



# Asia Network to End Female Genital Mutilation/Cutting (FGM/C) Consultation report

“I didn’t know it happened there”

MARCH 2020

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This report was written by Ebony Riddell Bamber, Head of Advocacy & Policy, and Lo Riches, Advocacy & Policy Officer at Orchid Project.

## **About ARROW:**

ARROW is a regional non-profit women's organisation based in Kuala Lumpur, Malaysia. It has consultative status with the Economic and Social Council (UN ECOSOC) of the United Nations. ARROW strives to enable women to be equal citizens in all aspects of their life by ensuring their sexual and reproductive health and rights (SRHR) are achieved.

## **About Orchid Project:**

Orchid Project is an NGO that is catalysing the global movement to end female genital cutting (FGM/C). FGM/C is a human rights violation that harms the lives of girls, women and their communities. Orchid Project partners with pioneering grassroots organisations around the world, and shares knowledge and best practice to accelerate change. Orchid Project also advocates among governments and global leaders to ensure work to end FGM/C is prioritised. The NGO has partnered and collaborated with organisations and activists from across Asia since 2012.

## **About the Asia Network to End FGM/C:**

At the Women Deliver conference in June 2019, Orchid Project and ARROW announced the intention to co-nurture an Asia Network to End FGM/C with initial funding from the Wallace Global Fund. Following a consultation process in late 2019, the Asia Network to End FGM/C will be officially launched in 2020 and will seek to:

- build collaboration and support between groups already working to end FGM/C
- develop partnerships with donors, governments and religious leaders to accelerate progress
- strengthen the evidence by addressing data gaps and encouraging national-level reporting

# Foreword

## Ending FGM/C in Asia must be prioritised if 2020 is to be a landmark year for gender equality

*"I didn't know it happened there"* - is the common refrain when the issue of female genital mutilation/ cutting (FGM/C) in Asia is raised. Yet millions of women and girls will be subject to this form of gender-based violence in the region by 2030 if we don't act now. We aim to improve knowledge and action to end the practice through establishing an Asia Network to End FGM/C.

According to UNFPA data across 30 affected countries, 4.1 million girls are at risk of FGM/C annually, and at least 200 million girls and women have undergone the practice. This data includes Indonesia- where 49% of girls have undergone FGM/C and UNFPA estimates that by 2030, 15 million girls in Indonesia will be cut if efforts to end the practice are not accelerated.

However, FGM/C is known to take place in many more countries- at least 45 countries globally<sup>1</sup>- including many others across Asia such as Malaysia, Singapore, Sri Lanka, Brunei, Thailand, the Philippines, Maldives, India and Pakistan. Small scale studies, media, academic and civil society reports indicate a much broader problem, but the true scale of the problem remains unknown because of gaps in data.

It's time for change. Our organisations are dedicated to lift the silence around this issue through building an Asia Network to End FGM/C. The Network will establish a platform of NGOs, activists, researchers and allies from other sectors to build stronger relationships and enable collaboration between stakeholders working on the issue across Asia.

We have completed our first phase of activity- to carry out a consultation across the region to identify shared priorities and needs- and are presenting the results and recommendations for action in the form of this report. Activists and organisations across the region are mainly working in isolation, lack resources and capacity, and are concerned about reprisals for their work on such a sensitive issue. They are overwhelmingly in favour of creating an Asia Network to End FGM/C to give the issue legitimacy, advocate for change, be better connected, and strengthen access to resources and capacity building.

**As we mark a historic 25 years since the Beijing Declaration, our organisations are determined not only to make sure that people know about FGM/C in Asia, but to contribute to ending it by 2030.** If we don't end FGM/C globally we simply will not meet any of the SDG targets that relate to gender equality, ending violence against women, eliminating harmful practices or stopping violence against children. It is about our bodily autonomy, it is about our rights, it is a form of violence that harms entire communities. We must not fail.



**Grethe Petersen**  
Chief Executive  
Orchid Project



**Sivananthi Thanenthiran**  
Executive Director  
ARROW

<sup>1</sup>Orchid Project, Global FGM/C coverage data

## Overview

Over the years, there have been many isolated efforts to highlight and call to end the harmful practice of female genital mutilation/cutting across Asia by various NGOs, civil society organisations, community-based organisations, individual activists, researchers and academics, and even survivors themselves. Without a collective force, however, it is harder to chip away and make significant progress given the scale and extent of FGM/C in this region.

This report highlights the urgent need for data collection to be able to fully capture and understand the prevalence of this practice in the Asia region. Aside from data on prevalence, and the types of FGM/C that are practiced, information on the impact and severity of these practices upon girls and women is hardly documented and almost unknown.

Some governments insist that FGM/C, being medicalised, is not harmful to girls and women in comparison to the FGM/C practiced in other regions. Challenging these notions held by policy and decision makers and leaders, as well as the various communities, religious leaders and authorities, would require tremendous resources in order to mobilise support, bring awareness and create the shift in mindsets and consciousness towards ending this practice. Six out of the eleven countries in the region have had specific observations, commentaries and inputs given by the committees of the Convention on the Elimination of All Forms of Discrimination Against Women and/or the Convention on the Rights of the Child on ending FGM/C practices in the concluding observations of various periodic reports. It is worthwhile making governments accountable to fulfill their international obligations towards encouraging laws and policies that would protect girls and women from further harm of FGM/C.

The core challenges that so far have been identified towards bringing an end to FGM/C is the beliefs that it is a religious imperative or cultural norm. In countries like Indonesia and Malaysia, the fatwas making these practices obligatory only developed as recently as 12 years ago, in contrast to the Qur'an itself where there is no call or demand for girls or women to be circumcised. Religious authorities have a strong influence over communities and any campaign to end FGM/C needs to involve the engagement of religious authorities and leaders.

Just as important, is the engagement with health professionals, whose medicalisation of FGM/C has legitimised and commercialised these practices, and has created the notion that the practice is 'safer' if carried out by traditional midwives or cutters. Another challenge for advocates is to ensure that halting the medicalisation of FGM/C does not drive these practices underground.

Throughout the report, the prioritised activities and themes for network engagement have been identified, and with this, it is hoped that the work to end FGM/C in Asia collectively can finally begin. The Asia Network to End Female Genital Mutilation/Cutting is necessary in order to provide support to the various individuals and groups that are scattered across the region, if they are to make a dent in ending this practice.



**Rozana Isa**  
Executive Director  
Sisters in Islam (SIS)

# Recommendations for ending FGM/C in Asia

## To Donors and Allies

- Significantly scale up the provision of flexible, accessible and sustainable funding, capacity-building and networking support for community-based organisations and activists across Asia working to end FGM/C
- Significantly scale up investment in representative survey data collection and other forms of research across countries in Asia to strengthen the evidence base on prevalence, incidence and types of FGM/C practised in the region
- Encourage governments across Asia to enact legislation, develop evidence-based National Action Plans, establish national budget lines and carry out national and community-level awareness and education programmes aimed at FGM/C prevention
- Provide support for community-based programming that is non-judgemental, rights-based and addresses harmful social and gender norms
- Programmatic interventions should also support appropriate monitoring, evaluation, accountability and learning (MEAL) systems and community-based participatory research methods to identify and document successful models for change
- Enable and support partnerships between associations of medical professionals across Asia and globally to develop action plans to halt the rise in medicalisation of the practice in the region.

## To Governments across the Asia region

- Enact legislation to criminalise all forms of FGM/C, including when it is carried out by medical professionals, sending a clear message that the practice is a violation of the human rights of women and girls
- Carry out representative household surveys and other forms of research to strengthen the evidence base on prevalence, incidence and types of FGM/C being practised nationally
- Develop evidence-based National Action Plans, establish national budget lines and carry out national and community-level awareness and education programmes aimed at FGM/C prevention
- Consult and engage religious leaders, scholars and institutions to issue rulings (fatwas) against all forms of the practice and support and fund awareness and education campaigns
- Provide support for community-based programming that is non-judgemental, rights-based and addresses harmful social and gender norms. Such programming should also support participatory monitoring, evaluation, accountability and learning (MEAL) systems to identify and document successful models for change
- Enable and support partnerships between associations of medical professionals across Asia and globally to develop action plans to halt the rise in medicalisation of the practice in the region
- Commit to providing country-level data in relation to Sustainable Development Goal indicator 5.3.2: Proportion of girls and women aged 15–49 years who have undergone FGM/C, by age
- Take concrete steps to implement the recommendations of the Committee for the Elimination of Discrimination against Women and the Committee on the Rights of the Child which relate to prevention of FGM/C, where applicable.

**“The FGM/C here is not the same with the one in Africa... I wonder why people make it into such an issue”.**

Member of Indonesia Ulama Council (largest Muslim clerical body)<sup>2</sup>

## Introduction

FGM/C is a global issue that requires a global response. Girls and women are affected on every continent except Antarctica<sup>3</sup>. Each year, at least 4.1 million girls are being cut globally, which will rise to 4.6 million girls by 2030 due to population growth. Over a million of these girls will be in Asia.

*FGM/C is a problem in Asia too.*

### Types and Terminology

FGM/C is described by the World Health Organisation as “all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons”.<sup>4</sup> It is recognised in global commitments such as the Sustainable Development Goals, and in international human rights law, as:

- a human rights violation
- a form of gender-based violence
- a harmful practice.

**Table 1: Types of FGM/C**

<b>Type I:</b> The clitoris or clitoral hood is partially or fully removed (clitoridectomy).	<b>Type II:</b> As well as the clitoris, the labia minora (inner vaginal lips) are partially or fully removed. The labia majora (outer lips) may also be cut.	<b>Type III:</b> The clitoris, labia minora and labia majora are cut away, and the remaining skin is sewn or sealed together leaving a tiny hole for menstrual blood and urine (infibulation).	<b>Type IV:</b> All other harmful procedures to the female genitals including pricking, piercing, rubbing, scraping and cauterisation.
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World Health Organisation definition<sup>5</sup>

Type I and Type IV are the most common types reported across Asia. Though there is anecdotal evidence highlighting Type III FGM/C in the East Java region of Indonesia.

*All forms of FGM/C are a violation of the human rights of women and girls and can lead to a range of physical and psychological consequences.*

FGM/C is referred to as female circumcision across many Asian countries, which can enable a distinction to be made with forms of FGM/C practised in other contexts, whilst aligning the practice with male circumcision. Both narratives contribute to normalising the practice, or minimising its severity.

<sup>2</sup>Islamic Relief (2016) ‘Female Genital Cutting in Indonesia, A Field Study’ quoted on p16

<sup>3</sup>Global Platform for Action to End FGM/C (2019) ‘Press Release’

<sup>4</sup>World Health Organisation (2018) ‘Factsheet on FGM/C’

<sup>5</sup>Ibid

Different terminology is used to describe FGM/C across countries in Asia, such as 'khatna' or 'khafd' in India and Pakistan; 'khitan' or 'sunat perempuan' in Indonesia and Malaysia, and 'khatna' or 'sunnat' in Sri Lanka.

Through the process of compiling this report, we have been made aware of the following terminology used across the region to refer to FGM/C.

Country	Language	Term(s) Used	Meaning
<b>India</b>	Lisan ud-Dawat (dialect of Gujarati)	Khatna	Circumcision
	Arabic	Khafd	Female circumcision
	Malayalam	Sunnath	Religious tradition/ obligation (for Muslims)
<b>Indonesia</b>	Bahasa Indonesia	Sunat perempuan	Female sunnah or tradition
	Bahasa Indonesia	Sunat	Circumcision
	Javanese	Kres	Hatching/pricking
	Javanese	Tetesan	Hatching/pricking
<b>Malaysia</b>	Malay	Sunat perempuan	Female sunnah or tradition
	Malay	Sunat	Circumcision
	Malay	Khitan	Circumcision
<b>Maldives</b>	Divehi	Sunnah	Religious tradition/ obligation (for Muslims)
<b>Pakistan</b>	Urdu	Khatna	Circumcision
<b>Philippines</b>	Filipino	Pag-Islam	
	Filipino	Sunnah	Religious tradition/ obligation (for Muslims)
<b>Singapore</b>	Malay	Sunat perempuan	Female Sunnah/ circumcision or tradition
	Malay	Sunat	Circumcision
<b>Sri Lanka</b>	Tamil	Sunnah	Circumcision
	Tamil	Khatna	Circumcision
	Tamil- localised term	Sunnat'Imaan Kollurathu /Iman Vaikkirathu	Completing a part of religion
	Tamil- localised term	Thuppuravu Seiyarathu	Loosely means to 'make clean' but with a religious connotation
	Tamil- localised term	Islam-la Edukkarathu / Islaathukku Edithira	Loosely refers to the concept of 'bringing a child into Islam' <sup>6</sup>

<sup>6</sup>Family Planning Association of Sri Lanka (2019) 'Towards Understanding Female Genital Cutting in Sri Lanka'



## Drivers of FGM/C in Asia

FGM/C is practised across Asia for a number of reasons, such as to comply with social and gender norms, religion, tradition or culture.

### Religion

FGM/C is seen as a religious duty by many Muslim communities that practice it across Asia. However, it is crucial to note that it is not an Islamic imperative, is not mentioned in the Qur'an, and is not practised by the majority of Muslims worldwide. Nor is it endorsed by any other religion, though it is also present in other religious and non-religious communities alike.

Fatwas and guidance issued by authoritative Islamic clerics and organisations in countries such as Malaysia and Indonesia have encouraged religious justifications for FGM/C, and also medicalisation of the practice (see below). For example, in 2009, the Malaysian National Council of Islamic Religious Affairs decided that FGM/C is part of Islamic teachings and should be observed by Muslims. The increasing influence of more conservative forms of Islam is thought to be playing a role in strengthening the belief that FGM/C is a religious requirement, for example in Indonesia.

*“The Qur'an makes no mention of female circumcision - in fact it warns against bringing deliberate harm to oneself or others, and against temptations to change the form created by God.” - Islamic Relief<sup>7</sup>*

But perspectives on the practice amongst Islamic scholars differ. Many have also spoken out emphasising that FGM/C is not advocated in the Qu'ran and goes against Sharia law. For example, Al-Azhar university, a highly influential Islamic university based in Egypt, issued a ban on the practice back in 2006 and has consistently criticised the practice of FGM/C.

It is important to note that whilst the Qur'an does not make reference to FGM/C, other religious groups including the Bohra community look to other religious scriptures such as the Daim-ul-Islam, which are used to justify the practice.

### Social and Gender Norms

The practice of FGM/C is held in place globally by a complex interaction of social and gender norms. A social norm is a behavioural rule shared by people in a given society or group; it defines what is considered “normal” and appropriate behaviour. Complying with the norm brings benefits – such as securing marriage for your daughter. For some communities, the practice of FGM/C acts as an identity marker, which means that non-compliance with the norm may bring sanctions, such as ostracization from the community.

*FGM/C is about the control of women's bodies and sexuality. Their right to decide for themselves.*

Harmful and discriminatory gender norms- a specific type of social norms- have a critical role to play in sustaining the practice. Some communities believe that women that have not undergone FGM/C will be easily aroused, promiscuous or not loyal to their husbands. Women who are uncut may also be perceived as unclean, whilst those who undergo the practice are often considered as ‘more devout’ Muslims within affected communities where Islam and FGM/C have been linked.

### Medicalisation

Medicalisation refers to cases where FGM/C is carried out by a health care worker or professional, in any location. This is a growing phenomenon in some Asian countries, leading to the legitimisation and commercialisation of the practice as it is being carried out in healthcare settings or private clinics, by respected members of society. There is also a misperception that the practice will not be harmful if it is carried out by medical professionals.

<sup>7</sup>Islamic Relief (2018) ‘One Cut too Many, Policy brief on Female Genital Mutilation/Cutting’

FGM/C is a human rights violation that can have immediate and lifelong health consequences regardless of where it is carried out. Additionally, carrying out FGM/C in clinical settings violates medical ethics.<sup>8</sup>

Government action in some countries has fuelled medicalisation. For example, the Malaysian Islamic Department of Development (JAKIM) published guidelines for medicalised FGM/C in 2018, thus legitimising the practice as acceptable, despite international condemnation. In Indonesia, the government, bowing to pressure from religious actors, issued a decree in 2010 allowing for FGM/C to be carried out by medical professionals.<sup>9</sup> Whilst the decree was later revoked in 2014, the effective legalisation of FGM/C in Indonesia, coupled with the history of medical regulation, has resulted in a surging increase of medicalisation of the practice across the country.

*“In some settings, like Indonesia where 49 per cent of girls under age 14 have had FGM, medicalized FGM is performed as part of the package of services for new-borns in health facilities.”*

UNICEF/UNFPA Joint Programme on the Abandonment of FGM<sup>10</sup>

Globally there is a trend towards girls being cut at younger ages. Studies have shown that in some countries in Asia the majority of girls are being cut under the age of 5 (Maldives)<sup>11</sup>, before their first birthday (Malaysia)<sup>12</sup>, and at less than 6 months old (Indonesia).<sup>13</sup>

To end violence against children we must end FGM/C.

## FGM/C IS A HUMAN RIGHTS VIOLATION

FGM/C is recognised as a violation of the child rights and human rights in international human rights treaties such as the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the International Covenant on Civil and Political Rights & International Covenant on Economic, Social and Cultural Rights (1966).

FGM/C violates:

- The right to non-discrimination and equality before the law
- The right to life
- The right to the highest attainable standard of health
- The right to physical and mental integrity, including freedom from violence
- The rights of the child
- The right to be free from cruel, inhuman or degrading treatment

Governments across South Asia and South East Asia have made binding commitments to end the practice through ratification of these instruments. More detail can be found in the country profiles throughout this report.

<sup>8</sup>UNFPA/UNICEF Joint Programme on the Abandonment of FGM (2018) ‘Calling for the End of the Medicalisation of Female Genital Mutilation’

<sup>9</sup>UNICEF (2019) Indonesia country profile <https://data.unicef.org/resources/fgm-country-profiles/> and Islamic

<sup>10</sup>Ibid.

<sup>11</sup>World Bank (2019) ‘Female Genital Mutilation is still practised around the world’

<sup>12</sup>Claudia Cappa, Luk Van Baelen & Els Leye (2019) ‘The practice of female genital mutilation across the world: Data availability and approaches to measurement’, Global Public Health, DOI: 10.1080/17441692.2019.1571091

<sup>13</sup>UNICEF (2019) ‘Female Genital Mutilation Country Profiles, Indonesia’

**“In Indonesia, around 3 in 4 girls underwent the procedure when they were less than six months old”**

UNICEF<sup>14</sup>

## An Asia Network to End FGM/C

Global commitments to end FGM/C by 2030 will not be reached unless resource mobilisation, political will, and partnerships are enabled across the Asia region. The lack of progress across Asia in addressing the issue is disproportionate to the numbers of women and girls affected, and the potential impact on their lives.

FGM/C has been documented in many countries across South and South East Asia, such as Indonesia, Malaysia, Singapore, Sri Lanka, Brunei, Thailand, the Philippines, Maldives, India, and Pakistan.<sup>15</sup> It is a form of gender-based violence that is affecting women and girls across large swathes of the continent of Asia. In the highest prevalence countries in the region- Malaysia and Indonesia- the practice is carried out mainly on infant and young girls, amounting to violence against children.

Most countries across South and Southeast Asia have ratified both the Convention for the Elimination of All forms of Discrimination against Women and the Convention on the Rights of the Child. This means that they have duties under international law to implement concrete legislative, policy, and programmatic measures to fully eliminate the practice of FGM/C

Yet across Asia there has been little or no progress in addressing this issue. There is a lack of political will, a total absence of national legislation banning all forms of the practice, a weak evidence base of research into the practice, and few examples of community-based programming and crucial stakeholder engagement- e.g. of religious leaders and medical professionals- to enable ending the practice.

*“The Committee stresses that female genital mutilation, female circumcision or female genital cutting cannot be justified on religious grounds and constitutes a harmful practice to exert control over the bodies and sexuality of women and girls in violation of the Convention, irrespective of the extent of removal or cutting of the female genital organs and of whether or not it is performed within or outside a medical institution.”<sup>16</sup>*

Committee on the Elimination of Violence Against Women, Concluding Observations on Malaysia’s report on compliance with Convention for the Elimination of All Forms of Discrimination Against Women

In spite of this challenging environment, there are civil society organisations, activists, researchers and others who are speaking out and trying to push for change on this issue. The Asia Network to End FGM/C aims to bring these voices together in a supportive network to galvanise political will and action for change.

### Consultation Exercise

Orchid Project and ARROW jointly announced their intention to co-nurture the Asia Network to End FGM/C at the Women Deliver conference in June 2019. This announcement was followed by an engagement process across the region.

### Objectives

- To identify and connect with activists, researchers and organisations in the region working on, or intending to work on, FGM/C
- To discover the priorities, challenges and needs of activists, researchers and organisations across the region
- To inform network priorities
- To identify areas of work across activists, researchers and organisations in the region (to map them within the domains of social change framework of the Global Fund for Women<sup>17</sup>)

<sup>14</sup>UNICEF (2019) ‘Female Genital Mutilation Country Profiles, Indonesia’

<sup>15</sup>28 Too Many, ‘FGM/C in Asia Overview’

<sup>16</sup>Committee on the Elimination of Discrimination Against Women (2018) ‘Concluding Observations on combined third to fifth report of Malaysia’

<sup>17</sup>Global Fund for Women, Domains of Social Change Matrix

## Approach

Semi structured interviews and a broadly promoted online survey were used to gather data in line with our aims. This would enable us to obtain a mix of richer, in-depth data through the interviews, coupled with larger participation numbers through the survey.

Method	Engagement
<b>Semi-structured interviews</b>	<ul style="list-style-type: none"><li>• Carried out between August and December 2019</li><li>• 22 interviews carried out across eight countries in Asia</li><li>• Interviewees were based in: India, Indonesia, Malaysia, the Maldives, the Philippines, Singapore, Sri Lanka, and Thailand.</li></ul>
<b>Online survey</b>	<ul style="list-style-type: none"><li>• Online survey hosted on Kobo Toolbox platform for eight weeks from 25 October- 22 December 2019</li><li>• 52 responses were received across 13 countries in Asia</li><li>• Countries included: Bangladesh, India, Indonesia, Malaysia, Mongolia, Myanmar, Nepal, Pakistan, the Philippines, Singapore, Sri Lanka, Thailand, and Vietnam.</li></ul>

The consultation exercise did not aim to be representative of the practice across Asia, or within specific countries, but rather to obtain valuable insights into practitioner perspectives across affected countries in the region.

# Consultation Analysis

The following section provides an analysis of the online survey results we have obtained through the Asia Network to End FGM/C consultation exercise during October-December 2019.

A total of 52 individual responses were collected via an online survey. Feedback from the 22 structured interviews is also presented in a separate section below, with insights integrated throughout.

Due to the small sample size of this survey the data presented must be viewed as qualitative in nature, giving a snapshot of the actors working in the FGM/C sector, their views and capacity needs to strengthen prevention efforts in the region.

## Who responded to the consultation survey

### Gender

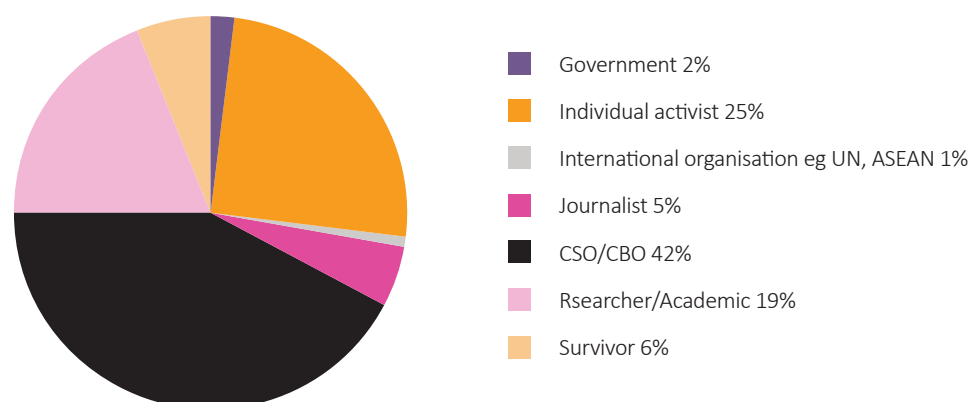
90% of participants self-identified as being female, whilst 10% of responses identified as male.

### Stakeholder types

Participants were asked to indicate which stakeholder type or types best described their role in ending FGM/C, and were able to select multiple roles.

- 42% of respondents identified their role as part of an NGO, civil society organisation, or community-based organisation (CBO)
- 25% identified as individual activists
- 19% identified as researchers/academics
- 6% identified as survivors of FGM/C
- 5% identified as having a journalistic or media role
- 2% identified as fulfilling a governmental role
- 1% identified as belonging to an international organisation, e.g. the UN or ASEAN.

### A percentage breakdown of self-reported stakeholder roles by consultation participants

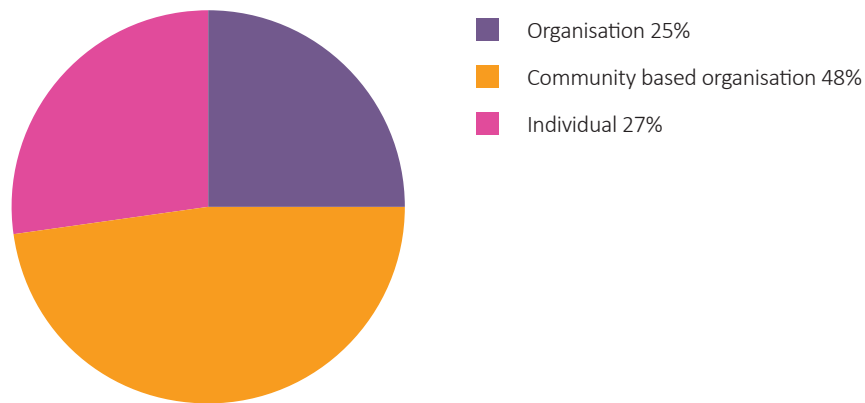


Further analysis of individual responses allowed us to group stakeholders between three categories: individual, CBO or organisation to make a more precise assessment of capacity and levels of support. This showed that:

- 48% of participants were could be identified as belonging to CBOs
- 27% of participants could be identified as individual actors
- 25% of participants could be identified as working for organisations.

This suggests that the majority of active stakeholders on FGM/C in this consultation are operating either as individuals, or at community levels, and may consequently lack support, funding, and broad capacity commensurate with the scale of the practice across the region.

### Percentages of participant stakeholder types categorised by primary role (organisation, individual, community-based organisation)

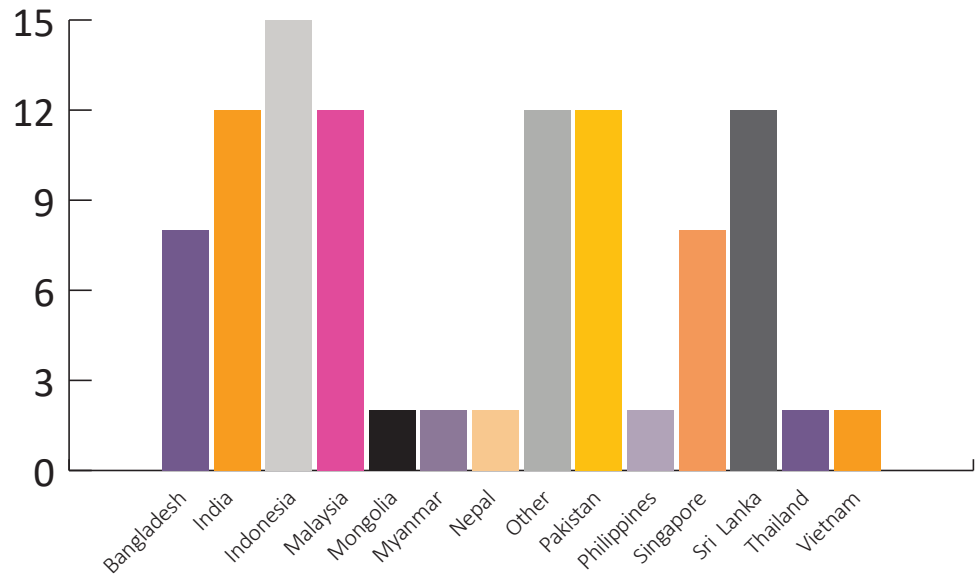


### Where consultation participants are working

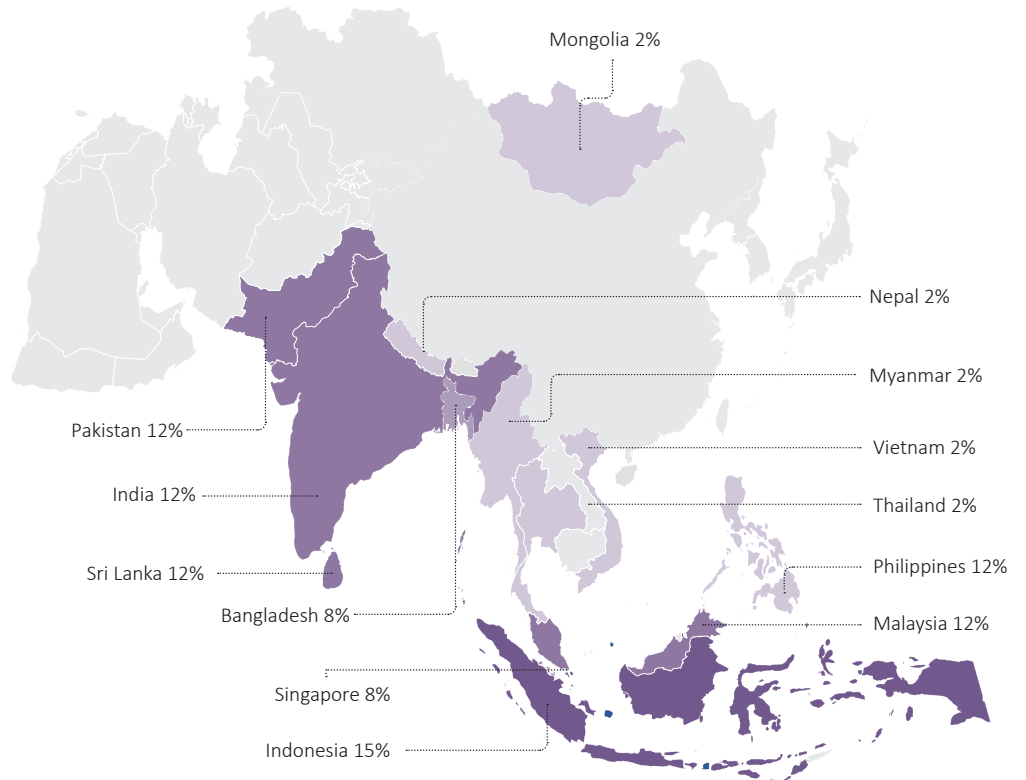
Submissions were received from individuals based in 13 different countries across Asia, whilst a further five responses were received from the UK, Australia, the USA, Germany, and Iran.<sup>18</sup> These particular submissions have mostly been made by international experts on the practice across Asia, or by diaspora community members, and reflect expertise on the practice across the region.

<sup>18</sup>Given representation of FGM/C in Iran under the 'Stop FGM in the Middle East' network, and recognising the vast contextual differences between regions, the purpose of the network at this stage is not considering Iran to fall within its immediate purview.

Percentage of participant responses according to individual's location



Percentage of participant responses according to individual's location



The proportion of responses from individual countries across Asia broadly reflects the current state of knowledge and estimates of FGM/C across the region.

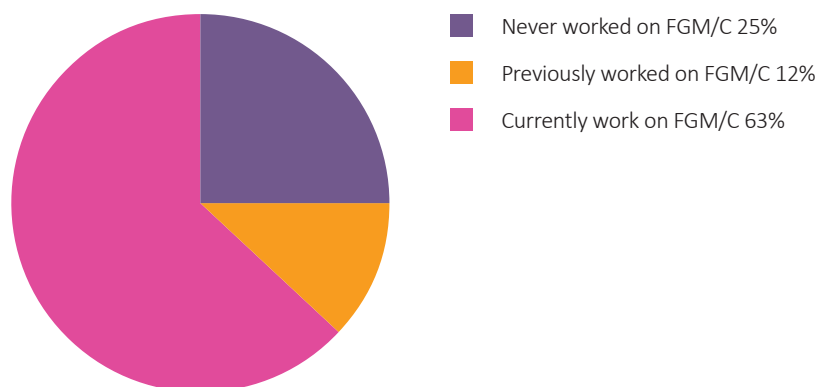
- 15% of responses, the highest proportion, came from participants based in Indonesia, where an estimated 15 million girls will be cut by 2030<sup>19</sup>
- Malaysia, India, Sri Lanka and Pakistan each received 12% of submissions, reflecting the limited but existing number of studies and anecdotal evidence of the practice across these countries
- Conversely, responses were also received from Vietnam (2%), Mongolia (2%), Myanmar (2%), and Nepal (2%); countries that have not been associated with the practice to date.
- ‘Other’ responses were received from a number of international experts with first hand knowledge of the Asia region. These participants were based in Canada, the USA, Germany, and Australia.

Participants were also asked which countries across Asia they are based or work in, recognising that organisations, researchers or activists may well be carrying out work across a number of geographies. The consultation revealed that participants are active across 17 countries in the region with likely FGM/C prevalence.<sup>20</sup> The largest numbers of stakeholders represented in this consultation are active across India (14), followed by Indonesia (13), and Malaysia (12) respectively.

### Areas of work

This consultation aimed to identify existing and potential capacity of stakeholders across Asia to carry out work around ending FGM/C. Participants were asked whether they currently carry out work on FGM/C:

#### Percentage of participants working on FGM/C



<sup>19</sup>UNFPA (2018) ‘Bending the curve: Trends we aim to change’

<sup>20</sup>Participants are also active across China, Japan, South Korea, Taiwan, and some pacific islands.



- 63% of respondents are currently working on FGM/C
- 37% are not currently working on FGM/C

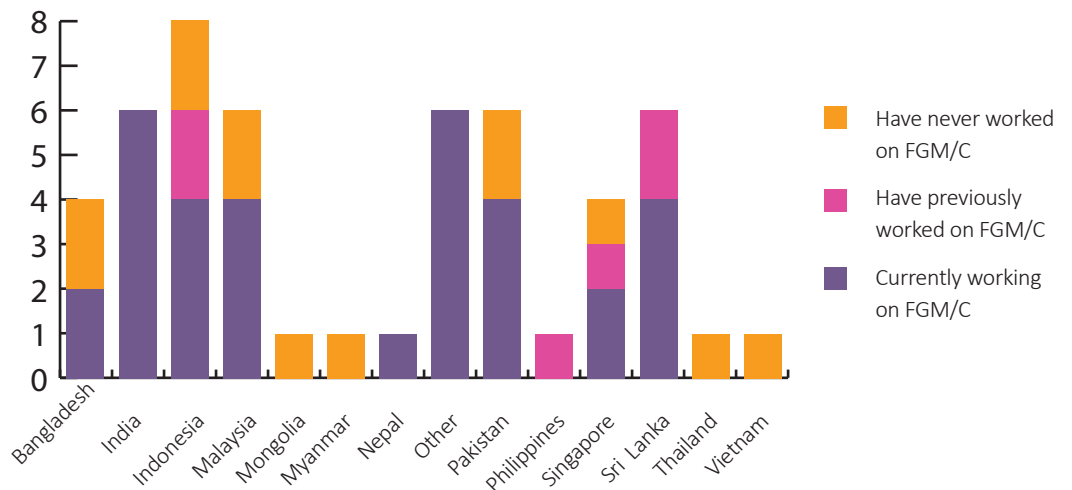
The 37% of respondents who do not currently work on FGM/C were asked whether they had ever worked on the issue:

- 32% of respondents not currently working on FGM/C had done so in the past

Considering these three groups together, 63% of participants currently work on the issue, whilst 25% of participants have previously worked on FGM/C, and 12% have never worked on the issue.

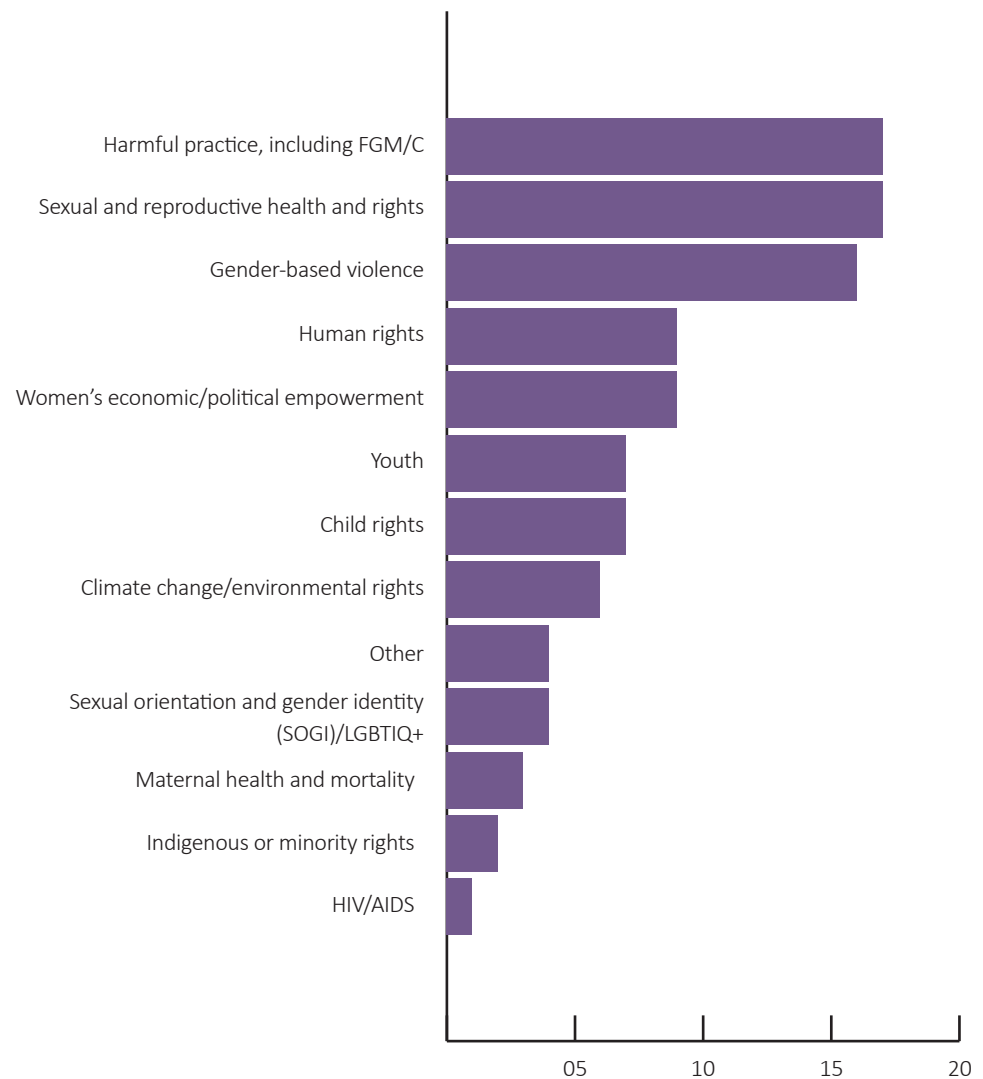
When this information is broken down by country, it becomes apparent that participants in countries not currently associated with the practice- such as Mongolia, Myanmar and Vietnam- have also never worked on the issue.

**Number of participants working on FGM/C, or not, by country**



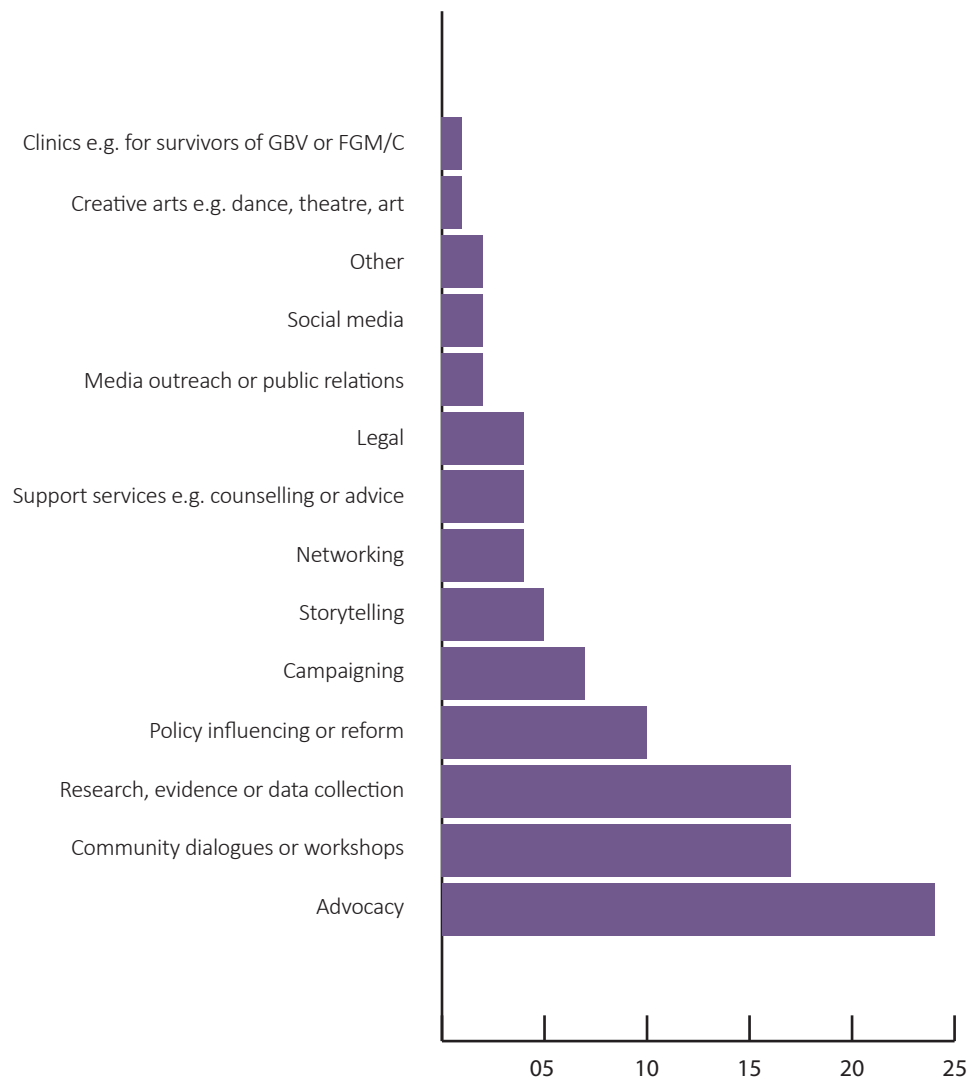
Participants were asked to identify thematic areas of work on which they or their organisation focus, and were able to select a maximum of three responses. Responses indicating work on harmful practices including FGM/C and sexual and reproductive health and rights (SRHR) both received the highest proportion of responses at 17% each, closely followed by 16% of responses indicating work around gender-based violence.

### Thematic areas of work undertaken by participants



Participants were asked to best describe the types of activities they performed in relation to their work and were able to select up to three different activity types as required. Advocacy activities received the largest number of responses at 24%, whilst community dialogues and research, evidence or data collection both received 17% of responses equally. Conversely, activities providing direct services such as clinics received only 1% of responses.

### Types of activities performed by participants



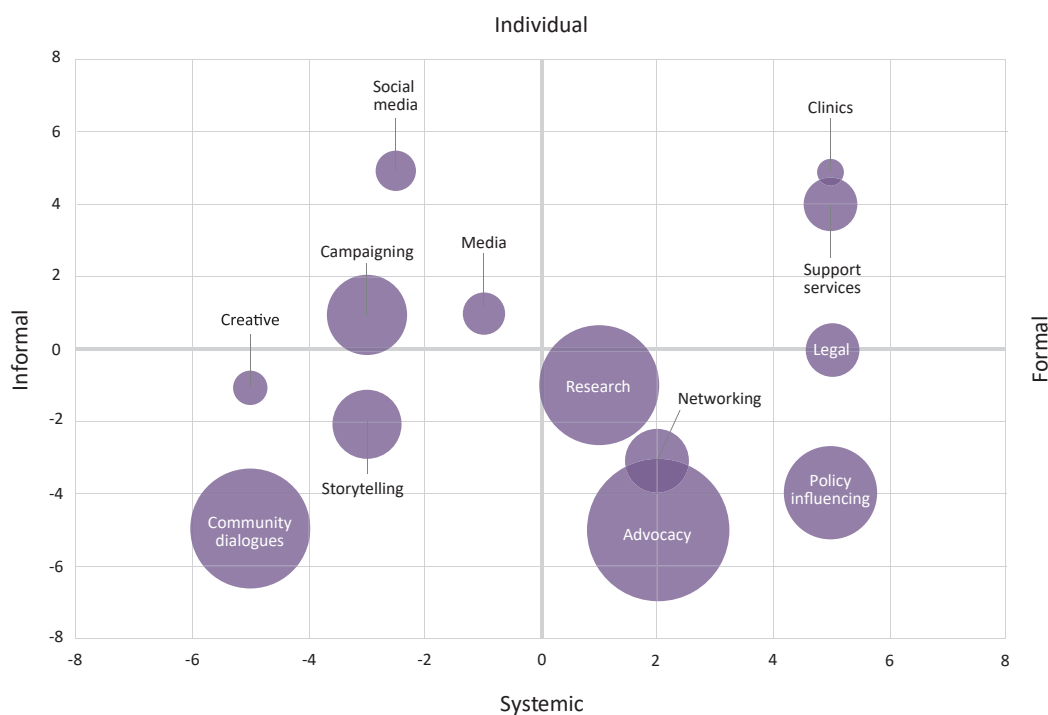
## Areas of Work across Global Fund for Women's Change Matrix

Stakeholder activity was further assessed in relation to the Global Fund for Women's 'Change Matrix'<sup>21</sup>, which maps activity addressing gender equality across four identified domains where gender power structures operate:

- Increased awareness and agency among women and girls
- Increased access to resources, services and power for women and girls
- Changes in social norms and practices
- Influencing policies and laws.

This tool has been utilised to assess differing skill sets and activities performed by active stakeholders across Asia, whilst recognising that sustainable social change requires activity to address power imbalances across all four quadrants.

### Types of activities performed by participants according to the Global Fund for Women's 'Change Matrix'



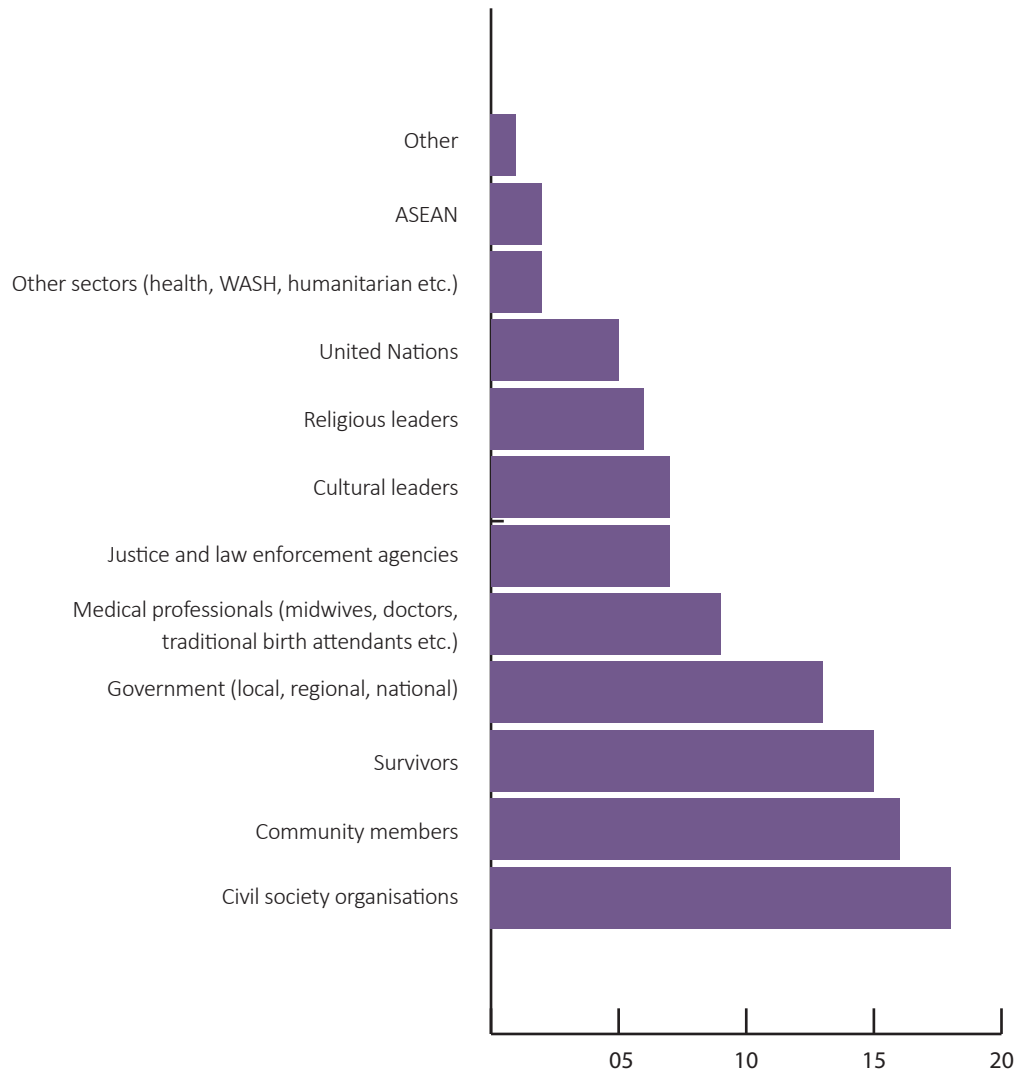
Performing this analysis shows that across Asia, a majority of stakeholder efforts currently aim at influencing policies and laws, covering activities such as advocacy, policy influencing, networking, and research activities. This is followed by activities aimed at shifting social norms and practices, where an encouraging number of organisations are already engaging in community dialogues.

In comparison, activities aimed at raising awareness or increasing access to resources or direct services are noticeably scarcer. Support in relation to the physical and psycho-social impacts of the practice for survivors appear to be negligible.

The overall picture generated by this analysis is perhaps unsurprising, given the nascent state of the FGM/C sector across Asia, which is generally characterised by low levels of data, evidence, and general awareness of the practice as a human rights violation.

<sup>21</sup>Global Fund for Women, 'How does the Global Fund for Women measure social change?'

### Types of stakeholders that participants work with on FGM/C



Participants were asked to identify which stakeholders they work with on ending FGM/C. A majority of respondents identified that they were working with other civil society organisations (18%), closely followed by community members (16%), and survivors (15%). Whilst 13% of participants reported that they are working with government (local, regional and national), a noticeable lack of participants reported that they are working at an international or regional level, with only 5% of participants working with the United Nations, and only 2% working with ASEAN.

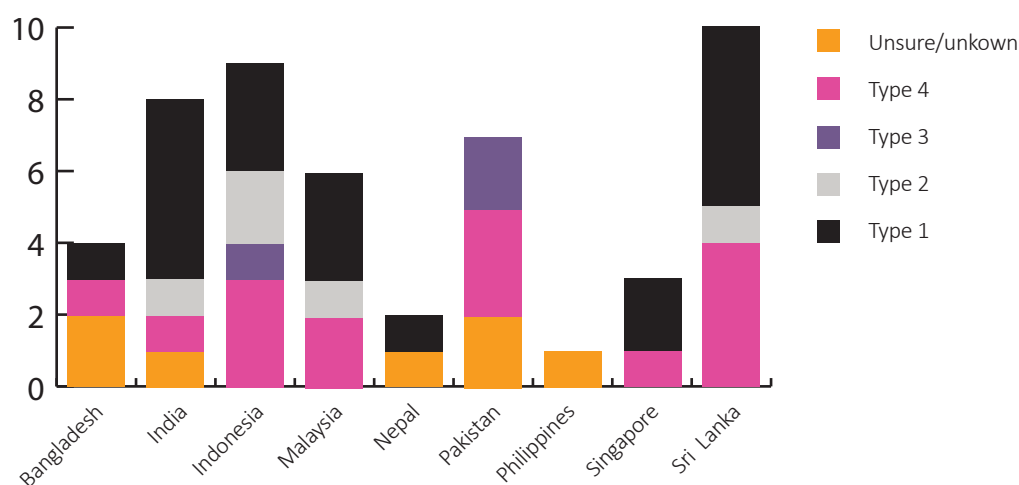
# Perceptions of FGM/C across Asia

Participants who had indicated current or previous experience working on the issue of FGM/C were asked a further series of questions around their perceptions of the practice.

## Perceptions of prevalence and type

Participants were asked about which type of FGM/C is perceived to be prevalent in their local context, alongside the WHO definitions of types of cutting.<sup>22</sup> Across the region, participants identified Type I to be perceived as the most prevalent form of FGM/C, closely followed by Type IV, which is largely in line with expectations, existing studies, and anecdotal information available on the practice across Asia. Perceptions of Type II being practised were also evident across India, Indonesia, Malaysia and Sri Lanka. Interestingly, perceptions of Type III being practised were present in both Indonesia and Pakistan. The response indicating perceptions of Type III in Indonesia coincides with other anecdotal reports of this type of practice made in the same area.

**Title: Perceptions of Types of FGM/C taking place locally as reported by participants**



During interviews, a number of participants highlighted differences in the way that the practice is carried out, not only across countries in Asia, but also across different ethnic groups and geographic locations within countries:

- In **Sri Lanka**, it was highlighted that the Dawoodi Bohra community undergo a particular type of cut at a later age, which is distinct from a number of ethnic or Tamil communities which carry out the practice shortly after birth<sup>23</sup>
- In **Indonesia** anecdotal reports, including in this consultation, suggest various types of cutting- including Type III, which may be performed in areas of East Java. Activists also cited differences in the practice from rubbing the clitoris with turmeric, to using roosters to peck the area. A 2017 case in Rangkasbitung, where a baby died as a direct result of FGM/C was also mentioned
- One respondent in **Singapore** suggested that the lack of regulation or understanding of the practice enabled doctors or practitioners to claim that the practice had been carried out without actually doing so.

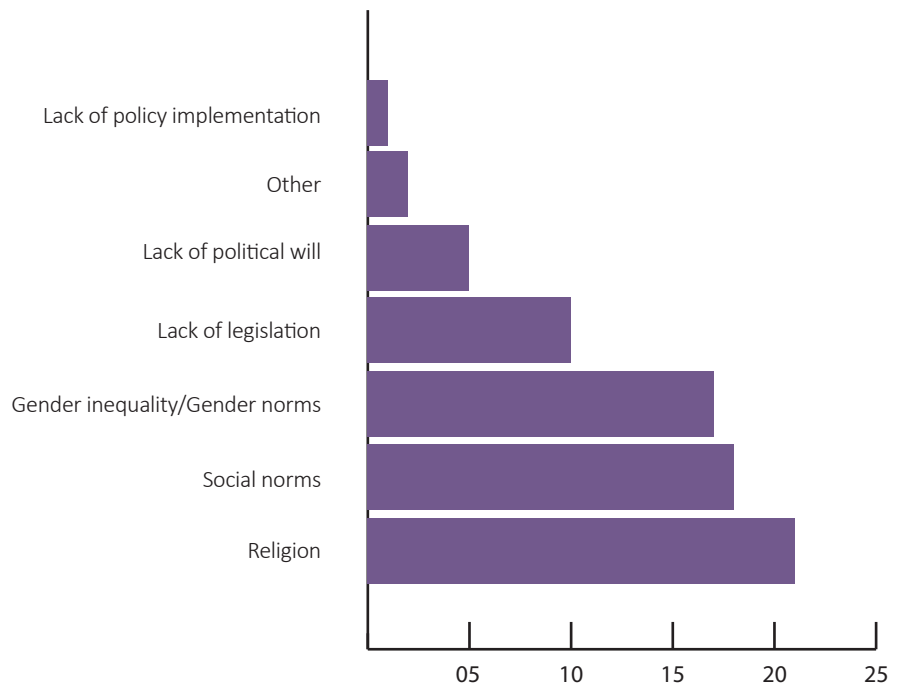
<sup>22</sup>WHO (2008) 'Eliminating Female genital mutilation: An interagency statement- OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO'

<sup>23</sup>Zainab Ibrahim & Ermiza Tegal (2019) 'Towards understanding female genital cutting in Sri Lanka'

## Perceptions of drivers of FGM/C

Participants were asked what factors they perceived to be driving the practice of FGM/C in their own local contexts, and were able to select up to three responses. Regionally, a clear majority of participants identified religion (21%) as being the main driving factor in the practice, followed by social norms (18%) and gender inequality (17%) respectively. Lack of policy implementation was only identified by 1% of participants as a driving factor, which may be connected to the lack of legal or policy frameworks in place to prevent FGM/C. Interestingly, participants from Bangladesh and Pakistan did not perceive religion to be a driving factor at all.

### Participants' perceptions of factors influencing FGM/C in their local contexts



## Perceptions of what is needed to end FGM/C

Participants were further asked to explain in their own words what they thought is needed to end FGM/C in their contexts. Responses were then analysed and grouped into thematic categories.

A clear majority of participants (23.8%) identified a need for greater political will, including legislation and its implementation and enforcement. The same number (23.8%) also cited the need for broad awareness raising work including campaigning and public education and dissemination of the harms and human rights impacts of the practice. 14% of responses indicated a need to work with affected communities directly to shift the practice, whilst 10% called for more work on challenging both gender and social norms. Further responses also highlighted a need for research and evidence, capacity building, work with religious leaders, medical professionals, and survivors.

An emphasis on legal norms is unsurprising across Asia, given that the practice is either legal or unaccounted for in most jurisdictions, and an introduction of legal sanctions may be viewed as an important first step in creating an enabling environment to champion an end to the practice. Equally, the emphasis on awareness raising reflects a general need to challenge prominent narratives across the region that the practice does not equate to ‘FGM’ as practised in Africa. It is seen as non-harmful, and is largely normalised, particularly in majority-Muslim practising countries of Indonesia, Malaysia, and Singapore where it is available and performed by medical professionals.

What is needed to end the practice	Number of responses	Percentage
<b>Political will, Legislation and policy</b>	19	23.8%
<b>Awareness raising</b>	19	23.8%
<b>Working with practising communities</b>	11	13.8%
<b>Challenging gender and social norms</b>	8	10.0%
<b>Research and evidence</b>	7	8.8%
<b>Working with religious leaders</b>	6	7.5%
<b>Capacity building</b>	4	5.0%
<b>Working with medical professionals</b>	4	5.0%
<b>Working with survivors</b>	2	2.5%



# Capacity building needs across Asia

A key objective of this consultation was to assess existing capacity for work to end FGM/C across Asia. In response to the limited recognition and prioritisation of the practice across Asia, the consultation sought to identify and understand the support needs and capacity building priorities both for organisations and activists already working on the issue, and for those that might have the capacity to do so in future.

## Stakeholders with experience of working on FGM/C

Organisations and individuals who had identified current or previous experience working on FGM/C in the region were asked if they could identify any areas where they would like support or capacity building.

- **A clear majority of responses indicated a need for research and evidence building in the region**, given the limited number of studies and evidence available on the practice across the region
- **The second preference highlighted a need for advocacy capacity building and support**; a theme that was emphasised in the interviews as a means of amplifying and reinforcing the advocacy calls of local organisations
- **A third priority identified was a need for access to funding** for work on FGM/C in the region.

## Participants' perceptions of their/their organisations capacity building and support needs



## Stakeholders with no experience of working on FGM/C

Participants who had indicated no previous experience working on the issue were asked if they could identify what prevents them from working on FGM/C. A majority (29%) of participants pointed to a lack of funding available for such work to take place, followed closely by a lack of information, evidence, and research on the practice.

Participants were further asked what, if any, support would be needed to enable them to work on the issue of FGM/C. Noticeably, an equal majority of participants specified a need for research and evidence of the practice, alongside access to funding. This suggests that support on building additional evidence and research on the practice across Asia is vital to empowering a greater number of stakeholders to take up the issue across the continent.

# Safety, Security and Support Networks

A number of interview participants indicated concerns about security risks and threats in relation to work on FGM/C in the region.

Participants highlighted rising radicalism in the form of ‘political’ or ‘conservative’ Islam, which posits a narrow understanding of religion, and which most commonly supports a weakening of women’s rights and empowerment. With regards to FGM/C, activists across the region have reported threats to both their physical safety as well as wider socio-economic interests.

*“There is a backlash concerning FGM in Southeast Asia before campaigning against it has even really started. [The practice] is becoming more acceptable, parts of the governments are defending it, and NGOs and activists are attacked, if not criminalised” - Civil society representative.*

The consultation sought to understand participants’ perceptions of safety whilst carrying out work on FGM/C and related issues. Participants were asked to rate their perceptions of safety whilst talking about, and working on, a set of issues related to FGM/C, including women’s rights, human rights, sexual and reproductive health and rights (SRHR), gender-based violence (GBV), issues affecting minority or ethnic groups, and harmful practices.

Crucially, participants ranked both talking and working on FGM/C as the issue to present the greatest perceived threat to their safety and security, second only to speaking about or working on issues impacting minorities or ethnic groups. Conversely, fewer participants reported perceptions of insecurity whilst working on women’s rights or human rights more broadly.

It should be noted that the practice of FGM/C is largely associated with ethnic or religious minorities across many countries in Asia, including India, Sri Lanka, the Philippines, and Thailand. In majority Muslim countries such as Indonesia, Malaysia, and to a certain extent Singapore, the practice is again understood broadly as a religious practice. Looking at perceptions of safety and security around FGM/C alone, participants reported feeling more unsafe whilst working on FGM/C than talking about it. This indicates an increase in feelings of insecurity when participants undertake a more active role around ending the practice. Dialogue and storytelling-based approaches could have an important role to play in challenging the practice.

*“We agree on eliminating FGM altogether, but as a coalition. We are not trained and not capable enough to handle such backlash, so now we are taking the safe approach as we try to negotiate our way to see what our stand is.” - Malaysian activist.*

The stark differences in perceptions of safety between work on FGM/C in comparison to work more broadly on women’s rights- or even SRHR and GBV- may illuminate a positive opportunity to reframe local narratives around FGM/C away from more contentious debates around religion or minority and ethnic tensions towards more inclusive frameworks.

Participants were also invited to make any further comments related to their safety and security that they felt should inform the consultation, many of which used the opportunity to define and expand upon the particular types of threats and insecurity faced.

## **Participant insights, concerns and perceptions around security**

- The need for capacity building and better internal safeguarding procedures by organisations working on FGM/C to support staff and their wellbeing
- Need for great understanding of intersectional discrimination and enhanced risks faced by certain communities and activists working on this issue
- That non-nationals face considerably less risks in undertaking work around FGM/C

- That people with disabilities face enhanced risks when working on this issue
- That work on FGM/C is perceived as a threat to religious beliefs or cultural practices and responded to as such.

One participant noted a higher perception of personal safety deriving from outspoken activism and a willingness to leave the community fold, although they recognised that this is not possible or easy for many community members wishing to speak or work on the issue of FGM/C.

A large number of responses, including from Philippines, Malaysia and Sri Lanka, noted the reality of increasingly nationalist governments in the region, coupled with a broad shrinking of civil society space.

A response from the Philippines noted that the current government is dangerously hostile towards human rights, which has created a climate where working on women's and human rights is not safe. Participants also made reference to the issuance of a fatwa in Malaysia against women's rights organisation, Sisters in Islam, who have been labelled as a deviant group with the impact of limiting their activity.

Responses from Sri Lanka note that rising nationalism and fear following the 2019 Easter terrorist attacks have created a rising climate of intolerance towards Tamils and Muslim minorities, some of which practice FGM/C. Participants stressed that as a result of this climate, they are working cautiously and sensitively at very local levels. Further responses broadly note that security threats exist from governments, tribal leaders, religious clerics, and from extremist groups who oppose women's empowerment.

Types of threats or reprisals feared by participants for working on FGM/C

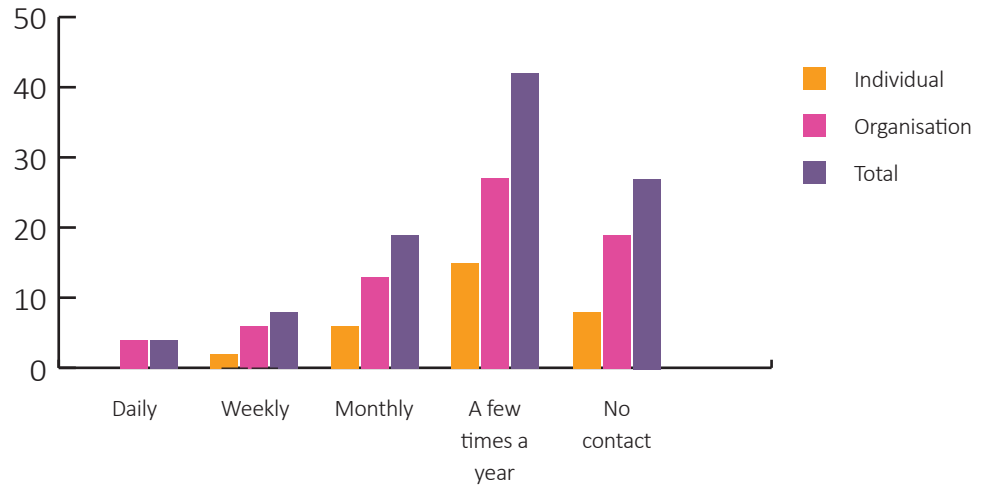
- Threats to economic security or social standing
- Social sanctions by the community
- Social media trolling
- Restricting freedom of movement
- Public backlash against activists.

## Support networks

This consultation sought to build a picture of existing capacities of various stakeholders carrying out work on FGM/C across Asia. Early stakeholder interviews consistently noted that a large number of actors working on FGM/C are individual activists or small community-based organisations, who often lack resources and recognition. To help identify the extent to which stakeholders have contact, connections, or existing networks in place to provide a broad sense of support, participants were asked a set of questions pertaining to the quality and quantity of their interactions with other individuals or organisations working on FGM/C or related issues.

Participants were asked to identify how often they communicate with others who are also working on these issues. The largest majority of responses (42%) indicated that they communicated with others only a few times a year. 27% of responses indicate that they have no contact with others.

**Participants' frequency of communication with others working on FGM/C**



**Collectively, 69% of participants work predominantly alone with little to no external support.**

Only 4% of participants, all organisations, report that they have daily communication, and 8% report weekly communication with others working on FGM/C or similar issues.

Participants were further asked how they communicate with other individuals or organisations that are working on FGM/C or related issues.

- Most respondents indicated they were communicating with others face-to-face or via email/listservs, closely followed by WhatsApp
- The least number of respondents were using secure or encrypted messaging platforms such as Signal or Telegram.

# Network priorities

## Participant perceptions on the need for an Asia Network to End FGM/C

Structured interviews carried out with a range of key stakeholders identified across the Asia region identified a vital need for a hub or mechanism that could ensure greater prioritisation, focus, and resourcing on FGM/C across Asia.

A large number of interviewees highlighted the troubling perception that FGM/C is an issue that only affects Africa, which has resulted in a lack of attention both nationally and internationally on the practice across Asia. Worryingly, this perception has also been used by defenders of FGM/C across Asia, who assert that the practice is substantively different to the FGM/C that is performed in some African countries, and is instead referred to commonly as ‘female circumcision’ in attempts to distance the practice from other types, and to normalise FGM/C as ‘non-harmful’. Consequently, the lack of prioritisation of FGM/C across Asia appears to be supporting local narratives that reinforce the practice. A number of interviewees also remarked on the potential legitimacy that a network could provide to efforts to end the practice in Asia- by championing regional efforts and voices.

*“The issue of FGM/C in Asia hasn’t gained much attention either nationally or internationally. An Asia network would be a strong voice to show a united front across the region to push policy makers, UN and donors to focus on the issue here” – Indian activist*

Despite key differences in the practice, both between Africa and Asia, and within the Asia region itself, interviewees were highly supportive of efforts to share best practice and learnings from each other, particularly where challenges faced are similar, most notably around challenging religious narratives for the practice, but also on efforts to effectively advocate to perceived hostile governments or to conservative Islamic groups. Many interviewees felt a broad sense of solidarity across the region would be welcomed.

*“We have to see what we can do, the strategies that work or do not work in specific countries and contexts. Then we see how we can emulate, adapt and adopt it, and try to implement the same in our own country” – Malaysian activist.*

Interviews also highlighted the support that a regional network could bring to so-called ‘lone warrior’ activists. It could help to ferment a nascent but growing movement to end the practice across Asia, and to bring these efforts together under an umbrella community, particularly where activists are operating in challenging contexts. A regional network was perceived as providing a supportive space for activists or organisations operating under authoritarian or repressive governments where restrictions on civil society space are in place.

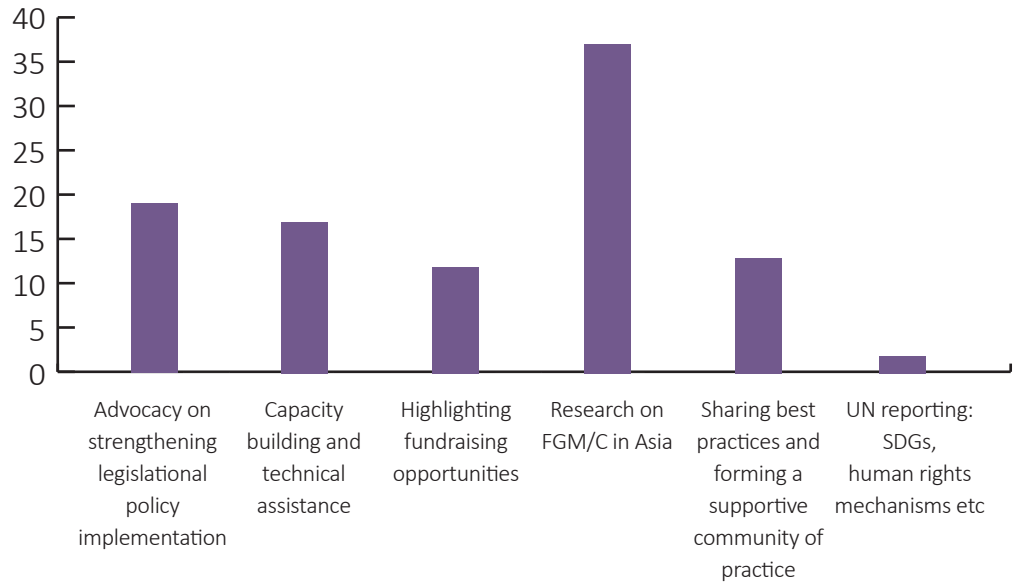
## Priority activities for network engagement

Participants were asked to identify their first, second, and third preferences for which kind of activities an Asia Network to End FGM/C should prioritise in order to gain a broad sense of the type of function a network might have based on the needs of its potential members. Participants were required to select a different option for each ranking, and could only select one option at each stage.

In terms of first preference votes:

- 37% of participants- a clear majority- identified that the first preference for network activity would be to **carry out or to support research efforts into the practice in Asia**
- 19% of participants voted for **advocacy work around strengthening legislation and policy implementation**
- 17% of participants selected **capacity building and assistance**- with responses coming predominantly from countries with very little evidence on the practice or its prevalence.

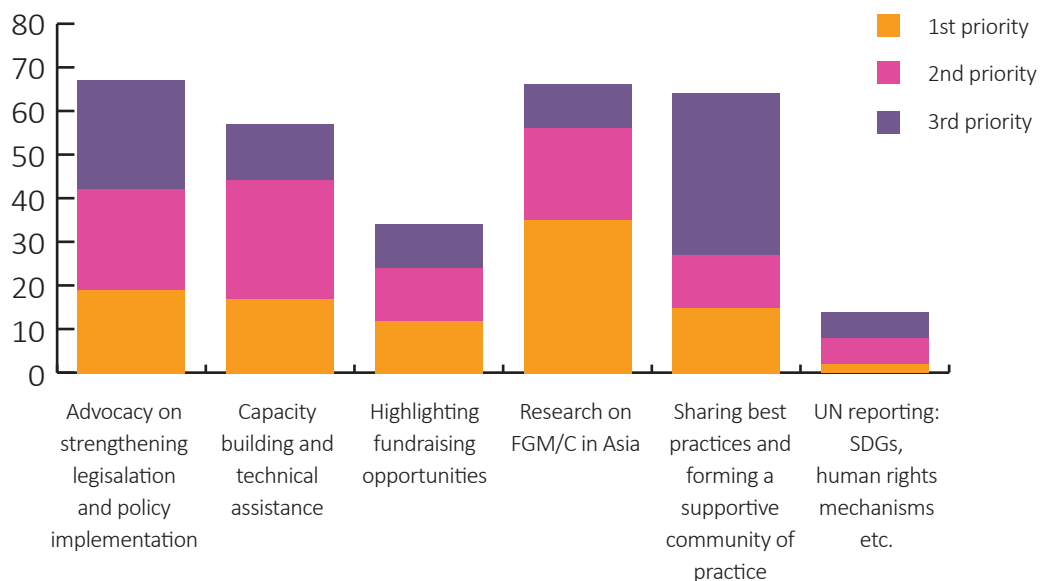
**Participants' first preferences for activities to be prioritised by an Asia Network to End FGM/C**



Second preference votes for network activities presented less disparity, with a slim majority (25%) of participants responding that capacity building and technical assistance was their preferred second priority for the network, closely followed by advocacy support (23%) and research (21%).

Third preference votes went to sharing best practice, advocacy support and then capacity building. It was noted that this support should extend to training or capacity building on how to mitigate security or safety risks posed towards activists and organisations working on FGM/C, and to help coordinate effective strategies to counter opposing narratives and public backlash. Participants also highlighted the importance of a support space that could prioritise mental health and wellbeing of activists.

**Participants' first, second, and third preferences for potential network activities**



A preference for advocacy support was further documented strongly in interview responses, where a majority of participants called for a network that could support comparative analysis and consideration of effective and ineffective advocacy strategies aimed at both national governments, religious leaders, and medical professionals. Respondents were keen to use a regional network to bolster an Asia-led movement for change on FGM/C and to bolster momentum in a similar vein to work to end child marriage. A few participants noted separately that they would like the network to consider awareness raising and campaigning activities.

### Full results of network activity prioritisation exercise

What kind of activities should an Asia Network to End FGM/C prioritise?	1st choice	2nd choice	3rd choice	Total support
Advocacy on strengthening legislation and policy implementation	19%	23%	23%	22%
Capacity building and technical assistance	17%	25%	15%	19%
Highlighting fundraising opportunities	12%	12%	10%	11%
Research on FGM/C in Asia	37%	21%	10%	22%
Sharing best practices and forming a supportive community of practice	13%	13%	37%	21%
UN reporting: SDGs, human rights mechanisms etc.	2%	6%	6%	4%

### Priority themes for network engagement

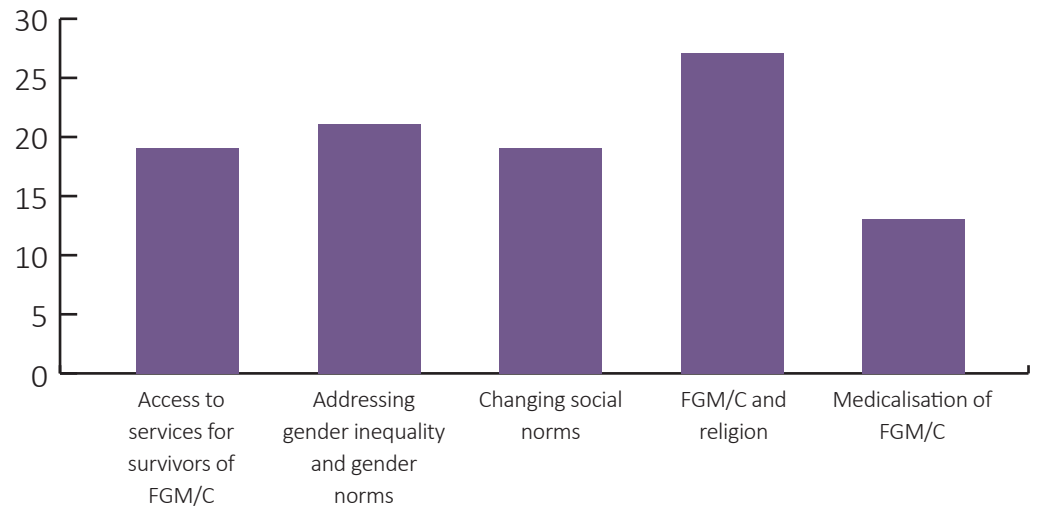
Participants were also asked to rank their first, second, and third preferences for working themes to be prioritised by an Asia Network to End FGM/C. Participants were again required to select a different option for each ranking, and could only select one option at each stage.

In terms of first preference votes:

- 27% of participants selected **FGM/C and religion** as their first preference theme
- 21% of participants indicated that **addressing gender inequality and gender norms** was their first preference theme
- 19% of participants voted jointly for **access to services for survivors** and **challenging social norms**.

This majority preference was reiterated in a number of interviews, where participants highlighted the importance of engaging religious actors, and the strategies that work well in engaging them.

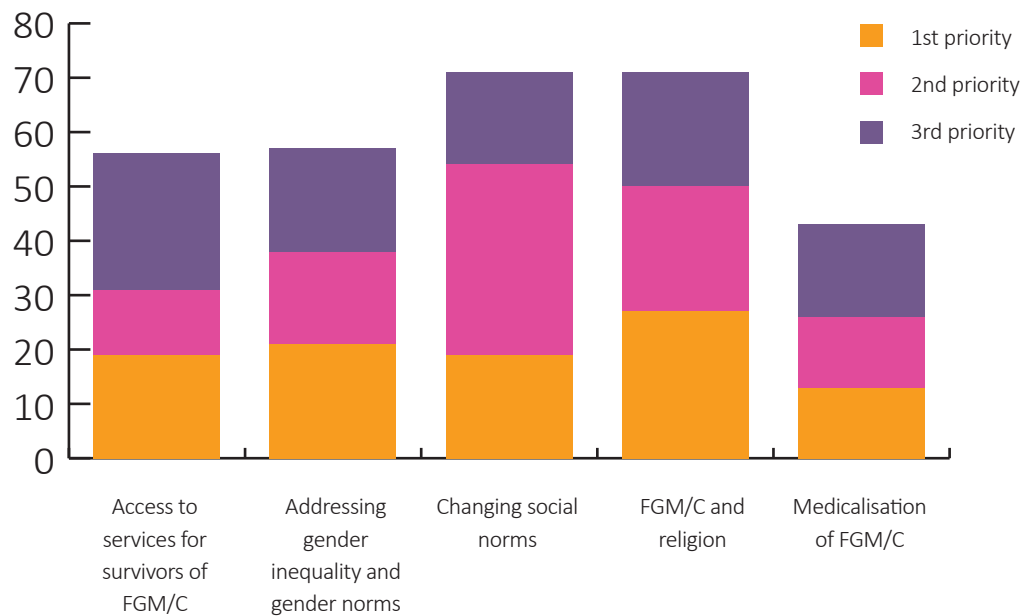
### Participants' first preferences for themes to be prioritised by an Asia Network to End FGM/C



Participants' second preferences for working themes strongly supported work to challenge social norms, which received 35% of votes. This was followed by 23% of participants calling for work around FGM/C and religion, and 17% of participants supporting work around addressing gender inequality and gender norms.

Third preferences were less clearly delineated; although 25% of participants supported work around access to services for survivors, closely followed by 21% of responses supporting work around religion, and 19% supporting work on addressing gender inequality and gender norms.

### Participants' first, second, and third preferences for potential network themes of work





### Full results of network themes prioritisation exercise

What themes should an Asia Network to End FGM/C prioritise working on?	1st choice	2nd choice	3rd choice	Total support
<b>Access to services for survivors of female genital mutilation/cutting (FGM/C)</b>	19%	12%	25%	19%
<b>Addressing gender inequality and gender norms</b>	21%	17%	19%	19%
<b>Changing social norms</b>	19%	35%	17%	24%
<b>Female genital mutilation/cutting (FGM/C) and religion</b>	27%	23%	21%	24%
<b>Medicalisation of female genital mutilation/cutting (FGM/C)</b>	13%	13%	17%	19%

Notably, a number of interview participants did highlight a need to engage medical professionals in efforts to end the practice, including doctors and midwives, and particularly in countries across the region where medicalisation is both prevalent and/or increasing, such as Indonesia, Malaysia and Singapore.

Additionally, participants were able to share any other or additional themes that an Asia Network should prioritise. Participants highlighted a number of additional working themes, including child rights and consent, youth, and mental health.

## Network governance and structure

Interview participants were asked whether they had any recommendations or views as to how a potential Asia Network should be run. Due to the open-ended nature of the question, responses varied from broad views on the values that a network should hold, to specific recommendations around the structure and organisation of the network itself.

Participants consistently responded that an Asia Network should champion grassroots and community voices and place them at the centre of the network, with a particular emphasis on women. It was stressed that grassroots and community voices need to be seen as active participants and drivers of the network, and should not simply be seen as beneficiaries. A number of responses also emphasised that a regional network needs to generate legitimacy and ownership from local stakeholders across the region, and that must be prioritised regardless of funding requirements. The network and its communications should also be translated into Asian languages to assist with legitimacy, and community and grassroots ownership.

A general consensus emphasised that a network must espouse democratic values in its structure and organisation, and should not be hierarchical. This was seen as particularly important in terms of strategic leadership and decision-making. Given the wide variety of challenges and approaches taken by activists and organisations across the region, the network requires a democratic structure that can effectively listen to, reflect, and account for the different needs and priorities of various countries across the region. It is vital that the network does not adopt a 'one size fits all' policy, but can instead accommodate, support, and champion all voices and perspectives across the region.

A few participants suggested potential structures for the network to be organised, including:

- A small majority indicating a preference for a steering committee to provide strategic leadership and direction
- Recommendations around the potential for a network secretariat
- The option for a resourced coordinator based in the region
- Appointing one organisation to lead and organise the network
- Alignment with the Girls Not Brides membership network model.

Participants also noted that a network needs to be both pragmatic and considerate in its approach, particularly with regards to the amount of time members may be able to commit. A number of responses called for a structure that would be strategic and efficient in nature, to make the most of members' available time. A few participants had suggestions on the format of the network which included an online hub, given the wide geographic space being covered, and regular phone call check-ins. A number of participants also stressed the value of face-to-face convenings for the network in order to build trust, solidarity, and a real community of support for those working on a very challenging issue.

A large number of participants did not have any recommendations or comments at this stage. A suggestion was consequently made to carry out research and analysis on a variety of different organisational structures for the network, and to present this to potential network members at a first face-to-face convening for further discussion.

## Conclusions

*“This could provide the much needed impetus in the Asian region to all the activists and NGOs to collaborate and work together with their governments and religious leaders.” - Indian activist.*

The results of this consultation exercise strongly indicate that there is a real need and desire amongst respondents for a regional network to bring activists and organisations working on FGM/C together, and to bring much needed attention, prioritisation, and adequate resourcing to the issue across Asia.

The lack of national level data in countries across Asia, the taboo nature of the issue, perceptions that the practice is religiously mandated and government inaction to protect girls and women have created a very challenging environment for organisations and activists wanting to work on FGM/C. An Asia Network to End FGM/C could play a key role in providing support and strengthening the enabling environment for change.

An overwhelming majority- 96% of consultation participants- indicated that they would be interested in joining an Asia Network to End FGM/C. They consistently emphasized the benefits that a regional network would bring, namely providing a supportive community to share best practices and experiences, providing a platform for knowledge-sharing and capacity building, and to strengthen joint or individual advocacy strategies.

The year 2020 marks 25 years since the Beijing Declaration and Platform for Action declared that women’s rights are human rights. It marks 20 years of the Women, Peace and Security Agenda, the 10th anniversary of UN Women, and the 5th anniversary of the 2030 Agenda for Sustainable Development.

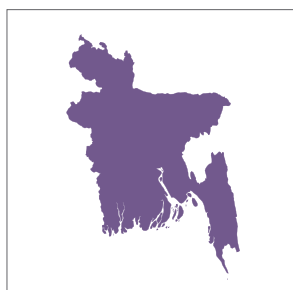
**But we will simply not meet the Sustainable Development Goal target to end FGM/C or the promise of Agenda 2030 to leave no one behind if we fail to prevent women and girls being cut in Asia.**

An Asia Network to End FGM/C presents a real opportunity to shift the global narrative on FGM/C and ensure that 2020 is a watershed moment on the road to ending FGM/C.

## Country profiles

The following country profiles give a snapshot into the practice across Asia; sharing what we know about the practice, highlighting the lack of data, emphasising international commitments and collating themes emerging from the interviews conducted as part of the Asia Network consultation.

We have covered countries where there are small scale studies and/or credible reports of FGM/C being practised. Though we haven't included country profiles, it should be noted that there have been recent indications that FGM/C is being carried out in Cambodia and Vietnam.



### Bangladesh

<b>Prevalence</b>	<ul style="list-style-type: none"> <li>No official prevalence data</li> <li>Not reported to be practised in significant numbers, though FGM/C is thought to be practised by some Muslim communities.<sup>24</sup></li> </ul>
<b>International commitments</b>	<p><b>Sustainable Development Goals Target 5.3</b></p> <ul style="list-style-type: none"> <li>Eliminate all harmful practices, such as child, early and forced marriage and FGM/C</li> <li>Voluntary national reporting indicator 5.3.2: Proportion of girls and women aged 15-49 years who have undergone FGM/C, by age.</li> </ul> <p><b>Convention on the Elimination of All Forms of Discrimination Against Women</b> (Ratified in 1984)</p> <p>Committee on the Elimination of Discrimination Against Women (2016): No specific reference to FGM/C in relation to the eighth periodic report of Bangladesh.</p> <p><b>Convention on the Rights of the Child</b> (Ratified in 1990)</p> <p>Committee on the Rights of the Child (2015): No specific reference to FGM/C in relation to fifth periodic report of Bangladesh.</p>
<b>Legal status</b>	No specific national legislation criminalising FGM/C.
<b>Relevant policies and national context</b>	No specific national policies or initiatives.
<b>Types of FGM/C</b>	Not known

<sup>24</sup>Claudia Cappa, Luk Van Baelen & Els Leye (2019) 'The practice of female genital mutilation across the world: Data availability and approaches to measurement', Global Public Health, DOI: 10.1080/17441692.2019.1571091



## Brunei Darussalam

<b>Prevalence</b>	<ul style="list-style-type: none"> <li>No official prevalence data</li> </ul>
<b>International commitments</b>	<p><b>Sustainable Development Goals Target 5.3</b></p> <ul style="list-style-type: none"> <li>Eliminate all harmful practices, such as child, early and forced marriage and FGM/C</li> <li>Voluntary national reporting indicator 5.3.2: Proportion of girls and women aged 15-49 years who have undergone FGM/C, by age.</li> </ul> <p><b>Convention on the Elimination of All Forms of Discrimination Against Women</b> (Ratified in 2006)</p> <p>Committee on the Elimination of Discrimination Against Women (2014), Concluding observations on the combined initial and second periodic reports of Brunei Darussalam:</p> <p><i>“The Committee urges the State party:</i></p> <p><i>(a) To eliminate female genital mutilation and circumcision by changing attitudes through awareness-raising campaigns for families and practitioners, as well as for community, traditional and religious leaders, health and education professionals and the general public, in order to explain that female genital mutilation and circumcision are forms of sex- and gender-based discrimination and violence and are not sanctioned by religion;</i></p> <p><i>(b) To compile disaggregated statistical data on the practices, and conduct comparative studies on their elimination in other States parties and regions;</i></p> <p><i>(c) To expeditiously adopt legislation to specifically criminalize female genital mutilation and circumcision and ensure that perpetrators are prosecuted and adequately punished”<sup>25</sup></i></p> <p><b>Convention on the Rights of the Child</b> (Ratified in 1995)</p> <p>Committee on the Rights of the Child (2016), Concluding observations on the combined second and third periodic reports of Brunei Darussalam:</p> <p><i>“In line with joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child on harmful practices (2014), the Committee urges the State party to:</i></p> <p><i>(a) Fully adopt legislation to fully prohibit and criminalize the practice of female genital mutilation, including female circumcision and cutting, in all its forms;</i></p> <p><i>(b) With the full participation of civil society and women and girls who are victims of female genital mutilation, set up awareness-raising campaigns and educational programmes on the harmful impact of female genital mutilation on the physical and psychological health of the girl child and ensure that those campaigns and programmes are systematically and consistently mainstreamed and target all segments of society, both women and men, government officials, families and all religious and community leaders;</i></p>

<sup>25</sup>Committee on the Elimination of Discrimination Against Women (2014) ‘Concluding observations on the combined initial and second periodic reports of Brunei Darussalam’

<b>International commitments</b>	<i>(c) Provide physical and psychological recovery programmes for victims of female genital mutilation, as well as establish reporting and complaint mechanisms accessible to girls who have been victims or fear becoming victims of the practice.</i> <sup>26</sup>
<b>Legal status</b>	No specific national legislation criminalising FGM/C.
<b>Relevant policies and national context</b>	No specific national policies or initiatives.
<b>Types of FGM/C</b>	Not known

<sup>26</sup>Committee on the Rights of the Child (2016) 'Concluding observations on the combined second and third periodic reports of Brunei Darussalam'



## India

<b>Prevalence</b>	<ul style="list-style-type: none"> <li>No official prevalence data</li> <li>Small-scale studies have shown that FGM/C or khatna is widely practised within the Dawoodi Bohra community.<sup>27</sup></li> </ul>
<b>International commitments</b>	<p><b>Sustainable Development Goals Target 5.3</b></p> <ul style="list-style-type: none"> <li>Eliminate all harmful practices, such as child, early and forced marriage and FGM/C</li> <li>Voluntary national reporting indicator 5.3.2: Proportion of girls and women aged 15-49 years who have undergone FGM/C, by age.</li> </ul> <p><b>Convention on the Elimination of All Forms of Discrimination Against Women</b> (Ratified in 1993)</p> <p>Committee on the Elimination of Discrimination Against Women (2014): No specific reference to FGM/C in relation to combined fourth and fifth periodic report of India.</p> <p><b>Convention on the Rights of the Child</b> (Ratified in 1992)</p> <p>Committee on the Rights of the Child (2014): No specific reference to FGM/C in relation to combined third and fourth periodic report of India.</p>
<b>Legal status</b>	No specific national legislation criminalising FGM/C.
<b>Relevant policies and national context</b>	No specific national policies or initiatives. However, at the time of writing (February 2020) there is an ongoing Supreme Court case in India that is challenging the continuation of the practice.
<b>Types of FGM/C</b>	<p>Amongst the Dawoodi Bohra, the most widely practised form is Type I which involves the removal of the clitoral hood or the clitoris. There are also reports of Type IV.</p> <p>The practice has also been reported amongst other Bohra groups, including the Alavis and Sulemanis, in addition to Kerala groups.</p>
<b>Structured interview themes</b>	<ul style="list-style-type: none"> <li>Gender inequality: controlling women and girls' sexuality has been identified as the root of the practice, with reasons given including preventing female promiscuity. More recent arguments are also being made on the basis of gender equality itself, noting that the community practices both male and female circumcision</li> <li>There are strong cultural and traditional associations with the practice which amounts to a social norm. For the Dawoodi Bohra community, the practice is seen by many in cultural and traditional terms as being a marker for community belonging</li> <li>As of 2013, the practice is now largely referred to in religious terms following a backlash against survivor stories challenging narratives of the practice as a form of sexual control of women</li> <li>A smaller number of responses also suggest that considerations of health and hygiene drive the practice.</li> </ul>
<p>Sahiyo is a partner of Orchid Project that advocates for to end FGM/C within Asian communities. Sahiyo works to empower the Dawoodi Bohra community- a sub-sect of Ismaili Shia Islam living across India, Pakistan and in the diaspora globally- to end khatna or FGM/C<sup>28</sup></p>	

<sup>27</sup>We Speak Out (2018) 'The Clitoral Hood A Contested Site, Khafd or Female Genital Mutilation/Cutting in India'

<sup>28</sup>See the Sahiyo website for more information.



## Indonesia

<p><b>Prevalence</b></p>	<ul style="list-style-type: none"> <li>• 49% prevalence (amongst girls aged 0-14)<sup>29</sup></li> <li>• 15 million girls expected to be cut by 2030<sup>30</sup></li> <li>• Around three in four girls undergo FGM/C when they are less than 6 months old, with 72% undergoing the practice between 1 and 5 months of age.<sup>31</sup></li> </ul>
<p><b>International commitments</b></p>	<p><b>Sustainable Development Goals Target 5.3</b></p> <ul style="list-style-type: none"> <li>• Eliminate all harmful practices, such as child, early and forced marriage and FGM/C</li> <li>• Voluntary national reporting indicator 5.3.2: Proportion of girls and women aged 15-49 years who have undergone FGM/C, by age.</li> </ul> <p><b>Convention on the Elimination of All Forms of Discrimination Against Women</b> (Ratified in 1984)</p> <p>Committee on the Elimination of Discrimination Against Women (2012), Concluding observations on the combined sixth and seventh periodic reports of Indonesia:</p> <p><i>“In line with its general recommendations No. 14 (1990), on female circumcision, No. 19 (1992), on violence against women, and No. 24 (1999), on women and health, the Committee urges the State party to:</i></p> <p>(a) <i>Withdraw the regulation of the Ministry of Health issued in November 2010 (Regulation No. 1636/MENKES/PER/XI/2010) authorizing “female circumcision” when performed by medical practitioners; restore the 2006 Circular Letter of the Director General of the Medical Service of the Ministry of Health, which banned the practice of “female circumcision”; and adopt robust legislation that will criminalize all forms of female genital mutilation, including female circumcision, and provide sanctions against offenders;</i></p> <p>(b) <i>Raise awareness among religious groups and leaders and the population in general about the fact that all forms of female genital mutilation, including female circumcision, is a violation of the human rights of women and about the criminal nature and harmful effects of this practice;</i></p> <p>(c) <i>Sensitize and collaborate with religious groups and leaders who advocate “female circumcision” on the harmful effects of the practice, and encourage those groups to engage in comparative studies with other regions and/or countries which do not have this practice”</i><sup>32</sup></p>

<sup>29</sup>UNICEF (2019) ‘Data on FGM/C’

<sup>30</sup>UNFPA (2018) ‘Bending the Curve: FGM Trends we aim to change’

<sup>31</sup>UNICEF (2019) ‘Indonesia country profile’

<sup>32</sup>Committee on the Elimination of Discrimination Against Women (2012), ‘Concluding observations on the combined sixth and seventh periodic reports of Indonesia’



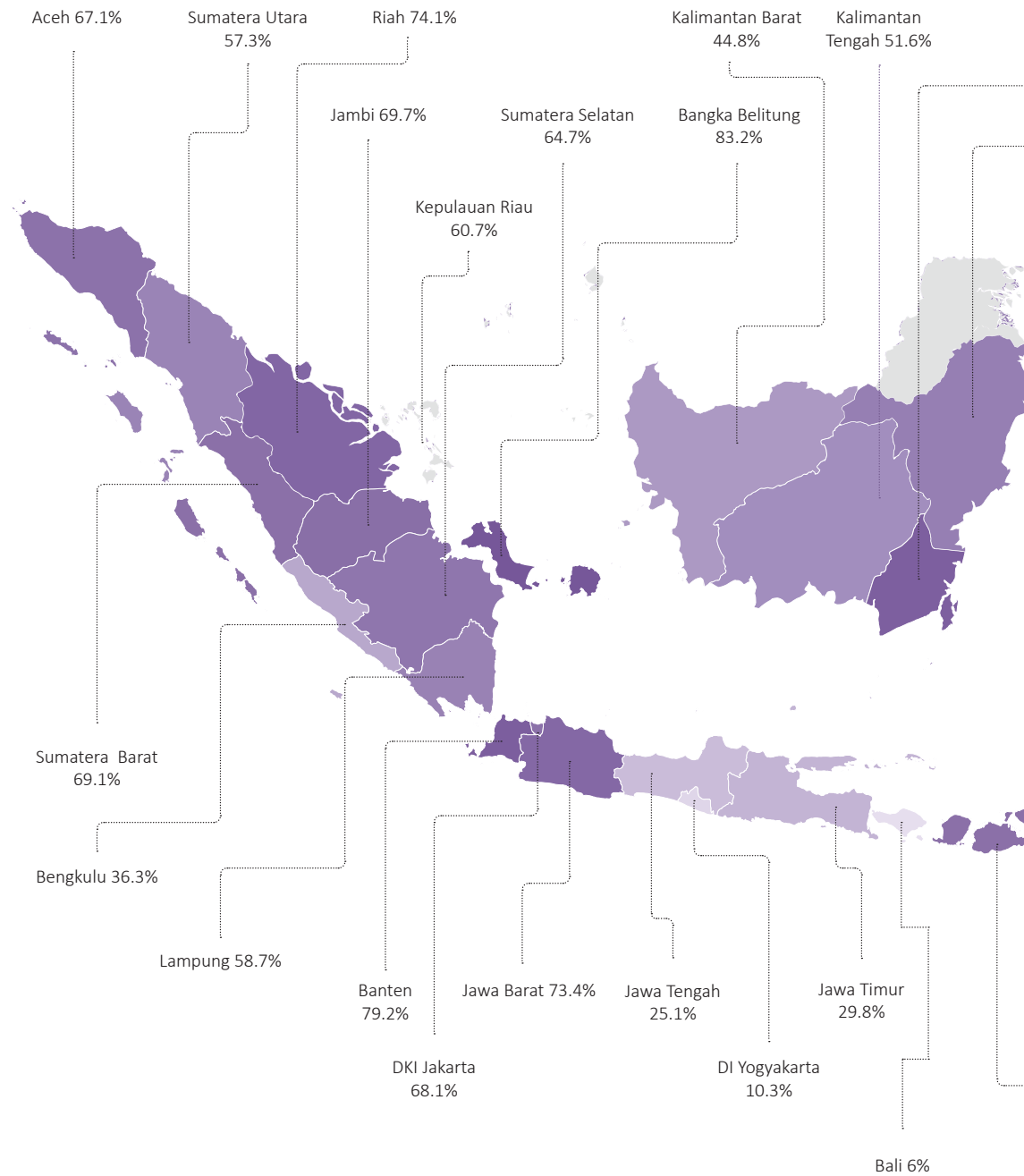
<b>International commitments</b>	<p><b>Convention on the Rights of the Child</b> (Ratified in 1990)</p> <p>Committee on the Rights of the Child (2014) Concluding observations on the combined third and fourth period reports of Indonesia:</p> <p><i>“The Committee urges the State party to adopt legislation to fully prohibit FGM in all its forms and to:</i></p> <p><i>(a) Provide physical and psychological recovery programmes for victims of FGM, as well as establish reporting and complaints mechanisms accessible to girls who have been victims, or fear becoming victims of the practice;</i></p> <p><i>(b) With the full participation of civil society and women and girls who are victims of FGM, set up awareness-raising campaigns and educational programmes on the harmful impact of FGM on the physical and psychological health of the girl child and ensure that the campaigns and programmes are systematically and consistently mainstreamed and that they target all segments of society, both women and men, government officials, families and all religious and community leaders;</i></p> <p><i>(c) Fully criminalize the practice and ensure that practitioners are aware of its criminalization; involve practitioners in the efforts to promote abandonment of the practice; assist them in finding alternative sources of income and livelihood; and, where necessary, provide retraining for them.”<sup>33</sup></i></p>
<b>Legal status</b>	Not criminalised. No national legislation.
<b>Relevant policies and national context</b>	<ul style="list-style-type: none"> <li>• In 2006, the Ministry of Health criminalised FGM/C by medical professionals</li> <li>• In 2008, Indonesia’s largest Muslim clerical body issued a fatwa against the prohibition on the grounds that FGM/C is part of Sharia law</li> <li>• In 2010, the Ministry of Health issued a decree to allow FGM/C to be carried out by medical professionals<sup>34</sup></li> <li>• In early 2014, the Indonesian government revoked the earlier 2010 regulation, arguing that FGM/C has no medical urgency and therefore cannot be condoned by the government. However, the 2010 regulations make no provision for prohibiting the practice of FGM/C, and impose no penalties for those who carry out the practice.<sup>35</sup></li> </ul>
<b>Types of FGM/C</b>	Mainly Type I and Type IV, but anecdotal evidence of Type II and III
<b>Structured interview themes</b>	<ul style="list-style-type: none"> <li>• Conservative/political Islam a key driver of the practice</li> <li>• Unknown legal status – a grey area with lots of confusion</li> <li>• Highly medicalised</li> </ul>

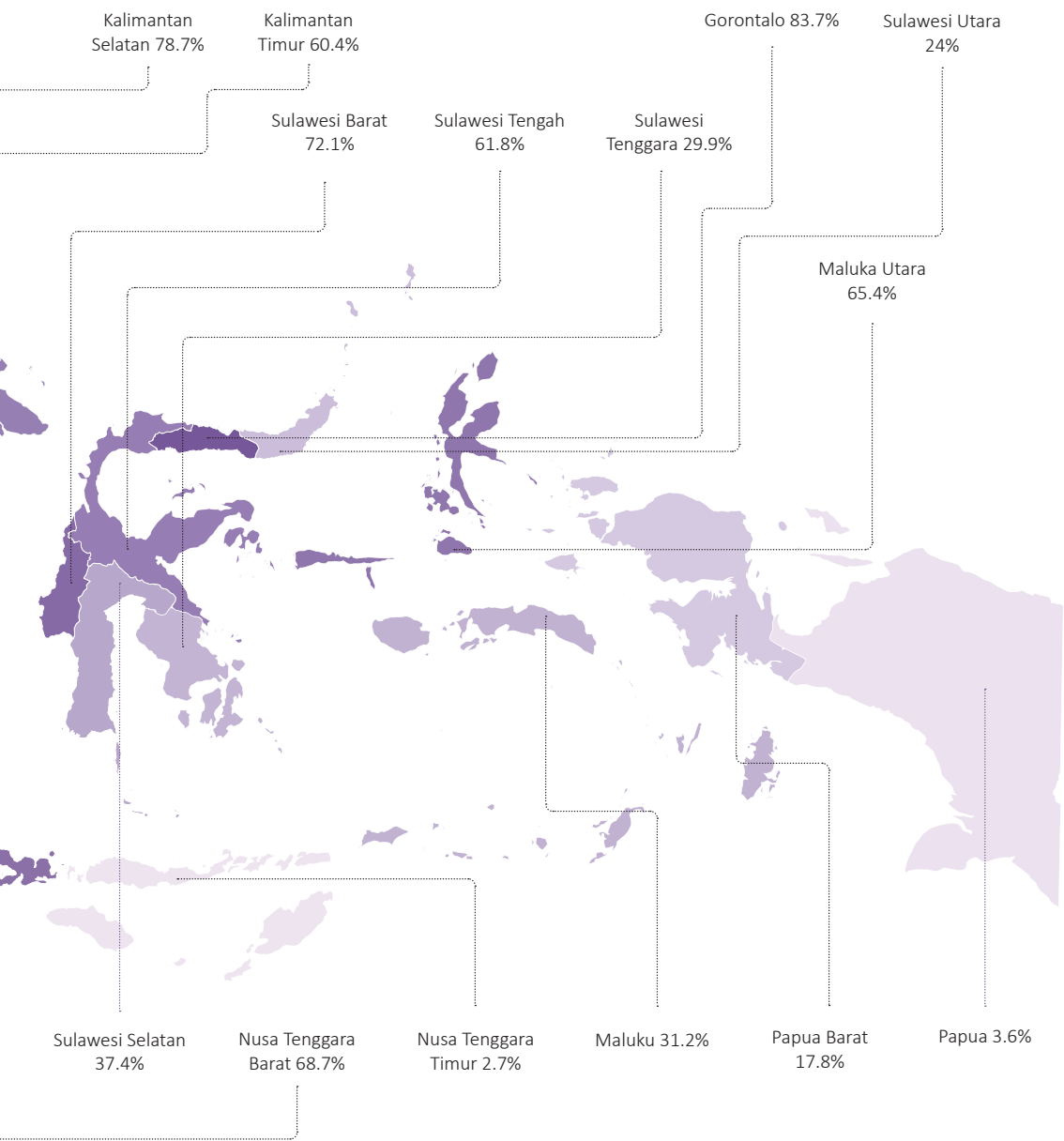
<sup>33</sup>Committee on the Rights of the Child (2014), ‘Concluding observations on the combined third and fourth periodic reports of Indonesia’

<sup>34</sup>UNICEF (2019) ‘Indonesia country profile’ & Islamic Relief Canada (2016) ‘Female Genital Cutting in Indonesia: A Field Study’

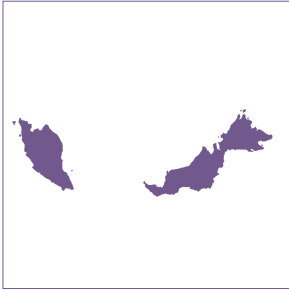
<sup>35</sup>National Commission on Violence against Women (Kompas Perempuan) (2019) ‘National Human Rights Institution Independent Report on 25 Years of Implementing the Beijing Platform for Action (BPfA+25) in Indonesia’ ‘Concluding observations on the combined sixth and seventh periodic reports of Indonesia’

## Prevalence of FGC across Indonesia





Regional data: % of girls circumcised 0-11 according to the province, Indonesia RISKESDAS 2013



## Malaysia

<b>Prevalence</b>	<ul style="list-style-type: none"> <li>No official prevalence data</li> <li>Several studies have documented FGM/C across the provinces of Kelantan, Penang, Selangor, Kedah and Johor.<sup>36</sup></li> </ul>
<b>International commitments</b>	<p><b>Sustainable Development Goals Target 5.3</b></p> <ul style="list-style-type: none"> <li>Eliminate all harmful practices, such as child, early and forced marriage and FGM/C</li> <li>Voluntary national reporting indicator 5.3.2: Proportion of girls and women aged 15-49 years who have undergone FGM/C, by age.</li> </ul> <p><b>Convention on the Elimination of All Forms of Discrimination Against Women (Ratified in 1995)</b></p> <p>Committee on the Elimination of Discrimination Against Women (2018), Concluding observations on the combined third to fifth periodic reports of Malaysia:</p> <p><i>“The Committee stresses that female genital mutilation, female circumcision or female genital cutting cannot be justified on religious grounds and constitutes a harmful practice to exert control over the bodies and sexuality of women and girls in violation of the Convention, irrespective of the extent of removal or cutting of the female genital organs and of whether or not it is performed within or outside a medical institution. It therefore recommends that the State party:</i></p> <p>(a) <i>Prohibit all forms of female genital mutilation in its criminal code, ensuring that the prohibition cannot be overruled by any fatwas or other rulings issued by religious or clerical authorities, as well as in practice, in accordance with joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child (2014) on harmful practices, target 5.3 of the Sustainable Development Goals and General Assembly resolution 69/150 on intensifying global efforts for the elimination of female genital mutilations;</i></p> <p>(b) <i>Engage in a constructive dialogue with religious authorities, women’s non-governmental organizations and the public to convey the point that female genital mutilation cannot be justified by religion;</i></p> <p>(c) <i>Undertake awareness-raising and educational activities aimed at promoting consensus towards the elimination of female genital mutilation, in particular by addressing the misconception that female circumcision is acceptable owing to its presumed medical and hygienic benefits.”</i><sup>37</sup></p> <p><b>Convention on the Rights of the Child (Ratified in 1995)</b></p> <p>Committee on the Rights of the Child (2007):</p> <ul style="list-style-type: none"> <li>No specific reference to FGM/C in relation to initial report of Malaysia.</li> </ul>
<b>Legal status</b>	No specific national legislation criminalising FGM/C.

<sup>36</sup>Claudia Cappa, Luk Van Baelen & Els Leye (2019) ‘The practice of female genital mutilation across the world: Data availability and approaches to measurement’, Global Public Health, DOI: 10.1080/17441692.2019.1571091

<sup>37</sup>Committee on the Elimination of Discrimination Against Women (2018) ‘Concluding Observations on combined third to fifth report of Malaysia’

<b>Relevant policies and national context</b>	<ul style="list-style-type: none"> <li>• In 2009, the government sponsored 86th conference of Malaysia’s Fatwa Committee, National Council of Islamic Religious Affairs, decided that FGM/C is part of Islamic teachings and should be observed by Muslims</li> <li>• In 2012, the Malaysian health ministry announced that it was developing guidelines to standardise FGM/C, however they were never published</li> <li>• At Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) 2018, the Malaysian representative defended “female circumcision” in Malaysia, and stated that the practice “should not be equated” with FGM/C</li> <li>• In November 2018, Deputy Prime Minister Datuk Seri Dr Wan Azizah Wan Ismail, who is also the Women, Family and Community Development Minister, stated that FGM/C is part of Malaysian culture and defended the practice as being beneficial to women</li> <li>• The Malaysian Islamic Department of Development (JAKIM) published guidelines for medicalised FGM/C in 2018, thus legitimising the practice as acceptable, despite international condemnation.</li> </ul>
<b>Types of FGM/C</b>	Type I and Type IV are reported to be practised.
<b>Structured interview themes</b>	<ul style="list-style-type: none"> <li>• Tradition/Culture: Whilst the practice is cited as a religious rite, there is broad lack of awareness of the Islamic or religious basis for FGM/C, which has again been passed down as tradition through generations</li> <li>• Gender inequality and norms: There are widespread beliefs that FGM/C will curb the sexual desires of women</li> <li>• Promotion of hygiene or cleanliness.</li> </ul>



## Maldives

<b>Prevalence</b>	<ul style="list-style-type: none"> <li>• The Maldives is the most recent country to begin national reporting on its FGM/C prevalence.</li> <li>• 13% of women aged 15-49 in the Maldives are circumcised.</li> <li>• The prevalence of female circumcision increases steeply with age. Only 1% of women age 15-19% are circumcised, compared to 38% of women aged 45-49.</li> <li>• There is little regional variation in the prevalence of FGM/C. 10% of women in North Central region are cut compared with 15% in the South region.<sup>38</sup></li> </ul>
<b>International commitments</b>	<p><b>Sustainable Development Goals Target 5.3</b></p> <ul style="list-style-type: none"> <li>• Eliminate all harmful practices, such as child, early and forced marriage and FGM/C</li> <li>• Voluntary national reporting indicator 5.3.2: Proportion of girls and women aged 15-49 years who have undergone FGM/C, by age.</li> </ul> <p><b>Convention on the Elimination of All Forms of Discrimination Against Women</b> (Ratified in 1993)</p> <p>Committee on the Elimination of Discrimination Against Women (2015) Concluding observations on the combined fourth and fifth periodic reports of Maldives:</p> <p><i>“Ensure the full implementation of the laws criminalizing female genital mutilation and bring perpetrators to justice.”<sup>39</sup></i></p> <p><b>Convention on the Rights of the Child</b> (Ratified in 1991)</p> <p>Committee on the Rights of the Child (2016) Concluding observations on the combined fourth and fifth periodic reports of Maldives:</p> <p><i>“Enact legislation explicitly prohibiting female genital mutilation as a harmful practice and take measures to combat it, including through raising awareness of its harmful effects and holding religious leaders who promote it accountable”<sup>40</sup></i></p>
<b>Legal status</b>	No specific national legislation criminalising FGM/C.
<b>Relevant policies and national context</b>	<ul style="list-style-type: none"> <li>• No specific national policies or initiatives</li> <li>• Practice reported to be on the rise due to fatwas being issued on specific islands in support of the practice.</li> </ul>
<b>Types of FGM/C</b>	Not known

<sup>38</sup>UNICEF (2020) ‘Towards Zero Female Genital Mutilation’ press release

<sup>39</sup>Committee on the Elimination of Discrimination Against Women (2015), ‘Concluding Observations on the fourth and fifth periodic reports of the Maldives’

<sup>40</sup>Committee on the Rights of the Child (2016) ‘Concluding Observations on the fourth and fifth periodic reports of the Maldives’



## Pakistan

<b>Prevalence</b>	<ul style="list-style-type: none"> <li>No official prevalence data</li> <li>Small-scale studies have shown that FGM/C or khatna is practised within the Dawoodi Bohra community.<sup>41</sup></li> <li>News reports also suggest that FGM/C is practiced amongst the Sheedis.</li> </ul>
<b>International commitments</b>	<p><b>Sustainable Development Goals Target 5.3</b></p> <ul style="list-style-type: none"> <li>Eliminate all harmful practices, such as child, early and forced marriage and FGM/C</li> <li>Voluntary national reporting indicator 5.3.2: Proportion of girls and women aged 15-49 years who have undergone FGM/C, by age.</li> </ul> <p><b>Convention on the Elimination of All Forms of Discrimination Against Women</b> (Ratified in 1996)</p> <p>Committee on the Elimination of Discrimination Against Women (2013): No specific reference to FGM/C in relation to fourth periodic report of Pakistan</p> <p><b>Convention on the Rights of the Child</b> (Ratified in 1990)</p> <p>Committee on the Rights of the Child (2016): No specific reference to FGM/C in relation to fifth periodic report of Pakistan</p>
<b>Legal status</b>	No specific national legislation criminalising FGM/C.
<b>Relevant policies and national context</b>	No specific national policies or initiatives.
<b>Types of FGM/C</b>	Amongst the Dawoodi Bohra, the most widely practised form is Type I. There are also reports of Type IV.

<sup>41</sup>We Speak Out (2018) 'The Clitoral Hood A Contested Site, Khafd or Female Genital Mutilation/Cutting in India'



## Philippines

<b>Prevalence</b>	<ul style="list-style-type: none"> <li>No official prevalence data</li> <li>Reported to be taking place in Besilan region, neighbouring Indonesia.<sup>42</sup></li> </ul>
<b>International commitments</b>	<p><b>Sustainable Development Goals Target 5.3</b></p> <ul style="list-style-type: none"> <li>Eliminate all harmful practices, such as child, early and forced marriage and FGM/C</li> <li>Voluntary national reporting indicator 5.3.2: Proportion of girls and women aged 15-49 years who have undergone FGM/C, by age.</li> </ul> <p><b>Convention on the Elimination of All Forms of Discrimination Against Women</b> (Ratified in 1981)</p> <p>Committee on the Elimination of Discrimination Against Women (2016): No specific reference to FGM/C in combined seventh and eighth periodic report of the Philippines</p> <p><b>Convention on the Rights of the Child</b> (Ratified in 1990)</p> <p>Committee on the Rights of the Child (2009): No specific reference to FGM/C in combined third and fourth periodic report of the Philippines</p>
<b>Legal status</b>	No specific national legislation criminalising FGM/C.
<b>Relevant policies and national context</b>	No specific national policies or initiatives.
<b>Types of FGM/C</b>	Not known
<b>Structured interview themes</b>	<ul style="list-style-type: none"> <li>Religion: there is a general belief that the practise is sunnah or recommended, although optional. Those who do undergo the practice are considered to be 'more' Muslim.</li> <li>Social norms: within the context of religion, individuals may be pressured by religious actors to undergo the practice in order to seek acceptance within the community.</li> </ul>

<sup>42</sup>Claudia Cappa, Luk Van Baelen & Els Leye (2019) 'The practice of female genital mutilation across the world: Data availability and approaches to measurement', Global Public Health, DOI: 10.1080/17441692.2019.1571091  
nts aware of and using ARP IN 2017

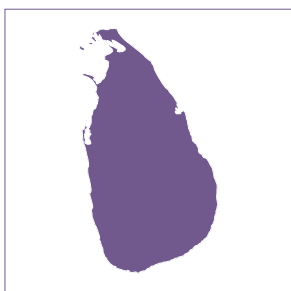




## Singapore

<b>Prevalence</b>	<ul style="list-style-type: none"> <li>No official prevalence data</li> <li>Reported to be practised amongst the Malay community in Singapore<sup>43</sup></li> </ul>
<b>International commitments</b>	<p><b>Sustainable Development Goals Target 5.3</b></p> <ul style="list-style-type: none"> <li>Eliminate all harmful practices, such as child, early and forced marriage and FGM/C</li> <li>Voluntary national reporting indicator 5.3.2: Proportion of girls and women aged 15-49 years who have undergone FGM/C, by age.</li> </ul> <p><b>Convention on the Elimination of All Forms of Discrimination Against Women</b> (Ratified in 1995)</p> <p>Committee on the Elimination of Discrimination Against Women (2017): No specific reference to FGM/C in relation to fifth periodic report of Singapore</p> <p><b>Convention on the Rights of the Child</b> (Ratified in 1995)</p> <p>Committee on the Rights of the Child (2019): No specific reference to FGM/C in combined fourth and fifth periodic report of Singapore</p>
<b>Legal status</b>	No specific national legislation criminalising FGM/C.
<b>Relevant policies and national context</b>	No specific national policies or initiatives.
<b>Types of FGM/C</b>	Type I and Type IV practices reported.
<b>Structured interview themes</b>	<ul style="list-style-type: none"> <li>Religion and culture: Whilst the practice is cited as a religious rite, there is broad lack of awareness of the Islamic or religious basis for FGM/C, which has been passed down as tradition through generations.</li> <li>Social norms: whilst the practice is understood to be broadly Islamic, it lacks religious drivers. There are no religious leaders promoting the practice, and it isn't spoken about publicly. The practice instead seems to travel by word of mouth as something that should be performed on young girls at 2-3 years old.</li> <li>Health and hygiene: some suggest that the practice results in cleaner genitals.</li> <li>Gender inequality: controlling women and girls' sexuality has been identified as the root of the practice, with reasons given including preventing female promiscuity.</li> <li>Lack of legislation and medicalisation: the practice is offered by doctors without fear of legal sanction.</li> </ul>

<sup>43</sup>Gabrielle Marranci (2015) 'Female circumcision in multicultural Singapore: The hidden cut'



## Sri Lanka

<b>Prevalence</b>	<ul style="list-style-type: none"> <li>No official prevalence data</li> <li>Reports that FGM/C is practised within some Muslim communities in Sri Lanka, including but not limited to the Dawoodi Bohra<sup>44</sup></li> </ul>
<b>International commitments</b>	<p><b>Sustainable Development Goals Target 5.3</b></p> <ul style="list-style-type: none"> <li>Eliminate all harmful practices, such as child, early and forced marriage and FGM/C</li> <li>Voluntary national reporting indicator 5.3.2: Proportion of girls and women aged 15-49 years who have undergone FGM/C, by age.</li> </ul> <p><b>Convention on the Elimination of All Forms of Discrimination Against Women</b> (Ratified in 1981)</p> <p>Committee on the Elimination of Discrimination Against Women (2017): No specific reference to FGM/C in eighth periodic report of Sri Lanka</p> <p><b>Convention on the Rights of the Child</b> (Ratified in 1991)</p> <p>Committee on the Rights of the Child (2018) Concluding Observations on the combined fifth and sixth periodic report of Sri Lanka:</p> <p><i>“ The Committee recommends that the State party:</i></p> <p><i>(a) Ban, as currently under discussion, female (circumcision) for girls, a form of genital mutilation practiced by the Dawoodi Bohra community and carry out awareness-raising activities, including campaigns, on the patriarchal nature of this practice and its negative effects on health...”</i><sup>45</sup></p>
<b>Legal status</b>	No specific national legislation criminalising FGM/C.
<b>Relevant policies and national context</b>	In 2018, the Ministry of Health issued a circular asking doctors in the public health system not to engage in the practice of FGM/C. <sup>46</sup>
<b>Types of FGM/C</b>	Type I and Type IV practices reported.
<b>Structured interview themes</b>	<ul style="list-style-type: none"> <li>A confluence of culture, tradition and religion have sustained the practice, which is performed differently by different Muslim sects. There is a broad lack of awareness about the specific religious basis for FGM/C.</li> <li>Ideas of hygiene and cleanliness also suggest that the practice may have medical benefits akin to perceived benefits of male circumcision.</li> </ul>

<sup>44</sup>Family Planning Association of Sri Lanka (2019) ‘Towards Understanding Female Genital Cutting in Sri Lanka’

<sup>45</sup>Committee on the Rights of the Child (2018) ‘Concluding Observations on the combined fifth and sixth periodic report of Sri Lanka’

<sup>46</sup>Family Planning Association of Sri Lanka (2019) ‘Towards Understanding Female Genital Cutting in Sri Lanka’



## Thailand

<b>Prevalence</b>	<ul style="list-style-type: none"> <li>No official prevalence data</li> <li>Reported to be practised amongst Malay and Thai Muslim communities in southern Thailand<sup>47</sup></li> </ul>
<b>International commitments</b>	<p><b>Sustainable Development Goals Target 5.3</b></p> <ul style="list-style-type: none"> <li>Eliminate all harmful practices, such as child, early and forced marriage and FGM/C</li> <li>Voluntary national reporting indicator 5.3.2: Proportion of girls and women aged 15-49 years who have undergone FGM/C, by age.</li> </ul> <p><b>Convention on the Elimination of All Forms of Discrimination Against Women</b> (Ratified in 1985)</p> <p>Committee on the Elimination of Discrimination Against Women (2017) Concluding Observations on the combined sixth and seventh periodic report of Thailand:</p> <p><i>“The Committee recommends that the State party..</i></p> <p><i>(c) Criminalize female genital mutilation and conduct awareness-raising campaigns, in particular in the southern border provinces, on the adverse effects of such practices on women and girls, taking into account joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child (2014) on harmful practices”</i><sup>48</sup></p> <p><b>Convention on the Rights of the Child</b> (Ratified in 1992)</p> <p>Committee on the Rights of the Child (2012): No specific reference to FGM/C in combined third and fourth periodic report of Thailand.</p>
<b>Legal status</b>	No specific national legislation criminalising FGM/C.
<b>Relevant policies and national context</b>	No specific national policies or initiatives.
<b>Types of FGM/C</b>	Reported as Type IV.
<b>Structured interview themes</b>	<ul style="list-style-type: none"> <li>Seen as part of a religious culture by Malay Muslims in the South</li> <li>There are suggestions that the practice protects women.</li> </ul>

<sup>47</sup>Claudia Merli (2008) ‘Sunat for Girls in Southern Thailand: Its Relation to Traditional Midwifery, Male Circumcision and Other Obstetrical Practices’:

<sup>48</sup>Committee on the Elimination of Discrimination Against Women (2017) Concluding Observations on the combined sixth and seventh periodic report of Thailand

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