

Female Genital Mutilation/Cutting in Asia

No Form is Harmless

80M+

More than 80 million women and girls in Asia have undergone FGM/C²

1/3

approximately one-third of the global burden²

12

countries in Asia where FGM/C has been documented¹

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

Source: Equality Now, 2025, p. 67.¹



This brief draws on evidence from a forthcoming UNFPA, UNICEF regional analytical study on female genital mutilation/cutting in Asia, in partnership with Orchid Project, together with guidance from UNICEF, UNFPA and WHO.

FGM/C in Asia: An Overlooked Reality

Female genital mutilation/cutting (FGM/C) is often perceived as an issue confined to parts of Africa and the Middle East. However, this overlooks the significant burden of FGM/C in Asia where the practice has been reported in several countries including Brunei Darussalam, India, Indonesia, Malaysia, Maldives, Pakistan, the Philippines, Singapore, Sri Lanka and Thailand.¹

Despite its presence across the region, FGM/C remains largely under-recognized due to limited research, scarce national data and a reliance on anecdotal evidence in many countries. More than 80 million women and girls in Asia have undergone FGM/C, accounting for approximately one-third of the global burden.²

Yet the issue receives relatively little attention in policy, programming and public discourse.

Across Asia, FGM/C is understood and described differently. In some communities, it is regarded as symbolic, minor or harmless, reinforcing the misconception that it is fundamentally different from FGM/C practised elsewhere.³

However, no forms of FGM/C have health benefits, regardless of the type, severity, or cultural context. They are a form of violence against children, constitute a violation of human rights, dignity and bodily autonomy of women and girls and can cause immediate and lifelong physical and psychological harm.

Recognizing the scale and diversity of FGM/C in Asia is essential to generating evidence, raising awareness, and strengthening context-specific strategies to end the practice across the region.

What is FGM/C?

The World Health Organization defines FGM/C as all procedures involving injury to the female genital organs for non-medical reasons, ranging from pricking or nicking to the cutting or removal of tissue.

Across Asia, FGM/C is known by various local terms, including khitan, khafz, khatna, or sunat perempuan. In some communities, it is referred to as “female circumcision,” which reflects a different localized understanding of the practice.

This brief uses the term FGM/C throughout to refer to the diverse ways the practice is understood across the region.

MYTH VS. REALITY

THE MYTH

FGM/C practices in Asia are different from those elsewhere because they are only “symbolic,” minor, and harmless.

THE REALITY

“Less visible” does not mean harmless.

All forms of FGM/C lack medical benefit, cause physical and psychological harm, and violate the rights, dignity, and bodily autonomy of women and girls.

What drives FGM/C?

Whatever form it takes, FGM/C is rooted in harmful gender norms, inequality and power relations that reinforce discrimination and limit bodily autonomy.

01

Control of women's and girls' bodies and sexuality

The practice is often used to prepare girls for adulthood, and to control their sexuality, chastity and femininity.

02

False beliefs about cleanliness and hygiene

Some communities mistakenly believe female genitalia produce impurities that require circumcision to purify or clean the area.

03

Misconceptions about religion

While some believe FGM/C has religious backing, no major religion actually requires it, and many religious leaders actively support its abandonment.

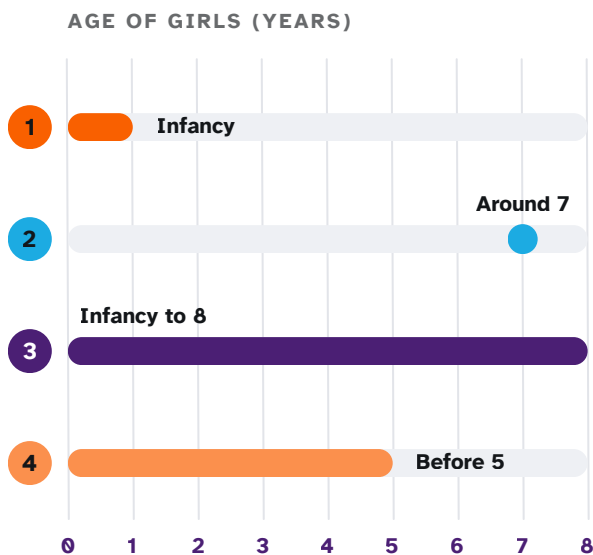
04

Social and community pressure

FGM/C serves as a rite of passage or social norm. Families may face pressure to conform because of fear of stigma, exclusion or being judged by their community.

What does FGM/C look like in Asia?

Practices and the age of the girls affected vary significantly across the region.³



1 Malaysia and Indonesia

Often performed during infancy in medical settings, procedures typically involve pricking, nicking, or making small cuts.

2 India and Pakistan

Girls around the age of 7 undergo partial or total removal of the clitoris or clitoral hood, usually performed by traditional practitioners.

3 The Philippines and Sri Lanka

Documented practices include scraping, pricking, or cutting that can cause bleeding, performed between infancy and 8 years of age.

4 Maldives

Primarily involves small cuts or pricking performed on girls before the age of 5.

What harm can FGM/C cause?

The absence of severe, immediate injury does not equate to an absence of harm. Even forms of FGM/C perceived as “minor” or symbolic cause lasting impacts on women and girls.



Physical harm

FGM/C causes pain, bleeding, infection and injury to healthy tissue. In some cases, it may also lead to longer-term health complications.



Emotional and psychological harm

When they realize they were cut, women and girls often experience fear, distress, trauma, anxiety or loss of trust, especially because the procedure is performed in childhood.



Sexual and reproductive health impacts

FGM/C can lead to pain, scarring or complications that affect sexual and reproductive health later in life.



Human rights and social impacts

FGM/C fundamentally violates bodily autonomy and can reinforce harmful gender norms and discrimination against women and girls.

Medical settings do not make FGM/C safe

In many Asian countries, such as Indonesia, Malaysia, Singapore and Sri Lanka, FGM/C is increasingly performed by health workers in clinical settings. This “FGM/C medicalization” creates a dangerous illusion that the practice is safe or medically acceptable. No matter who performs it, FGM/C is never safe. Evidence from Indonesia suggests that procedures performed by health workers can be more invasive than those performed by traditional practitioners.⁴

Performing FGM/C directly violates fundamental medical ethics, which require health workers to “do no harm” to patients.⁵ Recognizing this, Indonesia has taken legal action to prohibit health workers from carrying out the procedure.

What needs to happen now?

Ending FGM/C requires a coordinated effort across all levels of society:

1

Governments and policymakers

- Recognize all forms of FGM/C as harmful to women and girls.
- Strengthen laws, policies and action plans to prevent FGM/C.
- Improve data, reporting and public awareness of FGM/C.

2

Health systems and healthcare workers

- End the medicalization of FGM/C.
- Adhere to ethical guidelines prioritizing girls’ health, rights and bodily autonomy.
- Provide safe, confidential referral and support pathways for affected women and girls.

3

Communities, families and religious leaders

- Challenge myths that FGM/C is harmless, required or acceptable by religion.
- Promote dialogue that separates FGM/C from religious obligations.
- Protect girls’ health, dignity, bodily autonomy and rights.

Protecting every girl starts with recognition

No form of FGM/C is harmless. Recognizing this is the essential first step towards ending the practice and protecting every girl’s health, rights and future.

NOTES

- ¹ Equality Now, *The time is now: End female genital mutilation/cutting, an urgent need for global response*, 2025. equalitynow.org/wp-content/uploads/2025/02/The-time-is-now-End-female-genital-mutilationcutting-an-urgent-need-for-global-response-2025-Full-Report-English.pdf
- ² UNICEF, *Female Genital Mutilation: A global Concern*, 2024. data.unicef.org/resources/female-genital-mutilation-a-global-concern-2024/
- ³ **This brief draws on evidence from a forthcoming UNFPA, UNICEF regional analytical study on female genital mutilation/cutting in Asia, in partnership with Orchid Project, together with guidance from UNICEF, UNFPA and WHO.**
- ⁴ Budiharsana M, Amaliah L, Utomo B, Erwinia BF. *Female circumcision in Indonesia: Extent, implications and possible interventions to uphold women’s health rights*. Jakarta: Population Council, 2003.
- ⁵ UNFPA, WHO, FIGO, ICM, Asia Network to end FGM/C, 2025. asiapacific.unfpa.org/en/news/do-no-harm-joint-statement-against-medicalization-female-genital-mutilation-asia-pacific-call