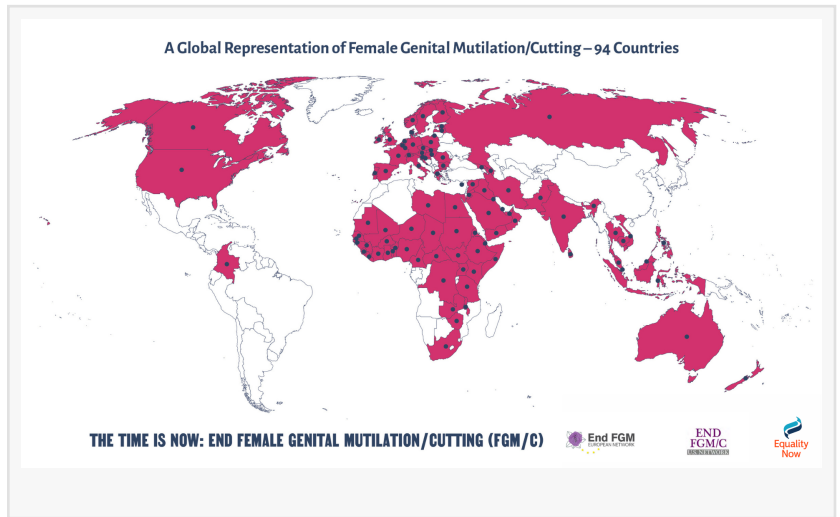


# New report finds female genital mutilation/cutting in 94 countries

*Efforts to end FGM/C remain hindered by reluctance from governments to act, particularly in countries not widely associated with this harmful practice.*

NEW YORK, NY, UNITED STATES, February 26, 2025 /EINPresswire.com/ -- A new report has collated evidence of female genital mutilation/cutting (FGM/C) in 94 countries, revealing how this harmful practice exists in more communities than previously recognized and the number of girls and women affected or at risk exceeds earlier estimates.



Efforts to end FGM/C remain hindered by reluctance from governments to act, particularly in countries not widely associated with FGM/C. Other obstacles include weak legal protections, insufficient data, low awareness, and a lack of funding and decisive action from the international community.

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Millions of individuals around the world live with the lifelong consequences of FGM/C. Their courage in sharing their stories has brought global attention to this harmful practice.”

*Caitlin LeMay, The U.S. End FGM/C Network*

[‘The Time Is Now: End Female Genital Mutilation/Cutting, An Urgent Need for a Global Response – Five Year Update,’](#) by the End FGM European Network, Equality Now, and The U.S. Network to End FGM/C compiles evidence about the nature and practice of FGM/C in different countries. Small-scale surveys, estimates, and personal accounts from survivors, activists, and grassroots organizations shed new light on the urgent need to expand protection and prevention efforts.

The research follows up on the group’s [2020 report](#) that documented how the extent of FGM/C was being woefully underestimated globally. Since then, FGM/C has been identified in local communities in Azerbaijan, Cambodia, and Vietnam, and further evidence has been gathered in Colombia, Malaysia, the Philippines, Saudi Arabia, Sri Lanka, and the United Arab Emirates. More

investigation is required where data is limited, such as in Panama, Mexico, and Peru where FGM/C may exist among indigenous groups.

“Mounting evidence clearly shows that FGM/C is a worldwide issue demanding a coordinated global response,” says Equality Now’s Divya Srinivasan. “To end FGM/C, governments, international bodies, and donors must acknowledge the extent of the problem, strengthen their political commitments to addressing it, and prioritize funding, especially in overlooked regions and communities.”

## ENDING FGM/C REQUIRES BETTER DATA AND MORE FUNDING

In 2020, UNICEF estimated at least 200 million women and girls had undergone FGM/C in 31 countries. In 2024, [UNICEF updated the figure to over 230 million](#)—80 million in Asia, 6 million in the Middle East, and 1 to 2 million in small or diaspora communities elsewhere. UNICEF’s 15% increase is due to newly available data from countries previously excluded from official statistics, combined with rapid population growth where FGM/C occurs.

Whilst UNICEF’s 230 million figure is the first comprehensive global estimate of the number of women and girls impacted, detailed national prevalence data is still only available for 31 countries. This lack of data is enabling reluctant governments to continue avoiding acknowledging or addressing FGM/C.

Most international funding focuses on a few African countries. While this work to end FGM/C is severely under-resourced and requires increased investment, insufficient funding is even more acute in Asia, Latin America, and the Middle East, which receive only a small allocation.

The problem is compounded by some governments failing to recognize FGM/C in their countries, and in some cases, actively denying it, undermining and sometimes openly discrediting the work of survivors and activists.

Comprehensive data is crucial because it provides evidence on the need for action and funding, and sets a baseline from which interventions can be developed, implemented, tracked, and assessed.

Tania Hosseinian from the End FGM European Network, explains, “Access to accurate, up-to-date data is crucial for understanding the full scale of FGM/C and for developing and assessing laws and policies that ensure no one is left behind. Data-driven strategies must guide our actions, empowering grassroots organizations, youth movements, and survivors to lead the way.”

## MANY COUNTRIES STILL DON'T HAVE SPECIFIC ANTI-FGM/C LAWS

FGM/C is internationally recognized as a serious human rights violation involving the partial or complete removal of external female genitalia for non-medical reasons. It is rooted in gender

inequality and attempts to control women's and girls' bodies and sexuality.

FGM/C has no health benefits and can cause severe short and long-term harm. Potentially fatal - as sadly demonstrated by FGM/C-related deaths in Sierra Leone and Kenya in 2024 - it is associated with numerous health problems, including chronic pain and infections, psychological trauma, infertility, and higher rates of maternal and infant mortality.

Despite this, of the 94 countries where FGM/C has been found, only 58 (61%) have laws explicitly prohibiting it. This leaves many millions without adequate protection and enables perpetrators to avoid accountability.

Since 2020, India, Jordan, Kuwait, Singapore, Sri Lanka, the Russian Federation, the United Arab Emirates, and the United States have all received recommendations from international human rights mechanisms calling on them to take greater action to address FGM/C.

On a positive note, in 2020, only 51 countries specifically outlawed FGM/C. Since then, Sudan, Indonesia, Finland, Poland, and the United States. have all passed federal laws, while France has strengthened its penal code, and the European Union has adopted new regional legislation.

Various countries have achieved drops in FGM/C rates, including Burkina Faso, Liberia, and Kenya, among others, while Portugal, The Gambia, and the UK have had first-ever successful prosecutions for FGM/C.

## MEDICALIZATION OF FGM/C AND OTHER THREATS TO PROGRESS

Concerningly, backlash against women's rights threatens to undo hard-won gains. In Kenya and The Gambia, legal challenges have tried to repeal existing anti-FGM/C laws, threatening to reverse years of progress. These regressive attempts have been met with determined resistance from women's rights activists, legal experts, journalists, and international partners collaborating at local and international levels to prevent rollbacks.

Another concern is how medicalization is becoming more mainstream. UNICEF's 2024 report found 66% of girls who recently underwent FGM/C did so at the hands of a healthcare worker. In countries like Egypt, Indonesia, and Kenya, medicalized FGM/C is wrongly perceived by some as a legitimate alternative, while in Russia, it is openly advertised by clinics.

There is growing awareness about practices not yet formally recognized as forms of mutilation. This includes the husband stitch, when an extra stitch is added during vaginal repair after childbirth, with the purpose of tightening the vaginal opening to increase sexual pleasure for a male partner. Often performed by medical professionals without the woman's consent, recent research has found cases in Europe, Japan, and the United States., with survivors experiencing health complications and comparing it to FGM/C.

## PUTTING WOMEN AND GIRLS AT THE HEART OF EFFORTS TO END FGM/C

Ending FGM/C requires a global yet nuanced strategy that addresses specific ways it is practiced across regions and communities. With Sustainable Development Goal 5.3 setting 2030 as the target to eradicate FGM/C, just five years remain to accelerate and globalize endeavors.

Transformative social change requires a collaborative, multi-pronged, survivor-centered approach incorporating enactment and enforcement of strong legal protections alongside community engagement to raise awareness about FGM/C's harms and legal consequences.

The U.S. End FGM/C Network's Caitlin LeMay concludes, "Millions of individuals around the world live with the lifelong consequences of FGM/C. Their courage in sharing their stories has brought global attention to this harmful practice and strengthened the movement to end it.

"Survivors, wherever they live, must have access to adequate, affordable, and quality services that are gender, child, and culture-sensitive, ensuring their voices remain central to the fight against FGM/C."

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