POLICY BRIEF

Female Genital Mutilation/Cutting in Pakistan: A Hidden Practice, Policy Gaps, and the Urgency for Action

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Introduction

Female Genital Mutilation/Cutting (FGM/C) exists in Pakistan but remains largely hidden, under-researched, and unrecognized within policy, legal, and data systems, creating a critical protection gap for girls. No explicit legal prohibition exists in Pakistan, and while general criminal law provisions may apply, they have not been used to address FGM/C.

The practice persists in specific communities, driven by social norms, perceived religious interpretations, and intergenerational pressures, and constitutes a form of gender- based violence with serious physical, psychological, and social consequences. However, emerging generational shifts and increasing community dialogue present a timely opportunity for preventive, and culturally sensitive policy action.

What is FGM/C?

According to World Health Organization (WHO), Female Genital Mutilation/Cutting (FGM/C), refers to all procedures involving the partial or total removal of the external female genitalia or other injury to female genital organs for non-medical reasons.

WHO Classification of FGM/C

Type I: Clitoridectomy

Partial or total removal of the clitoris and/or the clitoral hood

Type II: Excision

Removal of the clitoris and labia minora, with or without removal of the labia majora

Type III: Infibulation

Narrowing of the vaginal opening by creating a seal through cutting and repositioning of the labia, sometimes with removal of the clitoris

Type IV: Other Procedures

All other harmful procedures such as pricking, piercing, scraping, or cauterization

The practice has no health benefits and is widely recognized as a harmful practice with serious consequences for the health, dignity, and well-being of girls and women.

FGM/C can lead to a range of short- and long-term health complications, including severe pain, infections, chronic conditions, anxiety and depression, complications during childbirth, infertility, and, in extreme cases, death. It is also detrimental to women's and girls' social, psychological, and sexual health, affecting their overall well-being and quality of life.

FGM/C is internationally recognized as a violation of the human rights of women and girls and reflects deeply rooted gender inequalities. According to the World Health Organization (2023), more than 200 million women and girls globally have undergone some form of FGM/C. Eliminating the practice is the target 5.3 under the Sustainable Development Goal (SDG) 5; Gender Equality.

FGM/C in Pakistan: A Hidden Reality

In Pakistan, FGM/C remains largely invisible within public discourse, policy frameworks, and national data systems. There is currently no specific law criminalizing Female Genital Mutilation/Cutting (FGM/C) in Pakistan. No national surveys including the Pakistan Demographic and Health Survey (PDHS), the Multiple Indicator Cluster Survey (MICS), the Health Management Information System (HMIS), or the Pakistan Social and Living Standards Measurement Survey (PSLM) currently capture data on the practice, reflecting a significant gap in recognition and evidence.

Emerging qualitative evidence indicates that FGM/C is practiced within specific communities in Pakistan, most notably among segments of the Dawoodi Bohra community, where it is commonly referred to as khafd or khatna.

The practice is typically carried out in early childhood, often around the age of seven, and is sustained through social and cultural expectations, perceived religious interpretations, norms related to purity, modesty, and marriageability and intergenerational transmission and community pressure.

FGM/C in Pakistan is most commonly reported as corresponding to Type I (partial removal of the clitoral hood). However, due to the absence of clinical documentation and national data, the exact nature, extent, and variation of the practice remain largely unverified.

Silence, secrecy, and limited awareness, both within communities and institutions have contributed to the continued invisibility of the issue.

The Legislative Landscape on FGM/C in Pakistan

There is currently no specific law criminalizing Female Genital Mutilation/Cutting (FGM/C) in Pakistan. The practice is neither explicitly prohibited nor mentioned in any national or provincial legislation, and no judicial precedents exist addressing it.

- The Pakistan Penal Code (PPC) of 1860, amended in 2012, remains the principal framework governing all criminal offenses across the country. While it does not refer to FGM/C, the act could potentially fall under provisions that address “hurt” and “cruelty to children.”
- Section 332 defines hurt as causing “pain, harm, disease, infirmity or injury” or “impairing, disabling, disfiguring, defacing or dismembering any organ of the body.”
- Section 328A further criminalizes “cruelty to a child,” encompassing physical or psychological injury.

Given that FGM/C involves the cutting or removal of genital tissue, causing both pain and permanent disfigurement, it can arguably be prosecuted within these definitions.

Additional clauses, such as Section 333 (itlaf-i-udw) and Section 335 (itlaf-i-salahiyyat-i-udw), address the destruction or impairment of organs and their functioning, while Section 337E recognizes bleeding or flesh-lacerating injuries (damiyah and mutalahimah). In principle, these sections could be interpreted to include FGM/C. However, Pakistan has yet to undertake legislative or policy initiatives to recognize or outlaw FGM/C. The only past reference appeared in the National Plan of Action for Children (2006), which included the eradication of FGM as a goal by 2010, but the provision was never implemented.

National and International Commitments

The Constitution of Pakistan provides a strong framework to protect women and children. Article 9 guarantees the right to life, ensuring protection from harmful practices; Article 14 safeguards dignity, covering both physical and psychological integrity; Article 25, read with 25(3), guarantees equality and empowers the State to take special measures for women's protection; and Article 35 directs the State to protect the family, the mother, and the child. Together, these constitutional provisions form the legal foundation for pro-women legislation and judicial interventions, including the Lahore High Court ruling banning virginity testing in sexual violence cases, demonstrating the State's responsibility to uphold women's rights and bodily integrity.

Pakistan is a party to international human-rights instruments obliging the State to prohibit harmful practices, including FGM/C, such as the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and has endorsed regional frameworks like the Khartoum Declaration (2003) and Cairo Declaration (2019). Despite these commitments, national reports to the UN CRC (2015) and CEDAW (2019) did not mention FGM/C, highlighting gaps in recognition and accountability.

International Efforts and Response by Pakistan

Over the past two decades, the international community has taken strong and unified action to eliminate Female Genital Mutilation/Cutting (FGM/C) as a violation of women's and girls' human rights. The United Nations General Assembly, through a series of landmark resolutions A/RES/53/117, A/RES/56/128, A/RES/67/146, A/RES/69/150, and A/RES/71/168 has repeatedly reaffirmed that FGM/C is a degrading and discriminatory practice that inflicts severe harm on women's physical and moral integrity. These resolutions call upon all member states to intensify national efforts, strengthen legal frameworks, and mobilize political will to end FGM/C in all its forms.

The 2018 Report of the UN Secretary-General (A/73/266) further underscores the global commitment embedded in Sustainable Development Goal 5, which seeks to eliminate harmful practices, including FGM/C, by 2030. The report highlights that controlling women's bodies and sexuality remains a primary driver behind the persistence of FGM/C, particularly in contexts where patriarchal norms dominate social and religious life.

Despite these global efforts, Pakistan's state response remains limited and largely absent from international reporting mechanisms. While the issue is known to exist among specific cultural groups most notably the Dawoodi Bohra and Sheedi communities there has been no legislative recognition, public debate, or targeted intervention at the national or provincial level. The only government reference appeared in the National Plan of Action for Children (2006), which proposed eliminating FGM/C by 2010, yet the plan was never operationalized. Since then, Pakistan has not included FGM/C in its periodic reports to either the Committee on the Rights of the Child (CRC) or the Committee on the Elimination of Discrimination Against Women (CEDAW).

Ultimately, ending FGM/C in Pakistan will require bridging the gap between international human rights mandates and local social realities. Only by addressing the intersecting factors of gender inequality, bodily autonomy, and patriarchal control can the country begin to fulfill its moral and treaty-based commitments to protect women and girls from this harmful practice.

Medicalisation of FGM/C: An Emerging Concern

Global research indicates a growing trend toward the medicalisation of FGM/C. Medicalization of FGM means the practice is carried out by a health care provider in any setting, such as clinics or homes. It also includes reinfibulation, which is the re-stitching of the vaginal opening after it has been opened (for example, after childbirth).

FGM can never be safe and has no medical benefit. Even when done in sterile conditions by trained providers, it still carries serious health risks both immediately and later in life. It violates fundamental human rights, including the right to health, bodily integrity, and freedom from violence and discrimination.

When performed by medical professionals, it also goes against medical ethics and may wrongly suggest that the practice is acceptable or harmless. This not only fails to eliminate the practice but risks legitimizing it within clinical settings, raising serious ethical, medical, and regulatory concerns.

Key Findings From Evidence

Based on the evidence from the qualitative research undertaken by Blue Veins in 2025, which involved key informant interviews and focus group discussions with 51 participants including community members, practitioners, and institutional stakeholders to understand the prevalence, nature, and drivers of Female Genital Mutilation/Cutting (FGM/C) in Pakistan, FGM/C is:

A hidden but existing practice

FGM/C in Pakistan remains largely invisible, sustained through secrecy, silence, and limited public recognition. Anecdotal accounts also suggest that FGM/C may be taking place amongst the Sheedi community, as well as the Bagri and Brohi/Brahui, populations in Sindh and Balochistan, though there is lack of verified empirical evidence on this.

Nature of the practice

The procedure is typically carried out during early childhood, most commonly around the age of seven. Evidence indicates that the practice most closely corresponds to Type I (partial removal of the clitoral hood). Due to the absence of clinical documentation and national data, the exact nature and extent of cutting remain largely unverified. The early age at which the procedure is performed contributes to limited awareness among survivors regarding the type and extent of cutting.

Key drivers sustaining the practice

The continuation of FGM/C in Pakistan is shaped by a complex interplay of social, cultural, and perceived religious factors:

- Perceived religious obligation and reference to tradition
- Control of female sexuality and notions of modesty
- Marriageability and social acceptance within the community
- Intergenerational transmission, particularly through mothers and senior women
- Strong community structures and pressure to conform

These drivers are reinforced within tightly knit social systems where questioning established practices may lead to social exclusion.

Silence, secrecy, and social control

FGM/C is rarely discussed openly, even within practicing communities. The procedure is often carried out privately, without explanation to the child. Girls and women are discouraged from speaking about their experiences. Cultural expectations around modesty and obedience reinforce silence and non-disclosure. This environment limits reporting, prevents dialogue, and contributes to the normalization of the practice across generations.

Health and psychological impacts

Evidence from participants highlights a range of physical, psychological, and long-term impacts, including Immediate pain, bleeding, and fear, infections and reproductive health complications, pain during menstruation and childbirth, long-term psychological trauma, anxiety, and distress and reduced sexual well-being and lasting emotional effects. While severe complications may be underreported, this reflects silence rather than absence of harm.

Emerging shifts and opportunities for change

Encouraging signs of change are emerging, particularly among younger generations in the form of increased awareness through education and digital exposure, growing resistance from young women and mothers, greater questioning of religious and cultural justifications, and exposure to global conversations on rights and bodily autonomy. These shifts indicate a window of opportunity for culturally sensitive prevention and policy action.

Institutional awareness remains limited

Key informant interviews carried out during the research study revealed that many policymakers, healthcare providers, and officials have limited or no awareness of FGM/C and its context in Pakistan. Moreover, no cases are formally reported within child protection systems, health services, law enforcement, or Gender-Based Violence (GBV) mechanisms. This reflects a broader institutional blind spot that limits prevention, protection, and response efforts.

Policy Gaps and Urgency for Action

Absence of specific legal frameworks

There is currently no specific law criminalizing Female Genital Mutilation/Cutting (FGM/C) in Pakistan. The practice is neither explicitly prohibited nor mentioned in any national or provincial legislation, and no judicial precedents exist addressing it.

Exclusion from national data systems

FGM/C is not included in national systems such as the Pakistan Demographic and Health Survey (PDHS), the Multiple Indicator Cluster Survey (MICS), the Health Management Information System (HMIS), and the Pakistan Social and Living Standards Measurement Survey (PSLM). As a result, no national prevalence data, geographic mapping, or trend analysis exists, reflecting a critical evidence and recognition gap.

Absence from policy frameworks

FGM/C is not integrated into Gender-Based Violence (GBV) policies, child protection frameworks, Sexual and Reproductive Health and Rights (SRHR) strategies, or national and provincial action plans on harmful practices. This results in fragmented or non- existent institutional response.

Limited institutional awareness and capacity

There is limited awareness among policymakers, healthcare providers, and officials. This creates a system-wide blind spot in prevention and response.

Lack of survivor-centered services

No dedicated services within health, psychosocial, or protection systems are available and survivors remain invisible within service delivery structures.

Medicalisation and cross-border practices

Global research indicates increasing medicalisation of FGM/C. Emerging evidence suggests potential presence of such trends in Pakistan. Risks of cross-border practices also remain.

Why this Matters for Pakistan

FGM/C is a policy blind spot with serious implications for public health, gender equality, and human rights. It

- Violates bodily integrity and protection from harm
- Reinforces harmful gender norms
- Undermines international commitments (CRC, CEDAW, SDG 5.3)
- Reflects gaps in governance and policy responsiveness
- Emerging evidence is breaking the silence
- Generational shifts enable dialogue
- Global momentum supports elimination

Cost of Inaction

- Continued secrecy and persistence of the practice
- Increased exposure of girls to irreversible harm
- Expansion through medicalisation and hidden practices
- Missed opportunities for prevention

Policy Recommendations and Way Forward

In order to prevent the entrenchment of FGM/C and protect the health rights, and well-being of girls, the following policy actions are proposed:

- Recognize Female Genital Mutilation/Cutting (FGM/C) as a harmful practice within national frameworks and integrate it into Gender-Based Violence (GBV), child protection, and Sexual and Reproductive Health and Rights (SRHR) systems
- Review existing provisions under the Pakistan Penal Code (PPC) and relevant child protection laws and introduce explicit legal protections to prohibit FGM/C and safeguard girls from harm
- Integrate FGM/C indicators into national data systems, including the Pakistan Demographic and Health Survey (PDHS), the Multiple Indicator Cluster Survey (MICS), and the Health Management Information System (HMIS)
- Develop and implement clinical guidelines for identification, management of complications, and survivor-centered care within the health system
- Train healthcare providers, including Lady Health Workers (LHWs) and reproductive health professionals, to respond appropriately to FGM/C cases
- Prohibit and monitor the medicalisation of FGM/C in line with global health standards
- Mandate national and provincial human rights institutions, including the National Commission for Human Rights (NCHR) and the National Commission on the Rights of the Child (NCRC), to monitor, report, and establish referral pathways for FGM/C
- Integrate FGM/C into existing protection and referral mechanisms, ensuring access to medical care, psychosocial support, and confidential services for survivors
- Support community-led engagement and dialogue that is culturally sensitive and non-stigmatizing, involving religious leaders, community representatives, women, and youth
- Promote awareness on the health risks, human rights implications, and non- religious nature of FGM/C through targeted communication strategies
- Support further research and evidence generation to understand prevalence, patterns, and impacts of FGM/C in Pakistan
- Encourage collaboration between civil society organizations, research institutions, and international partners to strengthen knowledge and response
- Engage development partners to support policy dialogue, capacity building, and integration of FGM/C into broader Gender-Based Violence (GBV) and Sexual and Reproductive Health and Rights (SRHR) programming

Global Good Practices

Experiences from other countries show that Female Genital Mutilation/Cutting (FGM/C) can be addressed through clear legal prohibition, institutional mechanisms, and preventive safeguards. These examples offer practical lessons for Pakistan.

- Kenya provides a comprehensive model through the Prohibition of Female Genital Mutilation Act, 2011, which criminalizes all forms of FGM/C and adopts a broad definition aligned with international standards. The law established an Anti-FGM Board to coordinate awareness, policy, and multi-sectoral action, and clarifies that consent is not a defence.
- The United Kingdom combines criminalization with preventive mechanisms. Under the Female Genital Mutilation Act, 2003, strengthened in 2015, FGM/C is a criminal offence, including acts committed abroad. The introduction of FGM Protection Orders enables early intervention to safeguard girls at risk.
- Egypt, a Muslim-majority country, strengthened its response through Law No. 10 of 2021, increasing penalties and explicitly criminalizing medicalised FGM/C, including for healthcare providers.
- Nigeria criminalized FGM/C under the Violence Against Persons (Prohibition) Act, 2015, providing a federal framework for protection and awareness.

In addition to these examples, over 50 countries worldwide including Sudan, Ethiopia, Uganda, Senegal, Gambia, France, and Australia have enacted legal measures prohibiting FGM/C, reflecting a growing global consensus across diverse cultural, legal, and religious contexts that the practice constitutes a violation of the rights, health, and dignity of women and girls.

Ending FGM/C begins with recognition. Sustained progress requires coordinated policy action, institutional commitment, and community engagement to ensure that every girl in Pakistan can live with dignity, free from harmful practices.

Notes & References

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GLOSSARY

Female Genital Mutilation (FGM)

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

Medicalization of FGM

It refers to situations in which FGM is practised by any category of health care provider, whether in a public or a private clinic, at home or elsewhere.

Cross-Border Female Genital Mutilation (FGM)

Cross-border FGM refers to the movement of families and mutilators across national borders for the purpose of providing or receiving FGM.

WHO Guideline on the Prevention of Female Genital Mutilation and Clinical Management of Complications

- Health workers should be trained in approaches to prevent FGM and manage FGM related health complications.
- In addition to training, health workers should have access to capacity-building resources including information, education and communication (IEC) materials and job aids, e.g. clinical guides, handbooks, algorithms, flow charts, anatomical models and other digital/print resources explaining the types of FGM, the associated complications and their management.
- Laws and policies that protect and support women and girls who have undergone or are at risk of FGM should be developed and enforced, ensuring they are applied to health workers.
- Professional codes of conduct for health workers should be developed and enforced in compliance with a zero tolerance approach to FGM, aligned with human rights and ethical principles.
- Women and girls living with or at risk of any type of FGM, as well as men and boys from communities that perform FGM, should be provided with educational interventions such as group health education (in health facilities and/or outreach settings, including in humanitarian settings and among refugees), one-on-one FGM education, information sharing or FGM-prevention counselling.
- Deinfibulation is recommended for women and girls with Type III FGM.
- Women with Type III FGM should be offered counselling before undergoing deinfibulation, and partners and other family members can be included at the request of the woman, particularly in settings where reinfibulation is commonly requested.
- Women and girls who have undergone FGM and who are experiencing symptoms consistent with anxiety disorders, depression or post-traumatic stress disorder (PTSD) should be offered mental health interventions that are adapted to their needs and consistent with WHO's Mental Health Gap Action Programme (mhGAP) guideline.
- Sexual health counselling is suggested for preventing or treating female sexual dysfunction among women living with FGM.
- Clitoral reconstruction surgery is suggested for selected women living with FGM.

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