

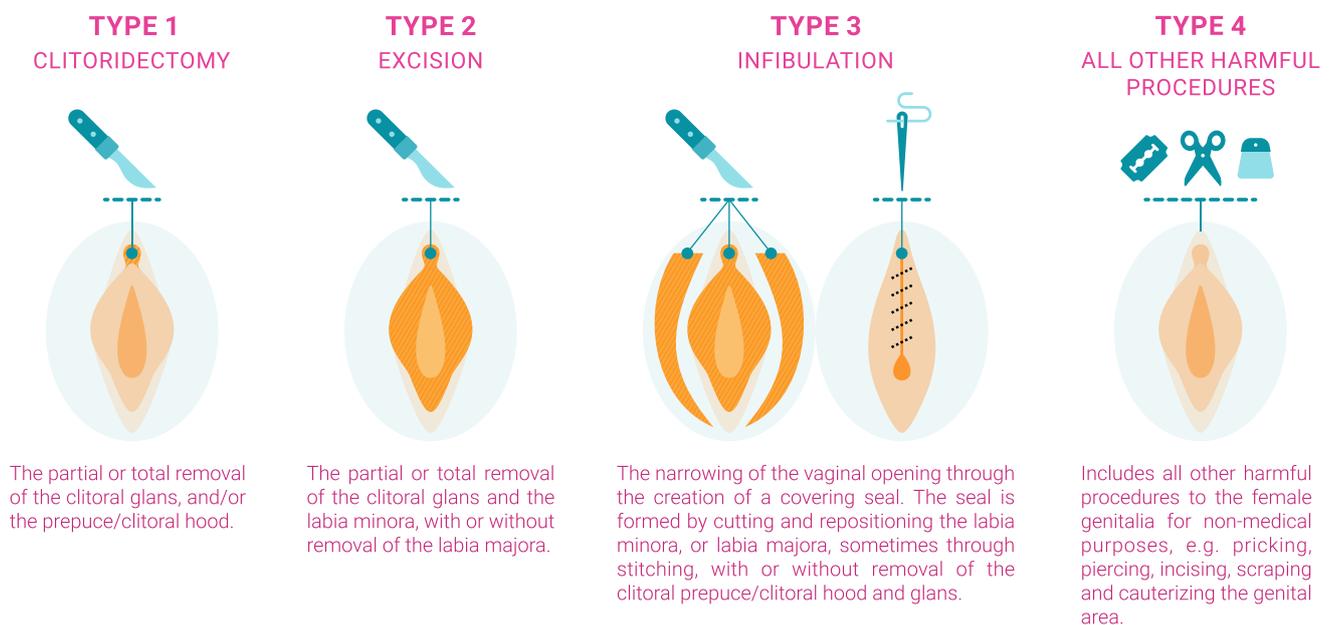
## ISSUE BRIEF ON FGM/C

ASIA PACIFIC FORUM ON SUSTAINABLE  
DEVELOPMENT 2022

# FEMALE GENITAL MUTILATION/CUTTING

## FOUR MAJOR TYPES OF FGM/C

Described by the World Health Organisation (WHO) as “**all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.**”<sup>1</sup>



The practice is mostly carried out on young girls, between infancy and adolescence. Globally, an estimated **200 million girls and women alive today have undergone some form of FGM/C**, often a precursor to child, early and forced marriage, which usually ends a girl's education and limits her economic prospects.<sup>2</sup> **Every year, more than 3 million girls are estimated to be at risk of FGM/C.**<sup>3</sup>

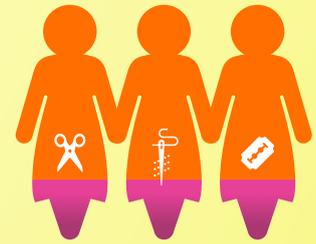
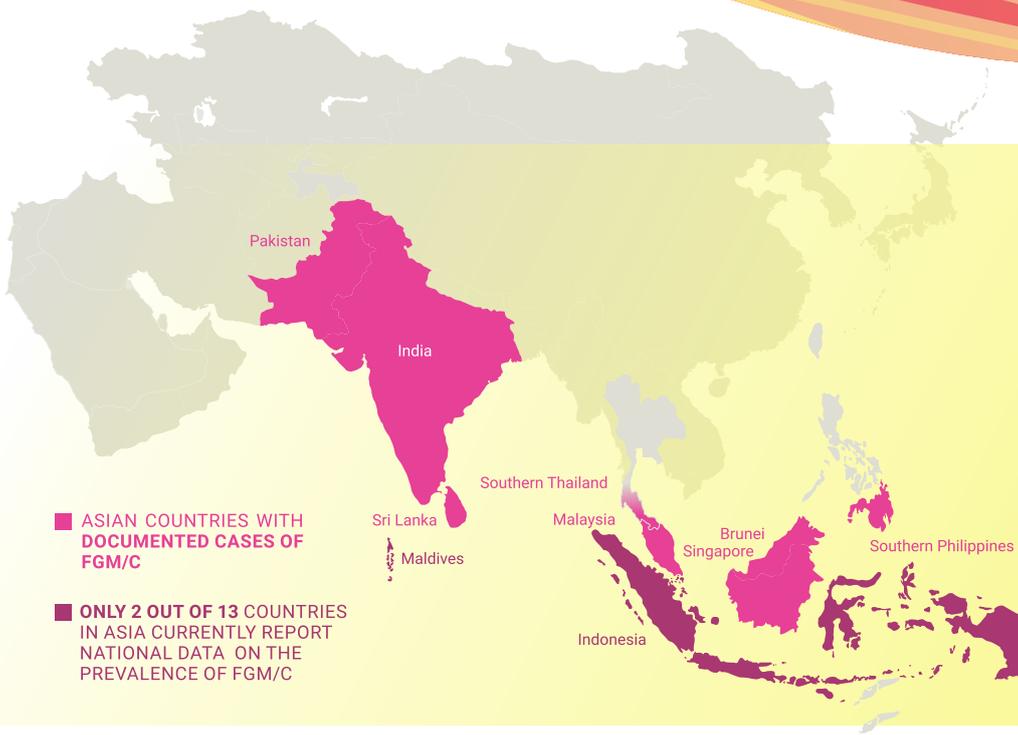
FGM/C is recognised in global commitments such as the Sustainable Development Goals, and in international human rights law, as a **human rights violation, a form of gender-based violence, and a harmful practice.**

## OVERVIEW OF FGM/C IN ASIA

FGM/C affects women and girls across large swathes of the continent of Asia and has been documented in **Brunei, India, Indonesia, Malaysia, Maldives, Pakistan, southern Philippines, Singapore, Sri Lanka, and southern Thailand.**<sup>4</sup> Studies have shown that the majority of girls are being cut at the age of seven (India),<sup>5</sup> under the age of five (Maldives),<sup>6</sup> before their first birthday (Malaysia), and at less than six months old (Indonesia). It is usually practiced by Muslim communities, with Type 1 and Type 4 being the most common types reported across Asia. It is mostly carried out by traditional practitioners but over the years, **the procedure is increasingly being conducted by medical practitioners in health facilities, giving rise to medicalised FGM/C.**

Despite its high prevalence, **only two countries, Indonesia and the Maldives, have nationally representative data on FGM/C.** Aside from data on prevalence and the types of FGM/C that are practiced, information on the impact and severity of these practices upon girls and women is hardly documented and almost unknown. Small scale studies, media, academic and civil society reports indicate a much broader problem, **but the true scale of the problem remains unknown because of gaps in data.**

**The lack of progress across Asia in addressing the issue is disproportionate to the numbers of women and girls affected, and the potential impact on their lives.**



Globally, **4.1 million girls** are cut each year. By 2030, it will rise to 4.6 million, and over 1 million of these girls will be in Asia.

Source:  
Asia Network to End FGM/C website.

## DRIVERS OF FGM/C

### RELIGION

- > Although FGM/C is a tradition passed down through generations, it is seen as a religious duty by many Muslim communities across Asia as culture and religion are inextricably linked.
- > However, it is not an Islamic imperative and there is no clear verse in the Quran that supports it.
- > Rising fundamentalism and the strong influence of more conservative forms of Islam including fatwas favouring FGM/C, play a major role in strengthening the belief that it is a religious requirement.
- > Some Islamic scholars have spoken out against FGM/C. Al-Azhar university in Egypt issued a ban on the practice in 2006, declaring FGM/C as a cultural practice, therefore unnecessary and lacking foundation in Islam.<sup>7</sup>

### SOCIAL AND GENDER NORMS

- > Harmful and discriminatory gender norms have a critical role to play in sustaining the practice.
- > Driven by cultural obligations that are significantly influenced by patriarchal values, many communities subject girls to circumcision in an attempt to curb their sexual desire and deter them from becoming “promiscuous”.<sup>8</sup>
- > Although no medical benefits of FGM/C have ever been proven, some proponents believe that there are positive health benefits such as FGM/C producing a clean and healthy genital area.<sup>9</sup> Women who are uncut may also be perceived as unclean.
- > FGM/C is about the control of women and girls' bodies and sexuality, curtailing their bodily autonomy and the right to decide for themselves.

### MEDICALISATION

- > Medicalisation of FGM/C is a growing trend in Asia. The expertise of doctors and the use of surgical tools, anaesthetics, and antiseptics in the hope of mitigating any immediate complications, lend legitimacy to the procedure.
- > As FGM/C is an irreversible procedure to which children cannot consent, this amounts to violence and infringes on the right of the child to bodily integrity and to be safe from harm. Additionally, carrying out FGM/C in clinical settings violates medical ethics.
- > Research has shown that the harm reduction perspective is one of the most common motivations of health-care providers to perform FGM/C.<sup>10</sup> For instance, Muslim groups in Sri Lanka addressed reports of medical complications from traditional practitioners, arguing that this would be a reason to medicalise the procedure so it can be done safely, instead of prohibiting it.<sup>11,12</sup>
- > FGM/C can have immediate and lifelong health consequences regardless of where it is carried out or how skilled the practitioner may be.
- > While there is a growing body of evidence of the short-term clinical complications of the procedure,<sup>13,14</sup> long-term clinical complications remain understudied. Since the FGM/C practiced across Asia is considered less severe, this also makes it difficult to raise awareness on the harmful and traumatic nature of the practice as physical harm may not be explicitly visible.

## GAPS AND CHALLENGES



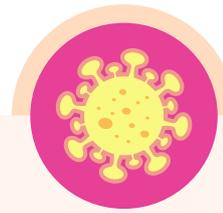
### LACK OF POLITICAL WILL

Across Asia, there is a total absence of national legislation banning all forms of FGM/C. Most countries across South and Southeast Asia have ratified both the Convention for the Elimination of All Forms of Discrimination Against Women, and the Convention on the Rights of the Child. This means that they have duties under international law to implement concrete legislative, policy, and programmatic measures to fully eliminate the practice of FGM/C.



### LACK OF INFORMATION AND KNOWLEDGE ON FGM/C

There is an urgent need for research and data collection to be able to fully capture and understand the prevalence of this practice in the Asian region.



### IMPACTS OF COVID-19

UNFPA has reported that as a result of COVID-19, an additional two million cases of female genital mutilation or cutting will need to be averted to meet Agenda 2030, though this figure does not take into account potential survivors from most Asian countries.

## RECOMMENDATIONS

- > **Significantly scale up investment in representative survey data collection** and other forms of research across countries in Asia to strengthen the evidence base on prevalence, incidence and types of FGM/C practised in the region.
- > **Provide support for community-level awareness and education programmes** aimed at FGM/C prevention that is non-judgemental, rights-based and addresses harmful social and gender norms
- > **Urgently increase funding and support to grassroots and women-led organisations** working to end FGM/C. This includes strengthening capacity building and technical assistance to grassroots organisations to support and expand new forms of programmatic activity and innovation during COVID-19.<sup>15</sup>
- > **Integrate the prevention of and response to FGM/C in national action plans**, with adequate budget allocation.
- > **Enact legislation** to prohibit female genital mutilation or cutting within domestic legal frameworks.
- > **Recognise that women play a critical role** in COVID-19 crisis management and mitigation and include them equally and meaningfully in the designing, implementation, financing and monitoring of emergency response for FGM/C at local, national, regional and international levels.
- > **Support community-led data collection, monitoring and reporting** on the impact of COVID-19 on FGM/C to inform real-time crisis response and recovery efforts.
- > **Engage medical practitioners and associations of health professionals** to identify opportunities to disrupt the medicalisation of female genital mutilation or cutting.

## ENDNOTES

- 1 World Health Organization. Female Genital Mutilation. 21 January 2022. WHO. <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>.
- 2 UNFPA. Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage. April 2020. UNFPA. <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital>.
- 3 World Health Organization. Female Genital Mutilation.
- 4 Bamber, Ebony Riddell, and Riches, Lo. Asia Network to End Female Genital Mutilation/Cutting (FGM/C) Consultation Report. March 2020. ARROW and the Orchid Project. <https://arrow.org.my/publication/asia-network-to-end-female-genital-mutilation-cutting-fgm-c-consultation-report/>.
- 5 Taher, Mariya. Understanding Female Genital Cutting in the Dawoodi Bohra Community: An Exploratory Study. February 2017. SAHIYO. [https://sahiyo.files.wordpress.com/2019/05/sahiyo\\_report\\_final-5.21.19.pdf](https://sahiyo.files.wordpress.com/2019/05/sahiyo_report_final-5.21.19.pdf).
- 6 Ministry of Health (MOH) [Maldives] and ICF. Maldives Demographic and Health Survey 2016-17. 2018. MOH Maldives. <https://www.dhsprogram.com/pubs/pdf/FR349/FR349.pdf>.
- 7 Farid, Anis., Mahmood, Keshia., Jodi, Syarifatul., Isa, Rozana., and Rijaluddin, Sara. Report Extract: Cutting: An overview of female genital mutilation/cutting (FGM/C) in Malaysia. 2021. Women's Aid Organisation. [https://wao.org.my/wp-content/uploads/2021/12/WAO-SIS-ARROW\\_FGMC-Chapter\\_Extract.pdf](https://wao.org.my/wp-content/uploads/2021/12/WAO-SIS-ARROW_FGMC-Chapter_Extract.pdf).
- 8 Bamber and Riches. Asia Network to End FGM/C Consultation Report.
- 9 Patel, Reyhana, and Roy, Khalid. Female Genital Cutting In Indonesia: A Field Study. Islamic Relief Canada. [https://www.28toomany.org/static/media/uploads/Continent%20Research%20and%20Resources/Asia/irc\\_fgc\\_report\\_indonesia.pdf](https://www.28toomany.org/static/media/uploads/Continent%20Research%20and%20Resources/Asia/irc_fgc_report_indonesia.pdf).
- 10 Doucet, Marie-Hélène., Pallitto Christina., & Groleau, Danielle. Understanding the Motivations of Health-Care Providers in Performing Female Genital Mutilation: An Integrative Review of the Literature. *Reproductive Health* 14, no. 1 (2017), doi:10.1186/s12978-017-0306-5.
- 11 Ibrahim, Zainab, and Tegal, Ermiza. Towards understanding female genital cutting in Sri Lanka. December 2019. The Family Planning Association of Sri Lanka. [http://www.fpasrilanka.org/sites/default/files/towards\\_understanding\\_female\\_genital\\_cutting\\_in\\_sri\\_lanka.pdf](http://www.fpasrilanka.org/sites/default/files/towards_understanding_female_genital_cutting_in_sri_lanka.pdf).
- 12 Dawson, Angela, and Kumudu Wijewardene. Insights into preventing female genital mutilation/cutting in Sri Lanka: a qualitative interpretative study. *Reproductive Health* 18, no. 1 (2021): 1-12. <https://reproductive-health-journal.biomedcentral.com/track/pdf/10.1186/s12978-021-01114-x.pdf>.
- 13 Adriana Kaplan et al., Health Consequences of Female Genital Mutilation/Cutting in the Gambia, Evidence into Action. *Reproductive Health* 8, no. 1. March 2011, doi:10.1186/1742-4755-8-26.
- 14 S. O. Ekenze, H. U. Ezegwui, and C. O. Adiri. Genital Lesions Complicating Female Genital Cutting in Infancy: A Hospital-Based Study in South-East Nigeria. *Annals of Tropical Paediatrics* 27, no. 4 (2007): pp. 285-290, doi:10.1179/146532807x245670.
- 15 Orchid Project. Impacts of COVID-19 on female genital cutting. September 2020. [https://www.orchidproject.org/wp-content/uploads/2020/11/COVID\\_female\\_genital\\_cutting\\_FGC\\_policy\\_briefing\\_Orchid\\_Project\\_FINAL.pdf](https://www.orchidproject.org/wp-content/uploads/2020/11/COVID_female_genital_cutting_FGC_policy_briefing_Orchid_Project_FINAL.pdf).