November 24, 2014

# Submission to OHCHR

# Yemen HRW FGM Report Excerpts

# Legislation

Yemen has no law prohibiting FGM. Over the past decade, however, there have been various efforts to curtail the practice. For example, in January 2001, the Ministry of Public Health issued a decree that prohibited FGM procedures in government and private health facilities that, however, did not impose penalties for violations.[[1]](#footnote-1)

According to health officials, the decree has not been effective in stopping FGM due to the difficulty of monitoring its implementation in medical facilities.[[2]](#footnote-2) For example, Dr. Arwa al-Rabi`i, a gynecologist at a public hospital in Sanaa, told Human Rights Watch that she is often asked by visitors if she will carry out the procedure. When she refuses, they turn to private health clinics that are willing to do so.[[3]](#footnote-3) Hassan Abd al-Rahman al-Mutawakkil, a judge in al-Ghaida court, as well as Public Health Ministry officials were unaware of a single case being brought to court based on the decree or relating to FGM in general.[[4]](#footnote-4) A 2011 report by UNFPA and the Ministry of Health showed that, despite efforts against the medicalization of FGM, 12 percent of all health facilities still performed the procedure.[[5]](#footnote-5)

Despite the difficulties in implementing the 2001 ministerial decree, Yemen has continued to make efforts to strengthen legislation prohibiting FGM. In 2008, a Health Ministry panel presented the Safe Motherhood Bill to parliament. The bill aimed to protect women’s health before and during marriage. The bill prompted heated debate for years due to a provision that prohibited “surgical interventions on a woman’s genitalia” unless required for legitimate or surgical reasons. Several members of parliament disagreed with the provision and argued that it contradicted Sharia (Islamic law), which allows for surgical interventions, such as FGM. Consequently, members of parliament voted against the provision, permitting FGM to continue to be practiced. The Safe Motherhood Law, without the provision prohibiting FGM, was passed on March 31, 2014. [[6]](#footnote-6)

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

Accelerate efforts to adopt provisions that criminalize performing harmful medical procedures on children, especially FGM. Monitor doctors and medical practitioners who further perpetuate such practices. And raise awareness regarding the negative consequences of these practices by implementing effective awareness programs in collaboration with communities and religious figures.[[7]](#footnote-7)

The Conference’s Rights and Freedom group also recommended criminal prohibitions in its recommendation No. 94: “Infringements on bodily integrity (FGM) . . . shall be criminalized.”[[8]](#footnote-8)

In response to these recommendations, in April 2014 the ministers of social affairs and labour, and legal affairs, submitted a draft of a new Child Rights Law to Prime Minister Mohammad Basindawa. The Child Rights bill addresses important issues such as early marriage, the recruitment of child soldiers, and child labor. The bill also seeks to prohibit FGM, stating that a child has the right to “enjoy health” and should be protected from all forms of violence, including FGM.[[9]](#footnote-9) The bill would impose criminal penalties of one to three years in prison or a fine of between 300,000 and 1 million Yemeni Riyal (US$1,400-4,700) for violating the provision.[[10]](#footnote-10) At the time of writing, the cabinet had yet to approve the bill and forward it to parliament for debate and adoption.[[11]](#footnote-11)

National policy and regional strategies including education and awareness raising campaigns

Dr. Abd al-Rahman Jarallah, Health Ministry representative in Hodaida, told Human Rights Watch that not a single girl under the age of 20 was mutilated in the governorate. When pushed on that claim, he acknowledged that the practice may be continuing in some remote villages. “However, that is not the Ministry of Health’s problem,” he told Human Rights Watch. “We have no role in preventing circumcision outside of public hospitals. It is simply not our job.”[[12]](#footnote-12)

He confirmed that FGM is not included in medical school curricula. He said this was because such curricula are based on those developed in Europe and do not take into full account the Yemeni context. He said that the ministry’s programmatic work to combat FGM was limited to giving local NGOs permission to carry out trainings, workshops and other awareness activities but nothing more. [[13]](#footnote-13)

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The healthcare professionals interviewed by Human Rights Watch said that they only spoke with patients about FGM if the patient asked them about it, and that they did not themselves raise the issue with new mothers and other women. Doctors, nurses and other health professionals can play an important role as agents of change, along with traditional FGM practitioners, to eliminate the practice.

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According to Khalid al-Absi, deputy director of curricula within the Ministry of Education, in 9th grade biology (with students about 12-years-old) there used to be a brief mention of FGM, calling it one of “many bad habits practiced in some rural areas,” but without providing details. This reference was removed in 2008, and ministry staff said they were worried that including the topic may actually encourage some to take up the practice.[[14]](#footnote-14)

Ali al-Haimi, the deputy minister for Sector of Curricula and Supervision within the Ministry of Education, said that students in Yemeni schools receive little health information generally on reproductive issues. He told Human Rights Watch that teachers do not receive any training on the topic. However, some human rights topics, including women’s rights, are included in the curriculum, and that the curriculum could be expanded to cover forms of violence against women, such as FGM. [[15]](#footnote-15) Including information on FGM in the school curriculum, specifically in the governorates that have high prevalence, would be an important step for Yemen in raising awareness and ensuring access to information. This includes appropriately addressing the topic in primary school, given the low rates of female attendance in secondary schools.

Some progress has already been made in Yemeni schools. The Hodaida branch of the Yemeni Women’s Union has launched projects that aim to engage with students in high school and their teachers around increasing awareness of the negative health consequences of FGM. Following their projects, the Union has seen spontaneous initiatives by some students to address the topic through art and theater.[[16]](#footnote-16)

The Women’s Union, however, told Human Rights Watch that more could be done. Each school has a psychosocial expert on staff that could be trained to discuss FGM systematically with students, for example. Regular homeroom teachers for each grade, who require training on the impact of FGM and how to broach the topic with students, could also discuss the topic with their students.[[17]](#footnote-17) In addition, teachers could raise the issue of FGM with parents during their regular, annual meetings.[[18]](#footnote-18)

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Hamood Ali al-Sa`idi of the Ministry of Endowments and Guidance said that the ministry had never taken a public position against FGM because there is no agreement within the Yemeni religious community that FGM is wrong.[[19]](#footnote-19)

Services for women’s and girls’ living with FGM or who are at risk of FGM

None

Information on health provider’s practicing FGM

Fatima Muhammad Qabool, a community social worker in Hadramawt, said that she had come across medically licensed midwifes carrying out the practice in families’ homes, as well as traditional birth attendants, and in a few cases men who carry out male circumcision as well.[[20]](#footnote-20) Practitioners interviewed by Human Rights Watch included licensed midwives.[[21]](#footnote-21) One community leader told Human Rights Watch he knew of doctors who carry out mutilation, and one practitioner said it was doctors that trained her how to perform the practice.[[22]](#footnote-22) Another practitioner said she carried out the procedure at the local hospital she worked at, without the knowledge of hospital supervisors.[[23]](#footnote-23) Health Ministry officials interviewed, however, denied that the practice ever happened in public hospitals.[[24]](#footnote-24)

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One doctor told Human Rights Watch that the Ministry of Health held a training session in 1997 at a hotel in Mukalla, Hadramawt, where healthcare professionals were taught how much to cut to comport with “Islamic circumcision.” They instructed practitioners to cut some skin roughly the size of a fingernail from the labia minora.[[25]](#footnote-25) Two practitioners said that in 2007 the ministry held a similar training for all healthcare workers on how much to cut in order to be compliant with Islam, and the training was done by doctors and imams.[[26]](#footnote-26) Human Rights Watch asked the Ministry of Health to confirm whether this training had taken place, as alleged, but received no response.

Major challenges in preventing and eliminating female genital mutilation

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

Out of 2,163 women in five governorates interviewed for the 2001 Ministry of Health study, 86 percent cited cleanliness and purity as justifications for the practice, 57 percent cited religious justifcations, 35 percent cited customs and traditions, and 14 percent cited the need to protect the virginity of women and girls.[[27]](#footnote-27)

Dr. Arwa al-Rabi`i told Human Rights Watch that in her experience the most important drivers behind the practice are perceived religious duty and the idea that it improves cleanliness.[[28]](#footnote-28) Dr. Nagiba Abdulghani al-Shawafi said that while many families claim there is a religious justification, she believed there was one purpose for the practice: suppressing the sexual urges of the girl. [[29]](#footnote-29)

One victim expressed her frustration at the latter argument:

Some people believe that uncircumcised women will become licentious, but that is not reasonable. I believe a woman’s behavior is determined by her exercise of choice and judgment. If a woman wants to go down a wrong path, she will do it regardless of whether she is circumcised or not. She will find ways to do it even if she was locked in her bedroom.[[30]](#footnote-30)

Hamood Ali al-Sa`idi, undersecretary for guidance affairs at the Ministry of Endowments and Guidance, the ministry involved in religious affairs, told Human Rights Watch that the root of FGM is the Shafi`i school of jurisprudence within Islam.[[31]](#footnote-31) He said that many Shafi`i scholars see the practice as an obligation for girls and women. Other schools of jurisprudence, such as the Hanafi and Maliki, either view the practice as optional or do not practice it at all. The Zaidi Shia community, which represents roughly a third of Yemen’s population, do not practice FGM.[[32]](#footnote-32) He said this explains why the prevalence in governorates with large Shafi`i populations is very high, and in areas that are predominately Zaidi, the prevalence rate is close to zero. [[33]](#footnote-33)

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

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

However, al-Qaderi said that women she interviewed in al-Mahra stated that FGM was viewed more as a cultural practice as well as one that protects women – mothers told her that because of the heat “girls mature too quickly.” [[34]](#footnote-34) A practitioner in al-Mahra told Human Rights Watch that local religious leaders of the Shafi`i school were key promoters of the practice, regularly describing it as an obligation. [[35]](#footnote-35)

Not all agree that FGM has religious roots. Lamya al-Eryani, head of the High Council on Motherhood and Childhood, asserts that FGM has no relationship to Islam, but is rather derived from culture and customs, although she acknowledges that people may often confuse the reasons for its practice and cite religion.[[36]](#footnote-36) According to Thikra Naqib of the National Women’s Committee, FGM is not a tribal practice in Hodaida and Aden, but it is in Hadramawt and al-Mahra.[[37]](#footnote-37)

Among Yemenis who do not engage in the practice, the overwhelming view expressed to Human Rights Watch was that FGM has no historical roots in Yemen and that it was brought to the coastal areas by African immigrants. Some doctors, Health Ministry officials, and activists held the same view. [[38]](#footnote-38) Soheir Stolba, an expert on FGM in Yemen, has stated that, “Most educated Yemenis denied the custom’s existence, attributing it only to limited coastal pockets of populations where African immigrants live.” However Stolba also said: “My continued work on this phenomenon over a six-year period revealed that FGM is deeply rooted in Yemen.” [[39]](#footnote-39)

In Yemen, as elsewhere, FGM is seen by many as a practice that solely involves women, and is perpetuated by women. Mothers or other female relatives typically make the decision when and whether their daughters should be mutilated; female traditional FGM practitioners carry it out; and the procedure is almost never discussed with the men in the family. Three practitioners and three healthcare professionals said that the practice in Yemen is in the hands of mothers and grandmothers. In two cases, women spoke of cases where grandmothers had the baby mutilated without the knowledge of their daughter.[[40]](#footnote-40) One victim told Human Rights Watch:

I have two daughters and I am expecting a third, my second daughter is not circumcised but my eldest is. After giving birth to her I was very ill and bedridden. My mother was taking care of her and secretly had her circumcised without telling me. I found out afterwards, when it was too late.[[41]](#footnote-41)

Hamood Ali al-Sa`idi and others interviewed for this report gave examples of several families where the fathers opposed the practice but the mothers and grandmothers in the family insisted on mutilating their newborn girls.[[42]](#footnote-42) Al-Sa`idi said he knew of cases in which fathers did not know their daughters had undergone the practice until years later. Dr. Husnia al-Qaderi said she had interviewed the relative of a Yemeni family whose daughters were born and raised in the United Arab Emirates: the father had opposed the practice but the mother had taken the three daughters to Yemen and had them secretly mutilated. [[43]](#footnote-43)

One man from al-Mahra told Human Rights Watch:

I have three small girls, all of whom are circumcised. The final say on whether they were to be circumcised lay with my mother-in-law. If it had been in my hands, I would not have had my daughters circumcised. But it is such a deep rooted tradition that its considered `*ayb* [disgraceful] not to do it and it is very difficult to stand against one’s community and tribe. I would have become ostracized. I know many Mahri men that feel the same way but just have to live with it, including my own father, who says that he personally would like to see the practice stopped, but going against tradition and custom is a red line.[[44]](#footnote-44)

The 2001 Ministry of Health study asked 1,267 women respondents if the practice should be continued or discontinued: 71 percent said it should continue.[[45]](#footnote-45) However, the 2003 FHS asked women the same question and only 32 percent said it should be continued. The study identified trends based on the level of education and the location of the respondent: illiterate women were more supportive of FGM than literate ones and rural women more supportive than urban ones.[[46]](#footnote-46) Of the women who opposed the practice, 68 percent said that it was a bad tradition, and 41 percent said that it contravened Islam.[[47]](#footnote-47)

Thirty-seven percent of respondents who were married at the time of the 2003 FHS reported that they had discussed FGM with their husbands (41 percent in urban and 36 in rural areas). According to their perception, 22 percent of women believed that their husbands supported the continuation of FGM, while another 22 percent thought their husbands would like to see the practice discontinued. In the 2001 Ministry of Health study, 42 percent of 517 men interviewed supported eliminating FGM.[[48]](#footnote-48)

In 2008, the Charitable Society for Social Welfare (CSSW) showed that 65 percent of men agreed with ending the practice, and the number of mothers who supported ending the practice was as high as 56 percent. Among grandmothers, 46 percent agreed with ending the practice; 67 of adolescents wished to end the practice.[[49]](#footnote-49)

Sara, a midwife at al-Ghaida hospital in al-Mahra told Human Rights Watch that she had seen a decrease in the number of mutilated women over the past decade, particularly among women who had suffered difficult deliveries and who did not want their daughters to experience similar suffering.[[50]](#footnote-50) Other medical professionals also testified to a decrease.[[51]](#footnote-51) One practitioner told Human Rights Watch she still carries out about 17 mutilations a week; however, another who has been doing the procedure for 55 years said that in the first six months of 2014 she had carried out only five mutilations, and that she had seen a steady drop over the last decade.[[52]](#footnote-52)

1. UNFPA and MOPHP, “Ministry of Public Health and Population: Yemen National Reproduction Health Strategy 2011-2015,” February 2011, <http://yemen.unfpa.org/demo/uploaded/Yemen%20NRHS%202011-2015%20Final%20English%20version%20_1.pdf>, (accessed July 16, 2014), p. 9. [↑](#footnote-ref-1)
2. Ibid. [↑](#footnote-ref-2)
3. Human Rights Watch interview with Dr. Arwa al-Rabi’i, gynecologist, Sanaa, April 2, 2014. [↑](#footnote-ref-3)
4. Human Rights Watch interview with Hassan Abd al-rahman al-Mutwakkil, judge in al-Ghaida court, al-Mahra, August 14, 2014. Human Rights Watch interview with Sa`id Salmin al-Mu`lm, Health Awareness Director at the MoPHP’s office in al-Shehr directorate, al-Shehr, June 26, 2014. Human Rights Watch interview with Dr. Abdullah Salem Ben Goth, General Director of the MoPHP’s office in coastal Hadramawt, June 25, 2014. [↑](#footnote-ref-4)
5. UNFPA and MOPHP, “Ministry of Public Health and Population: Yemen National Reproduction Health Strategy 2011-2015,” February 2011, <http://yemen.unfpa.org/demo/uploaded/Yemen%20NRHS%202011-2015%20Final%20English%20version%20_1.pdf>, (accessed July 16, 2014), p. 9. [↑](#footnote-ref-5)
6. Anwar al-Taj, “Parliament Discusses Safe Motherhood Law,” (“النواب يناقشون مشروع قانون الأمومة المأمونة”), *Yemen Now*, March 24, 2014, <http://yemennow.net/news57510.html> (accessed July 16, 2014). [↑](#footnote-ref-6)
7. National Dialogue Conference, “Final Report of the Sustainable Group’s Second Session,” (التقرير النهائي للفترة الثانية لفريق التنمية المستدامة ), n.d., p. 57. [↑](#footnote-ref-7)
8. National Dialogue Conference, “Final Report of the Rights and Freedom Group’s Second Session,” (التقرير النهائي للفترة الثانية لفرق العمل), n.d., p. 11. [↑](#footnote-ref-8)
9. Child Rights Bill of 2014, art. 13(b). [↑](#footnote-ref-9)
10. Ibid., art. 242(b). [↑](#footnote-ref-10)
11. “Yemen: End Child Marriage,” Human Rights Watch news release, April 27, 2014, http://www.hrw.org/news/2014/04/27/yemen-end-child-marriage (accessed July 16, 2014). [↑](#footnote-ref-11)
12. [↑](#footnote-ref-12)
13. Human Rights Watch interview with Dr. Abd al-Rahman Jarallah, general manager of the heath office within the MoPHP, Ali Ibrahim al-Hindi, al-Hawk district manager, and Abd al-Karim, sports manager within the MoPHP, Hodaida, August 11, 2014. Human Rights Watch interview with Dr.Abdullah Salem Ben Goth, General Director of the MoPHP’s office in coastal Hadramawt, June 25, 2014. [↑](#footnote-ref-13)
14. Human Rights Watch interview with Ali al-Haimi, Deputy Minister for Sector of Curricula and Supervision within the Ministry of Education, Khalid al-Absi, deputy director of curricula within the Ministry of Education, Yahya al-Sraj, director of planning and coordination within the Ministry of Education, and Hazim al-Kalbi, consultant for curricula management at the Ministry of Education, Sanaa, August 28, 2014. Human Rights Watch telephone interview with Yahya al-Sraj, director of planning and coordination within the Ministry of Education, Sanaa, September 11, 2014. [↑](#footnote-ref-14)
15. Human Rights Watch interview with Ali al-Haimi, Deputy Minister for Sector of Curricula and Supervision within the Ministry of Education, Khalid al-Absi, deputy director of curricula within the Ministry of Education, Yahya al-Sraj, director of planning and coordination within the Ministry of Education, and Hazim al-Kalbi, consultant for curricula management at the Ministry of Education, Sanaa, August 28, 2014. [↑](#footnote-ref-15)
16. Human Rights Watch interview with Sobhia Ahmed Rajih, head of the Yemeni Women’s Union Hodaida branch, and Mariam `omr al-Haj, projects executive at the Yemeni Women’s Union Hodaida branch, August 11, 2014. [↑](#footnote-ref-16)
17. Human Rights Watch interview with Sobhia Ahmed Rajih, head of the Yemeni Women’s Union Hodaida branch, and Mariam `omr al-Haj, projects executive at the Yemeni Women’s Union Hodaida branch, August 11, 2014. [↑](#footnote-ref-17)
18. Human Rights Watch telephone interview with Ali al-Haimi, deputy minister for Sector of Curricula and Supervision within the Ministry of Education, Sanaa, July 7, 2014. [↑](#footnote-ref-18)
19. Human Rights Watch interview with Hamood Ali al-Sa`idi, undersecretary for guidance affairs at the Ministry of Endowments and Guidance, Sanaa, July 8, 2014. [↑](#footnote-ref-19)
20. Human Rights Watch interview with Fatima Muhammad Qabool, unlicensed community social worker, al-Shehr, June 26, 2014. [↑](#footnote-ref-20)
21. [↑](#footnote-ref-21)
22. Human Rights Watch interview with Hasan Muhammad `Awad al-Rubaki, community leader, al-Shehr, June 26, 2014. Human Rights Watch interview with Mariam, midwife and FGM practitioner, al-Shehr, June 26, 2014. [↑](#footnote-ref-22)
23. Human Rights Watch interview with Nora, midwife and FGM practitioner, al-Shehr, June 26, 2014. [↑](#footnote-ref-23)
24. Human Rights Watch interview with Dr.Abdullah Salem Ben Goth, General Director of the MoPHP’s office in coastal Hadramawt, June 25, 2014. Human Rights Watch interview with Sa`id Salmin al-Mu`lm, Health Awareness Director at the MoPHP’s office in al-Shehr directorate, al-Shehr, June 26, 2014. [↑](#footnote-ref-24)
25. Human Rights Watch interview with Dr.Amal Mabrok Jum`an Bamedhaf, gynecologist, Mukalla, June 25, 2014. [↑](#footnote-ref-25)
26. Human Rights Watch interview with Nora, midwife and FGM practitioner, al-Shehr, June 26, 2014. Human Rights Watch interview with Asm'a, midwife and FGM practitioner, Mukalla, June 25, 2014. [↑](#footnote-ref-26)
27. MoPHP and the Pacific Institute for Women’s Health, “Female circumcision results of a study of selected areas of Yemen,” June 2001, p. 21. [↑](#footnote-ref-27)
28. Human Rights Watch interview with Dr. Arwa al-Rabi’i, gynecologist, Sanaa, April 2, 2014. [↑](#footnote-ref-28)
29. Human Rights Watch interview with Dr. Nagiba Abdulghani al-Shawafi, Deputy Minister for Population Sector in the MoPHP, Sanaa, April 10, 2014. [↑](#footnote-ref-29)
30. Human Rights Watch interview with Umm Hilal, victim, al-Mahra, August 15, 2014. [↑](#footnote-ref-30)
31. Human Rights Watch interview with Hamood Ali al-Sa`idi, undersecretary for guidance affairs at the Ministry of Endowments and Guidance, Sanaa, July 8, 2014. [↑](#footnote-ref-31)
32. Zaidism is part of the Fiver school of Shiism, not the better known Twelver school which is practiced in Iran. Its religious elites, who claim descent from the Prophet Mohammed, ruled North Yemen until 1962. Most Zaidis are based in the north, particularly in and around Saada, Hajja and Dammar governorates, as well as a large population in Sanaa. <http://www.crisisgroup.org/en/publication-type/media-releases/2014/mena/the-huthis-from-sadaa-to-sanaa.aspx> p. 1 [↑](#footnote-ref-32)
33. Human Rights Watch interview with Hamood Ali al-Sa`idi, undersecretary for guidance affairs at the Ministry of Endowments and Guidance, Sanaa, July 8, 2014. [↑](#footnote-ref-33)
34. Human Rights Watch interview with Dr.Husnia al-Qaderi, lecturer in the faculty of medicine at Sanaa University, Sanaa, April 16, 2014. [↑](#footnote-ref-34)
35. Human Rights Watch interview with Umm Fu`ad, victim, al-Mahra, August 15, 2014. Umm Osamah, victim, al-Mahra, August 15, 2014. [↑](#footnote-ref-35)
36. Human Rights Watch interview with Lamya al-Eryani, Secretary General of the high council for motherhood and childhood, Sanaa, July 8, 2014. [↑](#footnote-ref-36)
37. Human Rights Watch interview with Thikra Naqib, Representative of the Director of Development, National Women’s Committee, Sanaa, April 20, 2014. [↑](#footnote-ref-37)
38. Human Rights Watch interview with Dr. Arwa al-Rabi’i, gynecologist, Sanaa, April 2, 2014. Human Rights Watch interview with Dr. Ashwaq Moharm , deputy manager of the heath office within the MoPHP, Hodaida August 11, 2014. Human Rights Watch interview with Saiya Bokhait, head of the Yemeni Women’s Union al-Mahra branch, al-Mahra, August 16, 2014. [↑](#footnote-ref-38)
39. Al-Qaderi, Husnia. “Situation Analysis on Female Genital Mutilation/Cutting (FGM) in Yemen,” June 2008, p. 9. [↑](#footnote-ref-39)
40. Human Rights Watch interview with Sara, midwife, al-Ghaida hospital, al-Mahra, August 14, 2014. Human Rights Watch telephone interview with Umm Walid, victim, Hodaida, August 27, 2014. [↑](#footnote-ref-40)
41. Human Rights Watch telephone interview with Umm Walid, victim, Hodaida, August 27, 2014. [↑](#footnote-ref-41)
42. Human Rights Watch interview with Hamood Ali al-Sa`idi, undersecretary for guidance affairs at the Ministry of Endowments and Guidance, Sanaa, July 8, 2014. Human Rights Watch interview with Maha, midwife, al-Ghaida hospital, al-Mahra, August 14, 2014. Human Rights Watch interview with Dr.Husnia al-Qaderi, lecturer in the faculty of medicine at Sanaa University, Sanaa, April 16, 2014. Human Rights Watch interview with Umm Fu`ad, victim, al-Mahra, August 15, 2014. Human Rights Watch interview with Umm Osamah, victim, al-Mahra, August 15, 2014. Human Rights Watch interview with Umm Ezzat, victim, al-Mahra, August 16, 2014. Human Rights Watch interview with Umm Muaad, victim, al-Mahra, August 16, 2014. [↑](#footnote-ref-42)
43. Human Rights Watch interview with Dr.Husnia al-Qaderi, lecturer in the faculty of medicine at Sanaa University, Sanaa, April 16, 2014. [↑](#footnote-ref-43)
44. Human Rights Watch interview with Mahmoud, local man, al-Mahra, August 16, 2014. [↑](#footnote-ref-44)
45. MoPHP and the Pacific Institute for Women’s Health, “Female circumcision results of a study of selected areas of Yemen,” June 2001, p. 20. [↑](#footnote-ref-45)
46. MoPHP, “Yemen Family Health Survey 2003,” p. 168. [↑](#footnote-ref-46)
47. MoPHP, “Yemen Family Health Survey 2003,” p. 169. [↑](#footnote-ref-47)
48. MoPHP and the Pacific Institute for Women’s Health, “Female circumcision results of a study of selected areas of Yemen,” June 2001, p. 20. [↑](#footnote-ref-48)
49. CSSW, “Progress Report of Abandonment of FGM in Al-Hoddeidah, Aden & Almahrah Governorates: 3rd Quarter, from 1/10/09-31/12/09,” December 31, 2014, p. 3. [↑](#footnote-ref-49)
50. Human Rights Watch interview with Sara, midwife, al-Ghaida hospital, al-Mahra, August 14, 2014. [↑](#footnote-ref-50)
51. Human Rights Watch interview with Dr. Sa`ad Awadh Bashbeeb, gynecologist, al-Ghaida hospital, al-Mahra, August 14, 2014. [↑](#footnote-ref-51)
52. Human Rights Watch interview with Nora, midwife and FGM practitioner, al-Shehr, June 26, 2014. Human Rights Watch telephone interview with Fatima, traditional FGM practitioner, Hodaida, August 12, 2014. [↑](#footnote-ref-52)