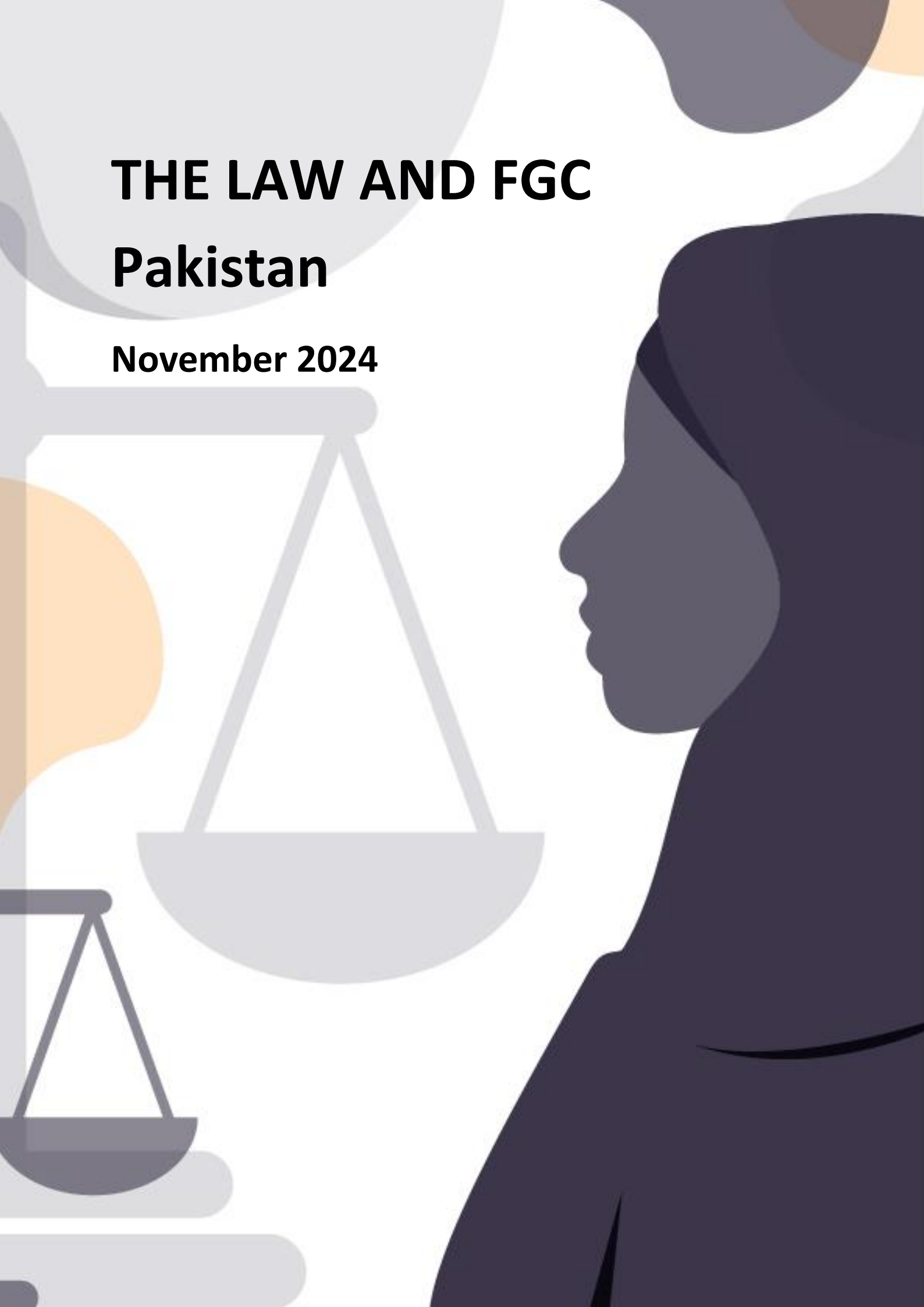


THE LAW AND FGC Pakistan

November 2024



About Orchid Project

Orchid Project is a UK- and Kenya-based non-governmental organisation (NGO) catalysing the global movement to end female genital cutting (FGC). Its strategy for 2023 to 2028 focuses on three objectives:

1. to undertake research, generate evidence and curate knowledge to better equip those working to end FGC;
2. to facilitate capacity-strengthening of partners, through learning and knowledge-sharing, to improve programme designs and impacts for the movement to end FGC; and
3. to steer global and regional policies, actions and funding towards ending FGC.

Orchid Project's aim to expedite the building of a knowledge base for researchers and activists is being fulfilled in the **FGM/C Research Initiative**.

About ARROW

The Asian-Pacific Resource and Research Centre for Women is a non-profit women's NGO with a consultative status with the Economic and Social Council of the United Nations and an observer status with the United Nations Framework Convention on Climate Change. Based in Kuala Lumpur, Malaysia, ARROW has been working since 1993 to champion women and young people's sexual and reproductive rights. ARROW occupies a strategic niche in the Asia-Pacific region and is a Global-South-based, feminist and women-led organisation that focuses on the equality, gender, health and human rights of women.

About Asia Network to End FGM/C

The Asia Network to End Female Genital Mutilation/Cutting (FGM/C) is a group of civil-society actors, led by Orchid Project and ARROW, working across Asia to end all forms of FGM/C. It does this by connecting, collaborating and supporting Asian actors and survivors to advocate for an end to this harmful practice.

Overview of National Legal Framework

X	Specific law/provision criminalising FGC
X	Provides a definition of FGM/C
✓	Criminalises the performance of FGC
✓	Criminalises the procurement, arrangement and/or assistance of acts of FGC
X	Obligation for medical and certain other professionals to report incidents of FGC to the authorities
X	Criminalises the participation of medical professionals in acts of FGC

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Orchid Project seeks updates on the data and invites comments on the content and suggestions as to how these reports can be improved.

Introduction

The Islamic Republic of Pakistan is a South Asian country with a population of 251 million.¹ Muslims comprise 96.5% of the population (Sunni 85–90% and Shia 10–15%).² It is a federal parliamentary republic with four provinces (Balochistan, Khyber Pakhtunkhwa, Punjab and Sindh), two Pakistan-administered areas (Azad Kashmir and Gilgit-Baltistan) and one capital territory, Islamabad.³ The federal government is responsible for national policies and administration, while each of the four provinces has its own government to handle local matters.

A Note on Terminology

The term ‘female genital cutting’ (FGC), rather than ‘female genital mutilation’ (FGM), is the main term used throughout this Law Report, as the communities thought to practise it do not regard the practice to be ‘mutilation’. The Dawoodi Bohra call it *khafd/khafz* or *khatna*, but in general the term ‘cutting’ is used in media sources. All these terms are used interchangeably, according to context, in this Report.

Female genital cutting is classified into four major types by the World Health Organization:

Type 1: This is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce/clitoral hood (the fold of skin surrounding the clitoral glans).

Type 2: This is the partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva).

Type 3: Also known as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans.

Type 4: This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping and cauterizing the genital area.⁴

Prevalence of FGC

There are no clear data to indicate the prevalence of FGC in Pakistan.

Its occurrence has been mentioned in various media reports, usually in relation to immigrant members of the Dawoodi Bohra community (from India), among whom prevalence is estimated to be 75–85%.⁵ Assuming FGC is practised by the Dawoodi Bohra in Pakistan in the same way it is in India, prevalence would be highest in older cohorts of women: the (Indian) Sahiyo survey found that 92% of Indian Dawoodi Bohra women aged 46 and above have undergone FGC, compared to 68% of women aged 18–25.⁶

In 2011 it was estimated that 100,000 Dawoodi Bohra live in Pakistan, mainly in the south.⁷ The age of cutting among them is usually six or seven years, and, according to a survey conducted in India, the form of cutting is most often Type 1, although a few women report having had more flesh removed, which would be classified as Type 2.⁸ A few other small, mainly qualitative surveys, have been carried out in Pakistan with similar findings.⁹

There are also reports of FGC being practised by the Sheedi, a small sect mainly located in the south of Pakistan, who are believed to have originated from Africa centuries ago, perhaps bringing the practice with them.¹⁰ No surveys have been carried out among the Sheedi, so prevalence and features such as the age of cutting and the type of FGC practised are not known.¹¹

Other groups that may practise FGC in Pakistan are immigrants from neighbouring Iran and Iraq, countries where it is believed to occur, although, again, no specific data on prevalence are available.

National Legal Framework

Under **the Constitution of Pakistan**, Islam is the state religion and all laws must be consistent with Sharia law. The Constitution gives the Council of Islamic Ideology (CII) a mandate to review all legislation to ensure compliance with Sharia. As well as serving in an advisory capacity, the CII has the power to declare any existing law inconsistent with Sharia, which then makes it void.

The court system in Pakistan comprises civil courts, criminal courts and religious courts. Civil courts deal with matters such as divorce, child custody, and property and contract disputes. Criminal courts deal with crimes such as murder, robbery and assault. Religious courts deal with questions of personal status, such as marriage, divorce, inheritance and adoption.¹²

Applicable General Laws

There is no specific law criminalising FGC in Pakistan. However, the performance of FGC could potentially be prosecutable under various provisions of general criminal law, depending on the circumstances and the degree of harm inflicted.

The Pakistan Penal Code, 1860¹³

The Pakistan Penal Code is the primary legislation governing criminal offences across all provinces and territories in Pakistan. However, provinces also have their own legislative powers over criminal law and procedure, and, therefore, separate laws enacted by the provinces may apply in their provincial jurisdictions.

The following sections of the **Penal Code** could be applied to FGC across the whole of Pakistan.

- **'Section 328A. Cruelty to a child.**– Whoever wilfully assaults, ill-treats, neglects, abandons or does an act of omission or commission, that results in or has, potential to harm or injure the child by causing physical or psychological injury to him shall be punished with imprisonment'
- **'Section 332. Hurt.**– Whoever causes pain, harm, disease, infirmity or injury to any person, or impairs, disables, disfigures, defaces or dismembers any organ of the body or part thereof of any person without causing his death is said to cause hurt.'¹⁴

FGC can be said to cause pain, harm and injury; it may also disfigure a girl's genitals, and removing the clitoris could be considered dismemberment of an organ.

Taking this definition of 'hurt' further:

- **Section 333** states, 'Whoever dismembers, amputates, severs any limb or organ of the body of another person is said to cause *itlaf-i-udw*';
- **Section 335** states, 'Whoever destroys or permanently impairs the functioning, power or capacity of an organ of the body of another person, or causes permanent disfigurement is said to cause *itlaf-i-salahiyyat-i-udw*'; and
- **Section 337E** deals with *ghayr-jaiifah*, by which 'the skin is ruptured and bleeding occurs and is said to cause *damiyah*' (a bleeding injury). It also refers to laceration of the flesh (*mutalahimah*).¹⁵

All these types of 'hurt' are punishable with imprisonment as described further in the 'Penalties' section below.

Provincial Laws

In **Sindh Province**, the **Domestic Violence (Prevention and Protection) Act, 2013** and the **Child Protection Authority Act, 2011**, may apply to the practice of FGC.

- **Sindh Domestic Violence Act:** This defines domestic violence as all acts of gender-based abuse committed 'against women, children or other vulnerable persons, with whom the respondent is or has been in a domestic relationship . . .'.¹⁶
- **Sindh Child Protection Authority Act:** 'A child in need of special protection measures' includes one who is a victim of violence, abuse and exploitation and is subjected to physical and psychological violence.¹⁷

Similarly, **Balochistan's Domestic Violence (Prevention and Protection) Act, 2014**, and the **Child Protection Act, 2016**, may apply.

- **Balochistan Domestic Violence Act:** This defines 'domestic violence' as all intentional acts of gender-based or other physical or psychological abuse committed against women, children or other vulnerable persons with whom the accused is or has been in a domestic relationship.¹⁸
- **Balochistan Child Protection Act:** This defines 'child abuse' as including physical or psychological violence, injury or maltreatment. A child in need of protection includes any child who has been subjected, is subject to, or is under serious threat of being subjected to physical violence or injury or maltreatment.¹⁹

Khyber Pakhtunkhwa Province also has a **Domestic Violence Against Women (Prevention and Protection) Act, 2021** and a **Child Protection and Welfare (Amendment) Act, 2018**, which have relevance for protecting girls from FGC.

- **Khyber Pakhtunkhwa Domestic Violence Act:** This defines 'violence' as an 'act, omission, commission, or conduct' that results in any physical, psychological or emotional abuse.²⁰

- **Khyber Pakhtunkhwa Child Protection and Welfare Act:** This defines 'violence against a child' as any act that causes or is intended to cause 'harm, pain, suffering or humiliation to a child'.²¹

In **Punjab Province**, the **Punjab Protection of Women Against Violence Act, 2016**, may apply, as 'violence' in this context is defined as any offence committed against the body of any person living in a domestic relationship in the same house as their assailant.²²

The Islamabad Capital Territory Child Protection Act, 2018 defines 'child abuse' as any means of 'physical or mental violence, injury, exploitation, neglect or negligent treatment, maltreatment or sexual abuse'.²³

Procuring, Aiding and Abetting FGC

Sections 107 and 108 of the Penal Code define 'abetment' and 'abettor', both of which could be applied to those who arrange or assist in the performance of FGC.

- **Section 107** defines 'abetment' as instigating another to perform an act, engaging with others to arrange an act, or intentionally aiding in the commissioning of an act.
- **Section 108** defines 'abettor' as any person who either intentionally abets the commissioning of an offence or participates in an act that they know to be an offence.²⁴

Among the provincial jurisdictions, only the **Khyber Pakhtunkhwa Domestic Violence Act** refers to aiding and abetting (**Section 3.1**): 'No person shall commit, aid and abet for the commission of the act of domestic violence.'²⁵

Allowing the Use of Premises or Providing or Possessing Tools

There does not appear to be any law that specifically criminalises owning or providing a premises or tools for the purposes of FGC. However, both could be prosecutable under the **Penal Code Sections 107 and 108** as aiding and abetting an offence of causing 'hurt', as described above.

Failure to Report FGC

The Penal Code (Sections 118, 119, 120) penalises the failure to report a crime with variable lengths of imprisonment, according to the gravity of the offence.

Of these, the most relevant to cases of FGC is **Section 120**, which refers to anyone who, 'intending to facilitate or knowing it to be likely that he will thereby facilitate the commission of an offence punishable with imprisonment, voluntarily conceals, by any act or illegal omission, the existence of a design to commit such offence . . .'.²⁶

Medicalised FGC

There is no legislation criminalising medical professionals who perform or assist in FGC; nor have any regulations about this been issued by Pakistan's Ministry of National Health Services, Regulation & Co-ordination. However, medical professionals potentially could be prosecutable under the general laws outlined above.

An online survey carried out in India among Dawoodi Bohra noted that, of participants from Pakistan, 100% underwent the procedure at private residences, unlike Indian Dawoodi Bohra, of whom 12% were cut in hospitals or health clinics.²⁷

Another survey conducted in India among Dawoodi Bohra found that, the younger the age of the girl, the greater the likelihood she will undergo FGC in a medical facility: of the 81 respondents, the six who were cut by doctors are now 17–29 years of age, and the 75 who were cut by traditional practitioners are now 17–80. This also held true for daughters: all six who were cut in medical facilities were aged 8–30 at the time of the survey, while those who were cut by traditional practitioners were 8–52 at the time of the survey.

The authors of that survey put forward the view that medicalised FGC is likely to increase, as several respondents – in particular, those living in large cities – wanted to move away from using traditional cutters, because of concerns with safety and hygiene. Additionally, all cutting that took place in medical facilities was performed by Bohra doctors.²⁸

Although most participants of these surveys resided in India, it is likely that FGC among girls in the city of Karachi (where most Pakistani Dawoodi Bohras reside) will follow a similar trend to FGC performed in Indian cities, and more girls will undergo FGC in medical facilities in the future.

Protecting Uncut Girls and Women

There is no provision in **the Penal Code** to protect women and girls who choose not to undergo FGC (or their families) from derogatory or abusive language, or from discrimination and actions that exclude them from society and community activities.

The various provincial domestic violence acts contain provisions for protecting victims *after* the violence has taken place, from further violence, but not beforehand, so it is unlikely that these would be relevant to protecting girls from undergoing FGC.

Protection of Victims and Witnesses

There are no mechanisms in the law for the protection of victims and witnesses in FGC cases, or provisions for protection orders to cover potential victims of FGC.

Committee on the Elimination of Discrimination against Women

Committee on the Rights of the Child

Joint Statement

V. Criteria for determining *harmful practices*

15. *Harmful practices are persistent practices and forms of behaviour that are grounded in discrimination on the basis of, among other things, sex, gender and age, in addition to multiple and/or intersecting forms of discrimination that often involve violence and cause physical and/or psychological harm or suffering. The harm that such practices cause to the victims surpasses the immediate physical and mental consequences and often has the purpose or effect of impairing the recognition, enjoyment and exercise of the human rights and fundamental freedoms of women and children. There is also a negative impact on their dignity, physical, psychosocial and moral integrity and development, participation, health, education and economic and social status. The practices are therefore reflected in the work of both Committees.*
16. *For the purposes of the present joint general recommendation/general comment, practices should meet the following criteria to be regarded as harmful:*
- (a) They constitute a denial of the dignity and/or integrity of the individual and a violation of the human rights and fundamental freedoms enshrined in the two Conventions;*
 - (b) They constitute discrimination against women or children and are harmful insofar as they result in negative consequences for them as individuals or groups, including physical, psychological, economic and social harm and/or violence and limitations on their capacity to participate fully in society or develop and reach their full potential;*
 - (c) They are traditional, re-emerging or emerging practices that are prescribed and/or kept in place by social norms that perpetuate male dominance and inequality of women and children, on the basis of sex, gender, age and other intersecting factors;*
 - (d) They are imposed on women and children by family members, community members or society at large, regardless of whether the victim provides, or is able to provide, full, free and informed consent.²⁹*

Penalties

The **Penal Code** sets out a range of punishments for the types of offences that could include FGC:

- **Section 328A (Cruelty to a child)** states that an offender can be punished with *imprisonment of one to three years and/or a fine of between 25,000 and 50,000 rupees*;
- **Sections 334** and **336** deal with punishment for 'hurt' defined as *itlaf-i-udw* and *itlaf-i-salahiyyat-i-udw*, respectively, for which the perpetrator may serve *a term of imprisonment for up to ten years, and may have to pay compensation to the victim*; and
- under **Section 337F**, punishment for 'hurt' defined as *ghayr-jaifah*, depending on the extent of the hurt, may be *imprisonment for one to seven years*.³⁰

Implementation of the Law

Court Cases

There are no reported cases of FGC being prosecuted in Pakistan.

Role of the State

See also Appendix III below.

Under **the Constitution of Pakistan, 1973**, there are various articles that might have a bearing on FGC – in particular, the right of women and girls to bodily integrity. These articles include the following.

Article 4 – Right of individuals to be dealt with in accordance with law, etc.

- (1) To enjoy the protection of law and to be treated in accordance with law is the unalienable right of every citizen, wherever he may be, and of every other person for the time being in Pakistan.
- (2) In particular—
 - (a) no action detrimental to the life, liberty, body, reputation or property of any person, shall be taken except in accordance with law;
 - (b) no person shall be prevented from or be hindered in doing that which is not prohibited by law; and
 - (c) no person shall be compelled to do that which the law does not require him to do.³¹

Article 25 – Equality of citizens.

- (1) All citizens are equal before law and are entitled to equal protection of law.
- (2) There shall be no discrimination on the basis of sex.
- (3) Nothing in this Article shall prevent the State from making any special provision for the protection of women and children.³²

Linking **Articles 4** and **25** raises the question as to why no cases of FGC have been brought against those who practise it. FGC is detrimental to the bodily integrity of women and girls who, therefore, need the 'protection of law', which should be equally available to all citizens.

Article 25 (Clause 3) above suggests that the Government, if it wanted, could make provisions to protect women and children from FGC, including criminalising those who perform and assist in the procedure.

Article 33 – Parochial and other similar prejudices to be discouraged.

The State shall discourage parochial, racial, tribal, sectarian and provincial prejudices among the citizens.³³

This could be applied to the Dawoodi Bohras' continuation of FGC as a sectarian practice that discriminates against girls and women.

In 2006, the Government of Pakistan acknowledged that FGC does occur in the country when it introduced into the ***National Plan of Action for Children*** a goal of eradicating the practice by 2010. It seems that this is the only government document to mention the issue. This part of the Plan has not been implemented, however, and the Pakistani Government did not report on the practice to the United Nations Committee on the Rights of the Child in 2015 or in its periodic review report to the Committee on the Elimination of Discrimination against Women in 2019.³⁴

Conclusions

The Penal Code³⁵

*Although Pakistan does not have a specific law criminalising FGC, it could potentially be prosecutable under the clauses of **the Penal Code** that refer to 'hurt'.*

Sections 332–336 of the Penal Code outline the different types of hurt, defining it as 'causing pain, harm, disease, infirmity or injury to any person or impairing, disabling, disfiguring, defacing or dismembering any organ of the body without causing his death'. FGC clearly constitutes the disfigurement of a bodily organ, so would be captured under this definition.

FGC may also be considered under **the Penal Code** as 'cruelty to a child' as defined in **Section 328** as 'harm[ing] or injur[ing] the child by causing physical or psychological injury.'

The Penal Code arguably also criminalises procuring, aiding and abetting FGC.

Provincial Domestic Violence Laws (Sindh, Balochistan, Khyber Pakhtunkhwa and Punjab)

In addition to the Penal Code, FGC may be criminalised under the various provinces' **domestic violence acts**.

While these acts do not explicitly mention FGC, they do seek to institute measures that protect women and children who may be victims of domestic violence, which is defined broadly enough under each act to include FGC.

The protections provided under these acts cover domestic violence including physical and sexual abuse against women and children and causing fear and physical or psychological harm. They allow the woman or girl (or any person authorised to represent the girl) to make a complaint in court to seek relief against violence perpetrated by a person who is in an existing or previously existing domestic relationship with them. These acts also criminalise aiding or abetting the domestic violence and provide for protection orders to be issued in favour of the aggrieved person.

Provincial Child-Protection Acts (Sindh, Balochistan, Khyber Pakhtunkhwa and Islamabad Capital Territory)

Provincial **child-protection acts** may also be relevant to cases of FGC. Although the child-protection laws mentioned above do not expressly provide protection against FGC, they aim to protect children against violence, abuse, injury and maltreatment, and therefore could be considered to protect girls against FGC, as well.

Recommendations

Orchid Project recommends that:

1. as a first step, **a national survey be** conducted to confirm the extent of FGC in Pakistan and to gather data about the age at which girls undergo cutting, who performs it and in what facilities (including hospitals and general-practitioner clinics), the types of FGC that occur and the reasons for the continuance of the practice;
2. the Ministry of National Health Services, Regulation & Co-ordination, in conjunction with the Council of Islamic Ideology and leaders of the Dawoodi Bohra and Sheedi communities, **set up a national working group** tasked with developing and implementing programmes of education and awareness-raising about the health problems and other harms FGC causes in communities in which it is practised;
3. the Ministry of National Health Services, Regulation & Co-ordination **issue a warning** to all licensed medical practitioners (including general practitioners, midwives and nurses) that FGC must not be carried out in healthcare facilities and that those who do so may lose their licences to practise; and,
4. while it is hoped that education and awareness-raising about the harms of FGC will lead to a reduction in the practice, the Government consider **introducing legislation that criminalises FGC**. This could take the form of a specific law criminalising FGC, which includes a clear definition of FGC that corresponds to the one given by the World Health Organization and clarifies any uncertainty around what types of cutting are classified as FGC; provides specific penalties for people who arrange, undertake or assist in the process of FGC on a minor girl or adult woman; and criminalises the failure to report its occurrence or likely occurrence.

Appendix I:

International and Regional Treaties

Pakistan	Signed?	Ratified/ Acceded?	Reservations on Reporting? Yes/No
International			
Convention on the Elimination of All Forms of Discrimination against Women (1979)	Yes	Yes, 12 March 1996	No
Convention on the Rights of the Child (1989)	Yes, 20 September 1990	Yes, 12 November 1990	No
The Organisation of Islamic Co-operation – Cairo Declaration on the Elimination of FGM (CDEFGM) (2003)	No	N/A	N/A

‘Signed’: a treaty is signed by countries following negotiation and agreement of its contents.

‘Ratified’: once signed, most treaties and conventions must be ratified (i.e. approved through the standard national legislative procedure) to be legally effective in that country.

‘Acceded’: when a country ratifies a treaty that has already been negotiated by other states.

Appendix II:

CEDAW General Recommendation No. 14: Female Circumcision

*Adopted at the Ninth Session of the Committee on the Elimination of Discrimination
against Women, in 1990*

(Contained in Document A/45/38 and Corrigendum)

The Committee on the Elimination of Discrimination against Women,

Concerned about the continuation of the practice of female circumcision and other traditional practices harmful to the health of women,

Noting with satisfaction that Governments, where such practices exist, national women's organizations, non-governmental organizations, specialized agencies, such as the World Health Organization, the United Nations Children's Fund, as well as the Commission on Human Rights and its Submission on Prevention of Discrimination and Protection of Minorities, remain seized of the issue having particularly recognized that such traditional practices as female circumcision have serious health and other consequences for women and children,

Noting with interest the study of the Special Rapporteur on Traditional Practices Affecting the Health of Women and Children, as well as the study of the Special Working Group on Traditional Practices,

Recognizing that women are taking important action themselves to identify and to combat practices that are prejudicial to the health and well-being of women and children,

Convinced that the important action that is being taken by women and by all interested groups needs to be supported and encouraged by Governments,

Noting with grave concern that there are continuing cultural, traditional and economic pressures which help to perpetuate harmful practices, such as female circumcision,

Recommends to States parties:

- (a) That States parties take appropriate and effective measures with a view to eradicating the practice of female circumcision. Such measures could include:

The collection and dissemination by universities, medical or nursing associations, national women's organizations or other bodies of basic data about such traditional practices;

The support of women's organizations at the national and local levels working for the elimination of female circumcision and other practices harmful to women;

The encouragement of politicians, professionals, religious and community leaders at all levels including the media and the arts to cooperate in influencing attitudes towards the eradication of female circumcision;

The introduction of appropriate educational and training programmes and seminars based on research findings about the problems arising from female circumcision;

- (b) That States parties include in their national health policies appropriate strategies aimed at eradicating female circumcision in public health care. Such strategies could include the special responsibility of health personnel including traditional birth attendants to explain the harmful effects of female circumcision;
- (c) That States parties invite assistance, information and advice from the appropriate organizations of the United Nations system to support and assist efforts being deployed to eliminate harmful traditional practices;
- (d) That States parties include in their reports to the Committee under articles 10 and 12 of the Convention on the Elimination of All Forms of Discrimination against Women information about measures taken to eliminate female circumcision.³⁶

Appendix III: Role of the State

United Nations

CEDAW/C/GC/31/Rev.1CRC/C/GC/18/Rev.1

**Convention on the Elimination of All Forms of Discrimination against Women
Convention on the Rights of the Child**

**Committee on the Elimination of
Discrimination against Women**

Committee on the Rights of the Child

*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 (2019) on harmful practices** *8 May 2019*

39. The Committees recommend that the States parties to the Conventions:

- (a) Accord priority to the regular collection, analysis, dissemination and use of quantitative and qualitative data on harmful practices disaggregated by sex, age, geographical location, socioeconomic status, education level and other key factors, and ensure that such activities are adequately resourced. Regular data collection systems should be established and/or maintained in the health-care and social services, education and judicial and law enforcement sectors on protection-related issues;
- (b) Collect data through the use of national demographic and indicator surveys and censuses, which may be supplemented by data from nationally representative household surveys. Qualitative research should be conducted through focus group discussions, in-depth key informant interviews with a wide variety of stakeholders, structured observations, social mapping and other appropriate methodologies.

[. . .]

55. The Committees recommend that the States parties to the Conventions adopt or amend legislation with a view to effectively addressing and eliminating harmful practices. . .

[. . .]

60. The Committees recommend that the States parties to the Conventions ensure that any efforts undertaken to tackle harmful practices and to challenge and change underlying social norms are holistic, community-based and founded on a rights-based approach that includes the active participation of all relevant stakeholders, especially women and girls.

[. . .]

69. The Committees recommend that the States parties to the Conventions:

- (a) Provide universal, free and compulsory primary education that is girlfriendly, including in remote and rural areas, consider making secondary education mandatory while also providing economic incentives for pregnant girls and adolescent mothers to complete secondary school and establish non-discriminatory return policies;
- (b) Provide girls and women with educational and economic opportunities in a safe and enabling environment where they can develop their self-esteem, awareness of their rights and communication, negotiation and problem-solving skills;
- (c) Include in the educational curriculum information on human rights, including those of women and children, gender equality and self-awareness and contribute to eliminating gender stereotypes and fostering an environment of nondiscrimination;
- (d) Ensure that schools provide age-appropriate information on sexual and reproductive health and rights, including in relation to gender relations and responsible sexual behaviour, HIV prevention, nutrition and protection from violence and harmful practices;
- (e) Ensure access to non-formal education programmes for girls who have dropped out of regular schooling, or who have never enrolled and are illiterate, and monitor the quality of those programmes;
- (f) Engage men and boys in creating an enabling environment that supports the empowerment of women and girls.

[. . .]

73. The Committees recommend that the States parties to the Conventions:

- (a) Provide all relevant front-line professionals with information on harmful practices and applicable human rights norms and standards and ensure that they are adequately trained to prevent, identify and respond to incidents of harmful practices, including mitigating negative effects for victims and helping them to gain access to remedies and appropriate services;
- (b) Provide training to individuals involved in alternative dispute resolution and traditional justice systems to appropriately apply key human rights principles, especially the best interests of the child and the participation of children in administrative and judicial proceedings;
- (c) Provide training to all law enforcement personnel, including the judiciary, on new and existing legislation prohibiting harmful practices and ensure that they are aware of the rights of women and children and of their role in prosecuting perpetrators and protecting victims of harmful practices;

- (d) Conduct specialized awareness and training programmes for health-care providers working with immigrant communities to address the unique health-care needs of children and women who have undergone female genital mutilation or other harmful practices and provide specialized training also for professionals within child welfare services and services focused on the rights of women and the education and police and justice sectors, politicians and media personnel working with migrant girls and women.

[. . .]

81. The Committees recommend that the States parties to the Conventions:

- (a) Develop and adopt comprehensive awareness-raising programmes to challenge and change cultural and social attitudes, traditions and customs that underlie forms of behaviour that perpetuate harmful practices;
- (b) Ensure that awareness-raising programmes provide accurate information and clear and unified messages from trusted sources about the negative impact of harmful practices on women, children, in particular girls, their families and society at large. Such programmes should include social media, the Internet and community communication and dissemination tools;
- (c) Take all appropriate measures to ensure that stigma and discrimination are not perpetuated against the victims and/or practising immigrant or minority communities;
- (d) Ensure that awareness-raising programmes targeting State structures engage decision makers and all relevant programmatic staff and key professionals working within local and national government and government agencies;
- (e) Ensure that personnel of national human rights institutions are fully aware and sensitized to the human rights implications of harmful practices within the State party and that they receive support to promote the elimination of those practices;
- (f) Initiate public discussions to prevent and promote the elimination of harmful practices, by engaging all relevant stakeholders in the preparation and implementation of the measures, including local leaders, practitioners, grass-roots organizations and religious communities. The activities should affirm the positive cultural principles of a community that are consistent with human rights and include information on experiences of successful elimination by formerly practising communities with similar backgrounds;
- (g) Build or reinforce effective partnerships with the mainstream media to support the implementation of awareness-raising programmes and promote public discussions and encourage the creation and observance of self-regulatory mechanisms that respect the privacy of individuals.

[. . .]

87. The Committees recommend that the States parties to the Conventions:

- (a) Ensure that protection services are mandated and adequately resourced to provide all necessary prevention and protection services to children and women who are, or are at high risk of becoming, victims of harmful practices;
- (b) Establish a free, 24-hour hotline that is staffed by trained counsellors, to enable victims to report instances when a harmful practice is likely to occur or has occurred, and provide referral to needed services and accurate information about harmful practices;
- (c) Develop and implement capacity-building programmes on their role in protection for judicial officers, including judges, lawyers, prosecutors and all relevant stakeholders, on legislation prohibiting discrimination and on applying laws in a gender-sensitive and age-sensitive manner in conformity with the Conventions;
- (d) Ensure that children participating in legal processes have access to appropriate child-sensitive services to safeguard their rights and safety and to limit the possible negative impacts of the proceedings. Protective action may include limiting the number of times that a victim is required to give a statement and not requiring that individual to face the perpetrator or perpetrators. Other steps may include appointing a guardian ad litem (especially where the perpetrator is a parent or legal guardian) and ensuring that child victims have access to adequate child-sensitive information about the process and fully understand what to expect;
- (e) Ensure that migrant women and children have equal access to services, regardless of their legal status.³⁷

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All cited texts in this Law Report were accessed between 1 July 2024 and 31 October 2024, unless otherwise noted.

This report analyses and discusses the application of national (criminal) laws to the commission of FGC and any possible related crimes. It also explores other legal factors deemed relevant, such as legal obligations to report the commission or likely upcoming commission of FGC, available legal protective measures for girls and women at risk of FGC, and any obligations of national governments in relation to FGC.

The initial research conducted for this report consisted of a questionnaire prepared by Allen Overy Shearman Sterling (A&O Shearman*) with input from certain local law firms, local non-governmental organisations and/or other information providers (together, *the Information Providers*). The information contained in the responses to that questionnaire was then reviewed by Orchid Project, updated and used as the basis of further research from relevant sources.

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