

FEMALE GENITAL MUTILATION/CUTTING: A CALL FOR A GLOBAL RESPONSE





ABOUT THE END FGM EUROPEAN NETWORK

The End FGM European Network is an umbrella of 27 organizations in 14 European countries working to ensure sustainable European action to end Female Genital Mutilation (FGM). We are the central platform connecting grassroots communities and European decision-makers. The Network facilitates cooperation between all relevant actors in the field of FGM both in Europe and globally.

Our mission is to be the driving force of the European movement to end all forms of FGM.

For more information: endfgm.eu

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ABOUT THE U.S. END FGM/C NETWORK

The U.S. End FGM/C Network is a collaborative group of survivors, civil society organizations, foundations, activists, policymakers, researchers, healthcare providers and others committed to promoting the abandonment of female genital mutilation/cutting (FGM/C) in the U.S. and around the world.

Our mission is to eliminate FGM/C by connecting, supporting, elevating and advocating on behalf of and with diverse U.S. stakeholders engaged in prevention, education, and care.

For more information: endfgmnetwork.org

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ABOUT EQUALITY NOW


Founded in 1992, Equality Now is an international human rights organization that works to protect and promote the rights of all women and girls around the world. Our campaigns are centered on four program areas: Legal Equality, End Sexual Violence, End Harmful Practices, and End Sex Trafficking, with a cross-cutting focus on the unique needs of adolescent girls. Equality Now combines grassroots activism with international, regional and national legal advocacy to achieve legal and systemic change to benefit all women and girls, and works to ensure that governments enact and enforce laws and policies that uphold their rights.

As a global organization, Equality Now has offices in the Americas (New York), Africa (Nairobi), Europe (London), and MENA (Beirut) and with presence in Amman, Jordan, New Delhi, India, Tbilisi, Georgia and partners and members all around the world.

For more information: equalitynow.org

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Finally, we are extremely thankful to the survivors and activists who generously contributed their voices to the stories in this report, as well as to the foreword.

LIST OF ACRONYMS & ABBREVIATIONS

CDC	Centers for Disease Control and Prevention
CEDAW	Committee on the Elimination of Discrimination Against Women
DHS	Demographic and Health Surveys
EU	European Union
FGM	Female Genital Mutilation
FGM/C	Female Genital Mutilation/Cutting
IHSN	International Household Survey Network
MICS	Multiple Indicator Cluster Surveys
NORC	National Opinion Research Center
OHCHR	Office of the United Nations High Commissioner for Human Rights
OWH	U.S Department of Health and Human Services Office on Women's Health
PRB	Population Reference Bureau
SDGs	Sustainable Development Goals
UN	United Nations
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHNS	The Women's Health Needs Study
WHO	World Health Organization

FOREWORD

THIS REPORT IS CRITICALLY IMPORTANT FOR THE GLOBAL MOVEMENT TO END FGM/C BY 2030

This report shines a spotlight on the presence of FGM/C in over 90 countries around the world. It highlights the need to act to end FGM/C without delay. It is a clarion call from survivors of FGM/C across cultures, communities, and countries to governments, the international community, and donors to recognize FGM/C as a global issue, requiring urgent global attention. Each of these women was cut. Now they are breaking the cycle of tradition and patriarchy by speaking out against FGM/C or sharing their experiences of being cut.



“ I think we really need to change the face of FGM because it doesn't just happen to people in Africa, it is everywhere... It's easy to turn a blind eye and say it is not happening in this country [U.K.], in our community. But if people don't think girls here are at risk, it stops them being saved because interventions that could help don't happen. ”

Tasneem Perry (U.K./Sri Lanka)

“ I think it is important that the narrative on FGM moves towards Asia, there has to be recognition that it is an international problem. We have to focus on the newer realities, the forms in which it is done, and the ages when it is done. There are big and small pockets of FGM happening across Asia... If you are talking about complete elimination of FGM, every woman and girl counts. ”

Masooma Ranalvi (India)

“ There is such a silence that surrounds this practice, that until we are talking about it more, we are really never going to know the amount of girls in the U.S that have been affected. We have to remove the shame, make it a subject safe to talk about. This is not a race, culture, religious, regional or anything else kind of issue. It is a human issue, period. ”

Jenny (USA)

“ There's a complete wall of silence around this issue here [Canada]. People keep their hands off, saying, 'That's their tradition,' and that attitude is wrong, wrong, wrong. That's why FGM has survived hundreds of years. ”

Serat (Canada/Somalia)

“ In the Middle East and Africa they do Type 3 and Type 4 FGC, which can cause death, but the Type 1 practiced in Singapore is often not viewed as serious enough. We tolerate certain forms of violence because they are not seen as sufficiently important to address. Accepting FGC because people say that a woman's sexuality needs curbing and controlling shows a lack of understanding about the meaning of this harmful practice. ”

Saza Faradilla (Singapore)

THE TIME FOR ACTION IS NOW.

We are survivors of FGM/C from across the world, who have come together to add our voices to this report. The type of FGM/C we underwent, the age we were when it took place and our religious beliefs may differ, but we are united in our commitment to ending the practice.

We will be silent no longer. We've found our voices, and we are calling on you to stand with us and take action!

WHAT IS FGM/C?

Female Genital Mutilation/Cutting (FGM/C) refers to all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons. There are many terms used to describe this practice, including 'female circumcision', 'female genital cutting', 'khatna', 'sunat', 'sunat perempuan', and many other terms or acronyms depending on the specific local context involved. The term FGM/C as used in this report is intended to be inclusive of all such terms.

The World Health Organization (WHO) classifies FGM/C into four types:

TYPE I

Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).

TYPE II

Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).

TYPE III

Narrowing of the vaginal orifice with creation of a covering seal by cutting and re-positioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).

TYPE IV

All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

GLOBAL PLATFORM FOR ACTION ON ENDING FGM/C

Equality Now, the End FGM European Network and the US End FGM/C Network are all part of the Global Platform for Action on Ending FGM/C, along with a number of other civil society organizations and activists. Within this platform we have launched a global call to action to end FGM/C.

Please visit our website and sign here:

actiontoendfgmc.com



The issue of women's rights is one that engages the fundamental structures and values of our society. How can we still live in a world where half of the global population does not have the same rights and opportunities as the other half, simply because they are female? How can we still tolerate such deeply rooted inequality shaping our policies, laws, societies, cultures, practices, and lives?

Female Genital Mutilation/Cutting (FGM/C) is now internationally recognized as a gross violation of human rights, a form of violence against women and girls, and a manifestation of gender inequality. This wasn't always so, in the past, even talking about FGM/C was taboo and it was considered a private or cultural practice.

The importance of eliminating FGM/C is recognized within Goal 5 of the Sustainable Development Goals (SDGs), dedicated to achieving gender equality. Target 5.3 under this goal requires all 193 countries that signed onto the SDGs to take action to "eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation".

With only ten years left to eradicate this widespread and harmful practice affecting millions of women and girls globally by 2030, the time to take stock and to accelerate action is now. This report highlights the global nature of FGM/C, shedding light on the available data on the practice of FGM/C in over 90 countries across the globe. The report also provides information on the legal status of FGM/C in those countries.

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EXECUTIVE SUMMARY

The official global picture of FGM/C is incomplete

According to official [UNICEF figures](#) (2020), FGM/C affects at least 200 million women and girls in 31 countries worldwide. This figure only includes countries where there is available data from large-scale representative surveys, which consist of 27 countries from the African continent, as well as Iraq, Yemen, the Maldives and Indonesia. It is widely acknowledged that this presents an incomplete picture of this global phenomenon. The current, already worrying numbers are a woeful under-representation since they do not take into account numerous countries where nationwide data on FGM/C prevalence is not available.

If we want to achieve worldwide eradication of FGM/C by 2030, we must measure FGM/C prevalence in every country and accelerate global efforts to end this harmful practice.

FGM/C is present on every continent except Antarctica

As this report shows, there is growing evidence that FGM/C takes place across the world, in numerous countries in Africa, Asia, the Middle East, Latin America, Europe, and North America, among indigenous and/or diaspora communities. Indirect estimates, small-scale research surveys and anecdotal evidence documenting the practice have been produced by survivors of FGM/C,¹ activists, and grassroots organizations who are courageously working to end FGM/C across the globe. With this evidence, they have provided support to affected women and girls and advocated with policymakers, courts, and local authorities to introduce and enforce legal and policy frameworks against FGM/C.

In 2019 alone, new studies documenting the practice of FGM/C in Sri Lanka, Saudi Arabia, and Malaysia have been published. In addition, a nationally representative survey from the Maldives was published in 2019 providing concrete evidence of the practice of FGM/C within the country.

¹ Survivors of FGM/C references women and girls who have experienced FGM/C. For the purposes of this report, the phrase 'survivor of FGM/C', 'survivor', or 'women and girls who have undergone FGM/C' will be used to refer to these brave women and girls.

FGM/C is present in at least 92 countries all of which need to be under the international spotlight

As this report will show, there are 32 countries where nationally representative data on FGM/C is available.² In addition, there are at least 60 other countries where the practice of FGM/C has been documented either through indirect estimates (usually used in countries where FGM/C is mainly practiced by diaspora communities), small-scale studies, or anecdotal evidence and media reports. This report, while not aiming to be an exhaustive review of all data on FGM/C clearly shows that FGM/C is a global practice that requires a global response. If we want to achieve worldwide eradication of FGM/C by 2030, we must measure FGM/C prevalence in every country and accelerate global efforts to end this harmful practice.

Lack of global awareness results in a lack of global action and investments

Despite the strong and continuously developing evidence base on the global presence of FGM/C, levels of awareness among the public and government officials regarding the global nature of the practice of FGM/C remain low. Activists and groups working to end FGM/C face monumental challenges in their work, compounded in many cases by the lack of reliable data, insufficient support and funding from the international community, and reluctance of national governments to take action on the issue, particularly in countries which are not traditionally known as FGM/C practicing countries.

It is widely acknowledged that efforts to end FGM/C are severely under resourced and require urgent investment. While the majority of the current funding is concentrated in a limited number of countries in the African region, the responses are still extremely under-resourced in these countries. Asia, the Middle East, and Latin America receive little to no investment. In these regions, several governments do not yet acknowledge (and in some cases even openly deny), the presence of FGM/C in their countries, thus undermining, and sometimes openly discrediting, the work of local survivors and activists.

Only 51 countries have laws against FGM/C across the world

The lack of political will and awareness of the existence of FGM/C worldwide impacts the availability of protective measures for women and girls who are at risk. Out of the 92 countries with available data on FGM/C, only 51 have specifically addressed FGM/C

² This includes the 31 countries covered in UNICEF data, as well as Zambia. For more details please refer to the section on 'Countries with available data on FGM/C from nationally representative surveys' in the chapter titled 'The Global Picture of FGM/C'.

within their national legal framework. Officially recognizing FGM/C as a violation (whether in a standalone anti-FGM/C law or through specific provisions in existing laws) is arguably the first step to implementing national interventions to eradicate it and protect women and girls.

Laws against FGM/C are most common in the African continent as well as countries where FGM/C is largely known to be practiced by diaspora communities including in Europe and North America. Asia and the Middle East lag behind in enacting legal prohibitions against FGM/C.

Ending FGM/C requires a global yet nuanced approach

The globalized nature of FGM/C requires not only a global response but a nuanced one, tailored to meet the particular contours of FGM/C as it is practiced in different regions, countries or communities. As this report demonstrates, better and growing data on the existence and prevalence of FGM/C, increased investment in efforts to end FGM/C, effective implementation of laws banning the practice of FGM/C, and tailored and comprehensive policies and services for survivors are needed in every country where FGM/C is now known to be present.

Through the SDGs, activists, and countries have made strong public commitments to ending FGM/C throughout the world by 2030. To achieve this goal, political commitments must now be put into action fully by accelerating and globalizing efforts, collecting and circulating reliable data, and providing the proper funding needed to put in place effective laws, policies and interventions to eradicate FGM/C once and for all.

KEY RECOMMENDATIONS

To this aim, the key recommendations put forward in this report call on governments, the international community and donors to:

- Strengthen the global political commitment to eliminating FGM/C
- Urgently increase resources and investment to end FGM/C and support survivors
- Strengthen the evidence base through critical research
- Enact and enforce comprehensive laws and national policies
- Improve wellbeing of survivors by providing necessary and critical support and services

METHODOLOGY

This report is intended to serve as a reference and advocacy tool in the fight to end FGM/C globally. Though an effort was made to include as much information as possible relating to both available data on FGM/C and national legal frameworks against FGM/C, this report does not purport to constitute a comprehensive or exhaustive authority on this issue. This report is based on publicly available information online, updated up to January 2020.

DATA

The data sources used in this report were collected using different research criteria.

1 CATEGORIES Countries with available data on FGM/C from nationally representative surveys:

For this category, the data is largely derived from the [UNICEF Global Database on Female Genital Mutilation, 2020](#). Also, searches were performed on the websites of the Demographic and Health Surveys (DHS), the Multiple Indicator Cluster Surveys (MICS) and the International Household Survey Network (IHSN) to cover most recent surveys, as well as surveys which may not have been included in the UNICEF global database.

2 CATEGORIES Countries with available data on FGM/C from indirect estimates:

This category includes published articles with national and regional indirect prevalence estimates of FGM/C in countries where there is a significant population of women and girls originating from countries where FGM/C is known to be common. This includes countries where FGM/C is largely known to be practiced by diaspora communities, for example, countries such as U.S., Canada, many European countries, Australia and New Zealand (although in some countries like the U.S., recent anecdotal evidence shows that the practice of FGM/C may be more widespread, with incidences reported from members of white Christian communities for example). Only studies published between 2000 - 2019 were included.

3 CATEGORIES Countries with available data on FGM/C from small scale studies:

Published reports and studies published that document the existence of FGM/C by direct interviews with survivors, cutters or members of the community where FGM/C is taking place were included. Studies were only included in this category if they either (i) had a minimum sample size of at least 25 survivors from the country concerned, or (ii) were qualitative studies documenting the existence of FGM/C within a community or country published in peer-reviewed journals. Only countries that have reports of FGM/C taking place between 2000 and 2019 have been included.

4 CATEGORIES Countries with available data on FGM/C from media reports and anecdotal evidence:

An effort was made to be as inclusive as possible. Data available from published media reports as well as reports of UN agencies, concluding observations of and submissions made to UN human rights bodies and reports of human rights or international organizations that mention the existence of FGM/C within a country without specifically referring to the underlying primary data have been included in this category. Small-scale studies and surveys that do not meet the criteria for Category 3 were also included in this category. Only countries that have reports of FGM/C taking place between 2000 and 2019 have been included.

LAWS ON FGM/C

The data for the second, third and fourth categories was collected from numerous sources. This included existing databases, sources and reports on FGM/C including the websites of Orchid Project and Stop FGM Middle East, and the article titled 'The practice of female genital mutilation across the world: Data availability and approaches to measurement' by [Cappa, Van Baelan and Leye](#) published in *Global Public Health* in February 2019. Further, general internet searches in non-academic search engines using the search terms Female Genital Mutilation (FGM), Female Genital Cutting (FGC), Female Circumcision/Female Genital Circumcision, combined with potential countries were used to track down additional studies. Data was also identified in some countries through individual communications and snowball attempts to connect with activists and organizations working on FGM/C in-country. An attempt was made to verify and supplement the data sources wherever possible through these conversations.

“ *If the purpose of female genital circumcision is cutting [the] clitoris this operation is not right and is not a religious tradition. If the girl is hurt, it is prohibited. Cutting off a part of a girl's genitals is certainly a crime against girls and there is no permission and justification for parents to do this operation.* ”

[Grand Ayatollah Ali Al-Sistani, Iraq, Clarification issued on official website](#)

The data included on laws to end FGM/C relies partially on the report titled '[The Law and FGM: An Overview of 28 African Countries](#)' by Thomson Reuters Foundation and *28 Too Many* (2018) and was largely derived from the World Bank's '[Compendium of International and National Frameworks on Female Genital Mutilation](#)' (Third Edition, 2019). Similar to the World Bank Compendium, this report only includes references to national laws of countries where there is evidence of FGM/C being practiced.

It is pertinent to note that the World Bank's Compendium includes all countries that either have a specific law/legal provision relating to FGM/C, as well as countries where FGM/C can potentially be prosecuted under general criminal provisions. As this report is an FGM/C-specific advocacy report, it only highlights countries that have either a specific law against FGM/C or a specific provision relating to FGM/C in any of its laws. The conscious decision to exclude countries that have general criminal provisions that can be used to prosecute FGM/C offenses (such as those which prohibit violence, acts against bodily integrity, assault, harm, and the like) from the scope of this report was taken for the following reasons:

- First, specific laws or legal provisions against FGM/C often operate as a declaration of political will and demonstrate government commitment towards ending FGM/C. They lay down a norm that FGM/C is a harmful practice that violates human rights, sending a strong message that the practice is socially and legally unacceptable in the country. Having a specific provision addressing FGM/C, as an official acknowledgment of the issue, is arguably the first step that leads to putting in place comprehensive policies and the provision of adequate services at a national level to tackle this harmful practice.
- Second, having FGM/C openly labeled as a criminal offense can act as a deterrent to the practice and can be used as an educational and awareness-raising tool to sensitize affected communities and contribute to behavioral change.

In the absence of a clear legal framework criminalizing FGM/C, the lack of political will, social pressure to maintain the tradition of FGM/C, low levels of awareness relating to FGM/C and its harms, and myriad other reasons results in little or no likelihood of FGM/C being tackled under general criminal provisions unless there is a specific government policy or directive requiring law enforcement officials to undertake such prosecutions (e.g. in the case of France).



AISHA* SINGAPORE

FGM/C is documented among the Malay community in Singapore, where it is known as 'sunat'. The Malay community makes up 15% of the total population in Singapore. There are no prevalence estimates available.

*Name has been changed.

“ I was told as a child that every girl had to go through it. There is basically nobody that you know who hasn't gone through it. I believed everything my mother said.

As a nurse, I cleaned the vagina of women of different ethnicities. Of course, I noticed the difference. They had the hood and the two labia folds, and I did not.

At that time, as a Malay Muslim, I believed that my vagina was “cleaner” than those who were not circumcised. I felt I belonged to a much “higher status” because I was “cut”.

I realized my sexual desire plummeted and I wasn't really interested in sex much longer.

I had my daughter at home, assisted by my husband. The natural delivery left a stinging burning sensation on my clitoris region. I thought it would go away, but it lasted much longer than I expected.

I deeply pondered: Why am I still feeling this? Why does it still feel sore? Is it because of the FGC that my mother made sure I underwent when I was a baby?

My mother kept insisting that I took my daughter to the clinic for “sunat”. She said it would be “over before you know it.” My husband is Muslim, but he's not Malay. My husband refused to have it done to our daughter. He said women in his country did not have it done.

I'm sad it was done to me. I will never let it happen to my offspring.

When we educate women, we educate the entire nation. Women have to choose wisely what is right and wrong. Don't succumb to social pressure – just because everyone is doing it, doesn't make it right. ”



A longer version of this story was originally published on [Sahiyo's blog](#).

For Aisha's* full story head to equalitynow.org/Aisha



DARYA* IRAN

While there is no nationally representative data on FGM/C prevalence in Iran, various studies surveying women and girls from Western and Southern regions in Iran have found FGM/C prevalence ranging from 16 - 83% within the study samples.

*Name has been changed.

“ I cried so much when they circumcised me. I asked them to stop.

It seems like a nightmare to me. I feel so sad about it now.

I was 17 years old when my eldest daughter was circumcised. Her circumcision was more painful to me than my own.

I was really oppressed at that situation. I was so little that I knew nothing about love affairs. I mean that I didn't know what was supposed to be done! Nothing at all.

Women who have been circumcised do not want to have sex more than once or twice a month. It means that if they have more sex with their husband, that is because they want to keep their husband satisfied and keep their family too.

It is really hard. It is a disaster and you cannot understand it as long as you are not circumcised yourself. It was harder to see my daughter circumcised than [going through] my own. ”



Rayehe Mozafarian, founder of Stop FGM Iran, spoke to women including Darya* to document the practice of FGM/C in Iran, and is advocating to end the practice.

For Darya's full story head to equalitynow.org/Darya

THE GLOBAL PICTURE OF FGM/C

THE DATA

We are aware of at least 92 countries across the globe where there is currently available evidence of women and girls living with FGM/C or who are at risk of having FGM/C performed on them.

1 CATEGORY Of these, only **32 countries** have nationally representative prevalence data on FGM/C, most of which are concentrated in the African continent, but also include Iraq, Yemen, Indonesia, and the Maldives.

2 CATEGORY In an additional **31 countries**, including a number of European countries, the United States, and Australia, FGM/C is largely known to be practiced by diaspora communities living in these countries. In some countries like the U.S., recent anecdotal evidence suggests that the practice of FGM/C may be more widespread, with incidences reported from members of white Christian communities for example. These countries have available data indirectly estimating the prevalence of FGM/C based on the number of women and girls living within the country who originated from a country where FGM/C is known to be practiced, multiplied by the FGM/C prevalence rate in the country of origin.

3 CATEGORY Activists and researchers in **15 other countries** have conducted small-scale primary research studies that document the existence of FGM/C within a country or community through direct interviews with survivors, community members, cutters, and religious leaders. Most of these studies have a small sample size, although the largest study surveyed 4,800 respondents. Some of these studies have indicated a likely prevalence of FGM/C within the sample surveyed, which often covers only a particular region or community within a country.

4 CATEGORY In an additional **14 countries**, media reports, UN documents, government reports, and reports of civil society organizations have made references that point to or establish the practice of FGM/C within the country. However, no further information on prevalence or data from research studies is available for these countries.

Map Key and Data

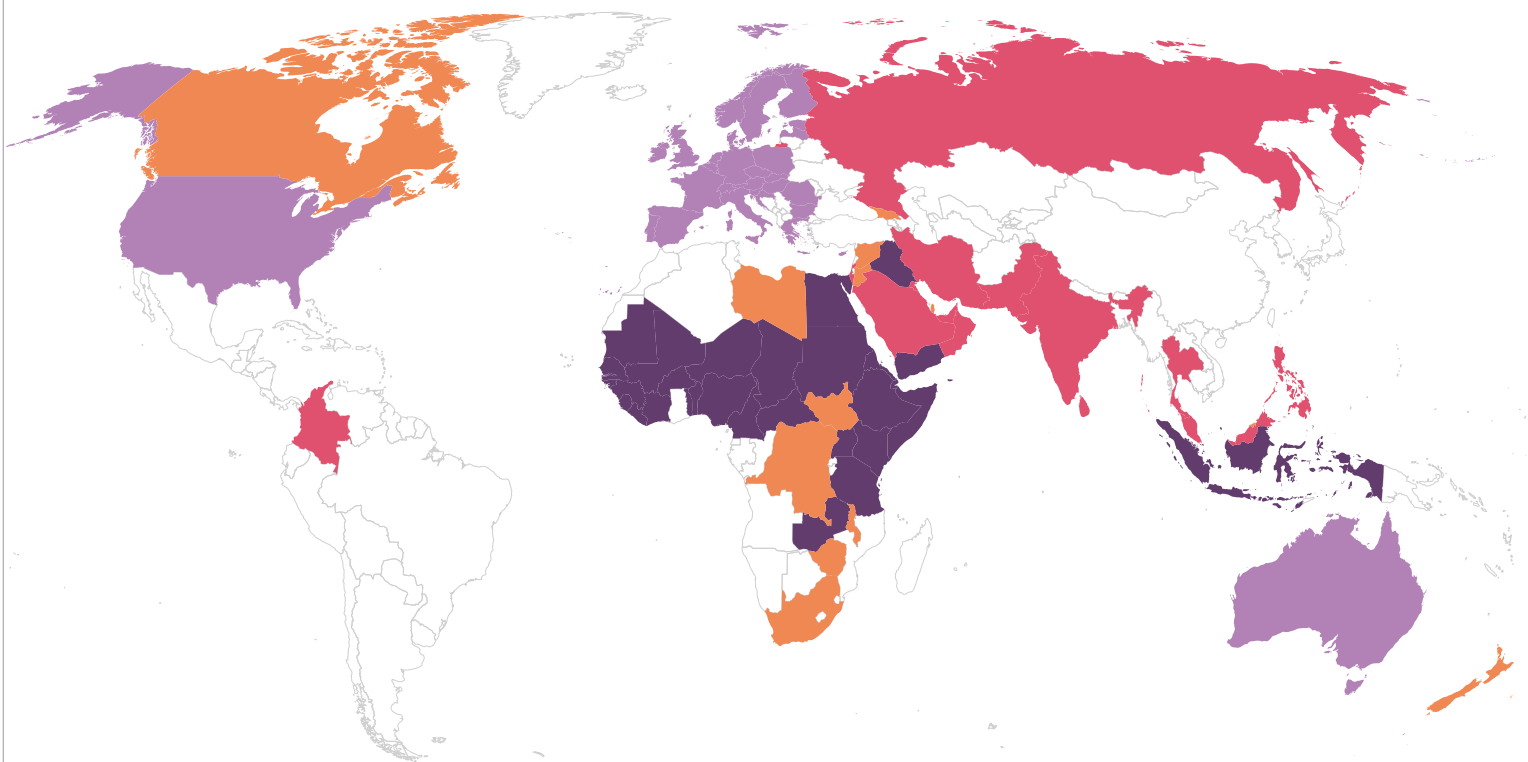
CATEGORY 1
Countries with nationally representative surveys on FGM/C
Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Cote d'Ivoire, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Indonesia, Iraq, Kenya, Liberia, The Maldives, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Somalia, Sudan, Tanzania, Togo, Uganda, Yemen, Zambia

CATEGORY 2
Countries with indirect estimates on FGM/C
Australia, Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, United Kingdom, United States of America

CATEGORY 3
Countries with small-scale studies on FGM/C
Colombia, India, Iran, Israel, Kuwait, Malaysia, Oman, Pakistan, Philippines, Russia, Saudi Arabia, Singapore, Sri Lanka, Thailand, United Arab Emirates

CATEGORY 4
Countries where media reports and anecdotal evidence refer to occurrence of FGM/C
Bahrain, Brunei Darussalam, Canada, Democratic Republic of Congo, Georgia, Jordan, Libya, Malawi, New Zealand, Qatar, South Africa, South Sudan, Syria, Zimbabwe.

**Map 1: The Global Presence of FGM/C
According to Data Availability Category**



LAWS AGAINST FGM/C

Of the population of 92 countries where FGM/C is practiced, across the various data categories, about 55% (51 countries total) have specifically prohibited FGM/C under their national laws, either through a specific anti-FGM/C law or by prohibiting FGM/C under a criminal provision in other domestic laws such as the criminal or penal code, child protection laws, violence against women laws or domestic violence laws.

Laws against FGM/C are most common in the African continent with 55% of total laws globally coming from the 28 countries in Africa that have enacted specific laws or specific legal provisions against FGM/C.

Apart from the African continent, 41% of total laws against FGM/C are of countries where FGM/C is most commonly practiced by diaspora communities, with 16 European countries, the U.S., Canada, Australia, and New Zealand all having specific laws or legal provisions against FGM/C. Georgia has also recently passed a law against FGM/C³.

In contrast, in the Middle East, only Iraq (Kurdistan) and Oman have specific laws or legal provisions banning FGM/C.⁴ In Asia, not a single country has enacted a specific legal prohibition against FGM/C.⁵ There are also no specific laws or legal provisions against FGM/C in Latin America.

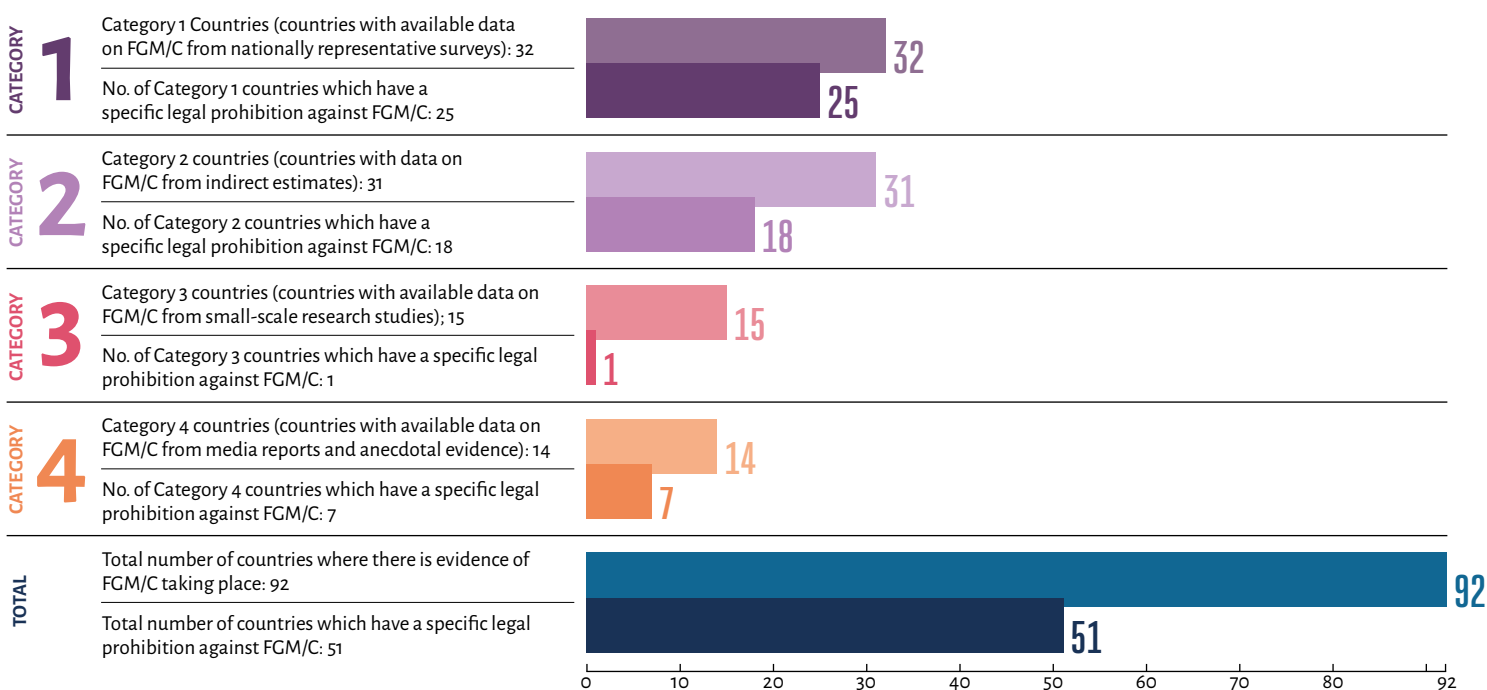
The information presented within this report indicates that 78% of countries with data on FGM/C from nationally representative surveys, have specifically prohibited FGM/C under their laws.

On the other hand, 58% of countries with data on FGM/C from indirect estimates have specifically addressed FGM/C in their laws. However, it is relevant to note here that a handful of countries in Europe while not having specific criminal prohibitions against FGM/C do include FGM/C under general criminal provisions that prohibit violence, acts against bodily integrity, assault, harm and the like.

In countries with available data on FGM/C from small-scale research studies, only one country, Oman, has prohibited FGM/C, bringing this category to a 7% adoption level. In contrast, 50% of countries with available data on FGM/C from media reports and anecdotal evidence have passed laws against FGM/C. Of the seven countries which have passed laws, four are African countries (where there is generally greater awareness about FGM/C) and two are countries with significant diaspora communities (New Zealand and Canada).

Further research beyond this report is needed to understand the relationship between the availability of clear data on FGM/C within a country and the adoption of FGM/C laws, along with the impact of other various contextual factors (i.e geographic location, measures of awareness) on this relationship.

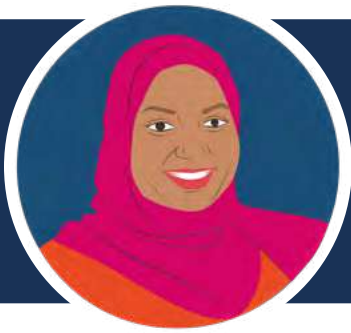
Figure 1: Number of Countries with Available Data on FGM/C Compared to Number of Countries with Specific Legal Prohibitions Against FGM/C, According to Data Availability Category



³ In Georgia, FGM/C is commonly practiced by non-diaspora communities.

⁴ Egyptian law also specifically prohibits FGM/C. However, Egypt has been included as part of Africa as opposed to the Middle East for the purposes of this report.

⁵ Cyprus and Georgia have passed specific prohibitions against FGM/C. Though Cyprus and Georgia are sometimes considered part of Asia, they are included within the European continent for the purposes of this report as Cyprus is a member of the EU and Georgia is a State Party to the Council.



HABIBA OMAN

Habiba al Hinai is an Omani women's rights activist, and Founder and Executive Director of the Omani Association for Human Rights (OAHR). She is based in Germany.

“ I was approached by some people in Germany from Stop FGM Middle East who wanted information about FGM in Oman. I surveyed 100 women and 100 men and the data I gathered was shocking, devastating.

Almost 78% of the women I spoke to reported being cut. As FGM happens at a young age, many women don't remember being cut. They don't know what the shape of their vagina should have been like, they don't have anyone to ask, and the issue is taboo so they can't talk about it.

I posted my results online and the response was huge. I was attacked by religious conservatives who say female circumcision is a form of Islamic worship.

People were telling me it was good for health, it stops cancer, it reduces your sex drive, it helps you have a better sex life with your husband, it makes giving birth easier—basically everything that is opposite from the truth!

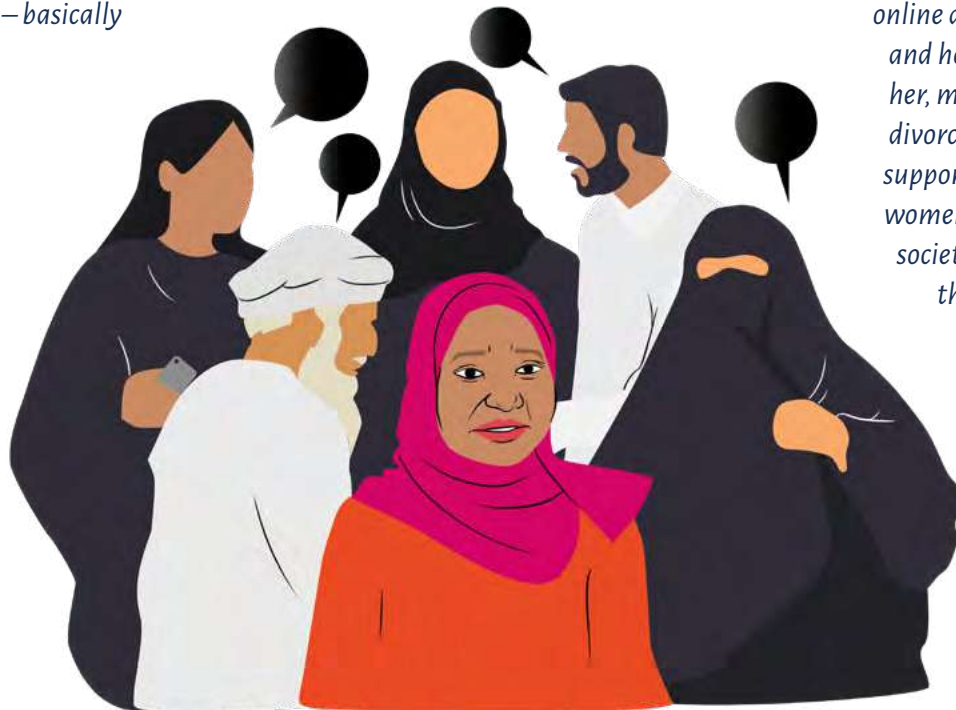
We have only recently found out how widely practiced FGM

is and there is nothing in place to help women and girls in the Gulf countries like Oman. Despite some international pressure, nothing is being done in society to stop the practice.

What we want from the new Sultan of Oman is a national study to be conducted on the practice of FGM in Oman, and respect for human rights. We want a center for survivors so they can have therapy and get what they need. We have women's associations around the country and we want them to adopt women's rights policies to address FGM and provide support to women and girls on this.

African women are pioneers in campaigning to end FGM and they have had a lot of support around the world.

But in the Middle East, women don't get any support. How can you ask a survivor to speak out against FGM and then face all the consequences—criticism and online defamation, her family and her tribe may disown her, maybe her husband will divorce her—without proper support. I don't expect these women to speak out and face society. We have to give them the help and support they need. ”



For Habiba's full story head to equalitynow.org/Habiba

CATEGORY 1. COUNTRIES WITH AVAILABLE DATA ON FGM/C FROM NATIONALLY REPRESENTATIVE SURVEYS

UNICEF estimates that at least 200 million girls and women have been cut in 30 countries with representative data on prevalence. The countries that have nationally representative data on FGM/C prevalence are largely concentrated on the African continent plus a few countries in the Middle East (Yemen and Iraq), and Indonesia. Additionally, the Demographic and Health Surveys for the Maldives in 2016-17 for the first time collected information on FGM/C prevalence within the Maldives.

Nationally representative data on FGM/C is collected through household surveys, and are mainly available from two sources:

- the Demographic and Health Surveys (DHS) funded by the United States Agency for International Development (USAID)
- Multiple Indicator Cluster Surveys (MICS) supported by UNICEF

Both the [DHS](#) and [MICS](#) have developed FGM/C modules with standardized questions on FGM/C. In some countries, data is available through other nationally representative household surveys, normally conducted by the national government.

There are some challenges to obtaining these direct estimates, including difficulties in capturing a representative sample of the female population who have undergone FGM/C, or those who are at risk of FGM/C, particularly in countries where FGM/C is practiced only by certain communities, as well as the time and costs associated with such surveys ([Cappa, Van Baelen & Leye, 2019](#)).

Map 2: Countries with Available Data on FGM/C from Nationally Representative Surveys

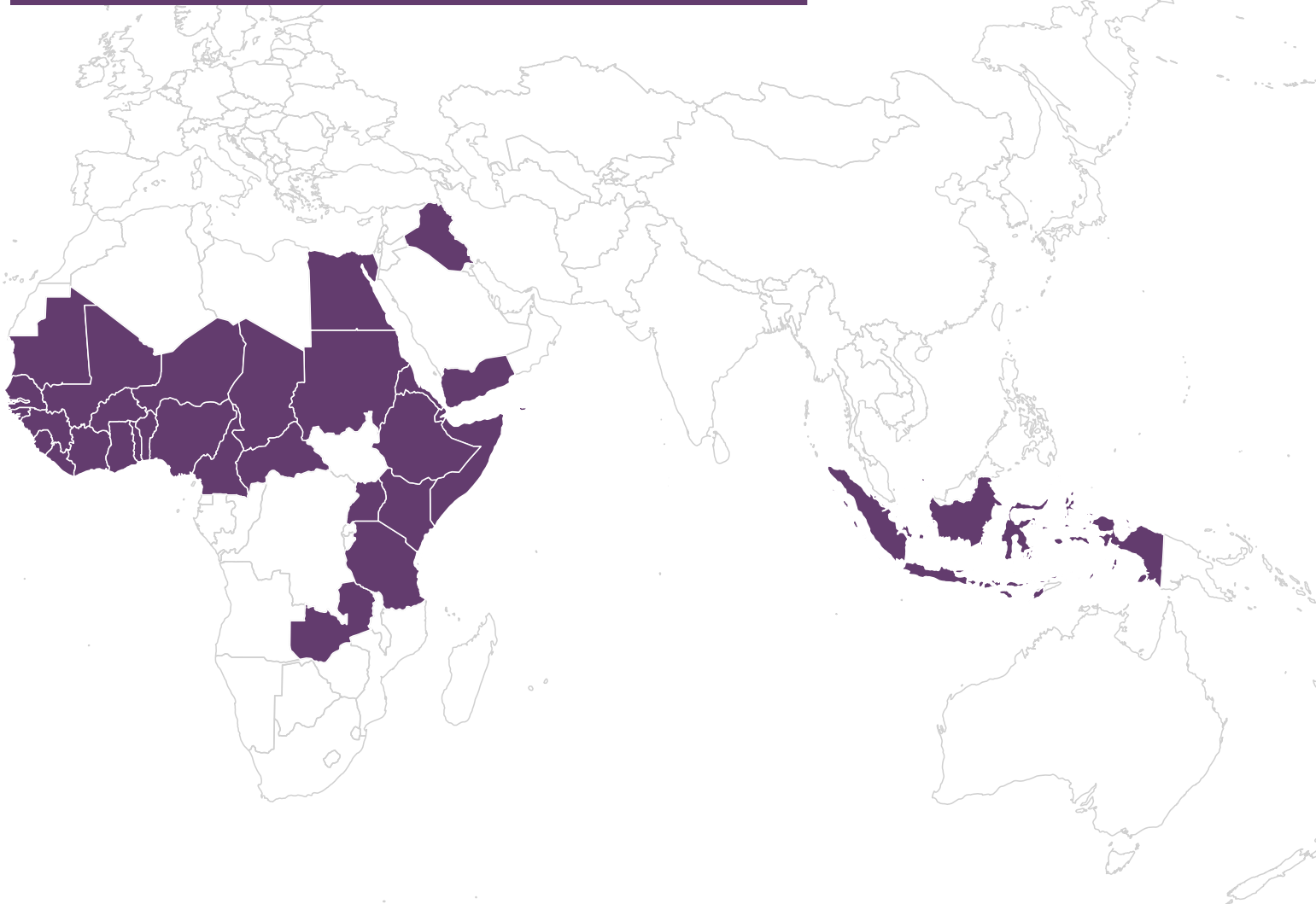
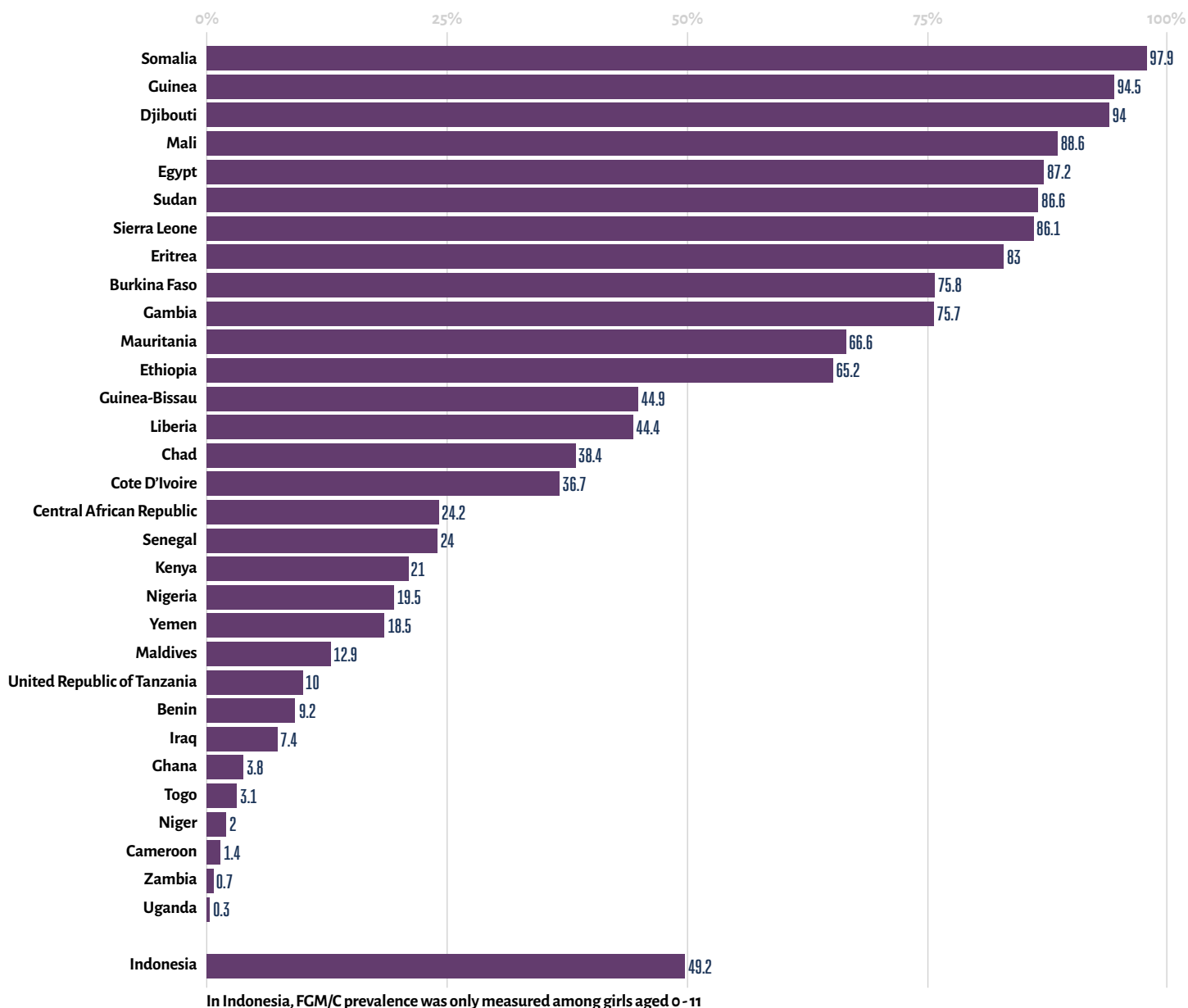


Figure 2: Percentage of Women and Girls Aged 15 to 49 who Have Undergone FGM/C in Countries with Data from Nationally Representative Surveys



Source: UNICEF Global Database, 2020 (except Zambia).

Nationally representative data from Zambia is available through the Zambia Sexual Behaviour Surveys. This data is not included in UNICEF's global database since FGM/C is found to be practiced only by immigrant communities in Zambia, but is included here.

The Importance of Data

UNICEF reports prior to 2015 had estimated FGM/C prevalence at 125 million across 29 countries (not including Indonesia). When the Ministry of Health in Indonesia included questions on FGM/C prevalence in its household surveys in 2013 for the first time, new data became available. Global estimates of FGM/C prevalence jumped exponentially from 125 million to 200 million in UNICEF's 2016 report, with a large portion of the increase being attributed to the inclusion of Indonesia. The inclusion of just one additional country from Asia changed the face of statistics on FGM/C prevalence.

What would the global statistics look like if we were able to obtain reliable data on FGM/C prevalence for each of the 92 countries identified in this report where we are aware of the practice of FGM/C taking place?

Table 1: Legal Status of FGM/C in Countries with FGM/C Data from Nationally Representative Surveys

Countries which have enacted a specific national anti-FGM/C law	Countries where FGM/C is specifically mentioned/covered within other laws	Countries which do not specifically address FGM/C within their laws
Benin Eritrea Guinea-Bissau Kenya Uganda	Burkina Faso Cameroon Central African Republic Chad** Côte D'Ivoire Djibouti Egypt Ethiopia The Gambia Ghana Guinea Iraq (Kurdistan) Mauritania Niger Nigeria* Senegal Sudan* Tanzania Togo Zambia	Indonesia Mali Liberia Sierra Leone Somalia** The Maldives Yemen

*Though Nigeria and Sudan have specific criminal provisions against FGM/C, these provisions do not apply in all states within the country.

**Somalia's Constitution expressly states that the "circumcision of girls is prohibited". However, there is no national legislation that expressly implements this Constitutional provision, and there are no known instances where FGM/C offenses have been prosecuted under general criminal provisions.

++ Though FGM/C was outlawed in Chad by the Reproductive Health Law passed in 2002, the implementation decree required to bring the law into force was only passed in 2018. The implementation decree needs to be signed by the President of Chad before it becomes effective.

- “
- *FGM of any degree has no medical benefit to the individual.*
 - *FGM of any degree can lead to harm and suffering to the individual girl/woman, short term and long term, physical and psychological.*
 - *FGM is a human right[s] violation and can be considered as torture under the Children's Charter.*

Any involvement in this procedure, be it conducting the procedure or encouraging it, is considered highly unethical. As such, all medical professionals, whose primary ethical and moral obligation towards mankind is to 'do no harm' are instructed to refrain from any involvement regarding female genital mutilation. ”

Sri Lankan Ministry of Health, Nutrition and Indigenous Medicine, Circular on Medical Professionals Involvement in Female Genital Mutilation, 2018



RENA INDONESIA

Rena Herdiyani is the vice-chair of Kalyanamitra, a women's rights organization in Indonesia that has been doing advocacy on FGM since 2006, including public awareness-raising and discussion at the community level.

“ FGM happens in regions across Indonesia. People do it because they are following their family's traditions and what their religious leaders advise. They don't know that FGM is not part of Islamic teaching.

A lot of FGM is performed by traditional midwives or circumcisers who do it as their profession. We interviewed a traditional circumciser in North Jakarta and she said she used a small knife and took a little bit the size of a grain of rice from the baby's clitoris. You can also get FGM done in clinics where they offer a package for baby girls shortly after birth – piercing the ears and FGM at the same time. This is done by professional medical staff.

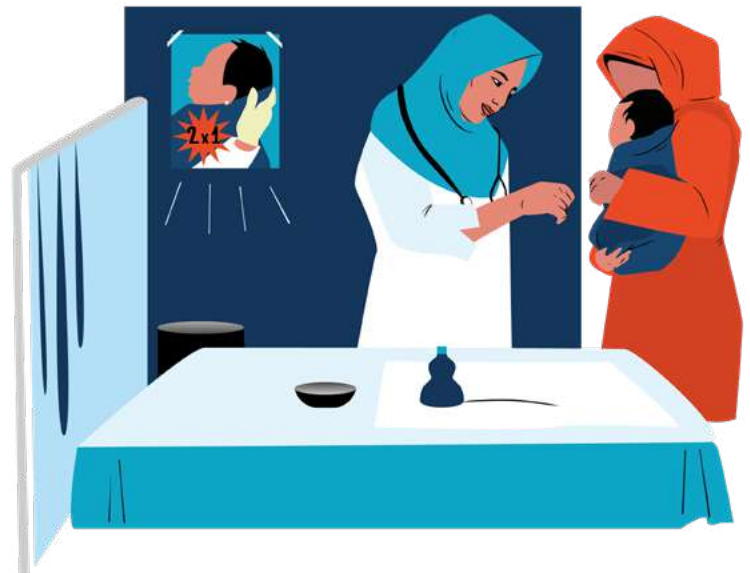
There are some misconceptions about FGM. People think it makes a woman less forceful sexually. They also think it is good for the health of the baby girls but they don't know in what way. They think it has no bad impact on the health of girls or later in life.

Any forms of FGM, even symbolic, is a violation of women's rights.

In 2008, the Indonesian Council of Ulama (MUI), Indonesia's top clerical body, issued a fatwa supporting female circumcision. This fatwa has become a barrier that is preventing the government from fighting to eliminate FGM or introducing legislation to outlaw it.

Public awareness is part of our work, especially at the grassroots and from a health perspective. We have had good engagement at the international level but it has been very difficult to get funding for our FGM work, either in Indonesia or internationally.

We need to find progressive and influential religious leaders that can convince the community to change their practices and mind-sets, which stems from gender stereotypes that people have internalized when they were young from what they were told by family, school, religious teachings and society in general. ”



For Rena's full story head to equalitynow.org/Rena

CATEGORY 2. COUNTRIES WITH AVAILABLE DATA ON FGM/C FROM INDIRECT ESTIMATES

Many countries where FGM/C is practiced mainly by diaspora communities estimate FGM/C prevalence within their population by using indirect methodologies. Such data provides an indirect estimate of women and girls from diaspora communities living in the country who have undergone FGM/C and/or who are at risk of having FGM/C performed on them, using an extrapolation method.

The prevalence rate of FGM/C in the countries of origin (as found by nationally representative surveys such as DHS and MICS) is multiplied by the total number of girls and women in the country of destination who have come from an FGM/C country of origin and/or were born to a mother who came from an FGM/C country of origin.

The number of women from countries of origin where FGM/C is practiced is based on data retrieved from a variety of sources, including a population register, birth register, register of asylum seekers, results from a national census, or a combination of some of these data sources (Van Baelan, Ortensi, Leye, 2016).

“Female genital mutilation is internationally recognized as a human rights violation and is considered an extreme form of discrimination against women (...) The American College of Obstetricians and Gynecologists condemns the practice of FGM and supports all efforts to eliminate the practice of FGM in the U.S. as well as internationally. This position is aligned with those of the World Health Organization, the American Medical Association, and the American Academy of Family Physicians.”

American College of Obstetricians and Gynecologists, USA, College Statement of Policy issued in April 2019

Challenges of collecting data through indirect estimates

The lack of adequate funding put towards developing these indirect estimates of FGM/C, non-systematic data collection, and lack of harmonization results in a wide difference in methodology and delivery in the studies conducted in various countries.

There are several challenges affecting the reliability of indirect estimates:

- there is a lack of disaggregated data (including on the basis of sex, community, ethnicity, religion) on diaspora communities. Hence, for example, the indirect estimates would not take into account practicing communities with high FGM/C prevalence who are from ‘low prevalence’ countries, or the families that have rejected the practice.
- in many cases, asylum seekers, refugees, and undocumented immigrants are not included within the estimates. (Leye et. al., 2014)
- such studies also often base the likelihood of FGM/C in countries of birth rather than considering how the practice of and attitudes towards FGM/C may have developed due to migration.
- such indirect estimates only take into account FGM/C prevalence among diaspora communities from countries where data on FGM/C prevalence is available from nationally representative surveys (i.e. Category 1 countries).

The available data from these indirect estimates indicates the importance of getting more and better data to effectively understand and address FGM/C outside the 32 countries where national prevalence data is currently collected.

- The European Union estimates that around 600,000 women and girls are living with the consequences of FGM/C in the EU and that a further 180,000 girls and women are at risk of undergoing the harmful practice in 13 European countries alone (European Parliament Resolution, 12 February 2020)⁶.
- There are an estimated 513,000 women and girls living in the United States who have either undergone FGM/C or are at risk,
- There are an estimated 53,088 survivors of FGM/C living in Australia.

⁶ https://www.europarl.europa.eu/doceo/document/B-9-2020-0092_EN.html?redirect

Table 2: FGM/C Data and Legal Status in Countries with Data from Indirect Estimates

Country	Available Data			Legal Status
	No. of Women and Girls who have undergone FGM/C	No. of Girls at Risk (including high risk scenario)*	Source	
Australia	53,088	N/A	<u>Australian Institute of Health and Welfare</u> (2019)	Specific criminal provision prohibiting FGM/C.
Austria	7,036	N/A	<u>Van Baelan, Ortensi, Leye</u> (2016)	Specific criminal provision prohibiting FGM/C.
Belgium	17,575	8,342	<u>Duborg & Richard</u> (2018)	Specific criminal provision prohibiting FGM/C.
Bulgaria	31	N/A	<u>Van Baelan, Ortensi, Leye</u> (2016)	No specific law against FGM/C.
Croatia	112	N/A	<u>Van Baelan, Ortensi, Leye</u> (2016)	Specific criminal provision prohibiting FGM/C.
Cyprus	1301	132 (high risk scenario)	<u>Van Baelan, Ortensi, Leye</u> (2016); <u>EIGE</u> (2018)	Specific criminal provision prohibiting FGM/C.
Czech Republic	312	N/A	<u>Van Baelan, Ortensi, Leye</u> (2016)	No specific law against FGM/C.
Denmark	7,910	N/A	<u>Van Baelan, Ortensi, Leye</u> (2016)	Specific criminal provision prohibiting FGM/C.
Estonia	8	N/A	<u>Van Baelan, Ortensi, Leye</u> (2016)	Specific criminal provision prohibiting FGM/C.
Finland	10,254	3,075	<u>Finland Ministry of Social Affairs and Health</u> (2019)	No specific law against FGM/C.
France	125,000	44,106 (high risk scenario)	<u>Lesclingand et. al.</u> (2019); <u>EIGE</u> (2018)	No specific law against FGM/C. However, general criminal provisions have been successfully used to prosecute offenses of FGM/C.
Germany	70,218	17,691	<u>Terre des Femmes</u> (2019)	Specific criminal provision prohibiting FGM/C.
Greece	15,249	748 (high risk scenario)	<u>Van Baelan, Ortensi, Leye</u> (2016); <u>EIGE</u> (2018)	No specific law against FGM/C.
Hungary	396	N/A	<u>Van Baelan, Ortensi, Leye</u> (2016)	No specific law against FGM/C.
Ireland	5,790	1,632 (high risk scenario)	<u>Akina Dada wa Africa</u> based on 2016 data collected by Ireland's <u>Central Statistics Office</u> (2017); <u>EIGE</u> (2015)	Specific criminal provision prohibiting FGM/C.
Italy	70,469	18,339 (high risk scenario)	<u>Ortensi, Farina, Leye</u> (2018); <u>EIGE</u> (2018)	Specific national anti-FGM/C law which prohibits FGM/C.
Latvia	5	N/A	<u>Van Baelan, Ortensi, Leye</u> (2016)	No specific law against FGM/C.

Luxembourg	379	N/A	<u>Van Baelan, Ortensi, Leye</u> (2016)	No specific law against FGM/C.
Malta	565	279 (high risk scenario)	<u>Van Baelan, Ortensi, Leye</u> (2016); <u>EIGE</u> (2018)	Specific criminal provision prohibiting FGM/C.
Netherlands	41,000	4,200	<u>Pharos</u> (2019)	No specific law against FGM/C.
Norway	17,058	N/A	<u>Van Baelan, Ortensi, Leye</u> (2016)	Specific criminal provision prohibiting FGM/C.
Poland	207	N/A	<u>Van Baelan, Ortensi, Leye</u> (2016)	No specific law against FGM/C.
Portugal	6,576	1,365 (high risk scenario)	<u>Lisboa et. al.</u> (2015); <u>EIGE</u> (2015)	Specific criminal provision prohibiting FGM/C.
Romania	79	N/A	<u>Van Baelan, Ortensi, Leye</u> (2016)	No specific law against FGM/C.
Slovakia	57	N/A	<u>Van Baelan, Ortensi, Leye</u> (2016)	No specific law against FGM/C.
Slovenia	69	N/A	<u>Van Baelan, Ortensi, Leye</u> (2016)	No specific law against FGM/C.
Spain	15,907	N/A	<u>Van Baelan, Ortensi, Leye</u> (2016)	Specific criminal provision prohibiting FGM/C.
Sweden	38,939	11,145 (high risk scenario)	<u>Van Baelan, Ortensi, Leye</u> (2016); <u>EIGE</u> (2015)	Specific national anti-FGM/C law which prohibits FGM/C.
Switzerland	14,700	N/A	<u>De Pietro et. al.</u> (2014)	Specific criminal provision prohibiting FGM/C.
United Kingdom	137,000	67,300	<u>Macfarlane & Dorkenoo</u> (2015)	Specific national anti-FGM/C law which prohibits FGM/C.
United States	513,000 women and girls who have either undergone FGM/C or are at risk		<u>Goldberg et. al.</u> (2016)	Specific national anti-FGM/C law that prohibits FGM/C. However, this law was declared unconstitutional by the District Court of Michigan in 2018 and is currently in limbo. Currently, only 35 of the 50 states in the United States have specifically prohibited FGM/C under their law.

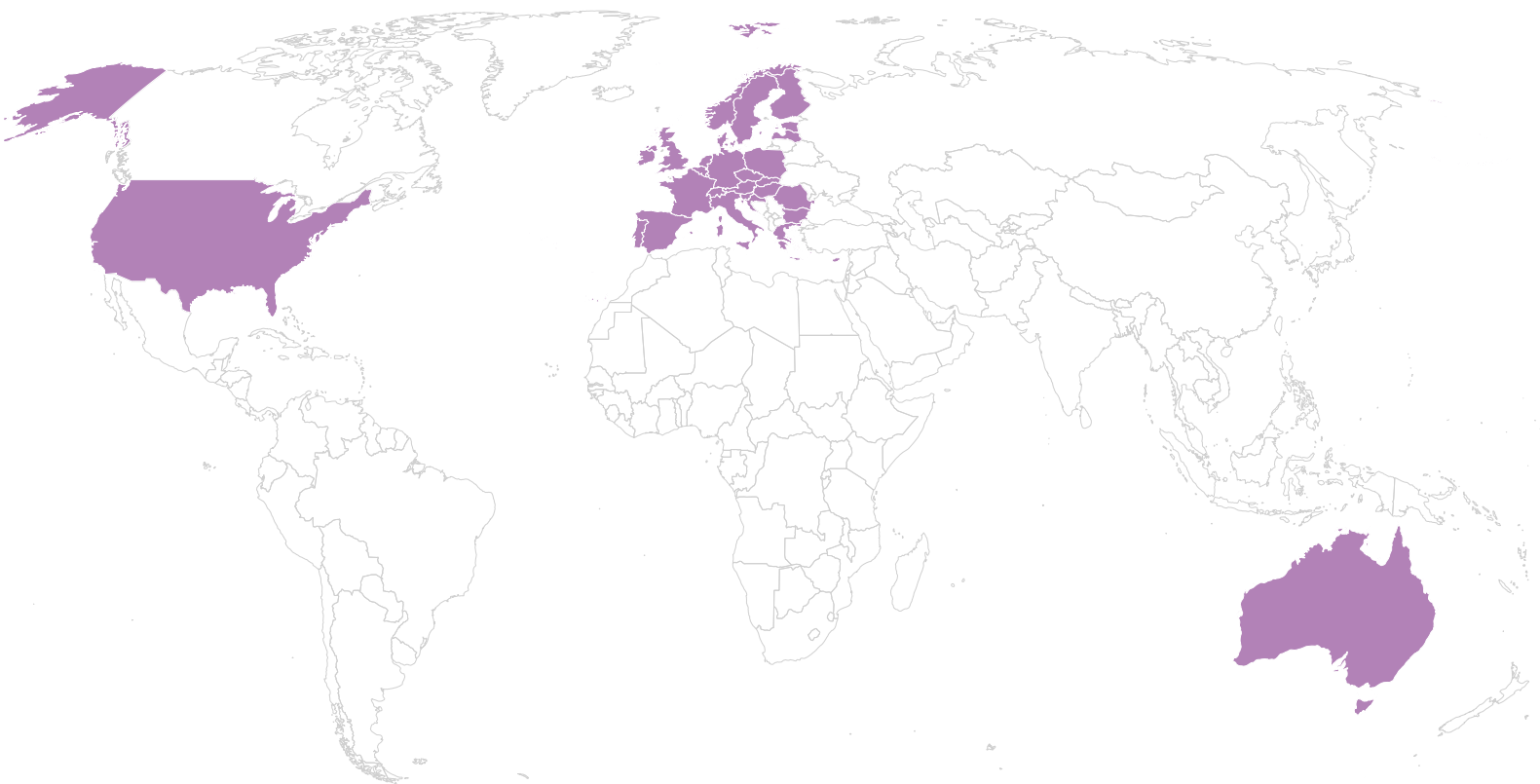
*For those countries where the number of girls at risk is based on a high risk scenario: High risk scenario as defined by the European Institute for Gender Equality (EIGE) is based on the premise that there is no influence of migration whatsoever, and that the number of girls (originating from an FGM/C risk country) at risk of FGM/C would be the same as if they had never migrated.

Note on sources: Some studies only contain indirect estimates of the number of women and girls living in a particular country who have undergone FGM/C, some only estimate the number of girls at risk of undergoing FGM/C, and some studies have both indirect estimates of women and girls who have undergone FGM/C and the number of girls at risk of undergoing FGM/C. For this reason, some countries in the above table have two sources listed while others have only one.

“ *The many forms of slavery, the commercialization, and mutilation of the bodies of women, call out to us to be committed to defeat these types of degradation that reduce them to mere objects that are bought and sold ...* ”

Pope Francis, 266th Pope of the Catholic Church, February 2015
Source: Reuters (2015)

Map 3: Countries with Available Data on FGM/C from Indirect Estimates



Addressing the data gap: investing in research

Indirect estimates have provided a platform for government institutions, activists, and researchers to further invest in primary research studies to validate the indirect estimates and cover gaps in data availability.

While various small scale research studies have been conducted in the United States, a 2016 publication by the Centers for Disease Control and Prevention (CDC) estimated indirectly that approximately 513,000 women and girls have either undergone or could be at risk of FGM/C. On behalf of the CDC, the National Opinion Research Center (NORC) at the University of Chicago is currently designing and carrying out a multi-site study to collect scientifically valid information on FGM/C in the United States. The Women's Health Needs Study (WHNS) will systematically and directly collect information about women's health experiences and needs in selected communities in the United States with high concentrations of residents from countries where FGM/C is prevalent. WHNS will assess the extent to which FGM/C affects women in these communities; women's attitudes about the continuance of the practice; and their health experiences and needs. Findings from WHNS can be used to inform and plan

programs, services, and prevention efforts. The WHNS study was successfully piloted in 2019, and the full WHNS data collection will be carried out in 2020-21.

Also following the release of the CDC indirect estimates, the U.S. Department of Health and Human Services Office on Women's Health (OWH) funded eight projects across the country to address gaps and problems in FGM/C-related health care services for women and girls living in the U.S. who had undergone FGM/C. One such project represented the first large-scale examination of health, victimizations, and FGM/C experiences of Somali women and adolescent girls in Arizona, where 879 Somali and Somali Bantu women and adolescent girls (aged 15 to 18) were surveyed in the cities of Phoenix and Tucson. Results showed that 79% of women and girls surveyed had undergone FGM/C (Fox & Johnson-Agbakwu, 2020), and a significant association between FGM/C and poor health. This effort, along with the remaining projects funded by OWH, provided valuable data on the specific needs and experiences of survivors from various communities across the U.S. and produced multiple specialized FGM/C resources for supporting survivors, educating communities, and training health care providers.



MASOOMA INDIA

In India, FGM/C is mainly prevalent in the Bohra community. A 2018 study estimated that 75% of daughters (aged 7 and above) in the survey sample had undergone FGM/C.

Masooma Ranalvi is the founder of WeSpeakOut, an organization working to end FGM/C in India.

“ My mutilation happened when I was 7-years-old. That moment of my life is a horrible memory, shrouded in mystery and silence. For many years I blocked it out.

Sharing my story with the world was a turning point for me and the campaign. After it was published online, I got a huge response from women in the community who connected with it.

I set up a WhatsApp group with five people I knew. Women started talking about an experience that they had never shared before. Our group grew to 50 women from all over the world, Australia, America, Africa, the UK. There has been tremendous support among the sisterhood, amazing women, amazing stories, inspirational, very spirited, and some of them I have never met in person.

Since we started WeSpeakOut we've knocked on the doors of the government, started a Change.org petition that has over 200,000 signatures, launched a Supreme Court Case in India, and published a research study.



Data is a starting point, without that it is hard to move forward and we need the government on board to assist.

We don't have the official statistics that we need in India and it is a huge setback, whatever little data we have collected brings out the grim reality.

My message to the

Indian government is to recognize FGM exists here and it is a discriminatory practice that harms women and girls, and a medieval attempt to control their sexuality.

To the international community, please embrace India as one of the practicing countries and put in as much information, energy, and funding into supporting the campaign to end FGM here.

We are living in a time where women have really found their voices and I am privileged to be alive now. 30 years ago it would not be possible. We have been shackled in silence and internalized a lot of oppression, the moment has come to shed the yoke. ”

For Masooma's full story head to equalitynow.org/Masooma



TASNEEM SRI LANKA

In Sri Lanka, FGM/C takes place among the Moor, Malay, and Bohra communities. There is little research available on the prevalence, and there is no specific law against the practice.

“ When I was seven and living in Sri Lanka, like girls born into many Bohra families, my Mummy and Daddy drove me to a doctor to undergo FGM. I had no idea what was coming. Afterward, nothing was said, not a word.

Even after counseling, I don't remember anything about what actually happened, I can't remember the pain, I have completely locked the memories away to forget about them.

I was 16 when I started questioning my mum. She said: “We did it to make you clean, to make you a good wife and so you would stay with your husband. Girls who aren't cut become prostitutes.”

When I was 40, I went to tell my GP that I'd had FGM when I was seven, please can I have counseling. I could only do that because I was in Britain. The counselor was marvelous, she let me rage and cry. Now I am able to speak about things. The harm that FGM causes is not just physical, it is so much more.

When my genitals were cut, something was taken away from me that is part of what makes me a woman. It was taken from me without my consent and I can never get it back. This is fundamental - it was my right to have as a human being, they took it away and they didn't see it as harm.

I think we really need to change the face of FGM because it doesn't just happen to people in Africa, it is everywhere.

People are so tightly controlled and feel petrified. If you want to speak out against something like FGM, you have to make up your mind that you are happy to cut yourself completely from the community.

There is no halfway. ”



For Tasneem's full story head to equalitynow.org/Tasneem

CATEGORY 3. COUNTRIES WITH AVAILABLE DATA ON FGM/C FROM SMALL-SCALE STUDIES

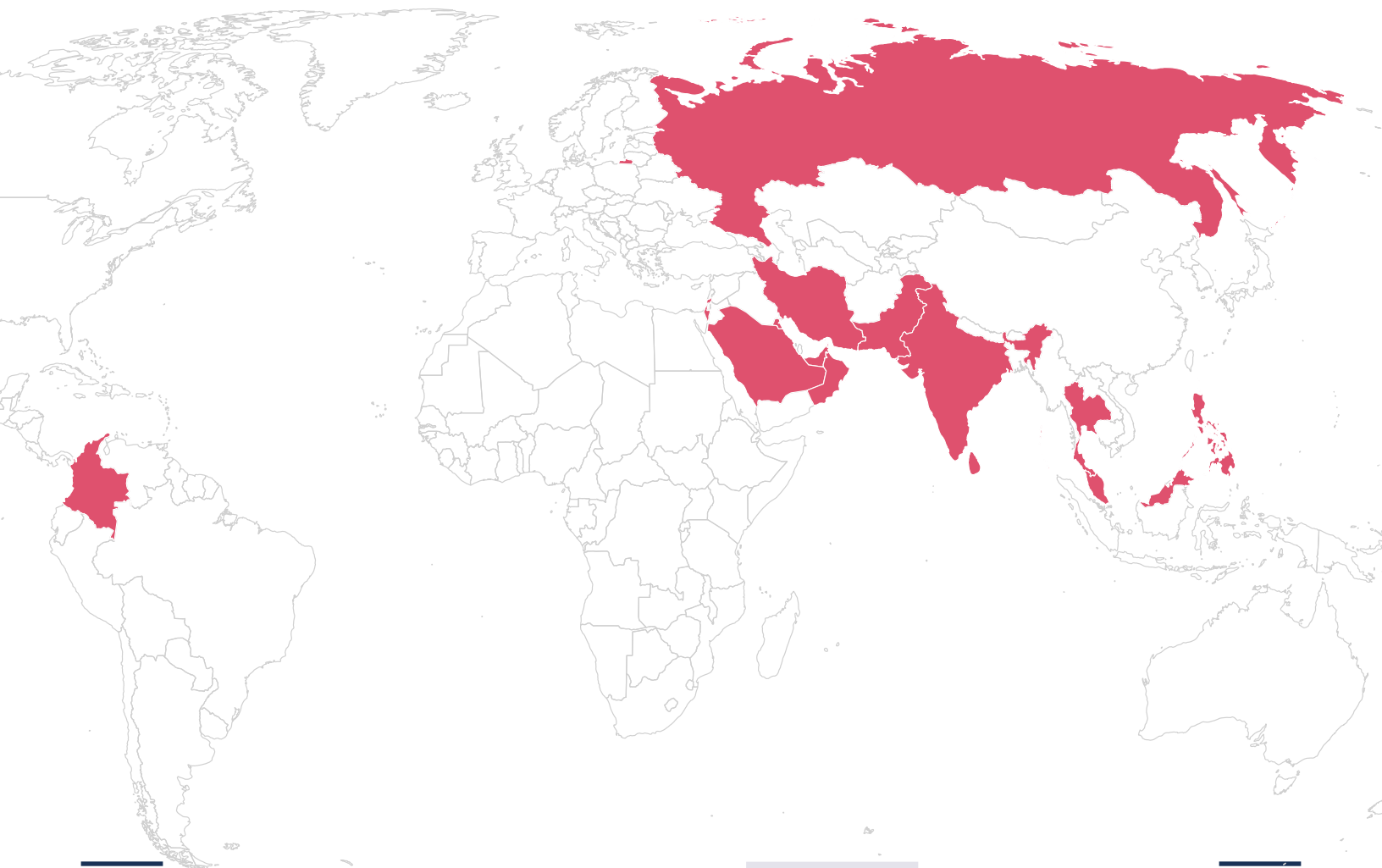
The small-scale research studies that are relied on in this category are often very useful in providing concrete evidence that FGM/C is taking place in a particular country or community. They also provide invaluable data on numerous issues such as medicalization, the impact of FGM/C, how to best support survivors in a particular context, reasons for practice in a particular community, and the like. However, such studies usually have a fairly small sample size, and are thus, not representative of either the whole community or the whole country where FGM/C is taking place. It is not possible to derive a reliable estimate of FGM/C prevalence in a particular community or country based on these studies. Also, these studies are normally one-off surveys since the organizations and researchers conducting the study are often underfunded and lack the capacity and support to regularly follow up on the research they have previously conducted. (Cappa, Van Baelen & Leye, 2019).

“ There are good reasons that female circumcision is not necessary any more. It has many disadvantages (...) Imam Shafi'i has two different opinions about circumcision and other Sunni imams do not believe that it is compulsory. (...) I have not circumcised any of my three daughters because I am afraid of the dangers to their body and soul. ”

Mulavi Sheikh Salahedin Charaki, Sunni Cleric from Parsiaan, Hormozgan province, Iran 2012

Source: [Ahmady \(2015\)](#)

Map 4: Countries with Available Data on FGM/C from Small-Scale Studies





RAYEHE IRAN

Rayehe Mozafarian set up Stop FGM Iran, after writing her thesis on FGM in Iran in 2014, which was published as a book titled 'Razor and Tradition'.

“ I have started a campaign to end FGM in Iran. I have a website where I write openly about these issues and I have started to collect fatwas. When people read my research on FGM, they were shocked. Many said that they didn't know FGM was happening in Iran.

In our workshops with women, we start with teaching about the genitals and what the function of each part is and the importance of having all these parts healthy. We explain that after FGM, these parts cannot do their jobs effectively.

We have a lot of reports from girls remembering what happened to them. Some have bad dreams and say, "I hate body after circumcision, I am missing a part."

We had a case in 2016 when a couple wanted to have circumcision done to their girls. They went to a local midwife to do it, their five-year-old daughter started bleeding and was in a very bad way. She was referred to hospital and needed stitches. A local newspaper wrote about what had happened but the prosecutor refused to prosecute.

In Iran, we don't have big statistical studies to provide reliable data on the scale and nature of FGM. Things are challenging because we don't have enough support for our work and journalists stay silent about this issue.

I will continue talking about FGM in Iran. We are seeing more discussion, workshops are happening, and now the government knows more. The situation is improving but after ten years the pace is still slow.

People talk about how FGM is happening around the world but they don't pay much attention to Iran. We need the international community to speak up about FGM in Iran and support our work. Organizations like UNICEF and WHO should be pushing for change, but they stay silent.

I feel more strongly than ever that my steps are in the right direction. If even one more girl is circumcised, it is too many, and I am working with this girl in mind. ”



For Rayehe's full story head to equalitynow.org/Rayehe

Table 3: FGM/C Data and Legal Status in Countries with Data from Small-Scale Studies

Country	Available Data	Legal Status
Colombia	<p>A 2011 study documented the existence of clitoridectomy among the Embera indigenous community in Colombia (Henaó). The procedure is normally performed on newborn babies. The existence of FGM/C among the Embera community has also been confirmed by UNFPA (UNFPA, 2011).</p> <p>There are no prevalence estimates available.</p>	No specific law against FGM/C.
India	<p>A qualitative report from 2018 by Anantnarayan, Diler & Menon surveyed 94 participants across five Indian states (Gujarat, Madhya Pradesh, Maharashtra, Rajasthan, and Kerala). Prevalence of FGM/C within the Bohra community was estimated to be 75% of daughters (aged seven years and above) of all respondents in the sample. The study also documented one case of FGM/C within the Sunni Muslim community from Kerala.</p> <p>A 2017 study by Taher surveyed 385 participants from the Bohra community across the world. Out of these, 217 of the participants reported that they had undergone FGM/C in India.</p>	No specific law against FGM/C.
Iran	<p>A 2015 study by Ahmady which surveyed 4,000 participants (3,000 women and 1,000 men) found the existence of FGM/C in the Western and Southern provinces of Iran. The estimated prevalence of FGM/C within the sampled population from these regions ranged from 16 - 60 % (60% in Hormozgan province, 21% in West Azerbaijan, 18% in Kermanshah, and 16% in Kurdistan).</p> <p>Earlier studies reported an FGM/C prevalence of 83.2% among 400 participants in Qeshm island (Mozafarian, 2014), 68.5% among 780 participants in Hormozgan province (Dehgankhalili et. al., 2015), 69.7% in Minab, a city in Hormozgan Province in 2002 based on a survey of 400 women (Khadivzadeh et. al., 2009); and 55% among a survey sample of 348 women referred to five health centers in Ravansar city in Kermanshah province (Pashaei et. al., 2012).</p>	No specific law against FGM/C.
Israel	<p>A 2012 study (Belmaker) examined 113 Jewish women between the ages of 16 - 47 (who had come to Israel from Ethiopia) and found evidence that FGM/C had taken place for 37% of the Ethiopian-Jewish women. All the women interviewed stated that they did not intend to continue this practice with their daughters.</p> <p>A 2009 study (Halila et. al.) examining 132 women below the age of 30 from Bedouin tribes found <u>no</u> evidence of FGM/C, though six women reported hearing that FGM/C is still going on (only by word of mouth).</p> <p>An earlier study from 1995 (Asali et. al.) had documented the existence of FGM/C among certain Bedouin tribes - all 37 young women examined as part of the study had been cut.</p>	No specific law against FGM/C.
Kuwait	<p>A 2011 study (Chibber et. al.) examined 4,800 pregnant women over four years from 2001 to 2004 and reported a 38% prevalence of FGM/C among the sample. The study also found that FGM/C was associated with adverse materno–fetal outcomes and psychiatric issues including flashbacks, anxiety and post-traumatic stress disorder.</p>	No specific law against FGM/C.

<p>Malaysia</p>	<p>There are a number of studies documenting the existence of FGM/C within Malaysia.</p> <p>A 2012 study by Dahlui et. al. surveyed 1196 Muslim women, of which 93% had been ‘circumcised’.</p> <p>A 2019 study by Rashid & Iguchi of 605 participants from Northern Malaysia documented the rising medicalization of FGM/C and found that 87.6% of participants viewed FGM/C as compulsory in Islam and over 99% wanted the practice to continue.</p> <p>A 2009 study by Rashid et. al found that the majority of participants believed that FGM/C was required for religious reasons and wanted the practice to continue.</p>	<p>No specific law against FGM/C.</p>
<p>Oman</p>	<p>A 2018 survey (Thabet & Al-Kharousi) of 200 women in the Ad-Dakhiliya province found that 95.5% of the women surveyed had undergone FGM/C. 85% of participants expressed support for the practice.</p> <p>A 2014 study by Al-Hinai in the capital of Muscat surveyed 100 women from various regions across Oman and found an FGM/C prevalence of 78% among the survey sample. The survey also found that the practice continued to take place in 64% of families.</p>	<p>Specific criminal provision prohibiting FGM/C.</p>
<p>Pakistan</p>	<p>A 2017 study by Taher surveyed 385 participants from the Bohra community across the world. Of these, 44 women reported that they had been subjected to FGM/C in Pakistan. All the women had undergone FGM/C at a private residence (as opposed to a medical clinic).</p> <p>A 2018 study (Syed) included the results of two semi-structured interviews with survivors of FGM/C from the Bohra community in Pakistan and documented their views on FGM/C and their experiences in undergoing the procedure.</p> <p>There are no prevalence estimates available.</p>	<p>No specific law against FGM/C.</p>
<p>Philippines</p>	<p>Studies have documented the existence of FGM/C in the Philippines among the Meranaos people in Lanao del Sur (Basher, 2014) and Muslim women in Zamboanga city (Belisario, 2009).</p> <p>There are no prevalence estimates available.</p> <p>The type of FGM/C could take the following forms: “1) bathing of the genital area; 2) swabbing the clitoris with cotton; 3) rubbing a knife gently over the anterior portion of the labia majora or stroking the clitoris two or three times; 4) scraping of the labia majora with an unpointed knife until it is erythematous; assuring that there is no bleeding, or 5) pricking and removing some tissue from the clitoris.” (UNICEF Philippines, 2016).</p>	<p>No specific law against FGM/C.</p>
<p>Russia</p>	<p>A 2016 study by Antonova & Siradzhudinova documented the continued practice of FGM/C by the Avars in East Dagestan. The report included interviews with 25 survivors and 17 experts with knowledge of the practice. The report estimates that the prevalence of FGM/C varies in different districts, ranging from 90-100% in the Botlikhsky and Tsuntinsky regions to 50% in the Tlyaratinsky region, to an estimated 25% of girls and women who have been subjected to FGM/C or are at risk in the Tsyumadinsky and Kizlyarsky regions.</p> <p>Based on birth statistics, a total of 1,240 girls every year were estimated to be at risk of being subjected to FGM/C.</p>	<p>No specific law against FGM/C.</p>

Saudi Arabia	<p>A study surveyed 963 women in Jeddah between December 2016 and August 2017 (Rouzi et. al, 2019) and found that 18.2% of women had undergone FGM/C. The sample included both Saudi and immigrant women, and 62.8% of the women who had undergone FGM/C were either Saudi or naturalized Saudi women. The majority (68%) of women wanted FGM/C to stop.</p> <p>A 2018 household survey in the region of Hali on the western coast of Saudi Arabia surveyed a cross-sectional sample of 365 households across the region (Milaat, Ibrahim & Albar). Data on FGM/C was only collected for girls under the age of 18. Out of 285 girls in the sample, 175 had undergone FGM/C, indicating a prevalence of 80.3% within the survey sample. In 91.4% of the cases, the cutting was carried out by doctors.</p> <p>An earlier study from 2008 (Alsibiani & Rouzi) found a link between FGM/C and sexual dysfunction among women.</p>	No specific law against FGM/C.
Singapore	<p>FGM/C is documented among the Malay community in Singapore (which makes up 15% of the total population). A 2015 article by Marranci documents a qualitative study from 2011 which gathered evidence on the existence and practice of FGM/C within the Malay community from around 30 participants including survivors, Malay men, circumcisers and religious leaders.</p> <p>There are no prevalence estimates available.</p>	No specific law against FGM/C.
Sri Lanka	<p>A study published in December 2019 by Ibrahim & Tegal surveyed 26 women, of which 20 women self-identified as having undergone FGM/C, while an additional four ‘assumed’ that they had undergone the practice since everyone in their family had. These women were from the Moor, Malay, and Bohra ethnic communities.</p> <p>Earlier studies, including a 2012 UNESCAP Study also document FGM/C taking place on babies soon after birth.</p> <p>There are no prevalence estimates available.</p>	No specific law against FGM/C.
Thailand	<p>A 2008 study by Merli documents the practice of ‘Sunat’ among the Muslim community in Southern Thailand, through interviews with bidan (local midwives/circumcisers) and by directly witnessing one case of FGM/C.</p> <p>There are no prevalence estimates available.</p>	No specific law against FGM/C.
United Arab Emirates	<p>In a 2011 survey (Al Marzouqi) of 100 Emirati women, 34% of female respondents were found to have undergone FGM/C. The study does not specify the type of FGM/C performed, merely noting that the common type practiced is one where “only a small portion of the female genitalia is removed.”</p>	No specific law against FGM/C.



SAZA SINGAPORE

FGM/C is documented amongst the Malay community in Singapore, where it is known as 'sunat'. The Malay community makes up 15% of the total population in Singapore. There are no prevalence estimates available.

“ It was at my niece’s second birthday party when my sister-in-law mentioned that her daughter had been circumcised the previous week. I said, “This is wrong, it’s a violation of human rights!” And that is when my older sister told me I’d been cut as a baby. It felt like a bomb had gone off, I had no idea it had happened to me.

My experience inspired me to research female genital cutting (FGC) for my university thesis. FGC is practiced among Singapore’s Malay community and around 60% of Malay women have been cut. It is done for a range of reasons as an expression of culture and religion that is passed down the matriarchal line.

Islam has been mixed with traditions and patriarchy in the region and used to justify FGC. Women are often the custodians of culture and there is an understanding that we are required to remain virginal and untouched.

The Malay language has a lack of vocabulary to discuss women’s sexuality and the idea of female pleasure is missing from the culture. Female sexuality is seen as something that needs to be cured and FGC is a tool to control it.

FGC used to be performed by traditional midwives at homes but now the practice is medicalized and there are clinics where doctors operate. There is no law or legislation banning FGC in Singapore and the government has no public stance.

Type I FGC is practiced and it is often viewed as not serious enough to address but this shows a lack of understanding about the harm. It is a child rights violation as the child cannot consent to something being permanently removed from their body.

Since I shared my research, I have heard people talking about FGC within the Malay community. I have female friends who didn’t realize they were cut or didn’t think it was problematic but because of our discussions, they have confronted their parents. This can unravel a lot of trauma and Malay culture is not one where parents apologise to their children, but it is providing the space for important conversations between parents and their daughters. ”



For Saza’s full story head to equalitynow.org/Saza



MUBARAKA INDIA

In India, FGM/C is mainly prevalent in the Bohra community. A 2018 study estimated that 75% of daughters (aged 7 and above) in the survey sample had undergone FGM/C. The Indian government is yet to take concrete steps towards eliminating the practice.

“ *In the summer of 2016, I discovered that I too was a victim of FGM.*

I was on the bus having a conversation with one of my Muslim female friends. In the midst of talking about religion, she suddenly asked me if I was circumcised. I said, “no, that wouldn’t have ever happened to me”.

A month later, a few people in my community started talking about it. I started to really think about it, and whether it had happened to me. I was traveling home one day when the memory came rushing in.

I was tricked into thinking that I’d be getting chocolate. Instead, I was taken to a shady-looking dimly lit house, where a lady was waiting for me and my grandmother. The lady asked me to lie down and spread my legs, which was an extremely strange thing for me to do.

She pulled my panties down and told me to stay still and that I won’t be hurt at all. My grandmother sat there, watching. And then it happened. She cut my clit and put on some antiseptic. I cried out in pain. My vagina was bruised.

Finally, I was given the promised chocolate and taken back home to forget the day’s event completely.

The truth is nobody knows why we practice FGM. It is imposed on us as a religious responsibility and as our ticket to be accepted and be married, so we go along with it.

This entire malpractice is existent to ensure and preserve patriarchy in societies.

We need to stand up for ourselves, ladies, and show people that we’re not empty vessels and we can’t be controlled to do whatever another pleases. We are human too. ”



Mubaraka’s story was featured in [Sahiyo’s Faces for Change](#) photo campaign in 2019.

For Mubaraka’s full story head to equalitynow.org/Mubaraka

CATEGORY 4. COUNTRIES WITH AVAILABLE DATA ON FGM/C FROM MEDIA REPORTS AND ANECDOTAL EVIDENCE

This category includes data on the existence of FGM/C available from published media reports as well as reports of UN agencies, concluding observations of and submissions made to UN human rights bodies, reports of human rights organizations and other forms of anecdotal evidence. It is often difficult to assess the quality and reliability of the evidence in this category as information may be based on media reports or other sources that mention the existence of the practice in the country without providing details of the methods used and underlying materials on which the information is based. Governments and international institutions often do not give sufficient weight to such evidence.

Map 5: Countries with Available Data on FGM/C from Media Reports and Anecdotal Evidence

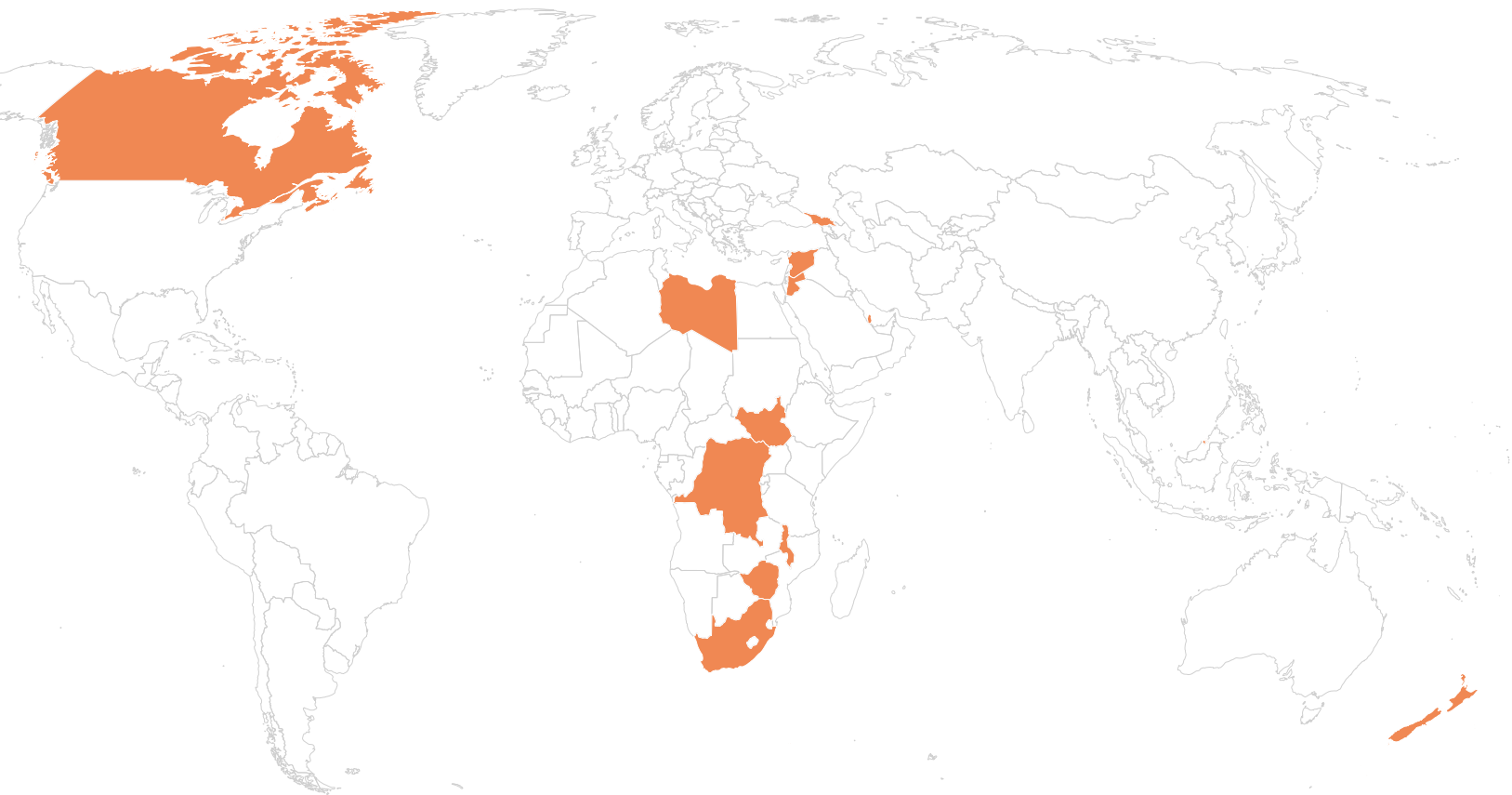


Table 4: FGM/C Data and Legal Status in Countries with Data from Media Reports and Anecdotal Evidence

Country	Available Data	Legal Status
Bahrain	The 2005 U.S. State Department report refers to “several cases” of FGM/C being received by the Bahrain Human Rights Society in 2004. An online survey conducted in 2013 (Shaeer & Shaeer) with 992 participants from 11 countries across the Middle East revealed that 8.3% of female survey participants from Bahrain reported having undergone FGM/C. However, the exact number of women from Bahrain who took part in the survey is unclear.	No specific law against FGM/C.
Brunei Darussalam	The Government has confirmed that the practice of “female circumcision” or “excision of the prepuce only” takes place in Brunei and that it is considered <i>wajib</i> (compulsory) in Islam. (Response to List of Issues to Child Rights Committee, 2015). The UN CEDAW Committee (2014) and the Committee on the Rights of the Child (2016) have expressed concern over the high prevalence of FGM/C and denial of the grave nature of the practice.	No specific law against FGM/C.
Canada	There are no official estimates of the number of survivors of FGM/C living in Canada, or women and girls at risk of undergoing FGM/C. The Canadian Border Services Agency has stated that “it is almost certain” that FGM/C is also happening in Canada (Global News, 2017). The Canadian federal government has estimated that a few thousand girls are at risk of undergoing the procedure (The Star, 2017) since Canada has sizeable populations of diaspora communities from countries where FGM/C is known to be practiced. There are numerous studies that have surveyed Canadian survivors of FGM/C. A 2017 study by Taher documents two instances of FGM/C where women from the Bohra community had undergone the procedure in Canada. A 2018 study documents interviews with 14 Somali-origin women living in Toronto who had undergone FGM/C (Jacobsen et. al.). Another 2017 study interviewed seven women living in Canada, all of whom had been cut in their countries of origin (which included Djibouti, Ethiopia, Mali, Guinea, Egypt, etc.), but did not perpetuate FGM/C on their daughters (Koukouei et. al.). A study that focused on the health concerns of women living with FGM/C also surveyed 21 women living in Canada (of which 20 had undergone FGM/C) who originated from 15 different African countries where FGM/C takes place (Uzima, 2017).	Specific criminal provision prohibiting FGM/C.
The Democratic Republic of the Congo	UNICEF estimated in 2007 that there was less than 5% prevalence of FGM/C in the Democratic Republic of the Congo, though no survey data was available. A 2014 Gender Country Profile report notes (based on interviews with local organizations) that “Female Genital Mutilation in Equateur [province], where it has been practiced in the past, is in sharp decline”.	Specific criminal provision prohibiting FGM/C.
Georgia	Media reports indicate the practice of FGM/C by the ethnic community of Avars, who are largely found in Eastern Georgia. (IWPR, 2016). A 2018 study by Gupta et. al. surveyed 330 men and women across Georgia, including 14 members of the Avar ethnic community. Participants indicated that other ethnic communities in Georgia did not practice FGM/C, though older women from the Avar community all reported undergoing Type Ia FGM/C (removal of the clitoral hood/prepuce). While participants indicated that the practice of FGM/C had reduced among the current generation of Avars, experts who were interviewed noted that the perceived reduction of FGM/C could be due to legal penalties which may have driven the practice underground.	Specific criminal provision prohibiting FGM/C.
Jordan	A single news report from 2003 reports the existence of FGM/C in the town of Rahmah, which has a population of 500 (Daily Star, 2003). An online survey conducted in 2013 (Shaeer & Shaeer) with 992 participants from 11 countries across the Middle East revealed that 7.4% of female participants from Jordan reported having undergone FGM/C. However, the exact number of women from Jordan who took part in the survey is unclear.	No specific law against FGM/C.



SERAT* CANADA

With diaspora communities from across Africa, the Middle East, and Asia, it is estimated that there are thousands of women and girls living with the effects of FGM/C in Canada.

“ I was born in Somalia. When I was three, my aunt, who had moved to Canada a few years earlier, persuaded my mother I would have a better life if I went with her. I grew up with my aunt in rural Ontario, but I never forgot my mother.

When I was 13, my aunt and I traveled to Somalia to see her again.

Early one morning, three village women burst into the hut where I was sleeping. My mother had summoned them when she learned that I hadn't undergone the traditional Somali rite of circumcision. I started screaming and tried to run.

The women caught me, pinned me down, spread my legs, and, after administering a local anesthetic, cut off the tip of my clitoris. Then they sewed part of my labia shut over the cut. I could see blood gushing down my thighs, then I passed out.

*Name has been changed.

When I recovered consciousness, my legs were tied together. I stayed like this for a week, in constant pain. It was really hard to pee.

They took away from me what was rightfully mine.

When I returned to Canada a few months later, my aunt told me to accept what had happened and move on. I couldn't. I felt incomplete, ashamed and devastated.

I didn't speak about it to anyone else for over a decade. Who could I talk to? There's a complete wall of silence around this issue here.

People keep their hands off, saying, 'That's their tradition,' and that attitude is wrong, wrong, wrong. That's why FGM has survived hundreds of years. ”



Giselle Portenier from the End FGM Canada Network interviewed Serat to document her story. The End FGM Canada Network is a non-partisan group of individuals and organizations advocating to end female genital mutilation in Canada and abroad. Serat's story was originally published in the [Ottawa Citizen](#).

For Serat's full story head to equalitynow.org/Serat

Libya	An online survey conducted in 2013 (Shaeer & Shaeer) with 992 participants from 11 countries across the Middle East revealed that 8.1% of female participants from Libya had reported having undergone FGM/C. However, the exact number of women from Libya who took part in the survey is unclear. The U.S. State Department Human Rights Country Report from 2007 reports FGM/C taking place in “remote areas of the country within African migrant communities” and its 2018 report similarly notes that while “FGM/C was not a socially acceptable practice among Libyans”, some of the migrant populations in Libya came from sub-Saharan African countries where it was a practice.	No specific law against FGM/C.
Malawi	The UN Human Rights Committee in 2014 expressed concern about “reports on the prevalence of the practice of female genital mutilation in some regions”. Media reports (The Nation, 2013 ; The Chronicle, 2006) and reports by the U.S. State Department (2017) indicate that FGM/C takes place among some small ethnic communities in Southern Malawi. Most girls are cut between the ages of 10-15 and the type of FGM/C which takes place is reportedly cutting of the tip of the clitoris (Type I).	No specific law against FGM/C.
New Zealand	Diaspora communities living in New Zealand include some which are known to practice FGM/C, particularly communities from Egypt, Eritrea, Ethiopia, Indonesia, Iraq, and Somalia. Census figures from 2013 indicate an estimated population of adult women over 15 years from these communities is around 4,400. (Said et. al., 2018) However, there is no accurate data or statistics on the number of women living with FGM/C in New Zealand or evidence to show that FGM/C is practiced within New Zealand.	Specific criminal provision prohibiting FGM/C.
Qatar	UN Women notes that NGOs have reported the practice of FGM/C in Qatar. There is no other available data or evidence on the practice in Qatar. A medical case report from 2007 (Ahmed & Abushama) also documents the medical complications faced by a survivor of Type III FGM/C living in Qatar (the woman appears to be from a diaspora community).	No specific law against FGM/C.
South Africa	There is evidence of FGM/C taking place among a few ethnic groups, including the Venda people in Limpopo Province (Manabe, 2010) and some ethnic communities in the Eastern Cape region (SABC, 2019), and also diaspora communities in South Africa. (Mswela, 2009).	Specific criminal provision prohibiting FGM/C.
South Sudan	In 2015, a UNICEF study estimated that the prevalence rate of FGM/C in South Sudan was 1%. It also noted that 80% of the South Sudanese population disapproved of the practice.	Specific criminal provision prohibiting FGM/C.
Syria	An online survey conducted in 2013 (Shaeer & Shaeer) with 992 participants from 11 countries across the Middle East found that 8.3% of female participants from Syria reported having undergone FGM/C. However, the exact number of women from Syria who took part in the survey is unclear. In contrast, a 2016 study by Pharos which included desk research and conversations with some experts (no direct interviews with Syrian women) concluded that “[t]he research activities did not lead to substantiated information that FGM is a traditional practice in Syria.”	No specific law against FGM/C.
Zimbabwe	News reports from 2016 (The Herald) document “circumcision” among the Tonga community in Binga where it was used to facilitate conception in women who had trouble getting pregnant, though there are also reports of a wider existence of the practice within the community (Amakhosikazi Media, 2019). In the past, infibulation (Type III FGM/C) has been documented within the small Remba ethnic group in Midlands province. (UN SR on VAW, 2003)	Specific criminal provision prohibiting FGM/C.

Countries with historical evidence of the practice of FGM/C

In a number of countries, including **Peru, Mexico, and Brazil**, there is historical evidence of FGM/C having taken place among the native population within the last generation. However, further research is needed to confirm whether or not the practice has died out or if it persists. Further research is needed in these countries to confirm whether FGM/C is still taking place or not.

Peru: The practice of introcision has been reported in the past among the Conibos, a division of Pano Indians from Peru. (OHCHR, 1995). Introcision has been described as a practice where an elderly woman using a bamboo knife “cuts around the hymen from the vaginal entrance and severs the hymen from the labia, at the same time exposing the clitoris. Medicinal herbs are applied.” A documentary film from 2017 (Chua) documents the existence of FGM/C among the Shipibo people in Peru in the form of clitoridectomies (Type I FGM/C). Community members, however, reported that the practice was last known to take place around forty years ago and that it had been abandoned by the community. There is no recent evidence from Peru which documents the continued existence of FGM/C within the country.

Brazil and Mexico: A report from the UN Office of the High Commissioner of Human Rights from 1995 reports the practice of “introcision” in Brazil and eastern Mexico (OHCHR, 1995). Introcision is usually defined as the enlarging or tearing of the vaginal opening and in some cases the perineum as well. Clitoridectomies (Type I FGM/C) have been reported in the past in Western Brazil and Mexico until the late 1970s (Rushwan, 2013), though there is insufficient evidence to determine current practice.

Introcision has also been historically documented among the Pitta-Patta indigenous people of Australia (OHCHR, 1995). It is not known whether the practice continues to take place.

In addition, there is evidence of white communities in the U.S. and the U.K. being subjected to FGM/C, as doctors used to prescribe clitoridectomies (Type I FGM/C) as a cure for hysteria, mental illness and masturbation in the nineteenth and twentieth centuries. There are some recent anecdotal reports regarding the practice of FGM/C within conservative Christian communities in the U.S.. However, there is no further data available.



JENNY USA

FGM/C is widely known to take place among diaspora communities in the United States. Less known are the stories of FGM/C occurring in the local population, including within Christian communities.

“ I grew up in the American Midwest in a conservative, Christian home.

I was five when I underwent Female Genital Mutilation (FGM). I was told that a lady I didn't know was going to take my sister and I on a special trip. We went on an airplane without my parents.

The morning after I arrived I was laid down on a cold table. I had no idea what was going to happen.

They took off my panties and lifted my dress. I felt exposed and bare. I began to fight and cry. Someone held me down and covered my mouth and eyes with their hands. Then I felt the cold metal and the first cut. The pain in that moment was unbearable, no other pain in my life has ever compared.

Gradually I got better and we were sent home. Our mom had made a cake, which was odd because she never normally made cakes. We were told we were celebrating our obedience to God. We were told it was something we could never talk about.

I remember my sister and I weeping in each other's arms, knowing we had this terrible secret to keep.

When I was growing up I thought it happened to all girls. It was only when I studied human anatomy in college that I realized I wasn't like everyone else.

FGM has had a terrible impact on my body.

Up until I had a hysterectomy, my periods were excruciating. Sex was always, always painful.

It is important for people to understand just because so few Americans have spoken up, it does not mean it is not happening here. There is such a silence that surrounds this practice. Until we are talking about it more, we are never going to know how many girls in the US have been affected. We have to remove the shame, make it a subject safe to talk about.

This is not a race, culture, religious, region or anything else issue. It is a human issue, period. ”



For Jenny's full story head to equalitynow.org/Jenny

CONCLUSION

As highlighted in this report, there is evidence that FGM/C is present in over 92 countries. The aim of this report is not to provide a comprehensive analysis of the available data and research. Rather, we wish to use the existing evidence to highlight the global nature of FGM/C and to advocate for the need for a global and comprehensive response.

The global community has committed, through SDG 5.3, to end FGM/C by 2030, and with less than ten years to go, we are seriously off track. According to UNFPA (2018), if current population trends continue, at least 68 million more girls worldwide will face FGM/C by 2030, with an increase of the current estimates of 4.1 million girls cut each year to 4.6 million per year by 2030. Even these alarming figures are grossly inadequate as they do not take into account, as outlined in this report, at least 60 countries where there is no national-level prevalence data available.

Increased awareness of the prevalence and harmful effects of FGM/C is very much linked to increased interventions and resource allocation. However, the current commitments and investments will simply not suffice and we need to take urgent action on a global level and scale up our collective efforts to end FGM/C by 2030 in line with the SDGs.

To this aim, we urgently call upon governments,⁷ the international community,⁸ and donors⁹ to take action in the following areas:

We wish to use the existing evidence to highlight the global nature of FGM/C and to advocate for the need for a global and comprehensive response.

- 1 Strengthen the global political commitment to eliminating FGM/C**
- 2 Urgently increase resources and investment to end FGM/C and support survivors**
- 3 Strengthen the evidence base through critical research**
- 4 Enact and enforce comprehensive laws and national policies**
- 5 Improve wellbeing of survivors by providing necessary and critical support and services**

⁷ The term 'governments' as used in this chapter includes Prime Ministers, Heads of States and Ministers within the countries highlighted in this report where there is evidence of the presence of FGM/C

⁸ The term 'international community' as used in this chapter includes inter-governmental organizations such as the United Nations, the Organization of American States (OAS), the Council of Europe (CoE), the European Union (EU), the African Union (AU), the League of Arab States (LAS), the Association of Southeast Asian Nations (ASEAN); UN Agencies such as UNFPA, UNICEF, WHO, UN Women; international and national non-governmental organizations.

⁹ The term 'donors' as used in this chapter includes public donors (e.g. governments and inter-governmental organizations), private donors and foundations and the Donor Working Group on FGM/C.

RECOMMENDATIONS

1

Strengthen the global political commitment to eliminating FGM/C

Political commitment is key to ending FGM/C.

This report urges governments, the international community, and donors to:

- Renew their commitment to eliminating FGM/C worldwide.
- Recognize FGM/C as a gross violation of human rights, a form of violence against women and girls, and a manifestation of gender inequality.
- Recognize that FGM/C is occurring across continents, cultures, socio-economic classes, educational status, religions, and ethnicities; make efforts to end FGM/C a global priority.
- Refrain from stigmatizing a single affected community, culture or religion, and ensure that all interventions recognize that gender inequality is the root cause of FGM/C.
- Enforce and implement a zero-tolerance policy for FGM/C, irrespective of the type or form of FGM/C practiced or the perceived severity of the cutting, as all forms of FGM/C are deeply rooted in gender inequality and, regardless of their physical consequences, have a psychological impact on women and girls.
- Ensure country-level reporting of FGM/C prevalence and action taken to end the practice in every country, to comply with indicator 5.3.2 of the SDGs.

2

Urgently increase resources and investment to end FGM/C and support survivors

It is acknowledged that current efforts to end FGM/C are severely under resourced. Current funding does not sufficiently take into consideration all countries where FGM/C is present, particularly some of the countries highlighted in this report. If we are to end FGM/C we need to urgently scale-up investments to adequately protect and support all women and girls.

We therefore urge governments, the international community, and donors to:

- Scale up global investment in efforts to end FGM/C.
- Ensure that resources are also invested in programs to end FGM/C in countries that have not traditionally been prioritized, including in Asia and the Middle East.
- Ensure the availability of funding opportunities that overcome geographical barriers to enable projects and initiatives addressing the complexity of the issue of FGM/C through more comprehensive transnational and cross-border interventions.
- Prioritize resources towards grassroots and community-led interventions and support the sustainability of community engagement through adequate funding that takes into account the operational realities of community-based organizations and initiatives.
- Ensure scaled-up funding to train professionals in all relevant sectors (such as health, social work, asylum, education including sex education, law enforcement, justice, child protection, and media and communications) on how to effectively respond to cases of FGM/C and violence against women and girls and ensure adequate and holistic care and protection for survivors and women and girls at risk.
- Secure funding for youth-led initiatives and movements to ensure they can be full actors of change to end FGM/C within this generation.

3

Strengthen the evidence base through critical research

As highlighted in this report, significant data gaps exist in relation to the prevalence and practice of FGM/C globally. Having reliable data on FGM/C prevalence is extremely important since this data can be used to trigger and guide action to end FGM/C, assess progress on prevention, measure effectiveness of anti-FGM/C interventions and ensure accountability and influence global resource allocation towards ending FGM/C.

In this regard, we urge governments, the international community, and donors to:

- Increase and sustain funding for research on FGM/C, including prioritizing countries where FGM/C is present but that have not traditionally been associated with FGM/C.

We specifically urge **governments** and **the international community** (including UNICEF which holds the mandate to ensure implementation of indicator 5.3.2 of the SDGs) to:

- Fill the data gaps that exist outside the 32 countries which have nationally representative prevalence data on FGM/C, and generate more reliable data on FGM/C prevalence globally.
- Generate nationally representative data on FGM/C in countries where there is evidence of widespread practice of FGM/C across the country for instance in Malaysia, Oman, Iran and Brunei Darussalam, including through the use of the FGM/C modules as part of a country's DHS or MICS surveys. In countries where the practice of FGM/C is more localized, generate more robust data either through nationally representative surveys or through specific research surveys/studies which produce accurate, reliable and comprehensive data relating to the practice of FGM/C within a particular community/communities or region(s).
- Improve available indirect estimates on FGM/C by ensuring the use of more rigorous methodologies, utilizing consistent methods across countries to enable comparison of the data, and systematically updating the indirect estimates at regular intervals.
- Involve academics and health professionals, as well as practicing communities and survivors, in the process of data collection and research, through a community-based and participatory approach, work together to provide more accurate qualitative and quantitative information on FGM/C and make it available and accessible to the wider public to ensure tailored interventions.

4

Enact and enforce comprehensive laws and national policies

A specific legal and policy framework tackling FGM/C demonstrates political will towards ending FGM/C and lays down a norm that FGM/C is a harmful practice. While not sufficient on their own, their existence can play an important role in accelerating social change and contribute to ending the practice of FGM/C. The effectiveness of such anti-FGM/C frameworks, however, depends largely on their correct implementation involving key actors including law enforcement agencies, child protection professionals, educators, healthcare professionals, local, traditional and religious leaders, government agencies, advocates, communities and survivors.

To this aim, we urge governments to:

- Pass specific laws or legal provisions to prohibit FGM/C in every country where there is evidence of FGM/C being present. The law should recognize FGM/C as a human rights violation and a form of gender-based violence and should, therefore, include a strong gender analysis of the practice. It should prioritize prevention measures to protect girls and women from FGM/C.
- Enforce and implement existing anti-FGM/C laws, and adopt comprehensive National Action Plans involving all relevant stakeholders in the elimination of FGM/C and provision of care and protection for survivors; including ensuring necessary budgetary allocation.
- Mainstream the prevention of FGM/C into all sectors, especially health including sexual and reproductive health, social work, asylum, education including sex education, law enforcement, justice, child protection, and media and communications; establish multi-stakeholder platforms among the different sectors to better coordinate such cooperation.
- Ensure that appropriate and structured mechanisms are in place to meaningfully engage with FGM/C-affected community representatives and grassroots women's organizations, including survivor-led and youth-led organizations, in policy and decision-making.
- Provide education and information on the existence and effects of FGM/C and the legal status of FGM/C within the country and issue appropriate policies/directives/guidelines to law enforcement officials to enforce anti-FGM/C laws. Sensitize and enhance the capacity of government officials to ensure that they do not stigmatize practicing communities in their work.
- Prevent and address the growing concern of medicalization of FGM/C, including by issuing guidelines and advisories to all health professionals prohibiting them from performing FGM/C.

5

Improve wellbeing for survivors by providing necessary and critical support and services

As this report demonstrates, women and girls in over 90 countries in the world live with the lifelong consequences of FGM/C, with prevalence estimates from only 31 countries indicating that there are over 200 million survivors of FGM/C. All these women and girls are survivors of a harmful practice and must be able to access equal standards of tailored support and care, from a physical, psychological and sexological perspective, regardless of where they live. This is paramount to empower these women and girls and support them throughout their lives.

Therefore we urge governments, the international community, and donors to:

- Invest in better research studies on the psychological, sexual and health impacts of FGM/C, differentiated by type (including Types I and IV FGM/C of which evidence is scant) and to understand the healthcare needs of FGM/C survivors.
- Prioritize and significantly increase investments towards initiatives focusing on care and self-care for survivors and creating networks of survivors, including those who are active to end the practice of FGM/C, to adequately support them in their journey.

Moreover, we specifically urge governments to:

- Ensure that all FGM/C survivors, regardless of where they live, have access to adequate, affordable and quality general and specialized services of their choice, that are gender, child and culture-sensitive.
- Ensure a holistic healthcare accompaniment for FGM/C survivors that is women/girl-centered and which takes into consideration physical, psychological and sexological consequences of the practice and addresses them comprehensively and sensitively.

Map 6:

FGM/C IN THE ASIA-PACIFIC REGION

PAKISTAN

FGM/C is known to take place within the Bohra community in Pakistan, which is estimated to be around 100,000 people. There are no prevalence estimates available. Type I FGM/C is practiced (cutting of the clitoral hood and/or the clitoris). The practice is known as “khatna” or “khafz” within the Bohra community.

INDIA

FGM/C is known to be practiced by the Bohra community as well as a Sunni Muslim sect in Kerala. The Bohra population in India is estimated to be around 1 million. A 2018 study estimated prevalence of FGM/C within the Bohra community to be 75% of daughters of all respondents in the sample. The Bohra community practices Type I FGM/C (cutting of the clitoral hood and/or the clitoris), known locally as “khatna” or “khafz”.

SRI LANKA

FGM/C is known to occur among the Moor, Malay, and Bohra communities in Sri Lanka. No prevalence estimates are available. The type of FGM/C practiced is usually Type I/Type IV FGM/C (cutting/pricking of the clitoral hood and/or clitoris).

MALDIVES

National prevalence data shows FGM/C prevalence of 13% among women and girls aged 15-49, but a prevalence of only 1% among girls aged 0-14. Anecdotal evidence suggests that in the Maldives, Type IV FGM/C is mainly practiced, consisting mostly of small cuts to the genitals.

KEY:

- Countries with national-level prevalence estimates of FGM/C
- Other countries with evidence of FGM/C

THAILAND

FGM/C in Thailand is known to be practiced by Muslim communities (which make up 5-8% of the total population), largely concentrated in the three southern provinces of Yala, Narathiwat and Pattani. Type I/Type IV FGM/C is known to be practiced (cutting/pricking of the clitoral hood and/or clitoris) in a procedure known as ‘sunat’ or ‘sunat perempuan’.

BRUNEI DARUSSALAM

The Government of Brunei has confirmed that Type I FGM/C is practiced in the country. Though no specific prevalence rates are available, FGM/C is known to be widely practiced within the Malay community which makes up a majority of Brunei’s population.

PHILIPPINES

FGM/C in the Philippines is practiced only in small pockets of the country, mainly by Muslim communities in the Mindanao region. Practicing communities refer to this type of mutilation as pag-sunnat or turi and largely falls under Type IV. In some cases, particularly the practice of turi by the Meranaos, Type I is practiced.

MALAYSIA

The Malaysian government estimates that “83-85% of the Muslim baby girls have been circumcised by medical professionals in private clinics”. Research studies similarly estimate high prevalence of FGM/C. Type I/Type IV FGM/C is known to be practiced (cutting/pricking of the clitoral hood and/or clitoris), most commonly on babies aged 1-2 months old.

SINGAPORE

FGM/C is known to be practiced in Singapore in the Malay Muslim community (accounting for around 15% of the total population). No prevalence estimates are available. The Malays normally practice Type I/Type IV FGM/C (cutting/pricking of the clitoral hood and/or clitoris) in a procedure known as ‘sunat perempuan’.

INDONESIA

National data shows FGM/C prevalence of 49.2% among girls aged 0-11 across the country. The type of FGM/C practiced is usually Type I/Type IV FGM/C (cutting/pricking of the clitoral hood and/or clitoris).

AUSTRALIA

Indirect estimates indicate that there are 53,088 survivors of FGM/C living in Australia.

NEW ZEALAND

Anecdotal evidence indicates that there are survivors of FGM/C from diaspora communities living in New Zealand, though there is no reliable estimate available.

Map 7:
FGM/C IN THE MIDDLE EAST REGION

IRAQ
 National data for Iraq estimates FGM/C prevalence of 7.3% among women and girls aged 15-49 in Iraq. The practice of FGM/C in Iraq is largely concentrated in the Kurdistan region. The most common type of FGM/C is Type I.

IRAN
 FGM/C in Iran is known to be concentrated among the Kurdish community and the Sunni minority communities in Iran, largely in provinces located in the west and south of the country. Various studies across regions in Iran have found FGM/C prevalence ranging from 16 - 83% within the population sample. Type I FGM/C is the most common, although Type II has also been reported.

SYRIA
 There is anecdotal evidence of FGM/C occurring in Syria, but the evidence available is scarce.

KUWAIT
 There is one study of FGM/C in Kuwait which estimates FGM/C prevalence at 38% among the study sample.

ISRAEL
 A 2012 study showed evidence of Ethiopian Jewish survivors of FGM/C living in Israel. There is evidence of past practice of FGM/C amongst Bedouin tribes, though recent studies indicate that this practice may have died out.

BAHRAIN
 There is anecdotal evidence of FGM/C occurring in Bahrain, but the evidence available is scarce.

JORDAN
 There is anecdotal evidence of FGM/C occurring in Jordan, but the evidence available is scarce.

QATAR
 There is anecdotal evidence of FGM/C occurring in Qatar, but the evidence available is scarce.

SAUDI ARABIA
 FGM/C in Saudi Arabia is found to exist among women and girls from both indigenous and diaspora communities. A study from Jeddah found that 18% of women and girls surveyed had undergone FGM/C, while another study based in the Hali semi-urban region estimated prevalence within that survey sample at 80%. The most commonly reported procedures of FGM/C are Types I and II, though some cases of Type III FGM/C were also reported.

UNITED ARAB EMIRATES
 One survey found that 34% of women surveyed had been subjected to FGM/C. The specific type of FGM/C performed is not known.

KEY:
 ■ Countries with national-level prevalence estimates of FGM/C
 ■ Other countries with evidence of FGM/C

YEMEN
 National prevalence data estimates FGM/C prevalence of 18.5% among women and girls aged 15-49 in Yemen. Type II FGM/C is most commonly practiced in Yemen and the practice is spread throughout the country.

OMAN
 FGM/C is reportedly practiced throughout the country. A survey from the Ad-Dakliya province found that 95.5% of women from the sample had undergone FGM/C, while an earlier study of women living in the capital Muscat demonstrates a prevalence of 78% among women in that study. Type I and in some cases Type II FGM/C are reportedly practiced in Oman.

CANADA

Though there are no estimates of the number of survivors of FGM/C living in Canada, or women and girls at risk of undergoing FGM/C, Canada has sizeable populations of diaspora communities from countries where FGM/C is known to be practiced.

Map 8:

FGM/C IN THE REGIONS OF THE AMERICAS

USA

513,000* women and girls nationwide are at risk of undergoing FGM/C. The highest numbers of at-risk women and girls live in these metropolitan** areas:

- ① New York, Newark, Jersey City - New York State: **65,893**
- ② Washington DC, Arlington, Alexandria - Virginia: **51,411**
- ③ Minneapolis, St. Paul, Bloomington - Minnesota: **37,417**
- ④ Los Angeles, Long Beach, Anaheim - California: **23,216**
- ⑤ Seattle, Tacoma, Bellevue - Washington: **22,923**
- ⑥ Atlanta, Sandy Springs, Roswell - Georgia: **19,075**
- ⑦ Columbus - Ohio: **18,154**
- ⑧ Philadelphia, Camden, Wilmington - Pennsylvania: **16,417**
- ⑨ Dallas, Fort Worth, Arlington - Texas: **15,854**
- ⑩ Boston, Cambridge, Newton - Massachusetts: **11,347**

*Statistic from The Centers for Disease Control and Prevention 2016

**Metropolitan area statistics from Population Reference Bureau study, 2015

COLOMBIA

Type I FGM/C is known to be practiced by the Embera indigenous people in Colombia, normally on newborn babies. Media reports also indicate that some other indigenous communities like the Nasa community may practice FGM/C.

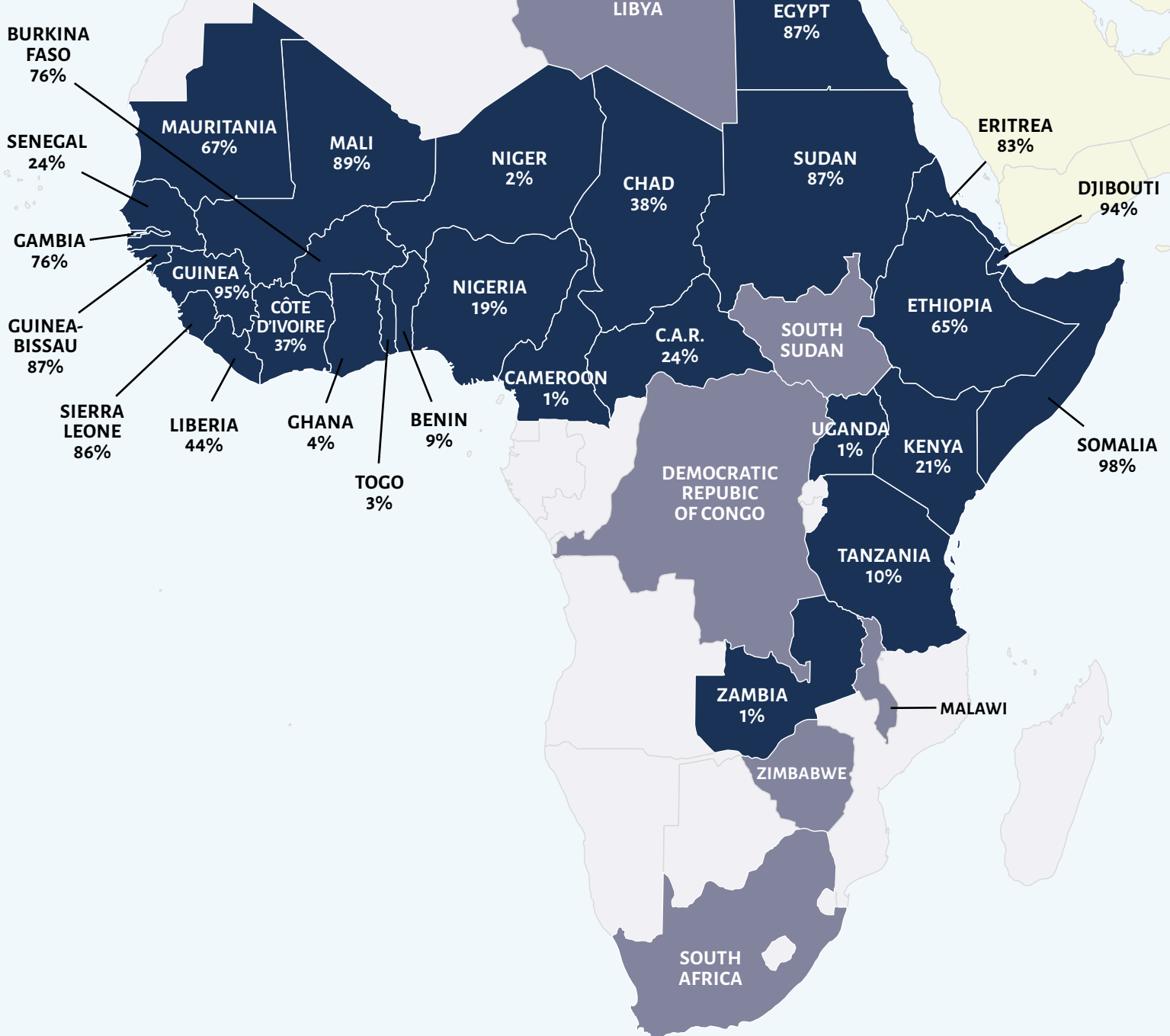
Map 9:

FGM/C IN THE AFRICAN REGION

KEY:

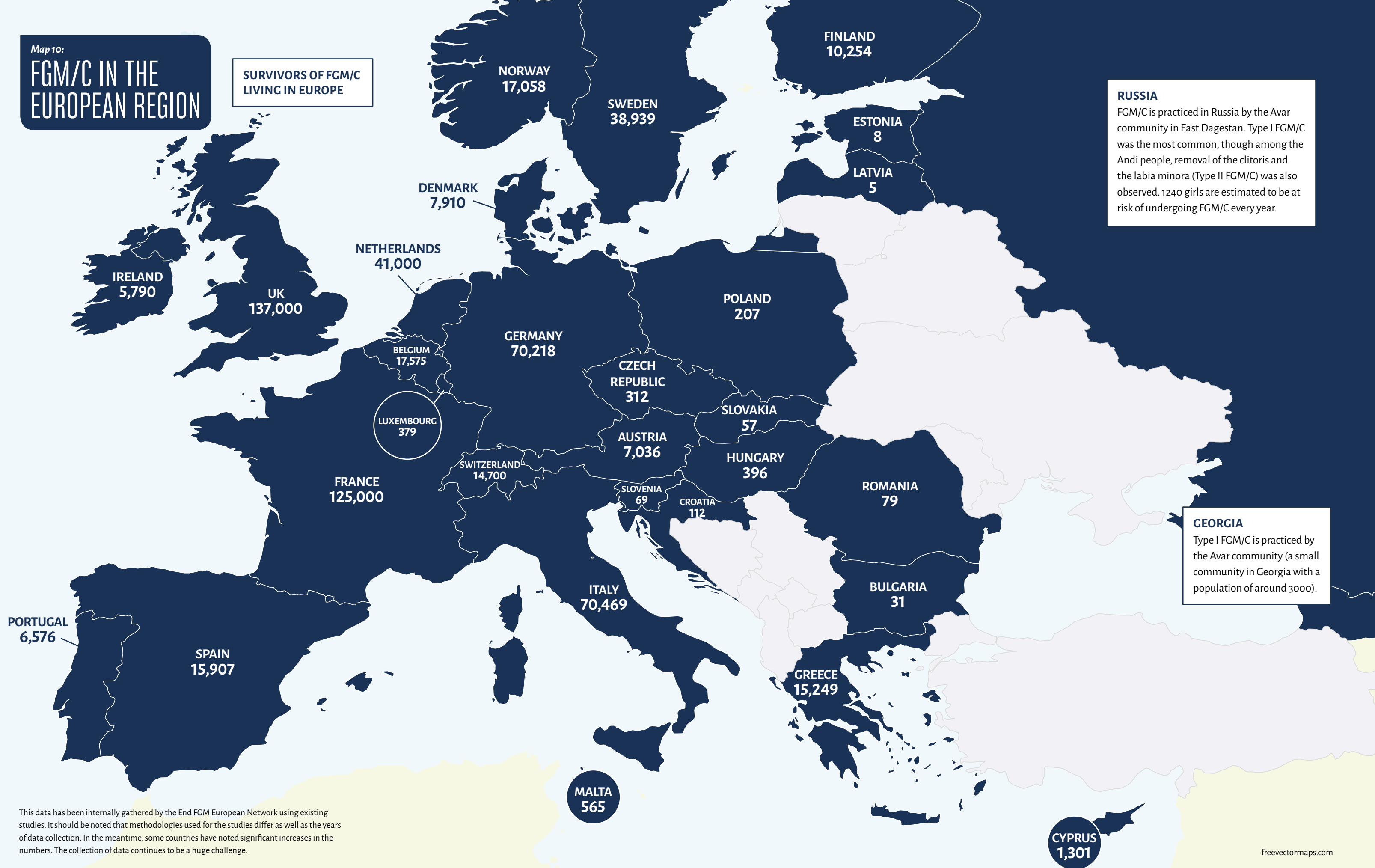
- Countries with national-level prevalence estimates of FGM/C
- Other countries with evidence of FGM/C from media reports and anecdotal evidence

Source: UNICEF 2020



Map 10:
FGM/C IN THE EUROPEAN REGION

SURVIVORS OF FGM/C LIVING IN EUROPE



RUSSIA
 FGM/C is practiced in Russia by the Avar community in East Dagestan. Type I FGM/C was the most common, though among the Andi people, removal of the clitoris and the labia minora (Type II FGM/C) was also observed. 1240 girls are estimated to be at risk of undergoing FGM/C every year.

GEORGIA
 Type I FGM/C is practiced by the Avar community (a small community in Georgia with a population of around 3000).

This data has been internally gathered by the End FGM European Network using existing studies. It should be noted that methodologies used for the studies differ as well as the years of data collection. In the meantime, some countries have noted significant increases in the numbers. The collection of data continues to be a huge challenge.

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FGM/C: A CALL FOR A GLOBAL RESPONSE

- 1** Strengthen the global political commitment to eliminating FGM/C
- 2** Urgently increase resources and investment to end FGM/C and support survivors
- 3** Strengthen the evidence base through critical research
- 4** Enact and enforce comprehensive laws and national policies
- 5** Improve wellbeing of survivors by providing necessary and critical support and services

FGM/C IS GLOBAL
*but so is the
movement to end it*