

SHORT REPORT: FGC in the Maldives

July 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.

Introduction

In the Maldives, the prevalence of female genital cutting (FGC) in women aged 15–49 is 12.9%.¹

A Note on Data

Data on FGC in South and East Asia is scant. The Maldives is the only country of the South Asia cluster (India, the Maldives, Pakistan and Sri Lanka) for which data on FGC has been collected in a Demographic and Health Program survey (DHS). No further DHS has been carried out in the Maldives since 2016, but a DHS Working Paper (No 187),² analysing the findings of the 2016–17 DHS data on FGC more deeply, was published in September 2022. The findings and indicators discussed in this Short Report are mostly based on the DHS and the more recent Working Paper.

A Note on Terminology

The term most frequently used to refer to female genital cutting in the Maldives is *sunnah*. 'FGC' and 'sunnah' are used interchangeably in this Short Report.

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Key Findings and Indicators



Prevalence: In the Maldives, the prevalence of FGC in women aged 15–49 is 12.9%



Terminology: FGC is most frequently referred to in the Maldives as *sunnah*



Age: 83.1% of cutting occurs before the age of five



Type: The most-commonly practised form appears to be Type 4



Agent: FGC appears to be increasingly medicalised (performed by midwives)



Attitudes: Encouragingly, support for the discontinuation of FGC is relatively high, at 65.9% of women who have heard of the practice



HDI Rank: 87 out of 193 countries ('High')³



SDG Index Rank: 67 out of 166 countries in 2024⁴



Population: 575,179 (as at 4 January 2024) with a 1.79% growth rate (2024 est.)⁵



Infant Mortality Rate: 24.4 deaths per 1,000 live births (2024 est.)⁶



Maternal Mortality Ratio: 57 deaths per 100,000 live births (2020 est.)⁷



Literacy: 97.9% of the total population aged 15 and over can read/write (2021)⁸

Prevalence of FGC

In the Maldives, the prevalence of FGC in women aged 15–49 is 12.9%.⁹

The data suggest that the practice of FGC has significantly reduced over the past 50 years. 37.5% of women in the 45–49 age cohort have undergone the procedure, compared to only 1% of women aged 15–19 (see Figure 1).¹⁰

Also encouraging is that only 1.1% of daughters (aged 0–14) of women surveyed by the DHS have been cut.¹¹ However, although girls are usually cut before the age of five, girls/women may also undergo FGC at puberty or just before marriage.

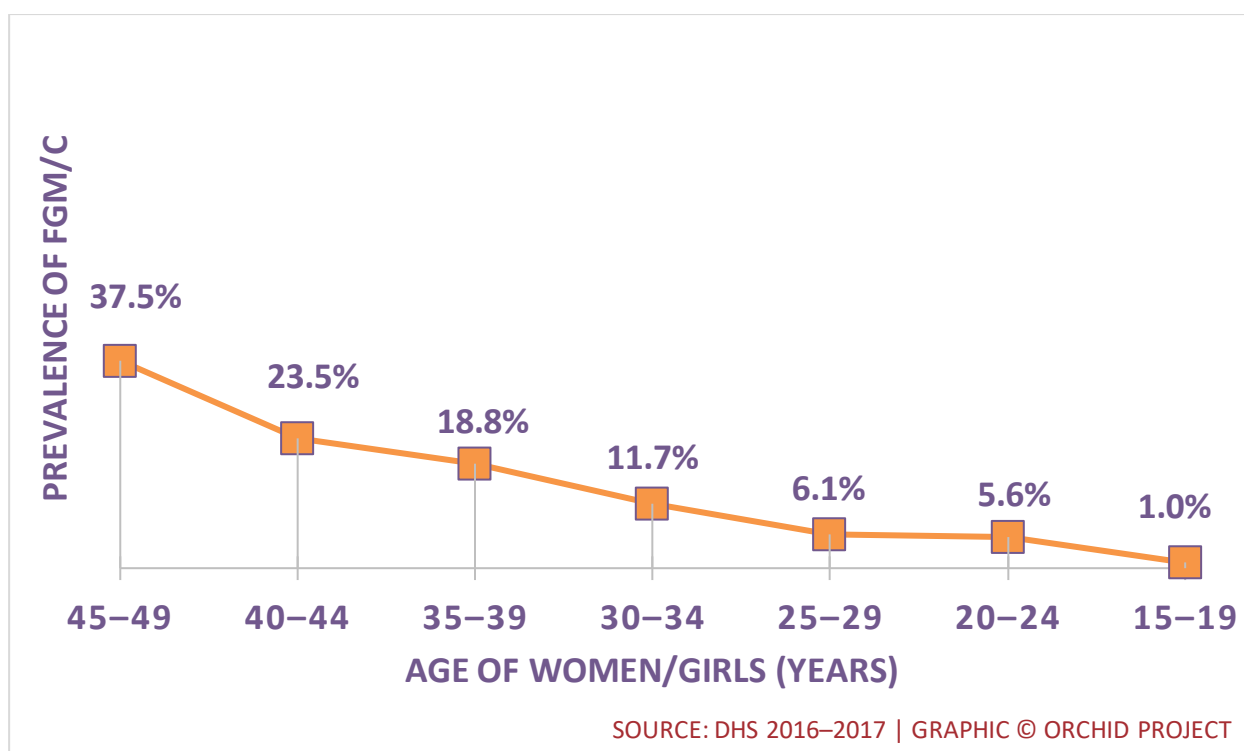


Figure 1: Prevalence of FGC in the Maldives according to women’s/girls’ age

Geography

There is little variation in the prevalence of FGC across the country (see Figure 3). The area with the highest prevalence is the ‘South’ region (15.1%); followed by the Malé region (13.8%), and the ‘North’ region (13.3%). The ‘North Central’ region has the lowest prevalence, at 9.7%.¹²

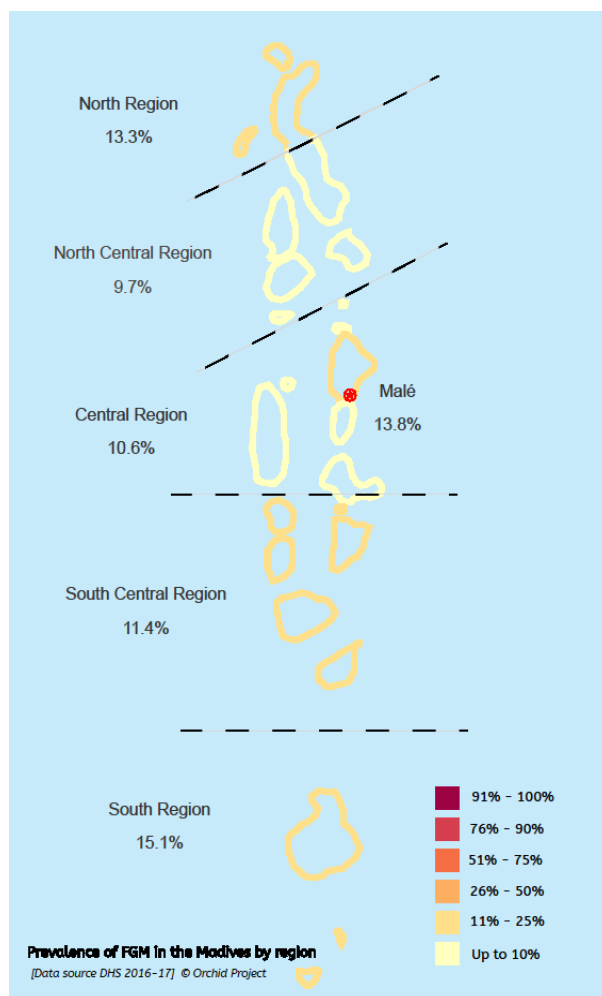


Figure 2: Prevalence of FGC in DHS regions of the Maldives¹³

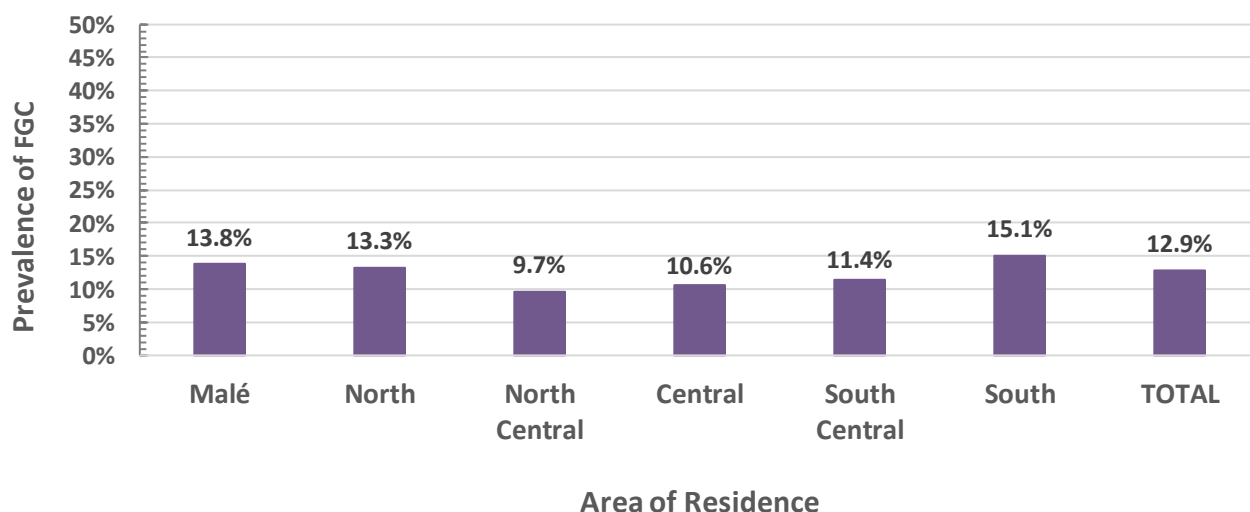


Figure 3: Percentage of women aged 15–49 in the Maldives who have undergone FGC, according to area of residence

It has been suggested that the higher rate of cutting in urban Malé (where 38% of the population resides), compared to the 'Central' region, which is entirely rural, is due to the increased rural-to-urban migration that has taken place over the past few decades.¹⁴

Age of Cutting

*83.1% of women aged 15–49 who have undergone FGC were cut before the age of five, 2.4% were reportedly cut after that age and 14.5% do not know how old they were when they were cut.*¹⁵

All mothers in the DHS sample (i.e. those who haven't undergone FGC as well as those who have) were asked whether their daughters of 0–14 years have been cut, and 1.1% said they have. There is little difference in the wealth and education demographics between mothers whose daughters have been cut and mothers whose daughters have not. In general, those with higher levels of education are slightly less likely to have their daughters undergo FGC. The only greater variation is that 4.7% of mothers who have been cut have daughters who have also undergone FGC, compared to 0.5% of mothers who have not been cut.¹⁶

Type of Cutting

No data has been captured by the DHS survey about the types of FGC practised in the Maldives, but anecdotal evidence suggests the major one would be classed as Type 4 (see the box below) – a number of small cuts or pricks to the girl's genitals.¹⁷

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.¹⁸

Practitioners

No official data has been captured about who carries out FGC in the Maldives. In newspaper reports, however, there are references to midwives being approached by 'religious scholars' to do it as soon as possible after birth.¹⁹ This would suggest the practice is becoming medicalised; i.e. it is increasingly being undertaken by medically skilled personnel as part of patient 'care' and management.

Attitudes

Islam is the state religion of the Maldives, and 98.4% are Muslims.²⁰ Being a Muslim is a requirement of citizenship.²¹

77.2% of women in the Maldives have heard of FGC. Knowledge is greater among older women: 89.8% of those aged 45–49 are aware of it compared to 59.6% of women aged 15–19. Knowledge of FGC also varies by region: 82.5% of women residing in the Malé region know of it, compared to 66.6% of those living in the ‘North Central’ region. Awareness of FGC is more common among wealthier women: 84.3% of the highest quintile compared to 69.6% in the lowest.²²

*10.2% of Maldivian women who have heard of FGC believe that it is required by their religions, 63.1% do not believe it is required, 2.6% believe it is unrelated to their religions, and 24.2% don’t know.*²³

Of the 10.2% who believe that FGC is required by their religions, 43% have been cut, compared to 14% of those who do not believe it to be so.²⁴

Inversely, 26.1% of women who have been cut believe that it is required by their religions (45.4% do not, 3.2% believe it is unrelated to their religions and 25.3% do not know), compared to 6.9% of those who have not been cut. Belief that it is part of one’s religion also varies by age: 20.1% of those aged 45–49 hold this view, compared to 4.3% of those aged 15–19.²⁵

Belief that FGC is required by one’s religion is highest (26.1%) among women who have undergone FGC and those who have had no formal education.

22.2% of women who have undergone FGC believe that the practice should continue, compared to 5.5% of those who have not.²⁶

Support for the continuation of FGC is highest among women who believe it is required by their religions, those in the lowest wealth quintile, and those with lesser amounts of formal education.²⁷

*Overall, however, support for the discontinuation of FGC is relatively high, at 65.9% of women who have heard of it.*²⁸ *This is very encouraging.*

Legislation

*Currently, there is no law against FGC in the Maldives.*²⁹

The Maldivian Government had planned to criminalise FGC in 2021 on advice from the United Nations' Committee on the Elimination of Discrimination against Women. Despite 'relentless campaigning' from women's-rights groups, however, no laws have been enacted to date.³⁰

In November 2021 President Ibrahim Mohamed Solih ratified an amendment to the Sexual Offences Act (Law No. 17/2014), which redefined and extended to married couples the offences of rape, sexual injury and sexual assault. It also required the training of staff at health facilities in 'victim-centred and trauma-informed' approaches and how to use rape evidence kits.³¹ Despite extensive advocacy by women's-rights groups, the criminalisation of FGC was not included in the amendments.³²

The SDG Gender Index

*The Maldives' overall performance moving toward achievement of the Sustainable Development Goals (SDGs) is scored at 70.93, ranking it 67th out of 166 countries. There has been a rise in the rate of progress from a score of 62.12 in 2000.*³³

However, the country is falling behind with regard to Goal 5 (gender equality), rating as 'Major challenges remain/Score stagnating or increasing at less than 50% of required rate'.³⁴ No rating is available specifically for Target 5.3 (*Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation*).³⁵

Cross-Border FGC

There are no data available as to whether girls are being taken from the Maldives to other countries to undergo FGC. It is unlikely, as cutting is not against the law in the Maldives.

Neither is there any evidence that girls are being brought to the Maldives to undergo FGC. Migration into the Maldives from neighbouring countries is low and seems to be limited to work opportunities. In 2021 immigrants (excluding tourists) mainly came from Bangladesh, India and Sri Lanka.³⁶

Medicalised FGC

No data has been captured about who carries out FGC in the Maldives. In newspaper reports, however, there are references to midwives being approached by religious scholars to do it as soon as possible after birth.³⁷ This would suggest that the practice has become, or is becoming, medicalised, in that it is being undertaken by medically skilled personnel as part of patient 'care' and management.

Trends and Challenges to Ending FGC

FGC was thought to have died out in the Maldives in the 1990s. However, an emergent religious conservatism in the country, which began in the early 2000s, is a threat and has the potential to bring about a resurgence of the practice.

In 2009, the attorney general at the time, Husnu Suood, raised concerns about 'the circumcising of girls . . . going on with a new spirit' in the country.³⁸

Women's-rights activist Shadiya Ibrahim noted in 2011 that, in the Maldives, 'being a woman is harder now', which supports other reports that Maldivian society has become increasingly oppressive of women.³⁹

More recently, the Maldives Human Rights Commission reported in 2020 in its third *'Rights' Side of Life* survey:

The support for gender equality has diminished and women's rights seem to have suffered even more over the years. What is significantly worse is the emergence of a religious extremist narrative that has been used to weaken support for gender equality and women's rights.⁴⁰

The UNDP's *Gender Equality Strategy 2023–2026* also reflects on

a decline over the years in support for equal rights of women within the family. A key aspect linked to this decline is that [a] religious extremist standpoint is associated with the rejection/ moving away from gender equality and the rights of women[,] as the survey notes gender equality as the most cited cause for incompatibility of human rights with Islam.⁴¹

In the Maldives' long Islamic history, there was no known occurrence of a court of law issuing a death-by-stoning ruling to a Maldivian until 18 October 2015. The sentence was issued by a magistrate at the Gaaf Alif Atoll Gemanafushi island court to a woman who had reportedly had a child out of wedlock. The following day, the Supreme Court of the Maldives revoked the ruling, saying that the sentence violated legal and judicial procedures. Four years later, in January 2019, the same ruling was issued by the Lhaviyani Atoll Naifaru Magistrate's Court against a woman charged with 'extramarital sex' and having a child out of wedlock. Once again, the sentence was revoked by the Supreme Court. Both these cases indicate the extent to which state institutions have been impacted by radicalisation and the encroachment of extremist beliefs, which condone extreme violence against women.

*Since then, several influential Maldivian religious clerics have promoted FGC and linked the practice to Islam, despite it not being made an obligation by any of the major religious texts.*⁴²

The DHS 2016–2017 for the first time collected information on the incidence of female genital mutilation/cutting (FGM/C) in the Maldives. The data indicate that 12.9% of women aged 15–49 have been subjected to cutting.⁴³ Although the DHS report observed a decline of FGC among younger girls, information from activists on the ground indicates that an active revival of the practice has been happening in the country by conservative and fundamentalist elements who endorse FGC as a religious requirement.⁴⁴ Recently, prominent public figures have also come out in support of FGC, which increases the risk of girls being subjected to this harmful practice.⁴⁵

The Maldives does not have any laws that specifically prohibit the practice of FGC, although the State has indicated its commitment before the Committee on the Elimination of Discrimination against Women (CEDAW) to bring about necessary legislative changes to address this issue.⁴⁶

Civil-society groups are also concerned by the recent reinstatement of Dr Iyaz Abdul Latheef to his post of lecturer at the Maldives National University, although Dr Latheef has been openly endorsing and promoting the practice of FGC in the Maldives for at least the past eight years.⁴⁷

In 2019, Hope for Women presented a shadow report to the United Nations' CEDAW meeting (in response to the Maldives Government's *Sixth Periodic State Report*), which outlined the growing influence of religious clerics and suggested that State institutions such as the Ministry of Islamic Affairs have been working closely with these clerics to 'facilitate the dissemination of such harmful views.'⁴⁸

In 2023 Uthema held a meeting with the former gender minister, who stated she had requested the Ministry of Islamic Affairs to provide a *fatwa*, or Islamic ruling, to ban FGC, but it never came into being.⁴⁹

Working to End FGC



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Uthema is a women's human-rights civil-society organisation registered with the Ministry of Home Affairs in the Maldives on 9 June 2016. Uthema was formally launched on 10 December 2016, the international Human Rights Day.

The primary objective of Uthema is to advocate for gender equality and women's empowerment in the Maldives. Uthema seeks to understand the lived experiences of women in the Maldives, using evidence-based research, and use that knowledge to advocate for positive social, cultural, economic and political change to improve the lives of women. The organisation has a particular interest in local, national and international research; knowledge-building and dissemination; and creating constructive conversations on the status of women in the Maldives.



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Family Legal Clinic (FLC) is a pro bono legal service founded by a group of young and enthusiastic professionals, including two lawyers and a journalist.

Originally launched in August 2014, the FLC is the first initiative of its kind in the Maldives. Its aim is to increase access to justice and promote awareness of legal rights in the areas of family and domestic violence and the prevention of workplace sexual harassment.



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Hope for Women (*HFW*) is a non-governmental organisation in the Maldives, registered in 2010, that works toward ending all forms of violence against women (including domestic violence), while promoting gender equality and women's participation in public life.

HFW conducts research and training in areas related to gender and human rights and advocates for more opportunities for women to enhance their educations and gain the skills necessary for improved livelihoods.

Among its publications is a **shadow report** of the Maldives Government's submission to the CEDAW in 2019.



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Society for Health Education (SHE)

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Society for Health Education (*SHE*) is an organisation that is proactive in identifying and addressing the crucial health and social concerns of the Maldives. SHE was founded with the mission to enhance the quality of life of Maldivian families.

Today, SHE is one of the largest, most vibrant non-governmental organisations in the Maldives and addresses issues concerning Thalassaemia, counselling and psychosocial support, sexual and reproductive health, and health education.



Website: <https://maldives.un.org/en/about/about-the-un>

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Maldives became a member state of the United Nations in September 1965, shortly after it gained independence on 26 July. The UN Country Team (*UNCT*) in the Maldives comprises FAO, IFAD, ILO, IOM, UNDP, UNEP, UNESCAP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, UNOPS, WHO and the World Bank, based in Malé, Colombo, New Delhi and Bangkok.

A useful document (which makes reference to FGC on page 12) is the UNDP's *Gender Equality Strategy 2023–2026*. It is available at <https://maldives.un.org/en/259603-undp-maldives-gender-equality-strategy-2023-2026>.



Website: [Asia and The Pacific – Equality Now](#)

Equality Now is an international NGO campaigning for legal and systemic change to address violence and discrimination against women and girls around the world. It is a feminist organisation using the law to protect and promote the human rights of all women and girls by challenging and seeking reform of laws to establish enduring equality for women and girls everywhere.

Founded in 1992, Equality Now has an international network of lawyers, activists, and supporters that has held governments responsible for ending legal inequality, sexual exploitation, sexual violence and harmful practices. It is a resource centre with toolkits and guidelines, fact sheets and reports about FGC.



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The Asian-Pacific Resource and Research Centre for Women (*ARROW*) is a non-profit women's non-governmental organisation (*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 in partnership with women's-rights organisations, youth-led and youth-serving organisations, and *NGOs* working on gender equality and 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.

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