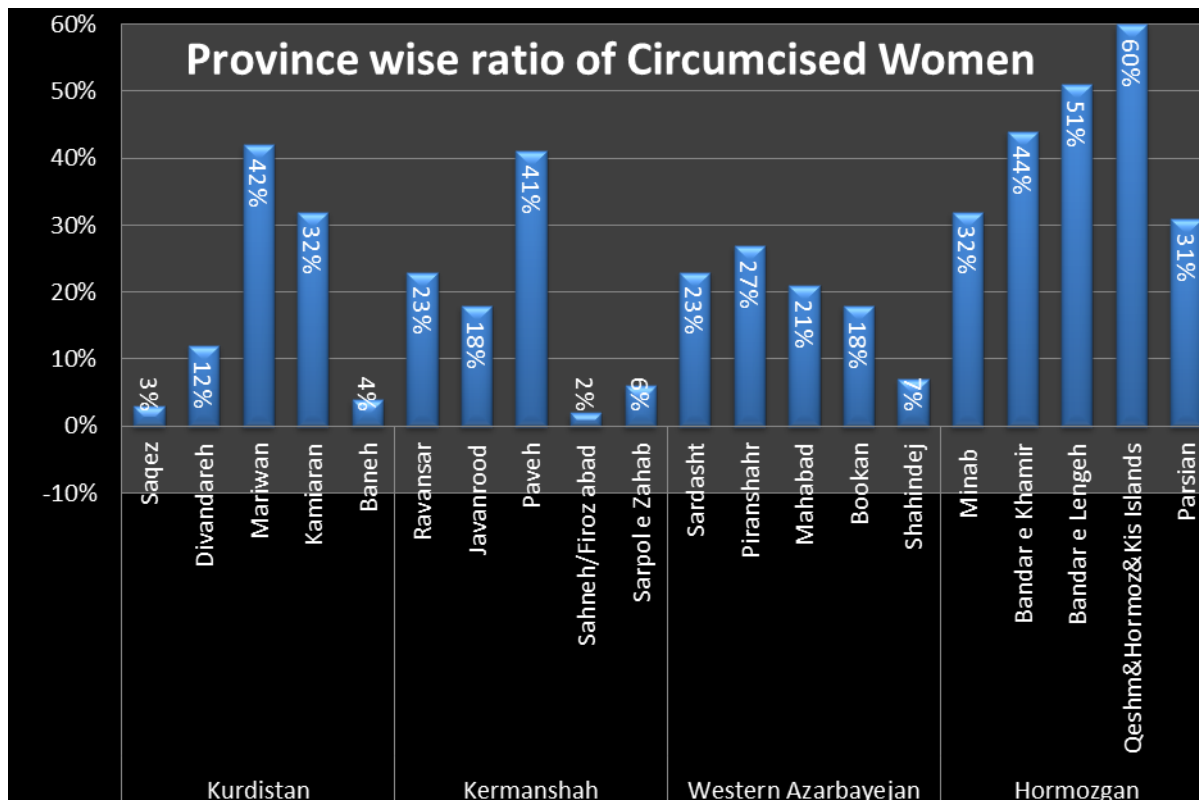
The main flaw in this fight against the traditional practice of female genital organs, cutting is the pressure of external forces, particularly the Western powers, which are looking the issue with their own spectacles. To West, this is a harmful, painful, and non-human practice, however, for the practicing communities and sometimes for governments; this is a sign of their commitment and consistency with their religion, culture, norms, and tradition. There is a need to attack this disabling cultural practice at all levels, including the criminalisation of the

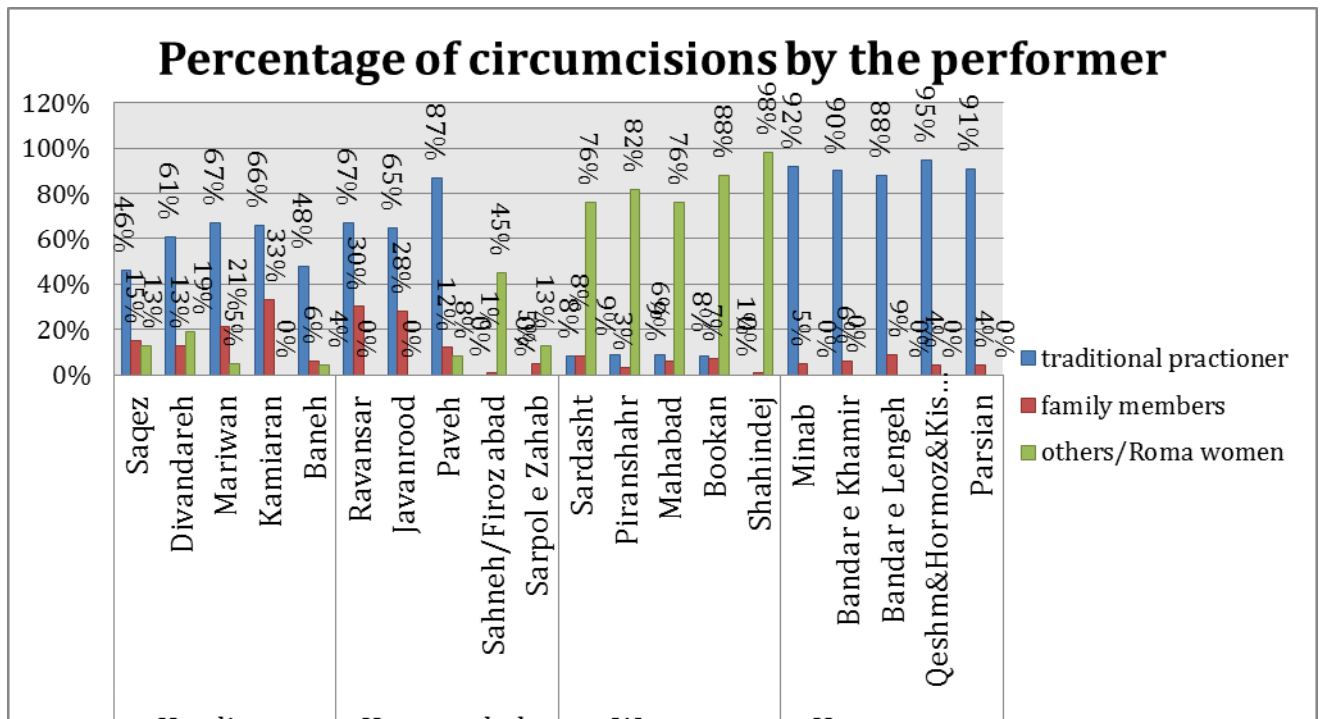
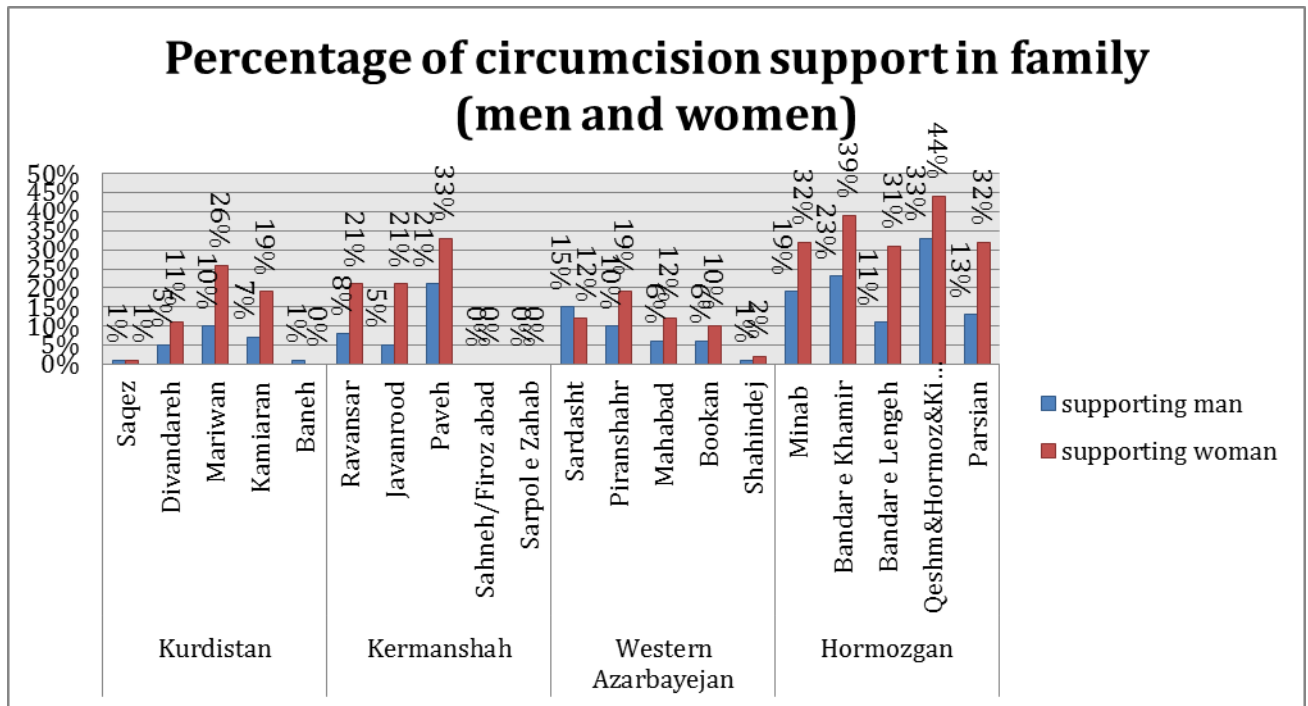
practice, providing psychosocial and medical support for its victims, and involving traditional and religious leaders in anti-FGM initiatives.

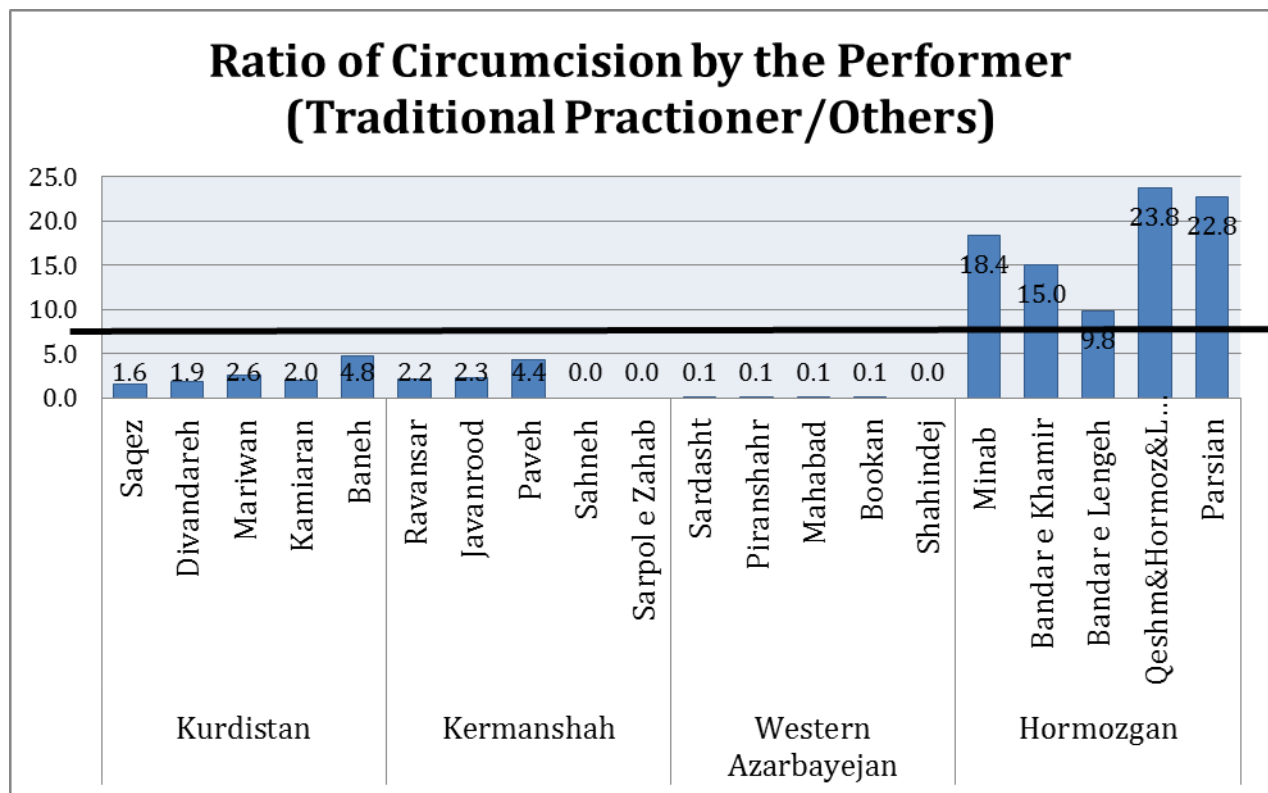
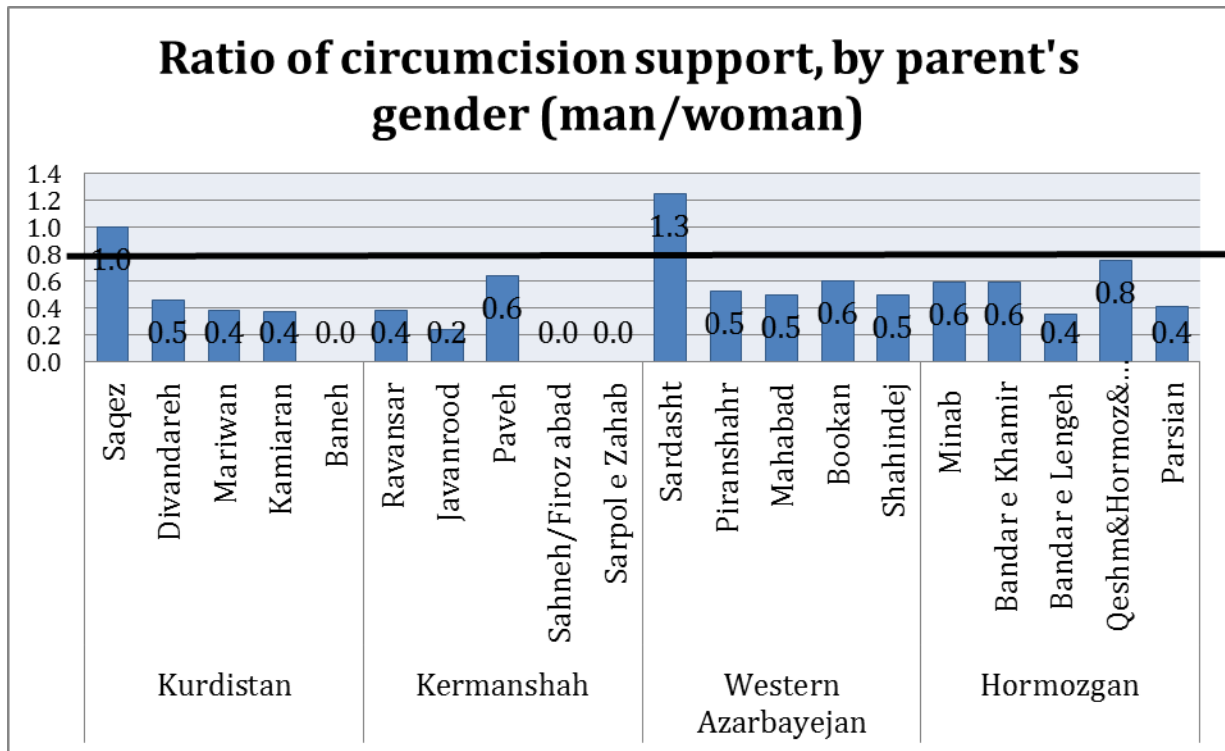
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