

Addendum to the Regional Accountability Framework to End FGM in Southeast Asia



#EndFGM
in Southeast Asia



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I. Introduction

This addendum to the Regional Accountability Framework (the RAF) to end FGM/C in the region and outlines the prevalence and drivers of the practice in South Asia, with a specific focus on the Maldives and Sri Lanka. It sets out the priorities and actions undertaken in the Maldives and Sri Lanka under the framework of the RAF and the Australian Department of Foreign Affairs and Trade (DFAT) funded regional initiative *“Breaking the silence: Increasing accountability on addressing Female Genital Mutilation in Southeast Asia”*.

II. Regional and Country Commitments

The South Asian Association for Regional Cooperation has called for increased commitment to address harmful practices such as child marriage, as well as to reduce adolescent pregnancy.¹ The 2012 SAARC Convention on Regional Arrangements for the Promotion of Child Welfare in South Asia commits member states to ensure that national laws protect children from any form of discrimination, neglect, exploitation, torture or degrading treatment, trafficking and violence.² However, FGM/C has not been explicitly addressed as a harmful practice or form of discrimination by SAARC.

No country in South Asia has passed a law or adopted a policy banning FGM/C. In a few instances, CEDAW and CRC Committee concluding observations and member states participating in the Universal Periodic Review process have made recommendations that countries in South Asia eliminate FGM/C including by legislating against the practice.³

1 <https://www.who.int/southeastasia/news/detail/12-07-2024-south-asian-association-for-regional-cooperation-and-united-nations-call-for-commitment-to-support--millions-of-pregnant-girls-and-young-mothers-in-south-asia>

2 <https://www.saievac.org/wp-content/uploads/2012/02/SAARC-Convention-on-Regional-Arrang.for-the-Prom-of-Child-Welfare.pdf>

3 Member states participating in the third and fourth cycle of the UPR have made recommendations to India, Maldives, and Sri Lanka to ban FGM/C. The most recent CEDAW concluding observations have included recommendations to Maldives regarding banning FGM/C, including to criminalize the practice, while the CRC has called on Maldives and Sri Lanka to enact legislation to end FGM/C.

III. Prevalence and Drivers of FGM/C in South Asia

In South Asia, FGM/C is practiced in India, Sri Lanka, Bangladesh, Pakistan and the Maldives. In Bangladesh, while there is no official data reported, FGM/C is thought to be practiced by some Muslim communities.⁴ There is no data on prevalence of FGM/C in Pakistan but it is practiced by the Dawoodi Bohra, Sheedi and immigrant groups from neighboring countries including Iran and Iraq.⁵ In India, no national prevalence data is available, but small scale studies have found that FGM/C is widely practiced in the Dawoodi Bohra community. Type 1 is the most common form, and the usual age for the practice to take place is at 6-7 years. Prevalence of FGM/C in the Bohra community is estimated at between 75-85%.⁶ Small scale studies conducted in Sri Lanka have found that FGM/C is practiced in Muslim communities, particularly the Dawoodi Bohra, where girls undergo the practice between 6 and 8 years. Type 1 and Type 4 are typically practiced.⁷ In the Maldives, the only country in South Asia where national prevalence data is available, 12.9% of women aged 15-49 had undergone FGM/C. Most girls are cut under the age of five, and Type 4 is the most commonly practiced form of FGM/C.⁸

In India and Sri Lanka, the practice is increasingly medicalized, while in Pakistan available surveys show that FGM/C is undertaken by traditional circumcizers, although anecdotally there is a shift towards greater medicalization in younger generations.⁹ The practice is associated with cleanliness, reducing female sexual desire and maintaining purity. Religious obligation is commonly cited as the reason for FGM/C across countries in South Asia where the practice occurs.

4 Claudia Cappa, Luk Van Baelen & Els Leye. 2019. 'The practice of female genital mutilation across the world: Data availability and approaches to measurement', *Global Public Health*. 14(8):1139-1152

5 [https://www.fgmc.org/media/uploads/Country%20Research%20and%20Resources/Pakistan/pakistan_short_report_v1_\(july_2024\).pdf](https://www.fgmc.org/media/uploads/Country%20Research%20and%20Resources/Pakistan/pakistan_short_report_v1_(july_2024).pdf)

6 Orchid Project and Asia Network to End FGM/C. 2024. FGMC in India. [https://www.fgmc.org/media/uploads/Country%20Research%20and%20Resources/India/india_short_report_v1_\(july_2024\).pdf](https://www.fgmc.org/media/uploads/Country%20Research%20and%20Resources/India/india_short_report_v1_(july_2024).pdf)

7 Orchid Project and Asia Network to End FGM/C. 2024. FGMC in Sri Lanka. [https://www.fgmc.org/media/uploads/Country%20Research%20and%20Resources/Sri%20Lanka/sri_lanka_short_report_v1_\(july_2024\).pdf](https://www.fgmc.org/media/uploads/Country%20Research%20and%20Resources/Sri%20Lanka/sri_lanka_short_report_v1_(july_2024).pdf)

8 Orchid Project and Asia Network to End FGM/C. 2024. FGMC in Maldives. [https://www.fgmc.org/media/uploads/Country%20Research%20and%20Resources/Maldives/maldives_short_report_v1_\(july_2024\).pdf](https://www.fgmc.org/media/uploads/Country%20Research%20and%20Resources/Maldives/maldives_short_report_v1_(july_2024).pdf)

9 Equality Now, ARROW, Orchid Project, and the Asia Network to End FGM/C. 2025. Medicalization of female genital mutilation/cutting in South and South East Asia. <https://www.orchidproject.org/wp-content/uploads/2025/10/Medicalisation-of-female-genital-mutilation-cutting-in-South-and-South-East-Asia-Policy-Brief-English.pdf>

REGIONAL INITIATIVES TO END FGM/C IN SOUTH ASIA

In 2019, Malaysia based regional NGO the Asian Pacific Resource and Research Centre for Women (ARROW) and Orchid Project, a global NGO working to end FGM/C came together to establish a network to end FGM/C in Asia. The **Asia Network to end FGM/C** brings together activists, civil society organizations, survivors of FGM/C, researchers, medical professionals, journalists and religious leaders from 13 countries in Asia to work together to promote the abandonment of all forms of FGM/C across the region. In South Asia, participating countries include Sri Lanka, the Maldives, India and Pakistan.

FGM/C in Maldives and Sri Lanka

In the Maldives, the practice of FGM/C appears to be declining. According to the 2016–2017 Demographic Health Survey, 37.5% of women aged 45–49 had undergone the practice, compared to only 1% of 15–19-year-old women and girls. While FGM/C is seen as a religious requirement by those who practice it, support for the discontinuation of the practice is relatively high. 65.9% of women who have heard of FGM/C think it should be discontinued.¹⁰ There is currently no law criminalizing FGM/C. Despite the decline in prevalence of the practice there appears to be a revival by conservative forces calling for FGM/C as a religious requirement, which may reverse this trend. There is a shift towards greater medicalization of the practice, due to the perception that FGM/C is not harmful if carried out by medical professionals.¹¹

In its Concluding Observations to the sixth periodic report of Maldives in 2021, the CEDAW Committee called on the Republic of the Maldives to “criminalize female genital mutilation/cutting and provide education and information on the criminal nature and harmful effects of the practice, take proactive measures to protect women and girls from female genital mutilation/cutting, and prosecute clerics promoting the practice”.¹² In 2016, the CRC called on the Maldives to “enact legislation explicitly prohibiting female genital mutilation as a harmful practice and take measures to combat it, including through raising awareness of its harmful effects and holding religious leaders who promote it accountable”.

¹⁰ Ministry of Health (MOH) [Maldives] and ICF. 2018. Maldives Demographic and Health Survey 2016–17. Malé, Maldives, and Rockville, Maryland, USA: MOH and ICF

¹¹ Orchid Project and Asia Network to End FGM/C. 2024. FGMC in Maldives. [https://www.fgmcri.org/media/uploads/Country%20Research%20and%20Resources/Maldives/maldives_short_report_v1_\(july_2024\).pdf](https://www.fgmcri.org/media/uploads/Country%20Research%20and%20Resources/Maldives/maldives_short_report_v1_(july_2024).pdf)

¹² <https://docs.un.org/en/CEDAW/C/MDV/CO/6>

In Sri Lanka, Muslims make up just under 10% of the population. FGM/C does not take place in all Muslim communities but is known to occur among the Dawoodi Bohra (at around age 6 to 8) as well as Moor and Malay girls within 1-2 months of birth.¹³ Types 1 and 4 are commonly practiced. There is no official data due to the sensitivity of the issue. While FGM/C is not explicitly banned under the law, there have been attempts to prohibit the practice. A 2018 Ministry of Health circular prohibits medical professionals from performing FGM/C but this does not extend to traditional practitioners.¹⁴

In 2018, the CRC called on Sri Lanka to “ban, as currently under discussion, female (circumcision) for girls, a form of genital mutilation practiced by the Dawoodi Bohra community and carry out awareness-raising activities, including campaigns, on the patriarchal nature of this practice and its negative effects on health.”¹⁵ While the government’s 2022 report to the CEDAW Committee does mention the need to address FGM/C, it is not mentioned in the most recent 2025 CEDAW Concluding Observations. There has been reluctance to criminalize FGM/C including due to concerns about discrimination against Muslim communities.¹⁶

13 Orchid Project and Asia Network to End FGM/C. 2024. FGMC in Sri Lanka. [https://www.fgmcri.org/media/uploads/Country%20Research%20and%20Resources/Sri%20Lanka/sri_lanka_short_report_v1_\(july_2024\).pdf](https://www.fgmcri.org/media/uploads/Country%20Research%20and%20Resources/Sri%20Lanka/sri_lanka_short_report_v1_(july_2024).pdf)

14 Orchid Project and Asia Network to end FGM/C. 2024. The Law and FGMC. Sri Lanka. [https://www.fgmcri.org/media/uploads/Country%20Research%20and%20Resources/Sri%20Lanka/sri_lanka_law_report_v1_\(november_2024\).pdf](https://www.fgmcri.org/media/uploads/Country%20Research%20and%20Resources/Sri%20Lanka/sri_lanka_law_report_v1_(november_2024).pdf)

15 <https://docs.un.org/en/CRC/C/LKA/CO/5-6>

16 Orchid Project and Asia Network to end FGM/C. 2024. The Law and FGMC. Sri Lanka. [https://www.fgmcri.org/media/uploads/Country%20Research%20and%20Resources/Sri%20Lanka/sri_lanka_law_report_v1_\(november_2024\).pdf](https://www.fgmcri.org/media/uploads/Country%20Research%20and%20Resources/Sri%20Lanka/sri_lanka_law_report_v1_(november_2024).pdf)

IV. Priority Areas

The Maldives and Sri Lanka have identified interventions under the following Priority Actions included in the RAF.

	Maldives	Sri Lanka
1. Promote a common understanding of FGM/C including by:	✓	✓
1.1. Developing a common definition of FGM/C in the region, and further clarifying the application of the WHO typologies of FGM/C		
1.2. Developing and promoting a shared narrative and understanding of the harm caused by FGM/C	✓	
1.3. Developing and promoting a shared theory of change for ending FGM/C		
1.4. Agreeing on a common and coordinated approach to addressing FGM/C in countries of majority prevalence and countries where FGM/C is a minority practice.		
2. Strengthen availability and quality of data to monitor prevalence of FGM/C, and build the evidence-base to understand and address the practice, including by:	✓	✓
2.1. Building the business case for investment in ending FGM/C and undertaking costing of the impact of FGM/C and of prevention and response to end it.		
2.2. Advocating for the generation of official data on prevalence of FGM/C.		✓
2.3. Generating and disseminating evidence on the harm caused by the practice.	✓	
2.4. Developing a joint research agenda on FGM/C to identify evidence gaps in the region.		
2.5. Strengthening use of existing available data and evidence including to inform policy decision-making and intervention design and implementation.	✓	✓

3. Promote government engagement and strengthen normative standards and legislative and policy frameworks to eliminate FGM/C including by:	✓	✓
3.1. Advocating and supporting integration of commitments to end FGM/C in regional intergovernmental processes and agreements		
3.2. Advocating for adoption of a joint regional intergovernmental statement on ending FGM/C		
3.3. Providing technical advice and support to implementation and monitoring of national policy frameworks and action plans on FGM/C		✓
3.4. Providing technical support to the inclusion of recommendations on the importance of addressing FGM/C in major human rights fora and mechanisms across the region, including UPRs and CEDAW reporting and procedures.	✓	
4. Undertake advocacy and foster movement building to end FGM/C, including by:	✓	✓
4.1. Engaging with regional stakeholders including health and medical associations and regional associations and networks of religious leaders		
4.2. Providing technical advice and support to strengthen engagement of national and local stakeholders including religious authorities and religious, traditional and community leaders.	✓	
5. Build knowledge and develop capacities of key stakeholders and actors to more effectively address FGM/C, including by:	✓	✓
5.1. Engaging regional bodies to advocate for and provide technical support to develop and promote adoption of medical and health professional standards and guidance.	✓ (national level)	
5.2. Providing technical advice and support to countries to develop and implement education and training for medical and health professionals (including through education, fellowships, and pre- and in-service training)	✓	✓
5.3. Providing capacity building and technical support to national and local civil society organizations to build understanding and capacity to address FGM/C.		✓

6. Promote best practice approaches to, and share knowledge about, what works to undertake effective community mobilization and gender and social norm change to end FGM/C, including by	✓	✓
6.1. Providing technical advice and support to countries to understand and adopt best practices in implementing:		
6.1.1. Awareness raising, value clarification and community-led and community mobilization interventions, and	✓	✓
6.1.2. Initiatives to integrate FGM/C in education, comprehensive sexuality education and SRHR programming.		✓
7. Facilitate coordination and convening of stakeholders and actors working to end FGM/C in South-East Asia, including by		✓
7.1. Coordinating regional convening, monitoring and oversight including of RAF implementation		✓
7.2. Convening and providing technical advice and support to a regional community of practice on FGM/C		
7.3. Supporting national coordination and monitoring and oversight mechanisms, as required		✓

Aim: To contribute to the realization of global and regional normative standards and commitments to end FGM/C

Key indicators (NOTE: these indicators can only be monitored through official government data. *At this stage, in South Asia this is possible only in the Maldives. Maldives survey data is disaggregated by age, place of residence, region, education and wealth quintile.*)

- Percentage of girls and women aged 15-49 years who have undergone FGM (disaggregated by place of residence and household wealth quintile, disability status, religious/ethnic identity, age, and urban/rural location where available) (Source: National or subnational surveys in the Maldives and in other South Asian countries when available)
- Percentage of girls aged 0-14 who have undergone FGM (as reported by their mothers, by place of residence and household wealth quintile) (Source: National or subnational surveys in the Maldives and in other South Asian countries when available)

- Percentage of girls and women and percentage of boys and men aged 15 to 49 years who have heard about FGM and think the practice should end. (Source: National or subnational surveys in the Maldives and in other South Asian countries when available)
- Percentage of women who agree that the practice of FGM is not necessary for one or more reasons. (Source: National or subnational surveys in the Maldives and in other South Asian countries when available)



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