

THE LAW AND FGM/C Yemen 2026



About Orchid Project

Orchid Project is a UK- and Kenya-based non-governmental organisation catalysing the global movement to end female genital cutting (FGC). Orchid Project's 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 FGM/C
2. To catalyse, support and strengthen regional networks to actively participate in the movement to end FGM/C
3. To influence global and regional policies, actions and funding to end FGM/C.

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 Wadi

Founded in 1992, Wadi's mission is rooted in the fundamental belief that true development only occurs when individuals possess the power to decide their own futures. We don't provide aid—we support communities to find local resilient solutions rooted in our fundamental beliefs in human rights and equality. Our strategy remains consistent: we provide the platform, but the community provides the voice.

Wadi pioneered the fight against FGM/C in Iraqi Kurdistan through grassroots action, media campaigns, and lobbying at a local and international level. This work has never stopped, only evolved to include the myriads of other forms of gender issues in the area and we continue to work to empower women through literacy, education, vocational education, women's health access in order to combat the systemic roots of gender-based violence.

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WORKING TOGETHER TO END
FEMALE GENITAL CUTTING

Overview of Domestic Legal Framework

Overview of Domestic Legal Framework in Yemen	
<i>The Constitution explicitly prohibits:</i>	
x	Violence against women and girls
x	Harmful practices
x	Female genital mutilation (FGM/C)
<i>National legislation:</i>	
x	Provides a clear definition of FGM/C
✓	Criminalises the performance of FGM/C under the Penal Code
x	Criminalises the procurement, arrangement and/or assistance of acts of FGM/C
x	Criminalises the failure to report incidents of FGM/C
x	Criminalises the participation of medical professionals in acts of FGM/C
x	Criminalises the practice of cross-border FGM/C
x	Government has a strategy in place to end FGM/C

Introduction



Figure 1: Map of Yemen(1)

The Republic of Yemen currently has a transitional government due to the ongoing civil war between Houthis (supported by Iran), and a Saudi-led coalition which controls the south. The Presidential Leadership Council, based in Riyadh (in Saudi Arabia), is the internationally recognised government of Yemen, while the separatist Southern Transitional Council controls much of Aden, the main city in the South. The civil war, which began in 2014, has resulted in the death of over 150,000 and triggered one of the world's worst humanitarian crises, with more than 3 million people – three quarters of the population – in need of some form of aid (2). In 2022, the UN brokered a temporary truce between the Houthis and the Saudi-led coalition.

Yemen borders Saudi Arabia to the north and Oman to the east, with the Red Sea to the west and the Gulf of Aden to the south. It has a population of 32 million (2024), the majority of whom are Arab. Islam is the official religion of the country: 99.1% are Muslim of which an estimated 65% are Sunni and 35% Shia. There are also a small number of Jewish, Baha'i, Hindu and Christian followers (3).

Amnesty International (4) has described Yemen as 'One of the worst places in the world to be a woman'. A report by Human Rights Watch in 2024 explained that women's rights have been increasingly threatened by the conflict taking place in the country.

Note on Terminology

In Middle Eastern countries female circumcision is sometimes referred to as *khatana*, *sunna* or *sunat*. In most reports about the practice in Yemen the term FGM/C is used (or sometimes female circumcision). However, for consistency across Orchid's law reports the term FGM/C has been used throughout.

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

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 (5).

Prevalence of FGM/C

FGM/C prevalence in Yemen varies greatly from district to district and governorate to governorate (6). The 2013 National Health and Demographic survey found prevalence between 80–85% in the eastern rural coastal governorates of Hadramout and Al-Mahrah respectively. However, in other governorates, such as Amran, Sana'a, Al-Jawf, the prevalence rate was less than 1%, indicating wide geographical difference across the country (6).

A report by UNICEF in 2023 on 'Ending FGM in Yemen' (7) estimated prevalence at approximately 19%, though this figure also varied between governorates. This survey found that FGM/C was higher among women aged 45-49 years (22.8%), compared to the youngest age group of 15–19 years (16.4%), indicating a trend towards abandonment among younger women (7).

Further information about FGM/C in Yemen is available at: <https://www.fgmcri.org/country/yemen>

National Legal Framework

The Republic of Yemen's legal system is a mixed system of Islamic (Sharia) law, Napoleonic law, English common law, and customary law (8).

The Supreme Court is the highest judicial authority in Yemen. The judicial system consists of courts of first instance, courts of appeal, and the Supreme Court. The Supreme Court is organised into specialised chambers handling constitutional, civil, commercial, criminal and other matters.

The **Republic of Yemen's current Constitution** was adopted by referendum on 16 May 1991 (following unification), and was amended in 1994 and 2001.

The Constitution includes some provisions that directly or indirectly address the rights of children and the rights of parents in relation to women and children (9):

Article 30: requires the State to protect mothers and children and cater for the welfare of young people.

Article 31: states that 'Women are the sisters of men, and they have rights and duties as guaranteed and required by Sharia and stipulated by law.'

Articles 47 (b) and 49 (e) expressly prohibit torture and other cruel, inhuman or degrading treatment or punishment.

Applicable general laws

There is no specific law criminalising FGM/C in Yemen. However certain provisions of the Yemen Penal Code (10) can be read as addressing and prohibiting FGM/C practices:

Yemen Penal Code (Law No 12 of 1994) (10)

Articles 241-244 cover various offences of 'injury to the body':

Article 241 refers to offences of 'assaults leading to death'.

Article 244 contains the offence of mild premeditated injury (i.e. 'whose size could not be determined' or if the impact 'does not result in sickness or inability in the personal functions for more than 20 days'). This could also cover FGM/C which, even if Type 1 incurring little damage or removal of tissue, is a premeditated act, i.e. planned in advance.

In addition to terms of imprisonment for these offences' compensation must be paid (referred to as 'blood money') depending on the severity of the injury.

The type of injury for which blood money is paid includes (Article 41, Item No 22) 'Both lips of vagina [sic] for women.' Injury to the clitoris is not listed and therefore FGM/C Type 1 would

not necessarily warrant blood money, but Type 2 is likely, and Type 3 (infibulation) would warrant it.

However, there is a limitation on the amount women are allowed to claim:

Article 42): *The Blood Money for the women is half that for men, but for body injury compensations, they are the same as those for men until they reach to a third of the total compensation set for men, beyond which half shall be given. A specialist doctor or any experienced assessors shall determine the type of injuries thereof. If the injury lasts or continues without being assessed for compensation thereof, the court shall judge and assess the same based on its own observation thereof accordingly.*

Procuring, aiding or abetting FGM/C

There does not appear to be anything in the Penal Code that specifically refers to these aspects of FGM/C. However, if FGM/C is understood as an offence causing injury as set out in Articles 241-244 of the Penal Code, then other parts of the Penal Code will apply.

Section Four of the Yemen Penal Code: Articles 21-25): Participation in a Crime:

The Perpetrators: Article (21): *Anyone who, by his conduct, leads to the realization of the elements of a crime, including anyone in flight found at the scene of the crime at the time of its occurrence is regarded as a perpetrator; anyone who carries out a crime as an irresponsible executioner is regarded as an intermediary perpetrator-this being applicable even if the intermediary perpetrator is lacking any of the characteristics called for by law for the perpetrator; and those who together carry out acts of a crime by common intent or negligence are regarded as perpetrators.*

Provocateurs: Article (22): *Anyone who tempts the perpetrator to carry out a crime is regarded to be a provocateur, who is subject to punishment if the perpetrator has attempted to carry out the crime; however, in certain crimes, provocation of a crime can be punishable, even if there is no consequence thereof.*

Accomplices: Article (23): *An accomplice is whoever provides collateral assistance with the intent of committing a crime and such assistance may be prior to the execution of the crime, concurrently therewith, or subsequently thereto, whenever as such agreed to prior to the implementation of the crime accordingly. However, subsequent assistance, which is not agreed to prior to the perpetration of the crime, shall be punished as a special crime.*

There is no reference in the Penal Code to failure to report a crime, nor protection of witnesses and potential victims.

Yemeni Rights of the Child Law (No 45 of 2002) (11)

Yemen has a consolidated legal act called the Rights of the Child Act which covers the substance and provisions of the Convention on the Rights of Children (CRC). (A full text in English is not available) (11).

According to the Yemen Children's Platform this Law 'stipulates the basic rights that Yemeni children, both foetus and child, must enjoy, including the right to life, education, culture, care, and protection from violence and exploitation.'

The Yemeni Government reports that it is now reviewing all laws on children with a view to bringing them into line with the Convention on the Rights of the Child (CRC) (12).

Protection of Women Act

A draft law entitled the 'Protection of Women Act' was prepared and submitted for parliamentary approval in/around 2022, but to date has not been passed.

Proposal for a 'Safe Motherhood Law'

A draft proposal was submitted to parliament in 2009 under the title of 'Safe Motherhood Law'. The proposal included provisions on prohibiting FGM/C and banning its continuation in national law. Yet the approval for such law is ongoing and the government blames the lack of studies on FGM/C in Yemen and the inability to verify the practice's prevalence as the reason to not pass the 'Safe Motherhood Law'.

Medicalised FGM/C

FGM/C in Yemen is carried out mainly by traditional practitioners, but there has been a rise in health professionals carrying out the practice. According to the 2013 National Health and Demographic Survey (6) 93% of women aged between 15–49 who have experienced FGM/C were cut at the hands of traditional practitioners. However, a shift towards medicalisation has been found, and 13% of youngest daughters who had undergone FGM/C stated that health professionals were their practitioners, compared to only 3% of mothers.

Health officials, including the Minister of Public Health, and health care providers have publicly decried this practice. In January 2001 the Ministry of Public Health sponsored a two-day conference entitled 'Female Health' (13) on FGM/C attended by nearly 150 academics, health professionals, government officials, donors and clerics. This conference marked the first time FGM/C had been publicly discussed in Yemen. In his opening remarks, the Minister of Public Health described this practice as a form of violence against women and a violation of their human rights.

A plan of action to reduce the incidence of FGM/C in Yemen was established at the conference. Religious leaders were tasked to provide a legal opinion on FGM/C in consultation with doctors. Concerned ministries were asked to develop a public awareness

campaign in areas most affected by this practice. The MOPH was asked to conduct a nationwide study to determine the extent of this problem, and it was recommended that this subject be included in the curricula at medical schools, health institutes and literacy centres and that a law be promulgated to prohibit this practice.

While the advent of the war and other circumstances appears to have affected implementation of these plans, one outcome was enactment of a **Ministerial decree** in January 2001 that banned public and private health facilities from performing FGM/C. However, it seems that the decree does not impose penalties if breached so it is effectively unenforceable.

More recently, a report by UNICEF (7), published in 2023, highlighted that an analysis of the 2013 Yemen DHS data found that 'Yemen is among the nine countries with the highest percentages of girls ages 0-14 who had been circumcised by health-care providers, alongside Egypt, Sudan and Djibouti.' This trend towards medicalization is likely due to both medical personnel and religious leaders believing that the practice is safer when carried out by trained medical practitioners (14).

Cross-Border FGM/C

There is no evidence as to whether girls are being taken into Yemen from neighbouring countries for the purposes of FGM/C, or whether Yemeni practitioners of FGM/C are going to other countries to perform FGM/C.

Yemen's **Penal Code (Law No 12 of 1994), Article 3** states that it is applicable for all crimes that occur partially or fully within the territory of the Republic of Yemen regardless of citizenship of the perpetrator. Therefore, an FGM/C practitioner from another country, coming into Yemen to undertake FGM/C could be prosecuted under Yemen's Penal Code if FGM/C is read as an offence under Articles 241-244.

Article 3 also states that it applies to crimes that occur outside Republic of Yemen territory, over which Yemeni courts have jurisdiction in accordance with Yemen's Criminal Procedure Code, which governs the procedures for criminal investigations, trials, and appeals. Hence, if FGM/C is included as a crime under the Penal Code, then if a girl is taken outside of Yemen for the purposes of FGM/C those taking her out of the country could be prosecuted as perpetrators or accomplices.

Penalties

Yemen Penal Code (Law No 12 of 1994)

Article 241 contains the offence of “assaults leading to death”, which is punishable with double blood money (see below Article 41) and up to 5 years imprisonment for an assault that unintentionally resulted in the victim’s death.

Article 244 contains the offence of mild premeditated injury (i.e. ‘whose size could not be determined’ or if the impact ‘does not result in sickness or inability in the personal functions for more than 20 days’). The penalty is imprisonment for 1-3 years and/or fine.

Article 41 prescribes when blood money will be payable, including for “loss of life; loss of individual, paired or multiple organic members of a kind from the human body, or the loss of the benefit of the function thereof, or its beauty, through the loss of organs of a kind, or through rendering them useless, though their forms still remain...The full blood money is reduced proportionally the remaining organs of the same kind or of their meanings. Those items of the same kind in the human body are: [...]²². Both lips of the vagina for women.” Removal of the clitoris in Type 2 FGM/C could meet this criteria, and Type 3 would certainly meet it.

Article 42 prescribes the compensation for other bodily injuries, ranging from a mild injury to a severe cut resulting in light bleeding, which could include Type 1 FGM/C. This Article also provides that a specialist doctor or experienced assessors shall determine the applicable injury type.

Implementation of the law

No cases of FGM/C have been prosecuted in Yemen under the Penal Code or any other law.

Role of the State

Commission for the Elimination of Discrimination Against Women (CEDAW)

In November 2021 in its Concluding Observations on Yemen's 7th and 8th Periodic Review (15), the CEDAW Committee referred to "the widespread practice of female genital mutilation, the act of which is not criminalized without exception," (para 24) and urged the government to:

Para 25 (a) Eliminate these practices and underlying cultural justifications through raising awareness among the general public, parents, religious and community leaders and the media, in collaboration with civil society and women's organizations, on the harmful effects of such practices on the education, health and development of girls; and Criminalize both child marriage and female genital mutilation, without exception, prosecuting and punishing any offenders.

While there is no direct link between child marriage and the practice of FGM/C, laws and practices relating to early marriage can provide an indication of girls' broader vulnerability and legal standing, as well as the cultural environment in which FGM/C occurs. In 2024, Girls Not Brides (GNB) reported that approximately 1.3 million Yemeni women had been married before the age of 18, representing a prevalence rate of 30%, and that 7% had been married before the age of 15 (16). GNB further suggests that one of the most common reasons for girls being married at such a young age is that they are viewed as a source of income through the bride price, as the ongoing conflict is pushing families deeper into poverty (16).

Although a 1999 amendment to Yemen's Personal Status Law set the marriage age at 18, this was not included in criminal law. In 2009, the Yemeni Government put forward a bill that would have set the minimum age of marriage at 18. Although it was approved by the Council of Ministers, it did not enter into force because the Sharia Legislative Committee blocked attempts to raise the marriage age to either 15 or 18, on the grounds that any law setting a minimum age would be contrary to Islamic law. A further attempt was made in 2014, when a forum was established to develop a new Constitution; this recommended setting the minimum age at 18 in line with international practice, but the ongoing crisis in Yemen prevented any action being taken (16).

In their Concluding Observations of Yemen's 4th Periodic Review (15) members of the **Convention on the Rights of the Child** stated at para 47 in relation to Harmful Practices:

The Committee is deeply concerned that, despite the State party's efforts to combat female genital mutilation (FGM), such as by adopting a national plan to combat harmful traditional practices (female genital mutilation, FGM) in 2007, that harmful practice is still common in the coastal governorates. It is concerned at reports indicating that FGM is also prevalent in other governorates.

Yemen has been a member of the **Organisation of Islamic Cooperation** since 1972. Yemen has not signed the Cairo Declaration on the Elimination of FGM (in June 2003); it has not been signed by any of the Gulf States or Middle East countries as, then, it was seen as only relevant to African members of OIC. However, in February 2025, the OIC's Independent Permanent Human Rights Commission (IPHRC) issued a statement on behalf of its membership on the occasion of the 'International Day of Zero Tolerance for Female Genital Mutilation 2025', in which it made an emphatic call for an end to all forms of violence against women, including Female Genital Mutilation in accordance with international human rights standards. This statement is reproduced at Annex 4 (17).

The OIC IPHRC's statement calls on member states to take 'urgent and coordinated action to eliminate FGM' by a) enacting and enforcing legislation to eliminate FGM/C and other harmful practices, b) implementing effective measures to protect women and girls from harmful practices, and c) conducting widespread awareness and advocacy campaigns about the dangers of FG FGM/C C and to dispel misconceptions regarding its religious basis.

Reference to ending harmful practices is also made in the OIC's Plan of Action for the Advancement of Women (OPAAW) which was adopted by OIC's Sixth Session of the Ministerial Conference on the Role of Women in the Development of OIC Member States held in Istanbul in November 2016 (18). The following statements reference this commitment:

Objective No 6: *Protection of Women from Violence: Combating all forms of gender-based violence, human trafficking and other harmful traditional practices against women and girls. Combating different forms of violence against women and girls including deprivation of opportunities and full enjoyment of their rights through preventive measures and provisions of rehabilitation to victims and punishment of perpetrators.*

Section 6 (g): *Contributing to eradication of all harmful practices, in particular, female genital mutilation through strong political support and involvement of religious and community leaders.*

And in the matrices setting out the Mechanisms for Implementation:

Contributing to eradication of all harmful practices, in particular, female genital mutilation through strong political support and involvement of religious and community leaders (18 p.9).

Combating gender-based violence in all its manifestations, including domestic violence, human trafficking, fighting harmful traditional practices and violence against displaced women (18 p.36).

Integrate sexual and gender-based violence response, including child violence in all humanitarian policies and develop channels of communication to denounce these harmful practices and provide necessary assistance to victims (18 p.40).

Civil Society Observations

A shadow report prepared by a group of Yemeni CSOs for presentation in 2005 to the Committee for the Convention of Rights of the Child (19 p.9), made the following reference to FGM/C:

Studies show that female circumcision is widely spread in 9 governorates, the governorates are Al Mahrah 92%, Al Hudaidah 49%, Ibb 40%, Hajjah 9.2% and Lahj 5%. It does not exist in other governorates. The government has made no effort to issue a law to prohibit such an act; instead, a decree was issued that prohibits physicians and nurses performing such an act within public or private health centres. Although this decree is mostly followed in these medical institutions, it is not followed on the outside.

In May 2024, in coordination with the Ministry of Public Health and Population, Human Access, an international NGO organised a workshop to combat FGM/C in Aden Governorate (20). Among the thirty participants were Deputy Ministers and Directors of several government departments, including Ministry of Public Health and Department of Women and Children. Participants discussed the proposed role of the authorities in advocating and pressing for the adoption of a national strategy to end and criminalize FGM/C and protect girls, stressing the importance of concerted official and popular action to address its elimination.

Following on from that workshop, in February 2025 a group of development organisations that included Human Access, the Aden Foundation for Arts and Sciences, and the Developmental Psychological Care Foundation, announced their intention to launch the 'Yemeni Network for the Protection of Women and Girls' during a press conference held in Aden Governorate in conjunction with the International Day of Zero Tolerance for FGM (21). This initiative was part of their 'Leave Her as She Was Created' campaign, which involved a wide range of activities aimed at protecting women and girls in Yemen from all forms of gender-based violence, in particular FGM/C. The aim of the Network is to build a movement to end FGM/C by 2030.

However, Yemen's CSOs and NGOs have come under increasing pressure from the Yemeni Government in recent years. Although Article 3 of Yemen's Law on Associations and Foundations (2001) (22) states that civil society associations and foundations may carry out their activities with complete freedom and independence, in November 2025 the Ministry of Social Affairs and Labour (MoSAL) issued Ministerial Decision No. 1001, prohibiting local councils and all civil society actors from engaging with the Yemeni NGO Mwatana for Human Rights, which documents human rights abuses committed by all warring parties in Yemen.

This decision, which classifies Mwatana as an 'unauthorised organisation', follows other recent instances in which MoSAL has refused to renew the registration of Mwatana, the Yemen Women's Union and other civil society organisations. Mwatana has stated that the decision 'reflects a broader pattern of repression against civil society, human rights defenders, and

journalists by authorities across Yemen, including in the south', and that many organisations in Aden and other governorates have faced harassment, arbitrary closures and administrative obstacles (23).

The conflict in Yemen has also created difficulties for CSOs, NGOs and INGOs in collecting and verifying data, and has contributed to competing narratives about developments on the ground, including the war's impact on poverty and social institutions. These difficulties, barriers and variations in social-data collection are explained in a report published by the Sana'a Centre for Strategic Studies (24).

Conclusions

No legislation expressly criminalises FGM/C, but certain provisions of **Yemen's Penal Code** can be read as addressing and prohibiting FGM/C practices. All hinges on FGM/C being held as a crime under the following Articles:

Articles 241-244 provide for various offences of 'injury to the body':

Article 241 contains the offence of 'assaults leading to death', which is punishable with doubled blood money (see below) and up to 5 years imprisonment for an assault that unintentionally resulted in the victim's death.

Article 244 contains the offence of mild premeditated injury (i.e. 'whose size could not be determined' or if the impact 'does not result in sickness or inability in the personal functions for more than 20 days'). The penalty is imprisonment for 1-3 years and/or fine.

Article 41 sets out when blood money will be payable, including for the loss of an organ of any kind, though the amount paid to women will be less than that paid to a man for a comparable loss.

It appears medicalisation of the practice is taking place in Yemen despite a 2001 Ministerial decree banning FGM/C being undertaken in private or public clinics, remaining in place; however, this decree has not been implemented.

Recommendations

Research demonstrates that while important, legislation against FGM/C should be part of a holistic, multi-sectoral approach to effectively work toward elimination of the practice. Enforcement of the law without a holistic approach can lead to fear and pushing the practice underground.

The following recommendations, therefore, should be considered alongside holistic and multi-sectoral approaches to ending the practice.

1. Introduce a law that explicitly prohibits and criminalises FGM/C in Yemen. This law should cover perpetrators; procuring aiding and abetting FGM/C; providing tools and premises for the purposes of FGM/C; and failure to report a planned or past incident of FGM/C.

OR

Amend Yemen's Penal Code to define and make specific reference to FGM/C as a criminal offence.

Guidance on the features that should be included in a law against FGM/C are set out in Orchid Project's Model Law report, which is available [here](#).

2. Develop Ministry of Health guidelines on the dangers of FGM/C for all professional medical, health and welfare staff working in Yemen's hospitals and clinics, including midwives, doctors and nurses, and forbid the practice from being undertaken in health facilities, with penalties for doing so that include their licence to practice medicine being withdrawn.
3. Put in place national policies and resources to provide widespread education on FGM/C and its harmful consequences to the health of women and girl.
4. Strengthen border controls, particularly along the borders between Yemen and neighbouring Saudi Arabia and Oman to deter perpetrators from entering Yemen with the intention of undertaking FGM/C, and to deter practitioners from exiting Yemen with the intention of undertaking FGM/C in those neighbouring countries.
5. Undertake a national statistical and disaggregated survey Yemen to reliably determine prevalence and features of the practice of FGM/C, including surveying those who have already undergone FGM/C or are at risk of undergoing FGM/C, and assessing the extent to which medicalisation of the practice is taking place.

Appendix 1: International and Regional Treaties

YEMEN	Signed	Ratified	Acceded	Reservations on reporting?
Convention on the Elimination of All forms of Discrimination Against Women (1979) (CEDAW)			30 May 1984	"The Government of the People's Democratic Republic of Yemen declares that it does not consider itself bound by Article 20, paragraph 1, of the said Convention, relating to the settlement of disputes which may arise concerning the application or interpretation of the Convention."
Organisation of Islamic Cooperation (OIC) – Cairo Declaration on the Elimination of FGM (CDEFGM) (2003)				N/A
Convention on the Rights of the Child (1989) (CRC)	13 Feb 1990	1 May 1991		No reservations

'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.

Annex 2: CEDAW General Recommendation No. 14: Female Circumcision

FGM/C – UN CEDAW Committee General Recommendation No. 14 UN CEDAW COMMITTEE General Recommendation No. 14 (ninth session, 1990) Female circumcision

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, and bodies of the United Nations system, such as the World Health Organization and the United Nations Children's Fund, as well as the Commission on Human Rights and its Sub-Commission 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,

Taking note with interest the study of the Special Rapporteur on Traditional Practices Affecting the Health of Women and Children, and of 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 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 co-operate 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;

- 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;

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;

- 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.

Annex 3: Role of the State (UN: CEDAW/C/GC/31/Rev.1/CRC/C/GC/18/Rev.1)

In 2019 the Committee on the Elimination of Discrimination against Women and Committee on the Rights of the Child issued Joint General Recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/General Comment, and No. 18 of the Committee on the Rights of the Child (2019), on harmful practices.

Available at: [g1913442.pdf](#) or [www.documents.un.org/doc/undoc/gen/g19/134/42/pdf/g1913442.pdf](#)

The objective of this Joint General Recommendation/General Comment is to clarify the obligations of States party to the Conventions by providing authoritative guidance on legislative, policy and other appropriate measures that must be taken to ensure full compliance with their obligations under the Conventions to eliminate harmful practices.

This Joint Recommendation/General Comment sets out a framework that States should follow in order to eliminate harmful practices. Of particular note are the recommendations as set out below:

Article 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.

Article 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. In doing so, they should ensure:

(a) That the process of drafting legislation is fully inclusive and participatory. For that purpose, they should conduct targeted advocacy and awareness-raising and use social mobilization measures to generate broad public knowledge of and support for the drafting, adoption, dissemination and implementation of the legislation;

(b) That the legislation is in full compliance with the relevant obligations outlined in the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child and other international human rights standards that prohibit harmful practices and that it takes precedence over customary, traditional or religious laws that allow, condone or prescribe any harmful practice, especially in countries with plural legal systems;

(c) That they repeal without further delay all legislation that condones, allows or leads to harmful practices, including traditional, customary or religious laws and any legislation that accepts the defence of honour as a defence or mitigating factor in the commission of crimes in the name of so-called honour;

(d) That the legislation is consistent and comprehensive and provides detailed guidance on prevention, protection, support and follow-up services and assistance for victims, including towards their physical and psychological recovery and social reintegration, and is complemented by adequate civil and/or administrative legislative provisions;

(e) That the legislation adequately addresses, including by providing the basis for the adoption of temporary special measures, the root causes of harmful practices, including discrimination on the basis of sex, gender, age and other intersecting factors, focuses on the human rights and needs of the victims and fully takes into account the best interests of children and women;

(f) That a minimum legal age of marriage for girls and boys, with or without parental consent, is established at 18 years;

(g) That a legal requirement of marriage registration is established and effective implementation is provided through awareness-raising, education and the existence of adequate infrastructure to make registration accessible to all persons within their jurisdiction;

(h) That a national system of compulsory, accessible and free birth registration is established in order to effectively prevent harmful practices, including child marriage;

(i) That national human rights institutions are mandated to consider individual complaints and petitions and carry out investigations, including those submitted on behalf of or directly by women and children, in a confidential, gender sensitive and child-friendly manner;

(j) That it is made mandatory by law for professionals and institutions working for and with children and women to report actual incidents or the risk of such incidents if they

have reasonable grounds to believe that a harmful practice has occurred or may occur. Mandatory reporting responsibilities should ensure the protection of the privacy and confidentiality of those who report;

(k) That all initiatives to draft and amend criminal laws must be coupled with protection measures and services for victims and those who are at risk of being subjected to harmful practices;

(l) That legislation establishes jurisdiction over offences of harmful practices that applies to nationals of the State party and habitual residents even when they are committed in a State in which they are not criminalized;

(m) That legislation and policies relating to immigration and asylum recognize the risk of being subjected to harmful practices or being persecuted as a result of such practices as a ground for granting asylum. Consideration should also be given, on a case-by-case basis, to providing protection to a relative who may be accompanying the girl or woman;

(n) That the legislation includes provisions on regular evaluation and monitoring, including in relation to implementation, enforcement and follow-up;

(o) That women and children subjected to harmful practices have equal access to justice, including by addressing legal and practical barriers to initiating legal proceedings, such as the limitation period, and that the perpetrators and those who aid or condone such practices are held accountable;

(p) That the legislation includes mandatory restraining or protection orders to safeguard those at risk of harmful practices and provides for their safety and measures to protect victims from retribution;

(q) That victims of violations have equal access to legal remedies and appropriate reparations in practice.

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

(a) Provide universal, free and compulsory primary education that is girl friendly, 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 non-discrimination;

(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.

Article 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.

Article 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.

Article 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.

Annex 4: OIC statement dated 2 Feb 2025 (17)

OIC-IPHRC, on the occasion of the 'International Day of Zero Tolerance for Female Genital Mutilation 2025', made an emphatic call for an end to all forms of violence against women, including Female Genital Mutilation in accordance with the international human rights standards.

Jeddah, 6th February 2025: The Independent Permanent Human Rights Commission (IPHRC) of the Organization of Islamic Cooperation (OIC) joins the international community in commemorating the 'International Day of Zero Tolerance for Female Genital Mutilation (FGM) 2025' and strongly condemns all forms of violence against women and girls, including the harmful practice of Female Genital Mutilation (FGM). The Commission reaffirms that FGM is a deeply entrenched traditional practice with no religious justification and stands in clear violation of human rights.

The Commission emphasizes that Islam upholds the dignity and rights of women and categorically rejects practices that cause physical, psychological, or emotional harm. It is estimated that over 230 million girls and women worldwide have suffered the effects of FGM and that an estimated 27 million additional girls are at risk of undergoing FGM by 2030 unless action is accelerated¹. FGM violates several human rights outlined under the Universal Declaration of Human Rights, the Convention on the Elimination of all Forms of Discrimination against Women, and the Convention on the Rights of the Child. The practice of FGM is recognized internationally as a violation of the human rights of girls and women. It is mainly carried out on minors and is a violation of the rights of the girl child. The practice also violates a person's right to health, security, and physical integrity; the right to be free from torture and cruel, inhuman, or degrading treatment; and the right to life in instances when the procedure results in death.

The Commission acknowledges and appreciates efforts being taken by the Member States against this practice that endangers the physical and psychological health of women and girls. It was concluded at the Second Islamic Conference of Ministers in charge of Childhood held in Khartoum in 2009² that FGM is a violation of the human rights of girls and women. OIC has adopted 'The Cairo Declaration of the OIC on Human Rights, in which specific sections are included on 'Human Rights of Women,' which calls for the protection of women against all forms of discrimination, violence, abuse, and harmful traditional practices. Also, OIC welcomed the UN General Assembly resolution 67/146, entitled, 'Intensifying global efforts for the elimination of female genital mutilations' and resolution 67/144, entitled, 'Intensification of efforts to eliminate all forms of violence against women', both of which were adopted without a vote. Human Rights Council adopted resolution 44/16 on the elimination of FGM to speed up efforts to reach zero tolerance for FGM by 2030 and to restate

the global ban on the harmful practice as it constitutes a serious violation of women rights. Goal 5 of the 2030 Agenda for Sustainable Development calls for eliminating FGM. The International Islamic Fiqh Academy, in its Resolution No. 220 (4/23), categorically stated that female genital mutilation is prohibited in Islam. Accordingly, the OIC Plan of Action for the Advancement of Women (OPAAW) and its comprehensive implementation mechanism, while supporting international efforts, calls for the eradication of all harmful practices, in particular, FGM.

The Commission calls for collective efforts to empower women and girls through education, healthcare, and legal protection. It calls upon governments, civil society organizations, and the media to take urgent and coordinated action to eliminate FGM. Human rights-based approaches to eradication include, but are not limited to, the enforcement of laws, education programs focused on empowerment, and campaigns to recruit change agents from within communities. Accordingly, the Commission urges governments to: (a) enact and enforce legislation to eliminate FGM and other harmful practices; (b) implement effective administrative measures to protect women and girls from harmful practices and violence and ensure accountability; (c) conduct widespread awareness and advocacy campaigns to educate the public on the dangers of FGM and dispel misconceptions regarding its religious basis. In this regard, the Commission, while respecting cultural sensitivities and national laws, affirmed its readiness to work together with all relevant OIC institutions and Member States to bring an end to all forms of violence, bias, and discrimination against women.

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Disclaimer

This report analyses and discusses the application of national (criminal) laws to the commission of FGM/C 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 FGM/C, available legal protective measures for girls and women at risk of FGM/C, and any obligations of national governments in relation to FGM/C.

The initial research conducted for this report consisted of a questionnaire prepared by Hogan Lovells International LLP 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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