SHORT REPORT:

FGC in Pakistan

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.

ORCHID PROJECT

WORKING TOGETHER TO END FEMALE GENITAL CUTTING

ASIA NETWORK TO END FGM/C

Introduction

There are no clear data to indicate the prevalence of female genital cutting in Pakistan. It is known to be practised by the Dawoodi Bohra, the Sheedi and certain immigrants from neighbouring countries such as Iran and Iraq.

A Note on Data

No government health or other official surveys have been undertaken in Pakistan that include questions about FGC, so there is no reliable source of data from which to assess the extent of its occurrence.

The main sources used in this Short Report are news and journal articles, and surveys (where they exist) conducted in the home countries of migrant groups believed to uphold the practice. The latter include surveys conducted in the Dawoodi Bohra community in 2017 by two Indian-based, international, non-governmental organisations (*NGOs*).

The largest of these (a mainly quantitative survey) was commissioned by Sahiyo and involved 385 women, of whom 22 (5.7%) lived in Pakistan.[1] Many of the findings, however, were not cross-analysed with the women's locations.

The second survey was conducted by WeSpeakOut (*WSO*) and Nari Samata Manch (*NSM*). It involved 94 respondents, including 11 men. The report on the findings is titled *The Clitoral Hood: A Contested Site*.[2] This survey was qualitative in methodology, with open-ended questions. There is no reference to whether any of the participants in this survey were resident in Pakistan, and, again, there is no cross-analysis of responses with the participants' locations.

A Note on Terminology

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

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Cover image design: Natalia Stafeeva (**https://stafeeva.site/**)

Key Findings and Indicators

***Prevalence*:** In Pakistan, FGC is known to be practised by the Dawoodi Bohra, the Sheedi and certain immigrant groups from neighbouring countries

***Terminology*:** FGC is often referred to in the media simply as 'cutting'

Age: Dawoodi Bohra girls are cut at the ages of six or seven; otherwise unknown

Type: There are some indicitations that Type 1 is most commonly practised

Agent: Most cutting is performed by traditional practitioners, but medicalisation is occuring

***Attitudes*:** 82% would not have their daughters cut; the main driver of the practice is religious belief[3]

HDI Rank: 164 out of 193 countries ('Low')[4]

SDG Gender Index Rating: 123 out of 144 countries in 2022 (score of 50.6)[5]

Population: 237,999,528 (as at 20 January 2024) with a 1.86% growth rate (est.)[6]

Infant Mortality Rate: 51.5 deaths per 1,000 live births (2024 est.)[7]

Maternal Mortality Ratio: 154 deaths per 100,000 live births (2020 est.)[8]

Literacy: 58% of the total population aged 15 and over can read/write[9]

Prevalence of FGC

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

Its occurrence has been mentioned in various media reports, usually in relation to immigrant members of the Dawoodi Bohra community (from India), among whom prevalence is estimated to be 75–85%.[10] Assuming that FGC is practised by the Dawoodi Bohra in Pakistan in the same way it is in India, prevalence would be highest in older cohorts of women: the Sahiyo survey found that 92% of those aged 46 and above have undergone FGC, compared to 68% of women aged 18–25.[11]

There are also reports about FGC being practised among the Sheedi, a small sect mainly located in the south of Pakistan, who are believed to have originated from Africa centuries ago, perhaps bringing the practice with them.

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

Activists (for example, WADI and others[12] concerned with opening up discussions about FGC in Pakistan) have called for official surveys to be conducted to more accurately estimate the extent of its occurrence in the country.

The lack of data about the practice in Pakistan is the main obstacle to opening discourse about its prevalence, drivers, harms and potential eradication.

Several reports and news articles refer to FGC as a secretive practice: 'the practice is hidden, hardly ever spoken of, barely known about'[13]; 'Pakistan's well kept secret'.[14] Its practice is often denied: 'No such thing happens here,' was reportedly said by one gynaecologist.[15]

There was no mention of FGC in the Pakistani Government's obligatory report to the United Nations Committee on the Rights of the Child,[16] nor in its report to the Committee on the Elimination of Discrimination against Women (*CEDAW*).[17]

Geography

The Dawoodi Bohra community comprises more than a million people across 40 countries. The majority live in India, but there are also large communities in Pakistan, Yemen and the Middle East. In 2011 it was estimated that 100,000 live in Pakistan, mainly in the south.[18]

A survey and report about FGC among the Dawoodi Bohra, produced in India by Sahiyo, found that 5.7% of those surveyed lived in Pakistan, but 14.2% underwent FGC in Pakistan.[19] Orchid Project's own research has found that Bohra girls from countries where FGC is criminalised, such as the United States, have been brought to Pakistan to undergo FGC.

Estimates of the size of the Sheedi population resident in Pakistan vary from fifty thousand to just under one million. An estimated 50% reside in lower Sindh, 20% in the city of Karachi, and 30% in Baluchistan (see Figure 1).[20] The Head Office of the Young Sheedi Welfare Organization is based in Badin, in Sindh province.[21]

Women living in small and medium-sized towns in India are more likely to experience FGC (79%) than those living in large cities (50%), although there is no analysis of this in terms of respondents living in Pakistan. However, the Sahiyo report does note, 'In Pakistan, 100% of survey participants had the procedure at a private residence', unlike Indian women, of whom 12% underwent FGC in a hospital or health clinic.[22]

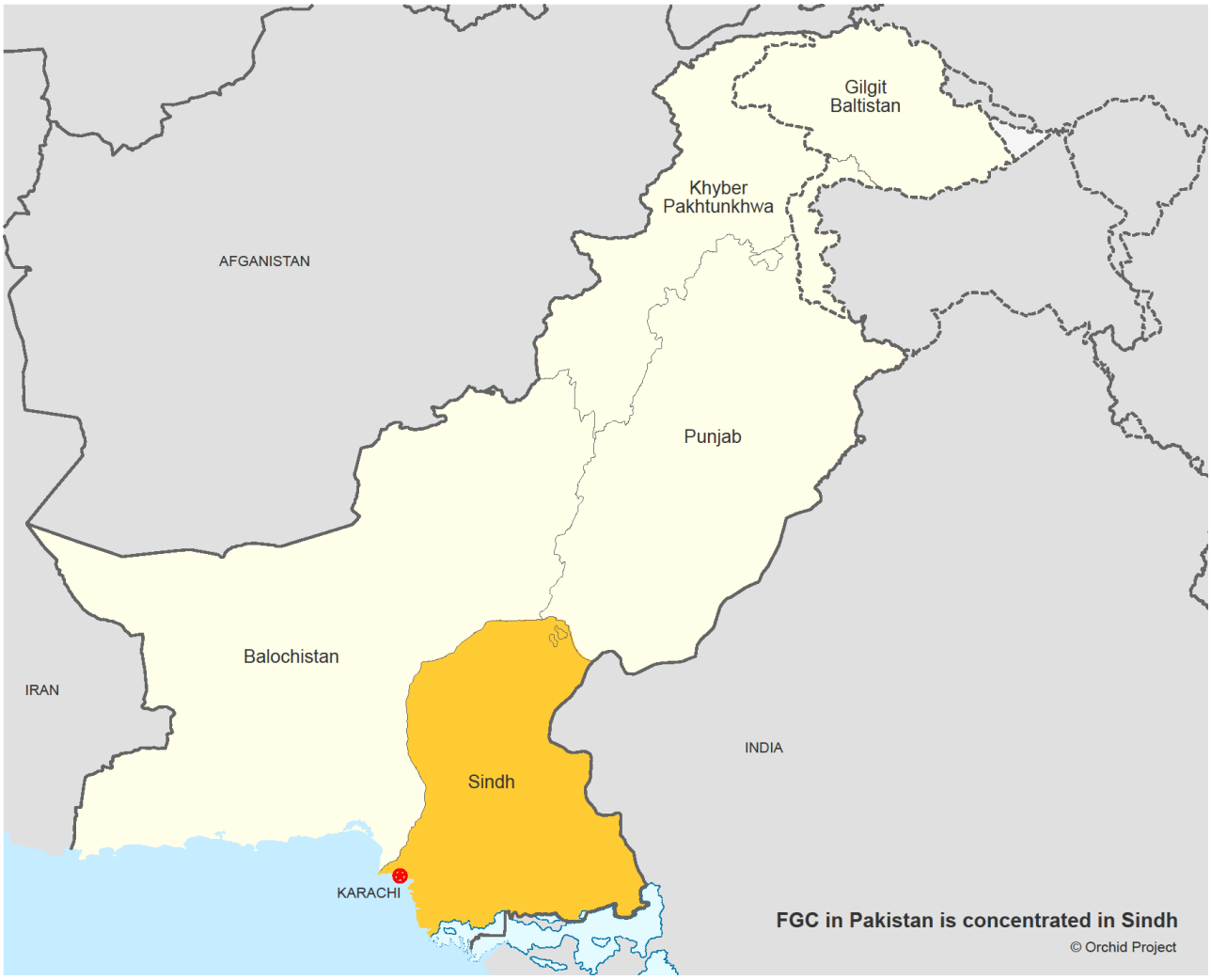

Figure 1: Map of Pakistan – FGC is concentrated in the south

Age of Cutting

The usual age for FGC to take place among the Dawoodi Bohra is six or seven (for 66% of Sahiyo participants), although 6% of those surveyed do not know how old they were. It may also be performed on adult, non-Bohra women who wish to marry Bohra men.[23]

The age at which FGC takes place among the Sheedi is unknown, as no surveys have been conducted among them. The Sheedi are believed to have originated from East Africa – their lineage having been traced back to Hazrat Bilal, a freed Ethiopian slave who became Islam's first *muezzin*.[24] In Ethiopia, the majority of girls (48.6%) undergo FGC before they are five years of age.[25]

Type of Cutting

The most common type of FGC practised by the Dawoodi Bohra appears to be Type 1 (see the box below).

Again, referring to the Sahiyo survey of FGC among the Dawoodi Bohra, 65% of women are unsure about the nature or extent of the cutting they experienced. 21% have had part of their clitoral hood removed and 13% have had all of their clitoral hood, plus all or part of their clitoris, removed.[26]

However, the Sahiyo report does not cross-reference the places of residence of survey respondents with the types of FGC they experienced, so it is not possible to confirm that Type 1 is the main type of FGC undergone by Bohra women residing in Pakistan.

No information is available on the type of FGC experienced by Sheedi women.

Again, this lack of data highlights the need for future official health surveys (for example, Demographic and Health Surveys) to include questions about FGC.

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.[27]

Practitioners

74% of the Sahiyo respondents said their FGC was performed by traditional cutters, and 15% reported it was carried out by a health professional: 9% by a general practitioner/family doctor, 5% by a gynaecologist and 1% by a nurse. The remaining 11% were either unsure by whom they were cut or marked 'other'.[28]

The WSO/NSM report notes that some of those 'who support Khafd want to move away from traditional circumcisers to medical practitioners, citing concerns of safety and hygiene.'[29] There is further discussion about this below, in the Medicalisation section.

Attitudes

82% of respondents to the Sahiyo survey said they would not have FGC carried out on their daughters. 85% reported they were 'not ok' with FGC continuing.

This view was strongest (96%) among women who had left the Dawoodi Bohra religion, compared to 66% of those who were still practising members of the Dawoodi Bohra religion and community. Only 7% of respondents were 'ok' with the practice continuing.

Interestingly, attitudes to its continuance varied significantly by age: 93% of those in the oldest age group (46+ years) were 'not ok'/'slightly not ok' with its continuance, compared to 70% of women in the 18–25 age group.[30]

37.2% of participants in the WSO/NSM survey were supportive of FGC, and 42.5% were against it. 16% of respondents had been supporters in the past, but were changing their position from pro- to anti-FGC.

The 16% whose opinions were turning against FGC were parents whose daughters had undergone it and had since confronted them about it, or who had seen their daughter(s) suffer pain and trauma because of it.[31]

This survey also found that all the women who supported it had had their daughters undergo it as well, while almost all (93.7%) who historically did not support Khafd had not put their daughters through it.[32]

Sahiyo respondents were asked who made the decision as to whether a girl should undergo FGC. The majority (67%) said their mothers; 32% said another female family member (for example, the grandmother) was also involved; and 23% indicated another's involvement, such as a father or a male religious leader and his wife.[33]

According to the WSO/NSM report, men often do play roles in FGC, at a personal level. For example, several reported that their fathers/brothers transported them to the place where FGC was performed. The authors also noted a generational change: younger men are more likely to play active roles in their daughters' cutting. The authors surmise that this could be because younger and better-educated men nowadays take on greater roles in child care.[34]

Drivers of FGC

As Dawoodi Bohras in Pakistan share strong cultural traditions and religious beliefs with those in India, the survey carried out by Sahiyo may throw some light on the reasons for FGC's continuance in the Pakistan community.[35]

56% of Sahiyo participants gave religion as the main reason for continuing FGC.[36] The WSO/NSM report doesn't give specific data about drivers, but does say, 'Religious obligation was the most often reported reason for Khafd in this study.'[37]

One respondent to the WSO/NSM survey said, 'I think Khatna is practiced more as a tradition and that it should be done because it has been prescribed by the religion.'[38]

Religion is a central feature of the Dawoodi Bohra identity and culture, and 69% of Sahiyo and 63% of WSO/NSM participants identified themselves as Dawoodi Bohra. Of the Sahiyo participants, 16% said they were non-practising, and 14% of the WSO/NSM respondents said they were atheist or secular. The remainder were a mix of Sunni Muslims, other Shi'a sects, Bahai, and other, non-specified religions.[39]

Other reasons for FGC given by the Sahiyo respondents are as follows:

- to decrease sexual arousal (45%);
- to maintain traditions and customs (42%); and
- for physical hygiene and cleanliness (27%).[40]

The Dawoodi Bohra community in Pakistan is recognised as being 'a reputable and educated population of wealthy business professionals'[41] comprising '"one of Pakistan's most respected and progressive communities"'.[42] Similarly, the Sahiyo survey participants were predominantly well-educated and wealthy. 42% had completed or were part-way through post-graduate degrees, and a further 37% had graduate degrees. Only 3% had not completed secondary school. The report's authors do, however, make the point that the sample may not be representative of Dawoodi Bohra education levels worldwide.[43]

The WSO/NSM participants were also well educated, 25% having achieved post-graduate degrees and 42% having graduate degrees.[44] Of the 21% whose levels of education ranged from illiterate (1%) to higher secondary (6%), almost all (95%) had submitted their daughters to Khafd, whereas 27% of mothers with post-graduate degrees had had their daughters cut.[45]

Therefore, 'The likelihood that a daughter may not be subjected to FGM/C increases if the mother's education is post-graduation (Master's degree) or higher.'[46]

About half of both surveys' participants were in the high/upper-middle income/class. However, analyses of participants' views in relation to their occupations were not undertaken.

Legislation

There is no law against FGC in Pakistan, nor is it mentioned or recognised in any law.

It could be construed as 'hurt' under The Pakistan Penal Code (1960; amended 2012) Article 332:

> (1) Whoever causes pain, harm, disease, infianity or injury to any person or impairs, disables [, disfigures, defaces] or dismembers any organ of the body or part thereof of any person without causing his death, is said to cause hurt.[47]

In 2006 the Government acknowledged that FGC does occur in the country when it introduced into *The National Plan of Action for Children* a goal of eradicating the practice by 2010. It seems this is the only government document to mention the issue. However, this part of the Plan has not been implemented and, as mentioned earlier, the Pakistan Government did not report on the practice to the United Nations Committee on the Rights of the Child in 2015 or the CEDAW in 2019.[48]

The SDG Gender Index

*Pakistan's overall performance moving toward achievement of the Sustainable Development Goals (*SDGs*) is scored at 57.02, ranking it 137th out of 166 countries, and below the regional average of 67.2.*[49]

It is falling behind with regard to Goal 5 (gender equality), rating as 'Major challenges remain'.[50] For example, 18.3% of women are married by the age of 18.[51] Pakistan's score did rise, however, from 44.9 in 2015 to 50.9 in 2020.[52] No rating is available specifically for Target 5.3 (*Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation*).[53]

In terms of the Gender Index, Pakistan ranks 123th out of 144 countries globally and 25th out of 26 countries in the Asia region.[54]

Cross-Border FGC

The Sahiyo survey found that 14.2% of respondents underwent FGC in Pakistan, even though only 5.7% of participants lived in Pakistan, which suggests that some girls living in other countries are taken to Pakistan for that purpose.[55]

This possibility has been raised in several academic papers, which warn that 'the strict legal rulings against FG[C] in many Western countries could increase immigrant settlers to travel from the West to countries like Pakistan for the procedure.'[56] One researcher specifically referred to 'young British girls of Pakistani origin' who could be brought to Pakistan by Dawoodi Bohra parents.[57]

Pakistan is also a destination for migrants from Iran and Iraq, where FGC takes place in certain groups, notably the Kurdish community.[58] In 2017, more than two thousand people came to Pakistan from Iran.[59] However, official surveys about FGC have not been carried out in these countries, so it is not possible to assess the impact of migration on the prevalence of FGC in Pakistan. Various surveys by NGOs have found that the prevalence in Iran ranges from 60% in Hormozgan, in the south of the country, to less than 10% in Piranshahr, in the west.[60] In Iraq (migration data not available), the 2018 Multiple Indicator Cluster Survey shows that 7.4% of women aged 15–49 have undergone FGC.[61]

Medicalised FGC

The Sahiyo survey notes, 'In Pakistan, 100% of survey participants had the procedure at a private residence', unlike Indian women, of whom 12% underwent cutting in a hospital or health clinic.[62]

However, the WSO/NSM report posits that medicalised FGC will increase in popularity in India, as several respondents, in particular those living in large cities, wanted to move away from using traditional cutters because of concerns with safety and hygiene. (Notably, all the cutting that took place in medical facilities was performed by Bohra doctors.) It is possible that this trend will be picked up in Pakistan. The report also stresses the need for larger-scale studies of women who have undergone FGC to gain clarity about the type(s) of FGC being performed and where it is taking place.[63]

Trends and Challenges to Ending FGC

The lower prevalence of FGC among the younger women who took part in the Sahiyo and WSO/NSM surveys is encouraging, and suggests a slow but steady decline in the practice among the Dawoodi Bohra.

However, the absence of any data, academic or otherwise, means there is no way of assessing the true prevalence of FGC in Pakistan.

The first priority for the future should be further research into the prevalence and drivers of the practice. Questions about FGC should be included in the next Demographic and Health survey and any government health surveys being undertaken. Research needs to be undertaken about the practice of FGC in migrant populations, as well; for example, those living in displaced-persons and refugee camps (mostly Afghans).

Additionally, light needs to be shone on the number of girls being brought into Pakistan from Western countries where the practice is criminalised, and strategies implemented to stop this 'FGC tourism'. Bringing in a law against FGC is essential for stopping cross-border practices. This is particularly so where Western laws are based on dual criminality; i.e. when a Western country cannot prosecute the guardians of a girl who was taken to Pakistan to be cut, because FGC is not criminalised in *both* countries.

Medicalised FGC is likely to grow in popularity in Pakistan, as it is in other countries where the practice is concentrated in large cities like Karachi. Again, criminalisation could help to curb this, but action also needs to be taken by professional medical associations against health officials (doctors, nurses, midwives . . .) who take part in FGC.

Working to End FGC

Contact: info@i-care-foundation.org

Office: +92 21 35832041

Website: **https://www.facebook.com/people/Panah-Shelter-Home/100064727197028/**
https://i-care-foundation.org/charity/panah-shelter-homes/

Panah seeks to provide a safe and peaceful haven for distressed women. It provides women and children with crisis interventions and a range of holistic support services, so they can reconnect with society and continue their healing journeys after they leave the shelter.

The concept of a women's shelter project emerged from the experiences and combined expertise of some of the leading human-rights and women's organisations in Pakistan, who recognised the dire need for a women's shelter. Panah Trust was registered in April 2001, and the shelter home became functional in January 2002. The support of Amnesty International and local philanthropists helped make it a reality. Panah receives women and children from all the provinces, and houses 40–45 women and children at any given time, but the numbers are increasing.

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.

Contact: arrow@arrow.org.my

Asian-Pacific Resource and Research Centre for Women (ARROW)
Office: +603 2273 9913 / Fax: +603 2273 9916
No. 1 & 2 Jalan Scott
Brickfields 50470
Kuala Lumpur, Malaysia

Website: **www.arrow.org.my**

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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research@orchidproject.org
https://endfgmcasia.org/
https://www.fgmcri.org/