

CSP II FGM INDEX 2026

*The Global Prevalence of
Female Genital Mutilation
& Islamic Non-Islamic Ratio*



CSP II
RESEARCH

297–307 million women and girls alive today have undergone female genital mutilation (FGM), amounting to one in every thirteen of them. The great majority are mutilated before puberty, sometimes as early as in infancy.

About a quarter of Muslim females have undergone FGM, compared to 1 in 54 non-Muslim females.

Immigration from FGM-practising Islamic countries has introduced FGM to countries hitherto unaffected with, for example, 577,000 victims in the United States, 161,000 in Canada and 139,000 in France. In Sweden 1.3% of all girls and women are affected.

These are some findings of the **CSPII FGM Index 2026** which show the strong correlation between FGM and the influence of Islamic doctrine. We include an analysis of primary Islamic doctrine which reveals that the Koran implies FGM to be a part of human nature as created by Allah, and should be practised by Muslims; that Mohammed, Islam's founder, repeatedly approved of FGM, and that Mohammed's closest friends, family and companions practised FGM. Muslim women are thus the primary victims of the Islamic doctrine they adhere to.

Many organizations combatting FGM have denied any connection between Islamic doctrine and FGM. This puts at risk the lives, health and welfare of millions of women and girls since no solution is effective that does not take into account the true causes of a problem. It is our hope that this recurring publication, by highlighting the gravity of the problem and by exposing links between Islamic doctrine and FGM, will contribute to a better understanding of the nature and causes of FGM, and thereby help eliminate this grave violation of the dignity and rights of children, and the women they grow up to be.

The **CSPII (Center for the Study of Political Islam International)** is an independent non-profit research and educational organization. Our concern is with the ideological doctrine of Islam that relates to Kafirs (non-Muslims), and, therefore, is political. We define this part of the doctrine as "Political Islam".

We analyze Islamic primary doctrine, and its continuous, harmful political impact on individuals and governments. We use scientific methods, rational thought and fact-based reasoning to show how the influence of Political Islam exponentially spreads within non-Islamic countries, creating the economic, legal and sociocultural foundation to turn them into Islamic ones.

CSPII RESEARCH

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The Global Prevalence of Female Genital Mutilation & Islamic to Non-Islamic Ratio

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SUMMARY

This is the second annual survey of global FGM conducted by the Center for the Study of Political Islam International (CSPII). We find that between 297 and 307 million women and girls alive today have undergone genital mutilation (an increase from last year's estimate of between 291 and 304 million), with 78 to 85 percent being attributable to Islamic communities (cf. 77 to 86 percent in 2025 survey). Evidence shows that Islamic doctrine supports FGM, and therefore, FGM practiced under the influence of Islamic doctrine should be considered as Islamic (see Appendix 1).

The prevalence of 297 and 307 million is more than UNICEF's frequently cited estimate of 230 million, published in March 2024 (UNICEF 2024). The difference between CSPII's and UNICEF's estimates is a result of the latter only using data from large-scale national surveys—31 countries in all. FGM/CRI (The Female Genital Mutilation/Cutting Research Initiative) estimates that *“girls are affected by FGM/C in over 90 countries globally”* (FGM/C Research Initiative, n.d.). UNICEF's survey thus omits two thirds of the countries where FGM is known to be practiced, including several with high, or very high, prevalences of FGM (e.g. Malaysia and Oman, as well as the adult population of Indonesia). UNICEF's estimate also omits countries where FGM has recently been introduced, including many in Europe and North America, as well as Australia.

CSPII's survey prioritizes comprehensiveness, using numerical data from 78 countries, 47 more than UNICEF, including Malaysia, Saudi Arabia, Oman and the adult population of Indonesia, plus the USA, Canada, Australia and the countries of Europe. CSPII's survey also identifies 25 countries for which there is anecdotal evidence of FGM but no numerical data (seven more than in the 2025 survey).

Once the global prevalence is known, it becomes possible to calculate the proportion of global FGM attributable to the world's Muslim population and, by subtraction, to the world's non-Muslim populations. CSPII's survey estimates that between 78 and 85 percent of global FGM is attributable to Muslim populations, with between 15 and 22 percent attributable to non-Muslim populations.

A further calculation reveals that between 22.29% and 25.06% of Muslim females (i.e. between approximately a quarter and a fifth) have undergone some form of FGM, giving a median value of 23.68% (almost a quarter), and that between 1.47% and 2.21% of non-Muslim females have undergone some form of FGM (i.e. between approximately one in forty-five and one in sixty-seven), giving a median value of 1.84%, about one in fifty-four.

The differences between the 2025 report and the 2026 report are due to three factors: new data on FGM becoming available in 2025, a methodological change, and demographic changes.

Some fresh FGM data became available in 2025. However, these had a minimal impact on the overall calculation as these tended to be for countries with either small populations (e.g. Brunei) or for countries with very low prevalence of FGM (e.g. Italy).

The methodological change concerns the calculation of each country's female population. Last year's report assumed each country's female population to be half of its total population. However, many of the countries with a high prevalence of FGM have population imbalances favouring males. Assuming an equal number of males and females in a population would tend towards an over-estimation of the prevalence of FGM. To correct this, the 2026 survey integrates, where appropriate, data giving the proportion of the country's population that is female.

Finally, we have updated statistics for national (and provincial) populations. Most of the countries included in this survey have experienced population increases that more than offset any reductions in the rate of FGM resulting from taking into account male:female population imbalances.

WARNING

This book contains clinical illustrations of female genital anatomy and medical depictions of genital cutting for educational and analytical purposes.

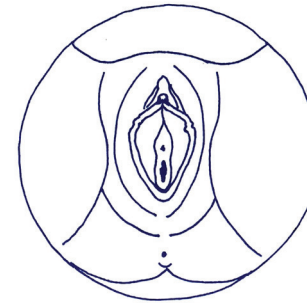
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TYOLOGY OF FGM

Female genital mutilation comprises all procedures involving partial or total removal of the external female genitalia or other injuries to the female genital organs for ritual or non-medical reasons. The World Health Organization classifies female genital mutilation into four types (World Health Organization 2024). The areas of the images coloured in red indicate the parts that are removed from the girl's or woman's genitalia.

Unmodified female genitals

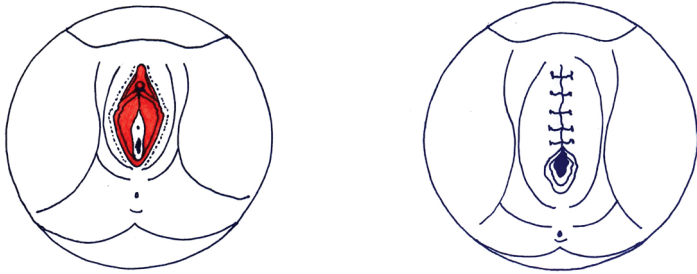


Type 1: Commonly known as clitoridectomy, this is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/ or the prepuce/ clitoral hood (the fold of skin surrounding the clitoral glans)—sometimes referred to as hoodectomy.



Type 2: Also known as excision, 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 of the vagina and/or the genital area.

FGM, ISLAMIC DOCTRINE & POLITICAL ISLAM

The Center for the Study of Political Islam International (CSPII) is an independent non-profit research and educational organization. We define Political Islam to be the 51% Islamic doctrine that relates to non-Muslims. We use scientific methods and fact-based reasoning to analyse Islamic primary doctrine in order to understand how Political Islam projects its power in non-Islamic societies with the declared aim of turning them into Islamic ones.

The foundational texts of Islamic doctrine are the only ones of any global legal system and/or political ideology to mention FGM in any way. FGM violates the human rights of females of all ages, especially those of female children. Article 5 of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) requires “*the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes*” (OHCHR 1981). Article 24 of the Convention on the Rights of the Child requires states to take effective and appropriate measures to abolish traditional practices prejudicial to the health of children (United Nations 1989). In 2008 a collective of agencies, including the World Health Organisation, UNICEF, UNESCO and the OHCHR, published a statement concerning the elimination of FGM. It identifies FGM as violating the principles of equality and non-discrimination on the basis of sex; the right to life (when the procedure results in death); the right to freedom from torture and cruel, inhuman, or degrading treatment or punishment; and the right to the highest attainable standard of health. It also recognises that, where a minor consents to undergo FGM, her decision cannot be deemed free, informed, or free of coercion (World Health Organization 2008).

Islam has two sources of doctrinal authority: the Islamic god, Allah, and Islam’s founder, Mohammed. The Koran is the will of Allah, and the life and teachings of Mohammed are the Sunna, which consists of the Sira (the life of Mohammed) and the Hadiths—eyewitness reports of Mohammed’s life, teaching and deeds. The Koran pronounces 89 times that Mohammed was the perfect Muslim and is the perfect and eternal example for all mankind. Everything that Mohammed did, said, was, or approved of is part of Islamic doctrine.

Several hadiths report Mohammed advocating or approving of FGM, either explicitly or tacitly. Other hadiths report his companions practising FGM, suggesting that FGM was normative in the society Mohammed presided over in Medina.

The Koran makes no explicit reference to any form of genital cutting, either of the male or of the female. However, one verse (Koran 30:30) supports both practices by requiring mankind to ‘*adhere to the fitrah*’ (Saheeh International 2011, 562). *Fitrah* is the Islamic idea that there is an innate instinct towards Islamic behaviour and beliefs. *How* one adheres to the *fitrah* is explained by a hadith which lists ‘circumcision’ (of both the male and the female) as being part of the *fitrah* (al-Bukhari 1997, 7:420).

FGM, as per Islamic doctrine, has no *intended* impact on the non-Muslim (only one hadith concerned with FGM also mentions non-Muslims—for details, see Appendix 2 Hadith—‘Go and circumcise them’). But FGM has the following *indirect political* effects on non-Islamic societies.

FGM is illegal in every Western jurisdiction. Any individual within the Islamic community who practices it in a non-Muslim country is breaking that country’s law and treating Islamic law as superior to non-Islamic law.

FGM is a practice that is alien and offensive to non-Islamic values and traditions. Its existence in non-Islamic societies acts as a sign of Political Islam’s presence, power and domination, demoralizing and alienating the non-Islamic population. This may be exacerbated by attempts to de-stigmatize, decriminalize, and medicalize FGM¹.

FGM can result in serious health and social problems. These can put a strain on the healthcare and social care systems of non-Islamic societies.

FGM is associated with endogamy (marrying only other members of one’s ethnic group, class, or social group). This prevents the integration of FGM-practising communities into the wider society.

Institutions and professions (judiciary, police, social workers, healthcare professionals, academia, the media etc) are drawn into tolerating, accommodating and eventually being complicit with FGM (Ahmadu et al. 2025, Bindel 2014). This undermines the existing culture and laws and causes public mistrust of public institutions.

Islamic doctrine allows Muslim men to marry non-Muslim women, provided they are ‘People of the Book’ i.e. Christian or Jewish. If the husband follows a school of Islam that actively favors FGM, the non-Muslim wife may have to undergo FGM, as may any daughters

resulting from the marriage (see Appendix 1: Female Genital Mutilation in Islamic Doctrine).

As Political Islam comes to dominate a community or society, non-Muslims who do not engage in FGM may come under pressure to adopt it, suffering persecution or stigmatization if they do not.

¹ see for example ABC News 2010; Ahmadu et al. 2025; Bindel 2014; Davis 2013; Earp 2019; Hehir 2020; NPR 2010; Nyangweso 2014; Shell-Duncan 2001; Louis-Dit-Sully 2015; Townley and Bewley 2017

BACKGROUND

This survey has three goals: to arrive at a credible estimate of the global prevalence of FGM, to map the distribution of FGM and to determine the proportion of global FGM attributable to Muslim and non-Muslim populations. A complementary report, Female Genital Mutilation in Islamic Doctrine, also by CSPII, shows that Islamic doctrine supports FGM, and that, therefore, FGM practiced under the influence of Islamic doctrine should be considered as Islamic. This report is included in Appendix 1.

UNICEF's estimates are universally cited when questions of the global prevalence of FGM arise. In March 2024 UNICEF updated its estimate from 200 million (UNICEF 2016) to 230 million (UNICEF 2024).

However, UNICEF significantly underestimates the prevalence of global FGM. UNICEF's surveys only use data from large-scale national surveys. Consequently, they include statistics for only about a third of the countries where FGM is known to be practised. UNICEF therefore omits several countries with high rates and/or prevalences of FGM. It also omits countries where FGM has only recently appeared, such as such as France, the UK and the USA. While the prevalence of FGM in these countries is low when compared with countries where FGM is normative, these countries should nevertheless be included in a comprehensive survey.

Consequently, UNICEF's surveys do not give a credible estimate of the global prevalence of FGM. This assessment is shared by (amongst others) the British charity The Orchid Project and the NGO Equality Now.

“This figure is based on the 32 countries that measure and report on the practice across three continents. We know, however, that girls are affected by FGM/C in over 90 countries globally, so this figure underestimates the true scale of the practice.” (“What Is FGM/C?—FGM/C Research Initiative” n.d.)

“The current, already worrying numbers are a woeful under-representation since they do not take into account numerous countries where nationwide data on FGM/C prevalence is not available” (“Female Genital Mutilation/Cutting: A Call For A Global Response” 2020, 10)

CSPII's survey prioritizes arriving at an estimate that is credible. To achieve this, it is necessary to include data from as many as possible of the countries where FGM is known to be practiced. To this end, we have

used UNICEF’s statistics and data, and have added to them data from 47 countries omitted by UNICEF.

We consider that using country data that may fall short of UNICEF’s standards to be better than completely omitting that country from the survey, which is to effectively assign it a prevalence of zero. Omitting a country will lead to greater error than using data and statistics that are not of the quality of a large-scale national survey. This is especially the case for high-prevalence countries, such as Oman and Malaysia. In some cases, where no better data exist, we have used data that might be old, approximate, or partial (covering a region or community rather than the whole country). In the case of some countries this has meant drawing our data from one or two studies.

Any issues with a country’s data or statistics are explained in the methodology section of this report.

There are some twenty-seven countries for which there is no numerical data, but for which there exists anecdotal evidence of FGM, either on a nationwide scale or within a particular community or region. This report lists these countries, cites the evidence and, where possible, gives some assessment of the nature of the practice of FGM there.

Most data blanks, however, exist simply because no FGM is present in the country in question. This is the case for about half of the world’s 200-or-so countries—including most of South and Central America, and East Asia (China, Mongolia and Japan).

For every country that has an FGM prevalence or rate, it is possible to estimate what proportion of its FGM is attributable to its Muslim population and (by subtraction) to its non-Muslim population. This gives an estimate of the proportion of global FGM attributable to Muslim and non-Muslim populations.

PART I—GLOBAL PREVALENCE OF FGM

Methodology

Data collection

UNICEF data was accessed by searching for FGM at UNICEF’s data warehouse (UNICEF n.d.).

For countries not included in UNICEF’s survey, a variety of means were used to find studies, books, academic surveys, and press reports that identify countries where FGM is practised, or which give a rate or prevalence.

Google and Google Scholar searches were done for each of the 217 countries included in the World Bank’s population page (“World Bank Open Data,” n.d.). This page was also the source for determining each country’s population size and the proportion of that population that is female.

The search terms were “female genital” “FGM” “FGC” “female circumcision,” “prevalence” and “rate”. In addition, the country name was added to limit the search. Where the country’s name consisted of more than a single word, it was placed within quotation marks. No year restrictions were placed during the search.

“female circumcision” OR “female genital” OR FGM OR
FGC OR prevalence OR rate OR infibulation OR Excision OR
clitoridectomy “country name”

Data from Womanstats.Org’s INFIB-DATA-2 variable was also used to help identify countries for which there is anecdotal evidence of FGM but no numerical data (Womanstats 2021).

For countries for which there were several studies reporting different rates of FGM, the reports were evaluated according to the following criteria:

- recent studies were preferred to older studies
- studies that used recent data were preferred to studies that used older data
- studies with large sample sizes were preferred to those with smaller sample sizes
- national studies were preferred to local or regional studies
- studies that were more representative of the population (e.g. studies covering all ages) were preferred to studies that surveyed

a category of the population (e.g. studies covering only the 0-15 age range)

- studies whose primary purpose was to determine a rate of FGM were preferred over studies conducted for other purposes

Saudi Arabia and Oman are each included on the basis of only two studies each. These studies give different FGM rates—in the case of Saudi Arabia, widely differing (11.4% and 63.4%). Neither of the studies for Saudi Arabia or Oman were significantly more (or less) credible than the other. Our solution is to represent each country's prevalence as a range rather than a single figure.

Several methods of calculation were used, depending on the nature of the data available for each country.

- A) calculations from UNICEF data which, for thirty-one countries, give FGM rates for 14-49 year olds and, for most (but not all) of these countries, FGM rates for 0-14 year olds. Applying this to country population data gives the amount of FGM for each country. Simple country rates are applied to the country's female population. Where rates for the two age-cohorts are given, a weighted rate is calculated from the percentage of the population that is 0-14 and this weighted rate is applied to the country's whole female population.
- B) simple rate calculations not based on UNICEF data. This uses the same calculation as above. However, whilst most countries covered by the UNICEF data give rates for two age ranges, in this section all the rates are for the whole female population.
- C) calculations from national amounts. This calculation is for Western countries, which have very low rates of FGM, and report amounts of FGM rather than rates.
- D) calculations from FGM-practising subpopulations. This calculation is for countries where FGM is reported as being practised by one particular sub-population, with a known size and FGM rate.
- E) miscellaneous calculations. This section comprises six countries (Indonesia, Iran, Oman, Philippines, Saudi Arabia and Thailand) for which different and special calculations were necessary.

A) CALCULATIONS FROM UNICEF DATA

The calculations in section A use data taken from UNICEF's Data Warehouse (UNICEF n.d.) and includes thirty-one countries. The Data Warehouse also includes data for Indonesia. However, Indonesia is omitted from this section as only rates for the 0-14 age group are available. The calculation for Indonesia is found in section D.

Most countries have FGM rates for both 0-14s (Column E) and 15-49s (Column G). In these cases, a rate is calculated (column K) weighted according to the proportions of the population belonging to the 0-14 age group (column J) and the proportion belonging to the 15-49 age range (100-column J). The statistics for the proportion of the population belonging to the 0-14 age group were retrieved from the website Index Mundi (IndexMundi 2021). The weighted rate is then applied to the country's female population (column D) to give the amount of FGM (column K).

Where UNICEF gives only a general rate (i.e. Central African Republic, Liberia, Niger, Somalia, South Sudan, Uganda and Yemen), this is simply applied to the country's estimated female population.

A	B	C	D	E	F	G	H	I	J	K	L
	POPULATION (millions)	% OF POPULATION FEMALE	FEMALE POPULATION (millions)	% OF GIRLS (AGED 0-14 YEARS) WHO HAVE UNDERGONE FGM	DATE	% OF WOMEN (AGED 15-49 YEARS) WHO HAVE UNDERGONE FGM	DATE	SOURCE (if other than "DATA WAREHOUSE" 2025)	% OF POPULATION 0-14	WEIGHTED RATE (& also national FGM rate)	AMOUNT OF FGM (millions)
	"(World Bank Open Data" n.d.)			"Data Warehouse" n.d.)		"Data Warehouse n.d.)			(Index Mundi, 2021)		
Benin	14,46272	49,9	7,21690	0,2	2014	9,2	2014		45,56	5,0996	0,36803
Burkina Faso	23,54878	50,2	11,82149	9,4	2021	56,1	2021		43,58	35,74814	4,22596
Cameroon	29,12374	50,2	14,62012			1,4	2004			1,4	0,20468
Central African Republic	5,33069	52	2,77196	1,4	2019	21,6	2019		39,49	13,62302	0,37763
Chad	20,29912	49,8	10,10896	7	2019	34,1	2019		47,43	21,24647	2,14780
Côte d'Ivoire	31,93423	49,1	15,67971	10,1	2016	34,1	2016		38,53	24,8528	3,89685
Djibouti	1,16872	50,4	0,58903	30,9	2019	90,1	2019		29,97	72,35776	0,42621
Egypt	116,53826	49,5	57,68644	14,1	2015	87,2	2015		33,62	62,62378	36,12543
Eritrea	3,5356	50,6	1,78901	33,2	2010	83	2010		38,23	63,96146	1,14428
Ethiopia	132,05977	49,9	65,89783	15,7	2016	65,2	2016		39,81	45,49405	29,97959
Gambia	2,75999	50,2	1,38551	45,9	2020	72,6	2020		35,15	63,21495	0,87585
Ghana	34,42741	50,1	17,24813	0,1	2018	2,4	2018		37,44	1,53888	0,26543
Guinea	14,75478	50,5	7,45116	39,1	2018	94,5	2018		41,2	71,6752	5,34064
Guinea-Bissau	2,20135	50,6	1,11388	29,7	2019	52,1	2019		43,17	42,42992	0,47262
Iraq	46,04201	49,8	22,92892	0,5	2018	7,4	2018		37,02	4,84562	1,11105
Kenya	56,43294	50,3	28,38577	1,6	2022	14,8	2022		38,71	9,69028	2,75066
Liberia	5,61282	50,1	2,81202			31,8	2020			31,8	0,89422
Maldives	0,5278	38,1	0,20109	1,1	2017	12,9	2017		22,13	10,28866	0,02069
Mali	23,2937	49,5	11,53038	72,7	2018	88,6	2018		47,69	81,01729	9,34160
Mauritania	5,1694	50,9	2,63122	44,5	2021	63,9	2021		37,56	56,61336	1,48963
Niger	27,03241	49,2	13,29995			2	2012			2	0,26600
Nigeria	232,67948	49,4	114,94366	8,2	2021	15,1	2021		41,7	12,2227	14,04922
Senegal	18,50198	49,2	9,10297	12,9	2023	20,1	2023		20,35	18,6348	1,69632
Sierra Leone	8,64202	50,1	4,32965	7,9	2019	83	2019		40,38	52,67462	2,28063
Somalia	19,00915	49,9	9,48557			99,2886	2020			99,2886	9,41809
South Sudan	11,94341	50,8	6,06725			1	2015	UNICEF South Sudan 2021		1	0,06067
Sudan	50,44896	50,4	25,42628	30,1	2014	86,6	2014		42,01	62,86435	15,98406
Togo	9,51524	49,7	4,72907	0,3	2017	3,1	2017		39,73	1,98756	0,09399
Uganda	50,01509	50,4	25,20761			0,3	2016			0,3	0,07562
United Republic of Tanzania	68,56016	50,4	34,55432	0,5	2022	8,2	2022		42,7	4,9121	1,69734
Yemen	40,58316	49,3	20,00750			18,5	2013			18,5	3,70139
TOTAL											150,78217

B) SIMPLE RATE CALCULATIONS NOT BASED ON UNICEF DATA

The calculations in this section national rates of FGM (column E) from sources other than UNICEF (column F). These are multiplied by the country's female population (column D) to give the amount of FGM (column H). This method is used for three countries.

A	B	C	D	E	F	G	H
	POPULATION (MILLIONS)	% OF POPULATION FEMALE	FEMALE POPULATION (MILLIONS)	FGM RATE (%)	SOURCE	DATE	AMOUNT OF FGM (MILLIONS)
KUWAIT	4.89726	38.9	1.90503	38	(CHIBBER, EL-SALEH, AND EL HARMI 2011)	2010	0.72391
UNITED ARAB EMIRATES	10.9864	36.1	3.96609	41.4	(ALAWAR ET AL. 2020)	2020	1.64196
ZAMBIA	21.31496	50.5	10.76406	0.7	(CENTRAL STATISTICAL OFFICE 2009, 50)	2009	0.07535
TOTAL							2.44122

C) CALCULATIONS FROM NATIONAL AMOUNTS

The calculations in section C are for countries whose FGM statistics are expressed as an amount rather than a rate. These are all countries with very low rates of FGM. This calculation is used for thirty-two countries.

Most of these countries give a single figure estimate. However, three countries—Austria, Canada and the USA—give a range, and the table is organised to accommodate these countries, with minimum estimates in column C and maximum estimates in column D. Where a country gives a single figure estimate the same figure is entered in both columns.

It should be noted that the data for some countries included in the report by Van Baelen et al. dates from 2011 and 2012. Given the large-scale immigration that has since taken place from Islamic African and the Middle Eastern countries, many of which practice FGM at high rates, these statistics, and the results derived from them, probably significantly underestimate the actual prevalence of FGM in these countries today.

COUNTRY	SOURCE	MINIMUM AMOUNT OF FGM (UNITS)	MAXIMUM AMOUNT OF FGM (UNITS)
AUSTRALIA	(AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE 2019)	53,088	
AUSTRIA	(EUROPEAN INSTITUTE FOR GENDER EQUALITY 2021)	6,000	8,000
BELGIUM	(DUBOURG AND RICHARD 2022)	23,395	
BULGARIA	(VAN BAELEN, ORTENSI, AND LEYE 2016)	31	
CANADA	(FINDLAY 2023)	95,000	161,000
CROATIA	(VAN BAELEN, ORTENSI, AND LEYE 2016)	112	
CYPRUS	(VAN BAELEN, ORTENSI, AND LEYE 2016)	1,301	
CZECH REPUBLIC	(VAN BAELEN, ORTENSI, AND LEYE 2016)	312	
DENMARK	(VAN BAELEN, ORTENSI, AND LEYE 2016)	7,910	
ESTONIA	(VAN BAELEN, ORTENSI, AND LEYE 2016)	8	
FINLAND	(MIMMI AND REIJA 2019)	10,254	
FRANCE	(“LUTTE CONTRE LES MUTILATIONS SEXUELLES” 2024)	139,000	
GERMANY	(FRAUENRECHTE.DE 2026)	103,947	
GREECE	(VAN BAELEN, ORTENSI, AND LEYE 2016)	15,249	
HUNGARY	(VAN BAELEN, ORTENSI, AND LEYE 2016)	396	
IRELAND	(POLLAK 2018)	5,790	
ITALY	(ORTENSI ET AL. 2025)	88,600	

LATVIA	(VAN BAELEN, ORTENSI, AND LEYE 2016)	5	
LUXEMBOURG	(VAN BAELEN, ORTENSI, AND LEYE 2016)	379	
MALTA	(VAN BAELEN, ORTENSI, AND LEYE 2016)	565	
NETHERLANDS	(KAWOUS ET AL. 2022)	41,000	
NORWAY	(ZIYADA ET AL. 2015)	17,300	
POLAND	(VAN BAELEN, ORTENSI, AND LEYE 2016)	207	
PORTUGAL	(TEIXEIRA AND LISBOA 2016)	8,406	
ROMANIA	(VAN BAELEN, ORTENSI, AND LEYE 2016)	79	
SLOVAKIA	(VAN BAELEN, ORTENSI, AND LEYE 2016)	57	
SLOVENIA	(VAN BAELEN, ORTENSI, AND LEYE 2016)	69	
SPAIN	(PASTOR-BRAVO ET AL. 2022)	69,086	
SWEDEN	(SOCIALSTYRELSEN 2023)	68,000	
SWITZERLAND	(RÉSEAU SUISSE CONTRE L'EXCISION 2023)	22,400	
UNITED KINGDOM	(MACFARLANE AND DORKENOO 2015)	137,000	
UNITED STATES OF AMERICA	(CALLAGHAN 2023)	513,000	577,000
TOTALS (MILLIONS)		1.427946	1.559946

D) CALCULATIONS FROM FGM-PRACTISING SUBPOPULATIONS

The calculations in section D concern six countries where a single sub-population is reported as practising FGM. Three calculations have been necessary:

- i. countries where the FGM-practising subpopulation is a minority and the data gives the subpopulation size as an amount (Colombia & India)
- ii. countries where the FGM-practising subpopulation is a minority and the data gives the subpopulation size as a percentage (Singapore & Sri Lanka)
- iii. countries where the FGM-practising subpopulation is a majority. The subpopulation size for these is expressed as a percentage.

For sub-population constituting the national majority (>50%), statistics giving the proportion of the population that is female have been used. With minority sub-populations, such as in group i and ii, the male:female ratio could not be assumed to be the same, or similar, to that of the whole country and therefore the calculation has assumed that females constitute 50% of the population. The sources justifying the inclusion of each subpopulation in these calculations and for each subpopulation's FGM rate are given using a spreadsheet-type reference to the relevant cells in table iv.

Table i

A	B	C	D	E	F	G	H	I	J	K	L
	FGM-PRACTISING SUB-POPULATION	SUB-POPULATION SIZE (MILLIONS)	DATA SOURCE	FEMALE SUB-POPULATION SIZE (MILLIONS)	MIN FGM RATE (%)	MAX FGM RATE (%)	DATA SOURCE	MIN AMOUNT OF FGM (MILLIONS)	MAX AMOUNT OF FGM (MILLIONS)	MIN NATIONAL RATE (%)	MAX NATIONAL RATE (%)
COLOMBIA	EMBERA	0.19612	2A	0.09806	66	66	2B	0.06472	0.06472	0.25	0.25
INDIA	DAWOODI BOHRA	1.249	3A	0.6245	70	90	3B	0.43715	0.56205	0.06	0.08
TOTAL (MILLIONS)								0.50187	0.62677		

Table ii

A	B	C	D	E	F	G	H	I	J	K	L	M
	POPULATION (MILLIONS)	FGM-PRACTISING SUBPOPULATION	SUB-POPULATION SIZE (%)	DATA SOURCE	FEMALE SUB-POPULATION SIZE (MILLIONS)	MIN FGM RATE (%)	MAX FGM RATE (%)	DATA SOURCE	MIN AMOUNT OF FGM (MILLIONS)	MAX AMOUNT OF FGM (MILLIONS)	MIN NATIONAL RATE (%)	MAX NATIONAL RATE (%)
SINGAPORE	6.03686	MUSLIM WOMEN	15.6	5A	0.45487	75	75	5B	0.34115	0.34115	11.3	
SRI LANKA	21.916	MUSLIM WOMEN	10.5	6A	1.18741	90	90	6B	1.06867	1.06867	9.75	
TOTAL									1.40982	1.40982		

Table iii

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	POPULATION (MILLIONS)	% OF POPULATION FEMALE	FEMALE POPULATION (MILLIONS)	FGM-PRACTICING SUBPOPULATION	SUBGROUP % OF POPULATION	DATA SOURCE	FEMALE SUB-POPULATION (MILLIONS)	SUBPOPULATION MIN FGM RATE (%)	SUBPOPULATION MAX FGM RATE (%)	DATA SOURCE	MIN AMOUNT OF FGM (MILLIONS)	MAX AMOUNT OF FGM (MILLIONS)	MIN NATIONAL RATE (%)	MAX NATIONAL RATE (%)
BRUNEI	0.46272	46.9	0.21702	MALAY MUSLIMS	73.8	1A	0.16016	86	99.3	1B	0.13774	0.15904	63.46	73.28
MALAYSIA	35.55767	47.6	16.92545	ETHNIC MALAYS	58.2	4A	11.71241	93	93	4B	9.16107	9.16107	54.13	54.13
TOTAL											9.29881	9.32011		
GRAND TOTAL TABLE i, ii, iii : 11.21049 11.35669														

Table iv

	A	B	SOURCE	SOURCE
	SUBPOPULATION SIZE DATA		SUBPOPULATION FGM RATE DATA	
1	BRUNEI	IN 2022, 73.8% OF BRUNEI'S POPULATION WERE MALAY MUSLIMS	(ORCHID PROJECT AND ASIA NETWORK TO END FGM/C 2024)	SURVEYS IN MALAYSIA HAVE SUGGESTED THE PREVALENCE OF FGC AMONG MALAY MUSLIMS IN THAT COUNTRY TO BE BETWEEN 86% AND 99.3%.
2	COLOMBIA	EMBERA ARE COLOMBIA'S THIRD LARGEST INDIGENOUS PEOPLE WITH AN ESTIMATED POPULATION OF AROUND 196,115 PEOPLE	(MINORITY RIGHTS GROUP 2023)	"ACCORDING TO THE UNITED NATIONS POPULATION FUND (UNFPA), UNOFFICIAL FIGURES SUGGEST THAT TWO-THIRDS OF EMBERA WOMEN HAVE UNDERGONE FGM." (PARA.6), [UPDATE]
3	INDIA	INDIA: 1,119,000	("BOHRA PEOPLE GROUP IN ALL COUNTRIES JOSHUA PROJECT," N.D.)	"ACCORDING TO HUMAN RIGHTS GROUPS AND MEDIA REPORTS, BETWEEN 70 AND 90 PERCENT OF DAWOODI BOHRAS, A POPULATION OF APPROXIMATELY ONE MILLION CONCENTRATED IN THE STATES OF MAHARASHTRA, GUJARAT, RAJASTHAN, AND DELHI, PRACTICED FGM/C."
4	MALAYSIA	"MALAY ACCOUNTED 58.2 PER CENT OF THE POPULATION IN THE THIRD QUARTER 2025"	(DOSM 2025)	"IN VIEW OF THESE STUDIES, ORCHID PROJECT ESTIMATES AN FGC PREVALENCE OF 93% IN THE FEMALE, ETHNIC MALAY POPULATION (OR MORE THAN 7.5 MILLION GIRLS AND WOMEN) AND NO FGC IN THE CHINESE AND INDIAN POPULATIONS."
5	SINGAPORE	"AMONG RESIDENTS AGED 15 YEARS AND OVER IN 2020 [...] 15.6 PER CENT [IDENTIFIED THEMSELVES] AS MUSLIMS"	(SINGAPORE DEPARTMENT OF STATISTICS 2021)	"REPORTS FROM SINGAPORE TESTIFY THAT 75% OF MUSLIM WOMEN (275 OUT OF 360 WOMEN) HAVE UNDERGONE FGM/C IN SINGAPORE BASED ON A PILOT STUDY OF 360 MUSLIM WOMEN DONE IN 2020 BY END FGC SINGAPORE"
6	SRI LANKA	"DURING THE CENSUS, THE ETHNICITY REPORTED BY INDIVIDUALS THEMSELVES IS CONSIDERED THEIR ETHNIC GROUP. ACCORDINGLY, OF THE TOTAL POPULATION OF SRI LANKA [...] 10.5% ARE SRI LANKAN MOORS/MUSLIMS"	(DEPARTMENT OF CENSUS AND STATISTICS 2025, 2)	"IT IS PRACTISED WITHIN THE MOOR, MALAY AND DAWOODI BOHRA COMMUNITIES, AND STUDIES AND ANECDOTES FIND THAT 90% OF WOMEN AND GIRLS HAVE BEEN CUT."

E) MISCELLANEOUS CALCULATIONS

Section E is for countries that require special methods to calculate their FGM prevalence (Indonesia, Iran, Oman, Philippines, Saudi Arabia, Thailand).

Indonesia

ISSUE: no general statistic exists for Indonesia. What does exist are UNICEF statistics for the 0-15 age group for 2003 and for 2021.

SOLUTION: The calculation treats 2003's 0-15 cohort as 2021's 15-49 cohort. 2003's 0-15 cohort's FGM rate was 97.5% (column J); 2021's 0-15 cohort FGM rate was 55% (column E). 2003's 0-15 cohort was 18-33 in 2021. Therefore 2003's 97.5% statistic applies to 2021's 18-33 age range.

The adult ages not covered for 2021 are therefore 16-17 and 34-49. 2003's 97.5% rate can be used for those who were already adult (>15) in 2003 (i.e. 2021's 34-49 age range). The difference in FGM rates between 2003 and 2021 shows a decline in the practice which can be extrapolated backwards. Such an extrapolation would suggest that it is unlikely that 2021's 34-49 age range FGM rate would have been lower, or significantly lower, than their younger peers included in the 2003 survey. Their FGM rate was possibly higher, but could not have been higher by more than 2.5%. Two years of 2021's adult cohort are left unaccounted for (16- and 17-year-olds).

The calculation is identical to the one used for section A: a weighted rate (column M) is calculated using the FGM rates of the two cohorts (columns E and J) and the percentage of the population that was 0-14 in the most recent demographic survey (column H). This weighted rate is applied to the female population of Indonesia (column D) to give the estimated total prevalence (column N).

N	AMOUNT OF FGM (MILLIONS)	123.32551
M	WEIGHTED RATE (%)	87.35525
L	SOURCE	(BUDIHARSANA ET AL. 2003)
K	DATE	2003
J	0-15 FGM RATE (%)	97.5
I	SOURCE	("AGE STRUCTURE" 2021)
H	% OF POPULATION 0-14	23.87
G	SOURCE	(UNICEF, N.D.)
F	DATE	2021
E	0-15 FGM RATE (%)	55
D	FEMALE POPULATION (MILLIONS)	141.17699
C	FEMALE POPULATION (%)	49.8
B	SOURCE	(WORLD BANK OPEN DATA, N.D.)
A	POPULATION (MILLIONS)	283.48793

Iran

ISSUE: No national rate or prevalence. The prevalence of FGM in Iran is reported as being high in seven provinces, namely Hormozgan, Bushehr, Kurdistan, Kermanshah, Khuzestan, Lorestan and West Azerbaijan (Akhavan 2020). Statistics exist for only four provinces in Iran.

SOLUTION: One report (Ahmady 2022) gives FGM rates (column E) for the four Iranian provinces most affected by FGM (column A). The calculation takes the reported rate for each province and applies it to that province's female population (column D) to give each province's prevalence (column G). The prevalences of the four provinces are then summed to give a prevalence for Iran.

A	B	C	D	E	F	G	H
PROVINCE	POPULATION (MILLIONS)	SOURCE	FEMALE POPULATION (B/2)	FGM RATE (%)	SOURCE	FGM AMOUNT (MILLIONS)	NATIONAL FGM RATE (%)
HORMOZGAN	2.06	(BRINKHOFF 2023)	1.03	60	(AHMADY 2022, 139)	0.618	
KERMANSHAH	2.026		1.013	18		0.18234	
KURDISTAN	1.723		0.8615	16		0.13784	
WEST AZERBAIJAN	3.553		1.7765	21		0.37307	
TOTAL:						1.31125	2.86

Oman

ISSUE: Only two studies exist. Both are local or regional rather than national, and the rates of FGM they report differ by 17.5%. Neither gives a national rate or amount.

SOLUTION: Have one report as 'maximum rate' and the other as 'minimum rate'

A	B	C	D	E	F	G	H
FGM RATE (%)	SOURCE	POPULATION (MILLIONS)	FEMALE POPULATION (%)	SOURCE	FEMALE POPULATION (MILLIONS)	FGM AMOUNT (MILLIONS)	NATIONAL FGM RATE (%)
78	(HABIBA 2014)	5.28154	37.8	("WORLD BANK OPEN DATA," N.D.)	1.99642	1.55721	58.97
95.5	(THABET AND KHAROUSI 2018)					1.90658	72.2

Philippines

ISSUE: No national rate for the Philippines exists.

SOLUTION: FGM is practised by Muslims in Bangsamoro Autonomous region. These belong to the Shafi’i school of Islam—a school of Islam that makes FGM obligatory. Bangsamoro is the region of the Philippines with a predominantly Muslim population. The FGM rate is given as 80% and 86.8% for the province Lanao del Sur. Other than in one municipality “*There were no marked differences in the acceptability and willingness to continue FGM/C among respondents from different provinces*”. The calculation uses the 80% statistic rather than the 86.8% because it is more recent and is for the whole of the Bangsamoro Autonomous Region and not just for one of its provinces.

A	B	C	D	E	F	G	H
POPULATION OF BANGSAMORO (MILLIONS)	SOURCE	MUSLIM POPULATION OF BANGSAMORO (%)	SOURCE	FEMALE POPULATION (%)	FGM RATE (%)	AMOUNT OF FGM (MILLIONS)	NATIONAL FGM RATE (%)
5.69158	(BRINKHOFF 2025)	91.28	(LOONG 2025)	49.9	80	2.07395	3.58

NOTE: The actual prevalence for the Philippines is probably significantly higher than the 1.796 million figure, which is only for the Bangsamoro Autonomous region. The calculation does not include Muslim populations living in Basilan (which is contiguous to the Bangsamoro Autonomous region and has a Muslim population greater than 50%). Nor does it include the several regions where there are significant minority Muslim populations (e.g. Lanao del Norte, Sultan Kudarat & Cotabato).

Saudi Arabia

ISSUE: There are only two studies conducted in Saudi Arabia from which FGM rates can be derived. Both are local studies, with one (Rouzi et al. 2019) conducted in the King Abdulaziz University Hospital obstetrics and gynaecology clinic in Jeddah, and the other (Milaat, Ibrahim, and Albar 2018) in the town of Hali, in Al-Qunfudhah province. The rates they report differ widely (14.44% and 80.3% respectively).

SOLUTION: Have one report as ‘maximum rate’ and other as ‘minimum rate’.

The study by Milaat, Ibrahim, and Albar gives an explicit rate. The study by Rouzi et al. does not. The rate is derived from the table on page 3 from which the following data has been extracted.

A	B	C	D
	WOMEN WITH FGM/C	WOMEN WITH NO FGM/C	TOTAL SAMPLE
SAUDI	87	572	683
NATURALISED SAUDI	23	54	79
NON-SAUDI	65	130	201

The calculation includes Saudi and naturalised Saudis, but excludes non-Saudis, who would have come to Jeddah to undergo treatment, and would return to their country afterwards. The total of Saudi women with FGM was 110, 14.44% of all the Saudi nationals sampled (683+79).

A	B	C	D	E	F	G	H
SOURCE	DATE	FGM RATE (%)	POPULATION (MILLIONS)	FEMALE POPULATION (%)	FEMALE POPULATION (MILLIONS)	FGM AMOUNT (MILLIONS)	NATIONAL FGM RATE (%)
(ROUZI ET AL. 2019,3)	2019	14.44	35.30028	39.5	13.94361	2.01286	11.4
(MILAAT, IBRAHIM, AND ALBAR 2018, 81)	2018	80.3				11.19672	63.44

Of all the countries for which this report gives a national prevalence, Saudi Arabia raises the most doubts and questions. The interval between the two FGM rates covers two-thirds of the possible range. This suggests that one (or both) studies is wide of the mark of the true national rate. On the other hand, at least in theory, Saudi Arabia’s true FGM rate probably lies somewhere between the two.

Thailand

ISSUE: No national rate for Thailand.

SOLUTION: In 2024 the FGM/C Research Initiative stated that the prevalence of FGM amongst southern Thailand’s Muslim community is believed to be about 88.5% (A1).

It is not immediately evident what is meant by ‘southern Thailand’. It could refer to the large administrative area that comprises most of the Thai peninsula from its border with Malaysia to Chumphon province to the north, or it could refer to the Muslim-majority provinces that are adjacent to the Malaysian border (A1-4, C2, D2,) where the FGM-practising Malay population is most concentrated. The four provinces adjacent to Malaysia

have a Muslim-majority population and the rest of the greater southern Thailand administrative region has a Buddhist majority. It therefore is not possible that the 88.5% FGM rate is for the *whole* greater southern Thailand region as this would mean that most of the Buddhist population of the region would also have to be practicing FGM, for which there is no evidence—only Muslims are reported as practising FGM (A1-2, B2, D2, E2), specifically Malay Muslims (C2, E2). There is no data suggesting that non-Muslim populations also engage in FGM. Therefore the 88.5% FGM rate must apply to the three/four provinces adjacent to Malaysia (C2, A3-4).

A						
1	(MORIN, CALLAGHAN, AND ISSELL 2024)	"THE PREVALENCE OF FGC IN SOUTHERN THAILAND'S MUSLIM COMMUNITY IS BELIEVED TO BE SIMILAR TO THAT OF THE COMMUNITY IN KELANTAN, MALAYSIA. KELANTAN HAS ONE OF THE HIGHEST FGC-PREVALENCE FIGURES IN MALAYSIA (88.5% OF WOMEN)"				
		A	B	C	D	E
2	(NAKAMURA ET AL. 2023)	"THE PRACTICE IS MOST PREVALENT IN AFRICA AND IN THE MIDDLE EAST, BUT IT IS ALSO PREVALENT AMONG THE MUSLIM COMMUNITIES IN SOUTH EAST ASIA INCLUDING MALAYSIA, THAILAND, SINGAPORE, BRUNEI, PHILIPPINES AND INDONESIA."	"THERE IS NO OFFICIAL DATA FOR SINGAPORE AND THAILAND (CLARENCE-SMITH 2008; MARRANCI 2015) BUT IT IS BELIEVED THAT MOST MUSLIMS IN THESE COUNTRIES PRACTICE FGC"	"MOST PEOPLE IN THE NUSANTARA, A MALAY REALM WHICH ENCOMPASSES SOUTH OF THAILAND, MALAYSIA, SINGAPORE, AND BRUNEI, EITHER BELIEVE FGC IS WAJIB (MANDATORY) OR AT THE VERY LEAST IT IS SUNNAH I.E., IT IS ENCOURAGED BUT IS NOT MANDATORY"	"IN SOUTHERN THAILAND, MALAY-SPEAKING MUSLIMS ARE THE MAJORITY. "AMONG THE THAILAND MALAY-SPEAKING MUSLIMS LIVING IN SOUTHERN THAILAND, THE TRADITIONAL MIDWIFE PERFORMS A MILD FORM OF FEMALE GENITAL CUTTING (FGC) ON BABY GIRLS" (MERLI 2008: 32)"	"IN MALAYSIA, FGC IS SOLELY PRACTICED BY THE MUSLIM COMMUNITY ESPECIALLY THE MALAY MUSLIM COMMUNITY"
A						
3	(CHUD 2016)	"IN THE THREE SOUTHERNMOST BORDER PROVINCES, THE VAST MAJORITY OF THE LOCAL MUSLIM POPULATION IS PREDOMINANTLY MALAY, AMOUNTING TO ABOUT 80 PERCENT OF THE REGION'S POPULATION"				
4	(MERLI 2012)	"IN THE FOUR SOUTHERN PROVINCES BORDERING MALAYSIA, MALAY-MUSLIMS MAKE UP ABOUT 75 PERCENT OF THE LOCAL POPULATION (QUOTED IN CHAIWAT 1987, 19)"				

CALCULATION: The population of each of the four provinces is halved to give their estimated female population. From this we take 80%, which represents the proportion of this population that is Muslim, then 88.5%, which is the estimated FGM rate for Muslims in these provinces.

PROVINCE	POPULATION (MILLIONS)	SOURCE	FEMALE POPULATION (MILLIONS)	% MUSLIM (A3)	MUSLIM FGM RATE (%)	AMOUNT OF FGM (MILLIONS)	NATIONAL FGM RATE (%)
SATUN	0.32406	(SMART CITY THAILAND 2026)	0.16203	80	85	0.11018	
YALA	0.53233	(BRINKHOFF, N.D.)	0.26616			0.18099	
PATTANI	0.73296	(UNITED NATIONS DEVELOPMENT PROGRAMME 2024)	0.36648			0.24920	
NARATHIWAT	0.81916	(NATIONAL STATISTICAL OFFICE 2024, 17)	0.40958			0.27852	
					TOTAL	0.81889	2.29

F) COUNTRIES FOR WHICH THERE IS ANECDOTAL EVIDENCE OF FGM BUT NO NUMERICAL DATA

The fact that a country is not included in this list does not imply that it is free from FGM: there may be countries where FGM occurs, but for which there is not even anecdotal evidence of FGM. Most of the countries in this section probably have low rates of FGM, practised by small or isolated subpopulations.

There are many countries that are not mentioned in this report because neither numerical or anecdotal data exist reporting FGM there. However, this lack of data may be due to the countries’ unwillingness or inability to report and record cases of FGM on their territory rather than an actual absence of FGM. This may be the case with countries who share borders with countries with high FGM rates and who are subject to migration from those countries, for example Libya, which shares borders with Egypt (FGM rate 62.62%), Sudan (FGM rate 62.86%) and Chad (FGM rate 21.24%); and Algeria, which shares its border with Mali (FGM rate 81%) and Mauritania (FGM rate 56.61%).

On the other hand, some countries are included in this report based on a handful of cases. Estonia, for example, is included in this report on the basis of 8 cases.

An Iranian study found that many refugee Afghani women had undergone FGM. 80-85% of Afghanistan’s population follow Hanafism, the school of Islam not associated with FGM. Shia Muslims make up about 10-15 percent (“2021 Report on International Religious Freedom: Afghanistan” 2021). The Shia minority have suffered persecution historically and more recently at the hands of the Taliban (“List of Massacres against Hazaras” 2024). It is possible that a disproportionate amount of the refugees fleeing Afghanistan for Iran (which is Shia) come from these minorities. One of the persecuted groups is the Dawoodi Bohra—a branch of Shia Islam that practices FGM at very high rates (Sahiyo 2017).

The 1998 World Health Organisation report into FGM (Toubia and Izett 1998, 11) attributes a 5% FGM rate to the Democratic Republic of the Congo. However, this rate has since been questioned and is no longer used by the WHO. We have therefore omitted the DRC from our tally of global FGM. There exists, however, more recent anecdotal evidence of FGM being practiced there.

	DATA	SOURCE	DATA	SOURCE
Afghanistan	"In one small study in Iran, a high prevalence of FGM showed among refugee women from Afghanistan – this hint to FGM being practiced in Afghanistan could not be substantiated until now, though."	("FGM in the Middle East & Asia" 2018)	"FGM/C is a common practice in rural areas of Southern Iran and is associated with increased age, illiteracy, Sunni Islam religion, Afghan nationality, and positive family history."	(Dehghankhalili et al. 2015)
Algeria	An online survey conducted in 2013 with 992 participants from 11 Middle Eastern countries found that 8.3% of female survey participants from Algeria reported having undergone FGM.	(Shaeer and Shaeer 2013)		
Azerbaijan	"In 2020-2021, the Azerbaijani press published articles about the savage practice of circumcision of young girls, a female Sunnet, secretly practiced in the northern regions of the country." "It is indicated that female circumcision has survived among a part of the Avar population of Azerbaijan. This custom exists in villages, mainly in the northern part of the region - Danachi, Pashan, Makov, Kebeleba, Mazykh, Yolayji, Jar, Akhahdere and Zilban."	(Ali 2021)	"Recently, cases of "female circumcision" have been identified in the North Caucasus - in Dagestan and Ingushetia, as well as among Avarians living in the Kvarel region of Georgia." "At present, there was unconfirmed evidence that "female circumcision" is practiced in northern Azerbaijan, in villages that border the Kvarel region of Georgia."	(Musavi 2020)
Bahrain	An online survey conducted in 2013 with 992 participants from 11 Middle Eastern countries found that 8.3% of female survey participants from Bahrain reported having undergone FGM.	(Shaeer and Shaeer 2013)	"There is no specific law that prohibits female genital mutilation (FGM). [Bahrain Human Rights Society] received several reports of cases during the year, but there were no available statistics on the prevalence of FGM."	(United States Department of State 2006)
Bangladesh	"FGM is practised in India, Sri Lanka, Bangladesh, Thailand, Malaysia, Brunei, Singapore, Cambodia, Vietnam, Laos, the Philippines and Indonesia"	(Dawson et al. 2020)		
Cambodia	"There are academic articles on the practice of FGM in Indonesia (Budiharsana et al. 2003; Clarence-Smith 2008; Feillard and Marcoes 1998; Newland 2006; Putranti 2008; Susiastuti et al.2017), in Malaysia (Ainslie 2015; Isa et al. 1999; Iguchi and Rashid 2020; Rashid and Iguchi 2019; Rashid et al. 2009, 2020; Salleha et al. 2017), in southern Thailand (Merli 2008, 2010), and in Singapore (Marranci 2015) but none on the practice in Brunei, southern Philippines, or the Muslim communities in Vietnam and Cambodia, although the practice is reported there. The Muslim communities in Vietnam and Cambodia, although the practice is reported there."	(Nakamura et al. 2023, 131)	"FGM is practised in India, Sri Lanka, Bangladesh, Thailand, Malaysia, Brunei, Singapore, Cambodia, Vietnam, Laos, the Philippines and Indonesia"	(Dawson et al. 2020)

Congo (The Republic of)	"Sources report that according to the WHO, the prevalence of FGM in the DRC is approximately five percent (Kvinnna till Kvinna 19 Aug. 2019; IPU n.d.). However, a statistical overview from the UNHCR published in February 2013 indicates that according to the WHO, [UN English version] "the figure of 5% mentioned in a WHO publication in 1997 was a questionable estimate" (UN Feb. 2013, 4). A map of the FGM prevalence rates in Africa for women aged 15 to 49, currently available on the WHO website, indicates either that data on FGM is missing for the DRC or that FGM is not [UN English version] "widely practised" there (UN n.d.)."	(Immigration and Refugee Board of 2019)	"The Committee is concerned that female genital mutilation is still practised in some West-African communities living in the Republic of the Congo. The Committee recommends that the State party adopt legislation prohibiting such harmful practices and take well targeted measures to ensure the eradication of female genital mutilation in all communities living on its territory, including through widespread awareness-raising campaigns, and encourage children to report these practices to health professionals and competent authorities"	(Comité des Droits de L'Enfant 2006)
Democratic Republic of the Congo	"Sources report that according to the WHO, the prevalence of FGM in the DRC is approximately five percent (Kvinnna till Kvinna 19 Aug. 2019; IPU n.d.). However, a statistical overview from the UNHCR published in February 2013 indicates that according to the WHO, [UN English version] "the figure of 5% mentioned in a WHO publication in 1997 was a questionable estimate" (UN Feb. 2013, 4). A map of the FGM prevalence rates in Africa for women aged 15 to 49, currently available on the WHO website, indicates either that data on FGM is missing for the DRC or that FGM is not [UN English version] "widely practised" there (UN n.d.)."	(Immigration and Refugee Board of 2019)	"Fischer spoke about her experiences in the DRC, a post-conflict setting. There, she met survivors of female genital mutilation (FGM), for whom the mutilation went horribly wrong. They now have post-traumatic stress disorder (PTSD) and cannot hold their urine or excrement. They are excluded from their communities and discriminated against."	(Hunt 2019)
Ecuador	"According to the United Nations, FGM is practiced by certain communities in the following places...In South America: Colombia, Ecuador, Panama and Peru" (para 5-10) 1 5-10 Ecuador FGM Al Jazeera 2017 31608	(United Nations Population Fund 2026)		
Georgia	"The Office of the Public Defender of Georgia has officially confirmed that the procedure is being practiced in three villages of the Kakheti region (Tivi, Saruso and Chantliskure). In 2017, the article "Disfigurement of female genitals" was introduced into the Criminal Code of Georgia. It provides for imprisonment for a term of 2 to 4 years."	(Ali 2021)	"Recently, cases of "female circumcision" have been identified in the North Caucasus - in Dagestan and Ingushetia, as well as among Avarians living in the Kvarel region of Georgia." "At present, there was unconfirmed evidence that "female circumcision" is practiced in northern Azerbaijan, in villages that border the Kvarel region of Georgia."	(Musavi 2020)

Jordan	"Female genital cutting (FGC) is only known to be practised in the city of Rahmah, which has a population of approximately 500 people. There is little information on FGC in Jordan, however a small scale study carried out by the Jordan Times; 'Female circumcision still haunts Jordanian tribe in southern Jordan' (1999) suggested that 100% of women have been cut" "There is little information on FGC in Jordan, however a small scale study carried out by the Jordan Times; 'Female circumcision still haunts Jordanian tribe in southern Jordan' (1999) suggested that 100% of women have been cut."	("Jordan," n.d.)	An online survey conducted in 2013 with 992 participants from 11 Middle Eastern countries found that 7.4% of female survey participants from Jordan reported having undergone FGM.	(Shaeer and Shaeer 2013)
Lao People's Democratic Republic	"FGM is practised in India, Sri Lanka, Bangladesh, Thailand, Malaysia, Brunei, Singapore, Cambodia, Vietnam, Laos, the Philippines and Indonesia"	(Dawson et al. 2020)		
Libya	"There was no available information about legislation on FGM/C. FGM/C was not a socially acceptable practice among Libyans; however, some of the migrant populations came from sub-Saharan countries where it was a practice."	(United States Department of State 2019)	An online survey conducted in 2013 with 992 participants from 11 Middle Eastern countries found that 8.1% of female survey participants from Libya reported having undergone FGM.	(Shaeer and Shaeer 2013)
Malawi	"It also remains seriously concerned at the high prevalence of harmful practices, such as child and/or forced marriage, female genital mutilation in certain communities, polygamy, "widow cleansing", initiation rites, ceremonies for girls which lead to abuse and the practice of prescribing sex with girls or women with albinism as a cure for HIV"	(Office of the United Nations High Commissioner for Human Rights 2020)		
Mozambique	"The law prohibits FGM/C. FGM/C existed in the country, but NGOs and the government stated the incidence was low. There were no reliable estimates of the numbers of girls and women subjected to FGM/C..." (15).	("Mozambique 2019 Human Rights Report" 2019, 15)	"Anatomical modification was uncommon, except in Tete, where 25% of women had undergone some kind of cutting in the vaginal area"	(Hilber et al. 2012, 3)
Pakistan	"In India and Pakistan, the Bohras practice female cutting as a religious ritual."	(Institute for Conflict Management, New Delhi, India and Bhattacharya 2024, 127)	"No official data reported. Small-scale studies have shown that FGM/C or khatna is practised within the Dawoodi Bohra community. News reports also suggest that FGM/C is practiced amongst the Sheedis"	("Asia Network to End FGM/C - Pakistan" 2022)

Panama	"According to the United Nations, FGM is practiced by certain communities in the following places:....In South America: Colombia, Ecuador, Panama and Peru" (para 5-10) 1 5-10 Ecuador FGM Al Jazeera 2017 31608	(United Nations Population Fund 2026)	
Peru	"According to the United Nations, FGM is practiced by certain communities in the following places:....In South America: Colombia, Ecuador, Panama and Peru" (para 5-10) 1 5-10 Ecuador FGM Al Jazeera 2017 31608	(United Nations Population Fund 2026)	
Qatar	A survey of obstetricians in Qatar found that: "89.8% of them had experience of managing antenatal patients with previous FGM." "The obstetrical population in Qatar is diverse, coming from various cultural backgrounds. Women from countries such as Sudan, Egypt, Ethiopia, and Somalia who reside in Qatar may present with a history of FGM"	(Naz and Lindow 2021)	
Russian Federation	"Female circumcision is still performed in the North Caucasus, Russia, where the procedure can be secretly performed even in a public hospital."	(Ali 2021)	"In Dagestan, the problem of female circumcision is particularly acute. Every year, about 1240 girls undergo the female genital mutilation procedures in the republic."
South Africa	"Female genital mutilation is the surgical removal of a girl's external genitalia for religious or cultural reasons to prevent intercourse and to enhance status. This extreme form of gender violence is increasing in South Africa."	(Smillie 2022)	A survey found that 36 out of 51 South African gynecologists (i.e. 70.6%) had treated patients who had undergone FGM/C
Syria	An online survey conducted in 2013 with 992 participants from 11 Middle Eastern countries found that 8.3% of female survey participants from Syria reported having undergone FGM.	(Shaeer and Shaeer 2013)	"The practice is known to exist throughout the Middle East, particularly in northern Saudi Arabia, southern Jordan, and Iraq. There is also circumstantial evidence to suggest it is present in Syria, western Iran, and southern Turkey."
Turkey	"The obstetrical population in Qatar is diverse, coming from various cultural backgrounds. Women from countries such as Sudan, Egypt, Ethiopia, and Somalia who reside in Qatar may present with a history of FGM"	("Female Genital Mutilation" 2024)	(Subrajan 2019)
			(Uzel 2020)
			(Birch 2005)

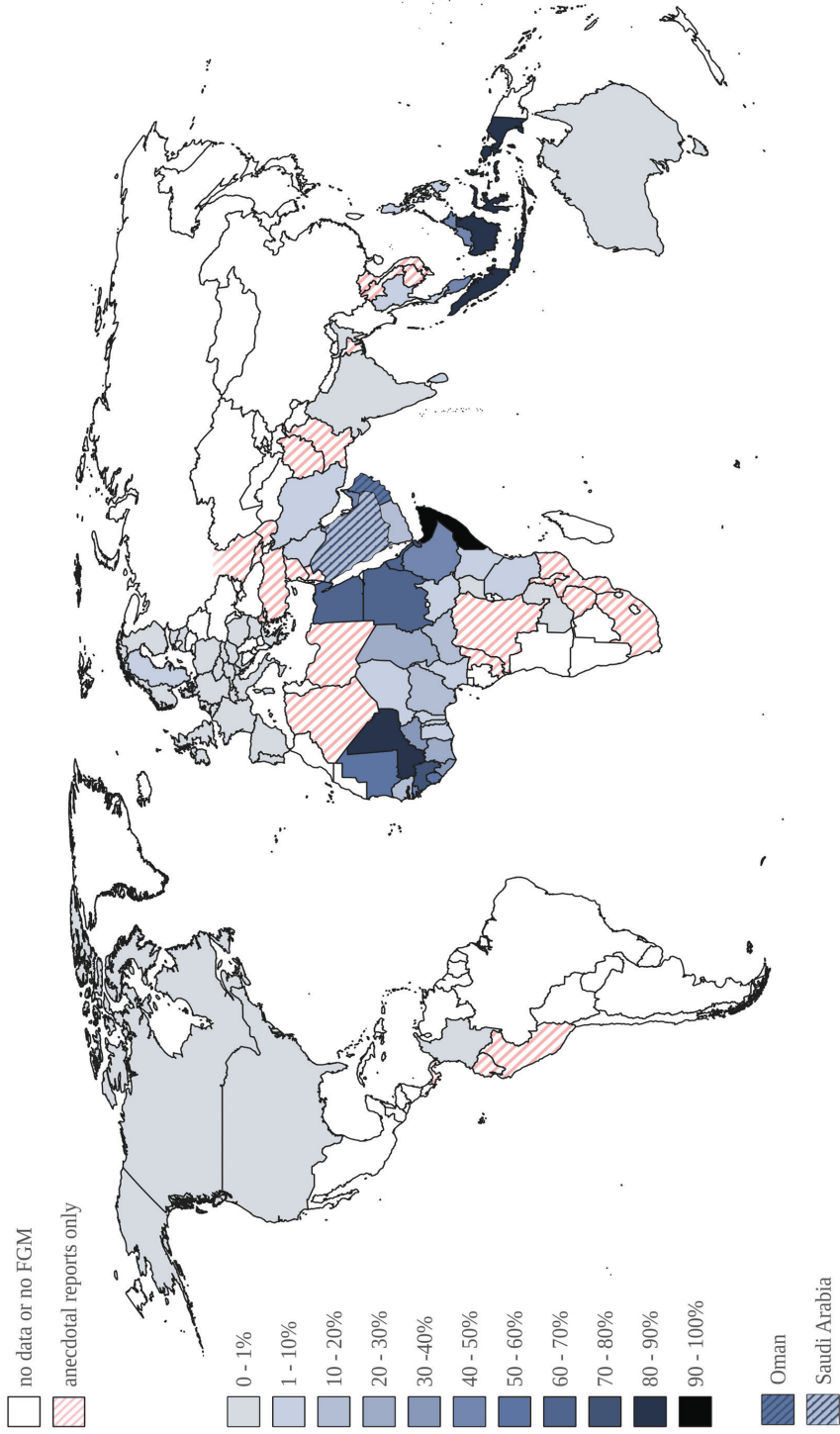
Vietnam	"There are academic articles on the practice of FGC in Indonesia (Budiharsana et al. 2003; Clarence-Smith 2008; Feillard and Marcoes 1998; Newland 2006; Putranti 2008; Susiastuti et al.2017), in Malaysia (Ainslie 2015; Isa et al. 1999; Iguchi and Rashid 2020; Rashid and Iguchi 2019; Rashid et al. 2009, 2020; Salleha et al. 2017), in southern Thailand (Merli 2008, 2010), and in Singapore (Marranci 2015) but none on the practice in Brunei, southern Philippines, or the Muslim communities in Vietnam and Cambodia, although the practice is reported there.the Muslim communities in Vietnam and Cambodia, although the practice is reported there."	(Nakamura et al. 2023, 131)	"The results of the quantitative survey in Vietnam were conducted by Rashid and Afika, and the results were reported at an international conference, "The Practice of Female Genital Cutting Among the Muslim Cham Women in Vietnam" 20th AP Conference (2022). Similar to the survey in Malaysia, the practice rate was high in Vietnam, and people believed it was an Islamic obligation."	(Iguchi 2022)
Zimbabwe	"While the world is condemning female genital mutilation (FGM) in all its forms in Africa the practice also appears to be rampant in Zimbabwe."	(The Herald 2016)	Female genital mutilation (FGM) rarely is performed in the country. However, according to press reports, the initiation rites practiced by the small Remba ethnic group in Midlands Province include infibulation, the most extreme form of FGM.	(Coomaraswamy 2003)

Results

The totals of the different sections

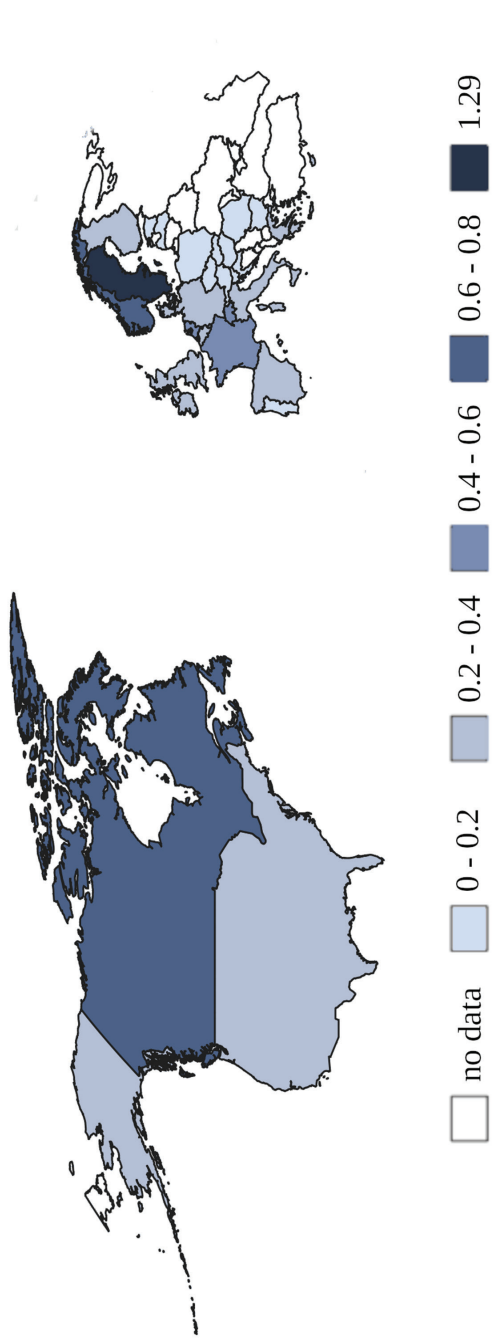
	MINIMUM FGM AMOUNT (MILLIONS)	MAXIMUM FGM AMOUNT (MILLIONS)
A) CALCULATIONS FROM UNICEF DATA	150.78217	150.78217
B) SIMPLE RATE CALCULATIONS NOT BASED ON UNICEF DATA	2.44122	2.44122
C) CALCULATIONS FROM NATIONAL AMOUNTS	1.42795	1.55995
D) CALCULATIONS FROM FGM-PRACTISING SUB-POPULATIONS	11.21049	11.35669
E) MISCELLANEOUS CALCULATIONS:		
INDONESIA	123.32551	123.32551
IRAN	1.31125	1.31125
OMAN	1.55721	1.90658
PHILIPPINES	2.07395	2.07395
SAUDI ARABIA	2.01286	11.19672
THAILAND	0.81889	0.81889
TOTAL	296.96149	306.77293

The global prevalence of FGM is therefore estimated as being between 296.96 million and 306.77 million. For purposes of clarity these will be henceforth rounded out to 297 million and 307 million.



WORLD PREVALENCE (MILLIONS)		
	MINIMUM	MAXIMUM
INDONESIA	123.32	123.33
EGYPT	36.13	36.13
ETHIOPIA	29.98	29.98
SUDAN	15.98	15.98
NIGERIA	14.05	14.05
SOMALIA	9.42	11.2
MALI	9.34	9.42
MALAYSIA	9.16	9.34
GUINEA	5.34	9.16
BURKINA FASO	4.23	5.34
CÔTE D'IVOIRE	3.9	4.23
YEMEN	3.7	3.9
KENYA	2.75	3.7
SIERRA LEONE	2.28	2.75
CHAD	2.15	2.28
PHILIPPINES	2.07	2.15
SAUDI ARABIA	2.01	2.07
TANZANIA	1.7	1.91
SENEGAL	1.7	1.7
UNITED ARAB EMIRATES	1.64	1.7

WORLD RATE (%)		
	MINIMUM	MAXIMUM
SOMALIA	99	SOMALIA
INDONESIA	87	INDONESIA
MALI	81	MALI
DJIBOUTI	72	DJIBOUTI
GUINEA	72	GUINEA
ERITREA	64	OMAN
EGYPT	63	ERITREA
GAMBIA	63	EGYPT
SUDAN	63	GAMBIA
OMAN	59	SUDAN
MAURITANIA	57	SAUDI ARABIA
MALAYSIA	54	MAURITANIA
SIERRA LEONE	53	MALAYSIA
ETHIOPIA	46	SIERRA LEONE
GUINEA-BISSAU	42	ETHIOPIA
UNITED ARAB EMIRATES	41	GUINEA-BISSAU
KUWAIT	38	UNITED ARAB EMIRATES
BURKINA FASO	36	KUWAIT
LIBERIA	32	BURKINA FASO
CÔTE D'IVOIRE	25	LIBERIA



FGM rate (%)

WEST PREVALENCE (MILLIONS)			
MINIMUM		MAXIMUM	
UNITED STATES OF AMERICA	0.513	UNITED STATES OF AMERICA	0.58
FRANCE	0.139	CANADA	0.161
UNITED KINGDOM	0.137	FRANCE	0.139
GERMANY	0.1039	UNITED KINGDOM	0.137
CANADA	0.095	GERMANY	0.1039
ITALY	0.0886	ITALY	0.0886
SPAIN	0.0691	SPAIN	0.0691
SWEDEN	0.068	SWEDEN	0.068
AUSTRALIA	0.0531	AUSTRALIA	0.0531
NETHERLANDS	0.041	NETHERLANDS	0.041
BELGIUM	0.0234	BELGIUM	0.0234
SWITZERLAND	0.0224	SWITZERLAND	0.0224
NORWAY	0.0173	NORWAY	0.0173
GREECE	0.0152	GREECE	0.0152
FINLAND	0.0103	FINLAND	0.0103
PORTUGAL	0.0084	PORTUGAL	0.0084
DENMARK	0.0079	AUSTRIA	0.008
AUSTRIA	0.006	DENMARK	0.0079
IRELAND	0.0058	IRELAND	0.0058
CYPRUS	0.0013	CYPRUS	0.0013

WEST RATES (%)			
MINIMUM		MAXIMUM	
SWEDEN	1.29	SWEDEN	1.29
NORWAY	0.62	CANADA	0.78
SWITZERLAND	0.5	NORWAY	0.62
CANADA	0.46	SWITZERLAND	0.5
NETHERLANDS	0.46	NETHERLANDS	0.46
FRANCE	0.41	FRANCE	0.41
UNITED KINGDOM	0.4	UNITED KINGDOM	0.4
BELGIUM	0.39	BELGIUM	0.39
AUSTRALIA	0.39	AUSTRALIA	0.39
FINLAND	0.36	FINLAND	0.36
UNITED STATES OF AMERICA	0.3	UNITED STATES OF AMERICA	0.34
ITALY	0.3	ITALY	0.3
GREECE	0.29	GREECE	0.29
SPAIN	0.28	SPAIN	0.28
DENMARK	0.26	DENMARK	0.26
GERMANY	0.25	GERMANY	0.25
IRELAND	0.21	IRELAND	0.21
MALTA	0.2	MALTA	0.2
CYPRUS	0.19	CYPRUS	0.19
PORTUGAL	0.16	AUSTRIA	0.17

KNOWN UNDERESTIMATES

UNICEF

UNICEF has data for 0-14 and 14-49 age ranges but not for 50 and older. Every country for which there is data for 0-14s and 14-49s shows a decline in FGM rates. Extrapolating this decline backwards means that the 50+ age range should have higher rates of FGM than the adjacent 14-49 age range. If the 50+ FGM rate were known, it is probable that the FGM rates of these countries would be higher.

Iran, Philippines, Thailand

The FGM prevalence in these countries is calculated on the basis of there being certain regions whose FGM rates are known. These are the regions believed to have the highest FGM rates and/or prevalences. For each of these countries there is evidence that FGM is practised in other regions. However this evidence is anecdotal, not numerical, and therefore cannot be added to the tally.

Omitted Countries

Of the 90 plus countries where FGM is known to occur, this survey identifies 25 for which there is no data. The anecdotal evidence is sporadic in nature—identifying a tribe, a region or a town where FGM is practised. Therefore, these countries probably have low prevalences of FGM.

Western countries

Whilst data exists for Europe, much of it comes from 2011—in the intervening years Europe has experienced a surge in immigration, some of it from African and Middle Eastern countries where FGM is practised. The proportion of these immigrant populations have also been increasing through higher birth rates²—it is therefore probable that Western FGM prevalences and rates are an underestimate. Furthermore, many Western administrations appear reluctant to monitor or prosecute FGM (Bindel 2014) which is also likely to lead to official data underestimating its prevalence.

² “Immigrant mothers account for 19% of all births in France today. The total fertility rate of immigrant women is higher than that of native-born French women (2.6 children versus 1.8 in 2017), but as only a minority of women are concerned, their births increase the French fertility rate by just 0.1 children, from 1.8 to 1.9 children per woman in 2017. In half of the other European countries, as in France, the presence of immigrant women raises fertility rates” (Volant, Pison, and François Héran 2019)

KNOWN OVERESTIMATES

Cameroon, Liberia, Niger, Somalia, South Sudan, Uganda, Yemen

All the countries in the UNICEF 2016 survey for which there is the data show significant reductions in FGM rates between the 15-49 and 0-14 age-ranges. However, in the case of the above-named countries there is no data for the 0-14 age-range. It is probable that similar reductions have occurred in these countries. Our calculations for these countries, because they use only data for the 15-49 age-range, therefore probably overestimate the true amount of FGM in these countries.

PART 2—MUSLIM/NON-MUSLIM POPULATION FGM RATIO

Methodology

In this section, the ratio of global Islamic to non-Islamic FGM is calculated using the following steps:

The amount of FGM attributable to the Muslim population is calculated for each of the 78 countries with a known FGM-prevalence.

These amounts are then summed to give the global amount of FGM attributable to Muslim population.

This sum is divided by the total global prevalence of FGM and multiplied by a hundred to give the percentage of the global prevalence of FGM attributable to Muslim populations.

Note that the total global prevalence figure for this calculation is higher than the one found in the global prevalence calculation. This is because it is derived from UNICEF's 2013 FGM survey, whereas the total in the main prevalence calculation uses UNICEF's most up-to-date data available from its online data warehouse.

Because the nature of the data varies from country to country, four calculation methods are necessary. The FGM prevalences of some countries are expressed as a range (rather than a single figure) and one calculation method gives a range for each country rather than a single figure. Because of this, the final ratio is expressed as a range.

CALCULATION USING ISLAMIC FGM RATES

UNICEF's 2013 survey 'Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change' includes a graph. It includes 24 African countries and gives rates for Muslims, Catholics and 'other Christian'.

The amount of FGM attributable to the Muslim population of 24 African countries is calculated using the following statistics (the letters C, D, E & F correspond to columns in the table below):

C country's national FGM rate

D country's Muslim population FGM rate

E the proportion of country's population that is Muslim

F country's Muslim population (in millions)

C and D are taken from UNICEF's 2013 "Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change". This UNICEF report gives national FGM rates for 29 countries (UNICEF 2013, ii). It also includes a graph showing (for 24 African countries) the percentage of girls and women aged 15 to 49 years who have undergone FGM, broken down by their religion i.e. Muslim, Catholic and 'other Christian' (UNICEF 2013, 73).

Statistics from the Pew Research Centre give each country's Muslim population in 2010 (F) and the proportion of the population that represented (E) (Liu 2011). 2010 is the closest year to 2013 for which statistics could be found.

Each country's population in 2010 (I) is obtained by dividing its Muslim population (F) by the percentage of its population that is Muslim (E), giving the formula $((F/G)*100)$.

The percentage of each country's population that is FGM-practising Muslim (H) is obtained by multiplying the Muslim FGM rate (D) by the percentage of population that is Muslim (E) $((D*E)/100)$.

The amount of that country's FGM attributable to its Muslim population (j) is now obtained by first multiplying (I) by the proportion of the population that is female (G) to give the size of female population, and multiplying this by the percentage of the population that is FGM-practising Muslim (G) $((I*G/100)*H/100)$.

The amount of FGM for each country (B) is obtained by multiplying each country's population (H) by the percent of its population that is female (G) – to give its female population—and multiplying the result by its FGM rate $(H/2*C3/100)$.

The amounts of FGM (column B) and the amounts of FGM attributable to Muslims (Column I) are added up, giving totals of 153.38101 million and 96.93642 million respectively. This means that 63.24% of FGM practised in these 24 countries is attributable to their Muslim population.

This method of calculation gives rise to two anomalies. First of all, the amount of FGM attributable to Cameroon's Muslim population (0.108372 million) is more than its total amount of FGM (0.100344 million). This may be due to rounding errors, since UNICEF's report expresses its rates as whole numbers. If (for example) Cameroon's national FGM rate (column C) is raised from 1 to 1.1% the anomaly disappears, as it does if Cameroon's Muslim FGM rate (column D) is reduced from 6% to 5.5%.

The other anomaly is that UNICEF's 2013 report gives a higher total FGM prevalence for these 24 countries than does the UNICEF data used for

the global prevalence calculation. This may indicate an actual drop in the incidence of FGM for these countries, or it may be because the 2013 data do not include data for the 0-14 age range, which in the 2016 survey has significantly lower FGM rates than the 14-49 age range.

Because of this, the total prevalence of FGM for this calculation is higher than that for the global prevalence calculation. As the latter uses more recent and detailed data (taking into account different rates for minor and adult age groups) it therefore gives the more credible total. The higher figure for this calculation should not be considered as the credible global prevalence.

A	B	C	D	E	F	G	H	I	J
	NATIONAL AMOUNT OF FGM (MILLIONS)	NATIONAL FGM RATE (%)	MUSLIM FGM RATE (%)	% OF POPULATION MUSLIM	ESTIMATED MUSLIM POPULATION (MILLIONS)	% OF POPULATION FEMALE	% OF POPULATION FGM-PRACTICING MUSLIM	2010 POPULATION (MILLIONS)	AMOUNT ATTRIBUTABLE TO MUSLIMS (MILLIONS)
		(UNICEF 2013, 73)		(LIU 2011)		(WORLD BANK OPEN DATA, N.D.)			
BENIN	0.6	13	50	24.5	2.259	50.1	12.25	9.22041	0.56588
BURKINA FASO	6.23071	76	81	58.9	9.6	50.3	47.709	16.29881	3.91133
CAMEROON	0.10034	1	6	18	3.598	50.2	1.08	19.98889	0.10837
CAR	0.55207	24	14	8.9	0.403	50.8	1.246	4.52809	0.02866
CHAD	2.52435	44	56	55.7	6.404	49.9	31.192	11.49731	1.78953
CÔTE D'IVOIRE	3.98388	38	65	36.9	7.96	48.6	23.985	21.57182	2.51456
EGYPT	38.06421	91	92	94.7	80.024	49.5	87.124	84.50264	36.44293
ERITREA	2.36465	89	99	36.5	1.909	50.8	36.135	5.23014	0.96007
ETHIOPIA	31.31439	74	89	33.8	28.721	49.8	30.082	84.97337	12.72972
GAMBIA	0.66949	76	79	95.3	1.669	50.3	75.287	1.75131	0.66321
GHANA	0.48522	4	12	16.1	3.906	50	1.932	24.26087	0.23436
GUINEA	5.05474	96	98	84.2	8.693	51	82.516	10.32423	4.34476
GUINEA-BISSAU	0.41921	50	96	42.8	0.705	50.9	41.088	1.64720	0.34449
KENYA	5.55327	27	51	7	2.868	50.2	3.57	40.97143	0.73427
LIBERIA	1.35645	66	80	12.8	0.523	50.3	10.24	4.08594	0.21046
MALI	5.87209	89	89	92.4	12.316	49.5	82.236	13.32900	5.42581
NIGER	0.15675	2	2	98.3	15.627	49.3	1.966	15.89725	0.15408
NIGERIA	21.17222	27	19	47.9	75.728	49.6	9.101	158.09603	7.13661
SENEGAL	1.68187	26	27	95.9	12.333	50.3	25.893	12.86027	1.67495
SIERRA LEONE	2.58217	88	96	71.5	4.171	50.3	68.64	5.83357	2.01409
SUDAN	19.12837	88	90	71.4	30.855	50.3	64.26	43.21429	13.96806
TANZANIA	0.91226	4	11	29.9	13.45	50.7	3.289	44.98328	0.75011
TOGO	0.03383	1	1	12.2	0.827	49.9	0.122	6.77869	0.00413
UGANDA	2.56795	15	11	12	4.06	50.6	1.32	33.83333	0.22598
TOTALS	153.38101								96.93642

CALCULATION USING FGM PREVALENCE & POPULATION DATA

This calculation is for countries for which there is no Muslim FGM rate, but for which there exists a national FGM rate (or prevalence) and a percentage of the population that is Muslim. With these two statistics it is possible to calculate the minimum and maximum possible amounts of FGM attributable to each country’s Muslim population. Note that this calculation gives the extremes of the possible range, it gives no indication as to where between the two extremes each country’s actual rate lies.

This calculation in the first table uses the following statistics:

- B FGM prevalence (in millions)
- C the population (in millions)
- D the proportion of population that is female
- G the percentage of population that is Muslim

The country’s FGM rate (F) is calculated by dividing the FGM prevalence (B) by the population (C) multiplied by the proportion of the population that is female (D) to give $(B/(CD/100))$

If as much as possible of the country’s FGM rate (F) is attributed to its non-Muslim population (100-D), then whatever remains gives the minimum FGM rate attributable to the country’s Muslims (H). Effectively, H is the overlap between F and G, which is calculated by subtracting 100 from the sum of F and G. When the result is less than zero, all the country’s FGM can theoretically be attributed to non-Muslims, giving a minimum Muslim FGM rate of zero.

The maximum FGM rate attributable to the country’s Muslims (I) is found by attributing as much as possible of the country’s FGM rate (F) to its Muslim population (G). The value of I is whichever is the lesser between F and G.

The minimum and maximum FGM rates are then applied to the country’s estimated female population to give the minimum and maximum possible amounts of FGM attributable to the country’s Muslim population (respectively $H * E / 100$ and $I * E / 100$).

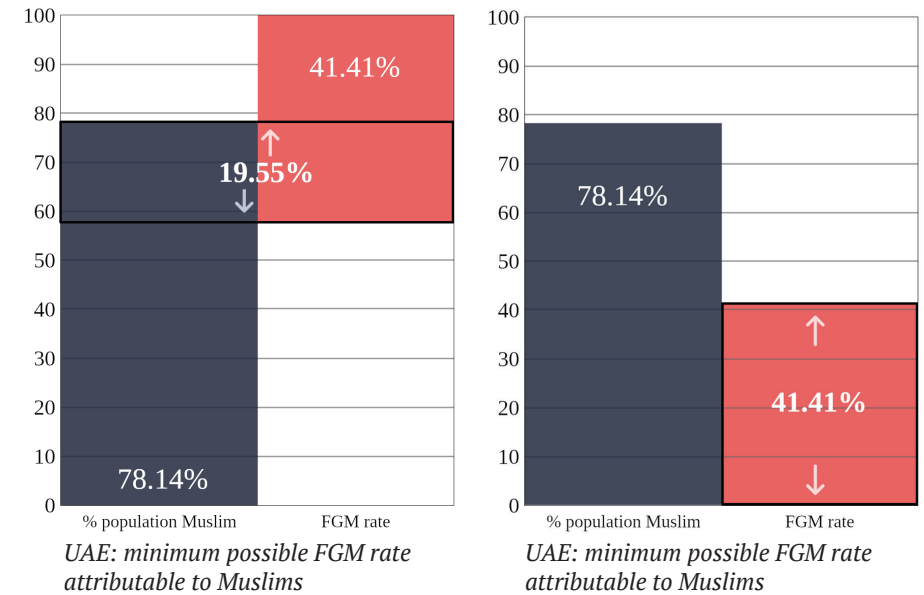
This calculation is shared between two tables: the first being for those countries for which there is a single prevalence figure. The second is for five countries whose prevalence is expressed as a range.

The United Arab Emirates will be used to illustrate this method. In the United Arab Emirates:

- B the FGM prevalence is 1.641961 million
- C the population is 10.9864 million
- D the proportion of the population that is female is 36.1%
- G 78.14% of the population is Muslim

The UAE’s FGM rate (F) is therefore 41.41% $(B/(CD/100))$

The minimum FGM rate attributable to its Muslim population (H) is the overlap between 78.14% and 41.41%: 19.55% $(G+E-100)$.



The maximum FGM rate attributable to its Muslim population (I) is whichever is the lesser between the FGM rate (F: 41.41%) and the proportion of the population that is Muslim (G: 78.14%): 41.41%.

The minimum and maximum *amounts* of FGM attributable to the UAE’s Muslim population are calculated by applying H and I to country’s female population (E).

The second table (for the five countries whose prevalence is expressed as a range) has two FGM rates: one derived from the lesser prevalence (G) and the other derived from the greater prevalence (H). The minimum national FGM rate (G) gives the minimum FGM rate attributable to the Muslim population (J) and the maximum national FGM rate (H) gives the maximum FGM rate attributable to the Muslim population (K).

Note that for countries with relatively low FGM-prevalences and low Muslim populations (such as Western countries), the minimum and maximum amounts of FGM attributable to Muslims are always 0% and 100% respectively.

Table for single-figure prevalences:

A	B	C	D	E	F	G	H	I	J	K
	FGM AMOUNT (MILLIONS)	POPULATION (MILLIONS)	% POPULATION FEMALE	FEMALE POPULATION (MILLIONS)	FGM RATE (%)	% POPULATION MUSLIM	MINIMUM RATE ATTRIBUTABLE TO MUSLIMS (%)	MAXIMUM RATE ATTRIBUTABLE TO MUSLIMS (%)	MINIMUM AMOUNT ATTRIBUTABLE TO MUSLIMS (MILLIONS)	MAXIMUM AMOUNT ATTRIBUTABLE TO MUSLIMS (MILLIONS)
AUSTRALIA	0.05309	27.19681	50.4	13.70719	0.387	3.16	0	0.387	0	0.05309
BELGIUM	0.02340	11.85861	50.7	6.01232	0.389	7.6	0	0.389	0	0.02340
BULGARIA	0.00003	6.44142	51.6	3.32377	0.001	12.2	0	0.001	0	0.00003
CROATIA	0.00011	3.8662	51.8	2.00269	0.006	1.5	0	0.006	0	0.00011
CYPRUS	0.00130	1.35828	49.6	0.67371	0.193	25	0	0.193	0	0.00130
CZECH REPUBLIC	0.00031	10.90503	50.7	5.52885	0.006	0.19	0	0.006	0	0.00031
DENMARK	0.00791	5.97699	50.3	3.00643	0.263	5.4	0	0.263	0	0.00791
DJIBOUTI	0.42283	1.16872	50.4	0.58904	71.784	97.7	69.454	71.784	0.40911	0.42283
ESTONIA	0.00001	1.37234	52.5	0.72048	0.001	0.12	0	0.001	0	0.00001
FINLAND	0.01025	5.61991	50.6	2.84367	0.361	1.84	0	0.361	0	0.01025
FRANCE	0.139	68.55165	51.5	35.3041	0.394	10	0	0.394	0	0.139
GERMANY	0.10395	83.51659	50.6	42.25940	0.246	5.54	0	0.246	0	0.10395
GREECE	0.01525	10.40513	51.6	5.36905	0.284	2.91	0	0.284	0	0.01525
HUNGARY	0.00040	9.56207	52	4.97228	0.008	0.61	0	0.008	0	0.00040
IRELAND	0.00579	5.39579	50.5	2.72487	0.212	1.4	0	0.212	0	0.00579
ITALY	0.0886	58.9527	51.1	30.12483	0.294	4.8	0	0.294	0	0.0886
KUWAIT	0.72391	4.89726	38.9	1.90503	38	82.79	20.79	38	0.39606	0.72391
LATVIA	0.00001	1.86612	53.6	1.00024	0	0.1	0	0	0	0.00001
LUXEMBOURG	0.00038	0.67701	49.7	0.33647	0.113	2.34	0	0.113	0	0.00038
MALDIVES	0.02715	0.5278	38.1	0.20109	13.502	98.69	12.192	13.502	0.02452	0.02715
MALTA	0.00057	0.56885	48.1	0.27362	0.206	2.6	0	0.206	0	0.00057
MAURITANIA	1.46329	5.1694	50.9	2.63123	55.612	99.19	54.802	55.612	1.44197	1.46329
NETHERLANDS	0.041	17.99349	50.3	9.05073	0.453	2.22	0	0.453	0	0.041
NORWAY	0.0173	5.57228	49.6	2.76385	0.626	3.29	0	0.626	0	0.0173
POLAND	0.00021	36.55923	51.6	18.86456	0.001	0.02	0	0.001	0	0.00021
PORTUGAL	0.00841	10.69468	52.4	5.60401	0.15	0.63	0	0.15	0	0.00841
ROMANIA	0.00008	19.0518	51.6	9.83073	0.001	1.02	0	0.001	0	0.00008
SLOVAKIA	0.00006	5.42207	51.2	2.7761	0.002	0.2	0	0.002	0	0.00006
SLOVENIA	0.00007	2.1274	49.8	1.05945	0.007	3.56	0	0.007	0	0.00007
SOMALIA	9.43696	19.00915	49.9	9.48557	99.488	99.83	99.318	99.488	9.42083	9.43696
SOUTH SUDAN	0.05544	11.94341	50.8	6.06725	0.914	6.22	0	0.914	0	0.05544
SPAIN	0.06909	48.84884	50.9	24.86406	0.278	2.53	0	0.278	0	0.06909
SWEDEN	0.068	10.56971	49.6	5.24258	1.297	6.87	0	1.297	0	0.068
SWITZERLAND	0.0224	9.00558	50.3	4.52981	0.495	5.18	0	0.495	0	0.0224
UNITED ARAB EMIRATES	1.64196	10.9864	36.1	3.96609	41.414	78.14	19.54	41.4	0.77497	1.64196
UNITED KINGDOM	0.137	69.226	50.8	35.16681	0.39	5.86	0	0.39	0	0.137
YEMEN	3.75394	40.58316	49.3	20.00750	18.763	99.24	18.003	18.763	3.60189	3.75394
ZAMBIA	0.07535	21.31496	50.5	10.76406	0.7	1.07	0	0.7	0	0.07535
TOTAL	18.41478								16.06935	18.41478

Table for prevalences expressed as a range:

A	B	C	D	E	F	G	H	I	J	K	L	M
	MINIMUM AMOUNT OF FGM (MILLIONS)	MAXIMUM AMOUNT OF FGM (MILLIONS)	POPULATION (MILLIONS)	% OF POPULATION FEMALE	FEMALE POPULATION (MILLIONS)	MINIMUM FGM RATE (%)	MAXIMUM FGM RATE (MILLIONS)	% POPULATION MUSLIM	MINIMUM RATE ATTRIBUTABLE TO MUSLIMS (%)	MAXIMUM RATE ATTRIBUTABLE TO MUSLIMS (%)	MINIMUM AMOUNT ATTRIBUTABLE TO MUSLIMS (MILLIONS)	MAXIMUM AMOUNT ATTRIBUTABLE TO MUSLIMS (MILLIONS)
AUSTRIA	0.006	0.008	9.18	50.8	4.66241	0.129	0.172	8	0	0.172	0	0.008
CANADA	0.095	0.161	41.29	50.3	20.76817	0.457	0.775	4.89	0	0.775	0	0.161
OMAN	1.56	1.91	5.28	37.8	1.99642	78	95.5	88.95	66.95	88.95	1.33660	1.77582
SAUDI ARABIA	2.01	11.2	35.3	39.5	13.94361	14.436	80.3	92.15	6.586	80.3	0.91828	11.19672
UNITED STATES OF AMERICA	0.513	0.577	340.11	49.8	169.37527	0.303	0.341	78.14	0	0.341	0	0.577
TOTAL	4.18	13.85									2.25	13.72

CALCULATION FROM SUBPOPULATION

Countries in this section share three qualities:

1. a single subpopulation identified as practising FGM
2. this subpopulation's FGM prevalence is known
3. the subpopulation is entirely Muslim or non-Muslim

These three qualities mean that the subpopulation's FGM prevalence serves as both the country's FGM prevalence and the amount attributable to Muslims (or not, as in the case of Colombia). The second table gives data justifying the use of this calculation for these countries.

	MINIMUM FGM AMOUNT (MILLIONS)	MAXIMUM FGM PREVALENCE (MILLIONS)	FGM ATTRIBUTABLE TO...	MINIMUM AMOUNT ATTRIBUTABLE TO MUSLIMS (MILLIONS)	MAXIMUM AMOUNT ATTRIBUTABLE TO MUSLIMS (MILLIONS)
BRUNEI	0.13774	0.15904	MUSLIMS	0.13774	0.15904
COLOMBIA	0.06472	0.06472	NON-MUSLIMS	0	0
INDIA	0.32	0.42	MUSLIMS	0.32	0.42
MALAYSIA	8.19	8.19	MUSLIMS	8.19	8.19
PHILIPPINES	1.8	1.8	MUSLIMS	1.8	1.8
SINGAPORE	0.35	0.35	MUSLIMS	0.35	0.35
SRI LANKA	0.96	0.96	MUSLIMS	0.96	0.96
THAILAND	1.05	1.05	MUSLIMS	1.05	1.05
TOTALS	12.87245	12.99375		12.67	12.76

Colombia	“There are approximately 250,000 people living in Colombia who identify as Embera-Chami, the only group known to have practised female genital cutting (FGC)”	(“Colombia,” n.d.)	“Colombia’s Embera indigenous tribe is one of the few communities in Latin America known to practise female genital mutilation (FGM)”	(“FGM in Latin America: Colombia’s Embera Tribe” 2017)		“The Emberá are the only group in Latin American currently known to practice FGM, and its origin among them remains murky.”	(“A Silent Epidemic: The Fight to End Female Genital Mutilation in Colombia” 2016)	“Emberá religion is centered around shamanism based on invisible forces called jai.”	(“Religion and Expressive Culture - Emberá,” n.d.)		
India	“[The Dawoodi Bohra] is thought to be the only Muslim sect in India that practices khatna, or clitoral unhooding, on girls at the tender age of seven, which is thought to have stemmed from the community’s roots in Egypt and Yemen. While the Dawoodi Bohras are the largest sect among Bohras, the other Bohra sects such as Sulemani and Alvi Bohras all practice FGM.”	(LCWRI 2017)	“It is not the intention of the researcher(s) to discredit or malign any particular community, especially the Dawoodi Bohras. However, due to the exclusivity of this practice amongst the members of this group of Shi’a Muslims in India, and elsewhere around the world where they live or have migrated, the present survey is focusing primarily on them.”	(Taher 2017, 73)		“Just weeks after the Indian government declared that there was no data to support the existence of female genital mutilation in the country, a small study has shown a 75% incidence across the Bohra Muslim community”	(Cantera 2018)	“According to human rights groups and media reports, between 70 and 90 percent of Dawoodi Bohras, a population of approximately one million concentrated in the states of Maharashtra, Gujarat, Rajasthan, and Delhi, practiced FGM/C”	(“Custom Report Excerpts: India,” n.d.)	“In India and Pakistan, the Bohras practice female cutting as a religious ritual.”	(Institute for Conflict Management, New Delhi, India and Bhattacharya 2024)
Malaysia	“Besides being prevalent, many Muslims in the country view FGM as a religious obligation, especially since it is apparently encouraged by religious authorities in Malaysia. Several reports mention that the National Council of Islamic Religious Affairs (JAKIM) introduced a fatwa in 2009 stating that the practice is wajib (obligatory) for all Muslim woman”	(Nazari 2020)	“Malaysia has a dual judicial system consisting of common law and Islamic law. A federal, non-binding fatwa was published in 2009 by JAKIM, giving the official religious opinion that FGM/C is compulsory for Muslim girls.”	(FGM/C Research Initiative, n.d.)		“Most of the FGM/C practice occurs in Africa and in the Middle East, but it is also prevalent among the Muslim communities in Southeast Asia, including Malaysia[...].”	(Nakamura et al. 2023, 8)	“In Malaysia, FGC is solely practiced by the Muslim community especially the Malay Muslim community”	(Nakamura et al. 2023, 118)	“only Malay Muslims are known to practise FGC in Malaysia”	(Morin, Callaghan, and Issell 2024)

Philippines	“In the Bangsamoro region of the Philippines, FGM/C is commonly called ‘pag sunnat’ (‘sunnat’ refers to the traditions and practices of the Islamic prophet Muhammad, that constitute a model for Muslims to follow) or ‘pag Islam,’ connoting that the practice is deeply connected to the Islamic faith.”	(Limpao, Allian, and Mapandi 2021,4)	“This study is an exploratory action research on the controversial practice of female genital mutilation/ cutting (FGM/C) in the Philippines in the predominantly Muslim, Bangsamoro Autonomous Region in Mindanao.”	(Limpao, Allian, and Mapandi 2021, 4)		“FGM/C in the Philippines is practiced only in small pockets of the country. Mainly by Muslim communities in the Mindanao region.”	“FGM in the Asia Pacific Region in Detail” 2020)	“In Malaysia, Thailand, Indonesia, Brunei, Philippines and Singapore, the Shafi’i school of jurisprudence dominates.”	(Nakamura et al. 2023, 118)		
Singapore	Most of the FGM/C practice occurs in Africa and in the Middle East, but it is also prevalent among the Muslim communities in Southeast Asia, including Malaysia, Thailand, Singapore, Brunei, Philippines and Indonesia.	(Nakamura et al. 2023, 8)	“Reports from Singapore testify that 75% of Muslim women (275 out of 360 women) have undergone FGM/C in Singapore based on a pilot study of 360 Muslim women done in 2020 by End FGC Singapore”	(Global Platform for Action to End FGM/C 2022)		“There is no official data for Singapore and Thailand (Clarence-Smith 2008; Marranci 2015) but it is believed that most Muslims in these countries practice FGC”	(Nakamura et al. 2023, 111)	“Ethnic Malays, nearly all of whom are Muslim, can also be found in Singapore (9.2%), 11 southern Thailand (more than 70% in the four southernmost provinces)”	(Morin, Callaghan, and Issell 2024)	“In Malaysia, Thailand, Indonesia, Brunei, Philippines and Singapore, the Shafi’i school of jurisprudence dominates”	(Nakamura et al. 2023, 118)
Sri Lanka	“some have claimed that nearly 90 percent of Sri Lankan Muslims (9.5% of the Sri Lankan population, [12]) support FGM/C (Waduge 2017) and that the practice varies across different Muslim communities (Ibrahim and Tegal 2017)”	(Dawson and Wijewardene 2021, 2)	“FGM is prevalent, but strictly tabooed in Sri Lanka. Among the Muslim communities, which make up less than 8% of the population, FGM is seen as obligatory”	(“Sri Lanka” 2015)		“[FGM] is practised within the Moor, Malay and Dawoodi Bohra communities, and studies and anecdotes find that 90% of women and girls have been cut.”	“Female Genital Cutting in Sri Lanka” 2019)	“Female genital mutilation still has its supporters within various Muslim communities in Sri Lanka.”	(Ibrahim and Tegal 2017)		
Thailand	“FGM/C in Thailand is known to be practiced by Muslim communities (which make up 5-8% of the total population), largely concentrated in the three southern provinces of Yala, Narathiwat and Pattani“	(“FGM in the Asia Pacific Region in Detail” 2020)	“There is no official data for Singapore and Thailand (Clarence-Smith 2008; Marranci 2015) but it is believed that most Muslims in these countries practice FGC”	(Nakamura et al. 2023, 111)		“Ethnic Malays, nearly all of whom are Muslim, can also be found in Singapore (9.2%), 11 southern Thailand (more than 70% in the four southernmost provinces)”	(Morin, Callaghan, and Issell 2024)	“In Malaysia, Thailand, Indonesia, Brunei, Philippines and Singapore, the Shafi’i school of jurisprudence dominates”	(Nakamura et al. 2023, 118)	The prevalence of FGC in southern Thailand is believed to be close to 88.5% of women and girls	(Morin, Callaghan, and Issell 2024)

CALCULATION FROM COUNTRY FGM RATE

This calculation is for countries which the data suggests that non-Muslims do not engage in FGM, so that their entire FGM-prevalence is attributable to their Muslim population. The second table gives data justifying the use of this calculation for these countries.

	FGM AMOUNT (MILLIONS)	MINIMUM AMOUNT ATTRIBUTABLE TO MUSLIMS (MILLIONS)	MAXIMUM AMOUNT ATTRIBUTABLE TO MUSLIMS (MILLIONS)
INDONESIA	123.33	123.33	123.33
IRAN	1.31	1.31	1.31
IRAQ	1.12	1.12	1.12
TOTALS	125.75	125.75	125.75

	CONCLUSION	DATA	SOURCE
INDONESIA	ALL FGM MUSLIM	<p>“Feillard and Marcoes (1998) concluded that FC practices in Indonesia were introduced by Islamic scholars who introduced Islam, because these practices were presented only in regions where the majority of the population are Muslim and is non-existent in the areas where non-Muslim ethnic groups live such as the islands of Nias, Timor, Lombok, Sumba, Flores, Solor, Roti, and among the ethnics of Batak in North Sumatra and Dayaks in Kalimantan.”</p> <p>“Community level findings indicate that in general, Muslim communities support the continuation of FC practice, because they perceive it as both a societal custom or tradition, and a religious duty.”</p> <p>“Study findings indicate that in general Muslim communities support the continuation of FC practice, because they perceive it as both a societal custom or tradition, and a religious duty. Religious leaders want the practice of FC to continue indefinitely, because of their common interpretations that FC is required act of faith”</p> <p>“this field study confirms that FGC is widely practised in the areas explored and originates from religious and socio-cultural beliefs.”</p> <p>“In Indonesia, however, while the most severe forms of FGC are nominally rejected, there is a consensus that the sunnah form of FGC has health and moral benefits—which leads to the belief that circumcision for both males and females should be adopted by all Muslims.”</p> <p>“The data shows that FGC is seen in Indonesia as an Islamic act and is performed in the expectations of ‘becoming a complete Muslim’; to enhance sexual relations as part of the intimacy of marriage; control sexual behaviour and ensure clean and healthy genitals. This position is strengthened by the ruling (fatwa) issued by the MUI and other endorsements by religious leaders and institutions.”</p> <p>“All women interviewed in the USAID study consider FGM an Islamic practice, most of them calling it a religious duty and many affirming that an uncircumcised woman is not Muslim”</p> <p>“A fatwa issued by the Indonesian Ulema Council (Majelis Ulama Indonesia—MUI) in 2008 recommends that female Muslims undergo FGM since it is considered a rule and symbol of Islam”</p> <p>“The Indonesian Ulema Council is Indonesia’s top Muslim clerical body. It acts as an interface between the Indonesian government, which is secular, and the Islamic community. Among its main responsibilities are the production of fatwas and advice to the Muslim community on contemporary issues.”</p>	<p>(BUDIHARSANA, AMALIAH, AND UTOMO 2003, 9)</p> <p>(BUDIHARSANA, AMALIAH, AND UTOMO 2003, 39)</p> <p>(BUDIHARSANA, AMALIAH, AND UTOMO 2003, VII)</p> <p>(PATEL AND ROY 2016, 22)</p> <p>(PATEL AND ROY 2016, 22)</p> <p>(PATEL AND ROY 2016, 22)</p> <p>(“INDONESIA” 2018)</p> <p>(UNICEF 2020)</p>

IRAN	ALL FGM MUSLIM	“His study, conducted over 10 years with the help of female researchers, shows FGM is mostly associated with Sunni Shafi’i Kurds, although a tiny number of Shia Muslims and other Sunni Muslims also practise it.”	(BATHA 2015)
IRAQ	ALL FGM MUSLIM	“The practice of FGM has primarily been concentrated among the Shafi’i Kurds and Sunni minority of Iran”	(MOZAFARIAN, N.D.)
		“The data from Iraq and preliminary reports from other parts of the Middle East and Asia point to a relationship between the practice and specific law schools within Sunni Islam [...] Surveys on Yemen and Iraqi Kurdistan showed that FGM is widely practiced [...] A survey by WADI found that in the region of Kirkuk in Iraq 2.5 percent of Shia girls and women had undergone FGM”	(“RELIGION OR CULTURE?” 2014)
		“According to the research, FGM is most common among Sunni Muslims, but is also practiced by Shi’ites and Kakeys, while Christians and Yezidi don’t seem to practice it in northern Iraq.”	(“IRAQ” 2012)

RESULTS

The following table gives the values (derived from the four preceding calculations) necessary for the final calculation.

	MINIMUM NATIONAL AMOUNT (MILLIONS)	MAXIMUM NATIONAL AMOUNT (MILLIONS)	MINIMUM AMOUNT ATTRIBUTABLE TO MUSLIMS (MILLIONS)	MAXIMUM AMOUNT ATTRIBUTABLE TO MUSLIMS (MILLIONS)
CALCULATION USING MUSLIM FGM-RATES	153.38	153.38	96.94	96.94
CALCULATION USING FGM PREVALENCE & POPULATION DATA: SINGLE FIGURE	18.41	18.41	16.07	18.41
CALCULATION USING FGM PREVALENCE & POPULATION DATA: RANGE	4.18	13.85	2.25	13.72
CALCULATION FROM SUBPOPULATION	12.87	12.99	12.67	12.76
CALCULATION FROM COUNTRY FGM RATE	125.75	125.75	125.75	125.75
TOTALS	314.59	324.38	253.68	267.58

(Note that the prevalence statistics in the second and third column are not the prevalence statistics endorsed by this report and should not be used or cited as such. They are derived from data that is both out of date and which the authors consider as less reliable than UNICEF’s 2016 data)

The proportion of the prevalence of FGM that is attributable to the Muslim population is found by dividing the global prevalence of FGM attributable to the Muslim population by the global prevalence of FGM (and then multiplying the result by 100 to give a percentage).

Because there are minimum and maximum values for both the global prevalence and for the prevalence attributable to the Muslim population, there are four possible calculations:

	MINIMUM AMOUNT ATTRIBUTABLE TO MUSLIMS	MAXIMUM AMOUNT ATTRIBUTABLE TO MUSLIMS
MINIMUM GLOBAL PREVALENCE	80.64%	85.06%
MAXIMUM GLOBAL PREVALENCE	78.20%	82.49%

The lowest result of the four (78.2%) is taken as the minimum proportion of global FGM attributable to Islamic population; the highest result (85.06%) is taken as the maximum proportion of global FGM attributable to Islamic population.

Islamic to non-Islamic population ratio is therefore between 78:22 and 85:15, with a median ratio of 81½:18½.

THE PROPORTION OF MUSLIM FEMALES WHO HAVE UNDERGONE FGM

Knowing the global prevalence of FGM and the proportion of global FGM attributable to Muslim populations, it is possible to calculate what proportion of Muslim females, and what proportion of non-Muslim females, have undergone FGM. The calculation uses the following statistics.

P: global FGM prevalence: 297 to 307 (million)

F: proportion of global FGM attributable to Muslim populations: 78 to 85 (%)

W: World population: 8.140 (million) (“World Bank Open Data,” n.d.)

M: proportion of world population that is Muslim = 25.6 (%) (“Share of Global Population by Religion 2022” 2024)

To calculate the proportion of Muslim females that have undergone FGM (X) one divides the number of Muslim females who have undergone FGM (U) by the number of Muslim females there are in the world (I), multiplying the result by 100 to give a percentage.

$$X=(U/I)*100$$

The amount of Muslim females who have undergone FGM (U) is calculated by applying the proportion of global FGM attributable to Muslim populations (F) to the global FGM prevalence (P).

$$U=(F/100)*P$$

The number of Muslim females in the world (I) is found by applying the proportion of the world’s population that is Muslim (M) to the world population (W) divided by two (i.e. the world’s female population).

$$I=(M/100)*(W/2)$$

Replacing ‘U’ and ‘I’ in the formula $X=(U/I)*100$ with these gives:

$$X=((F/100)*P)/(M/100)*(W/2))*100$$

Which simplifies to: $PF/(5WM)$

The fact that both P and F are ranges makes four calculations necessary, combining minimum and maximum values of P and F. The lowest and highest results are taken as the minimum and maximum proportion of Muslim females who have undergone FGM (X).

F/P	297	307
78.2	22.29	23.04
85.06	24.25	25.06

The calculation finds that between 22.29% and 25.06% of Muslim females (i.e. between approximately a quarter and a fifth) have undergone some form of FGM. The median value is 23.68%—almost a quarter.

THE PROPORTION OF NON-MUSLIM FEMALES WHO HAVE UNDERGONE FGM

The same formula is used for calculating the proportion of non-Muslim females who have undergone FGM (Y), but with (100-F) replacing (F) and (100-M) replacing (M):

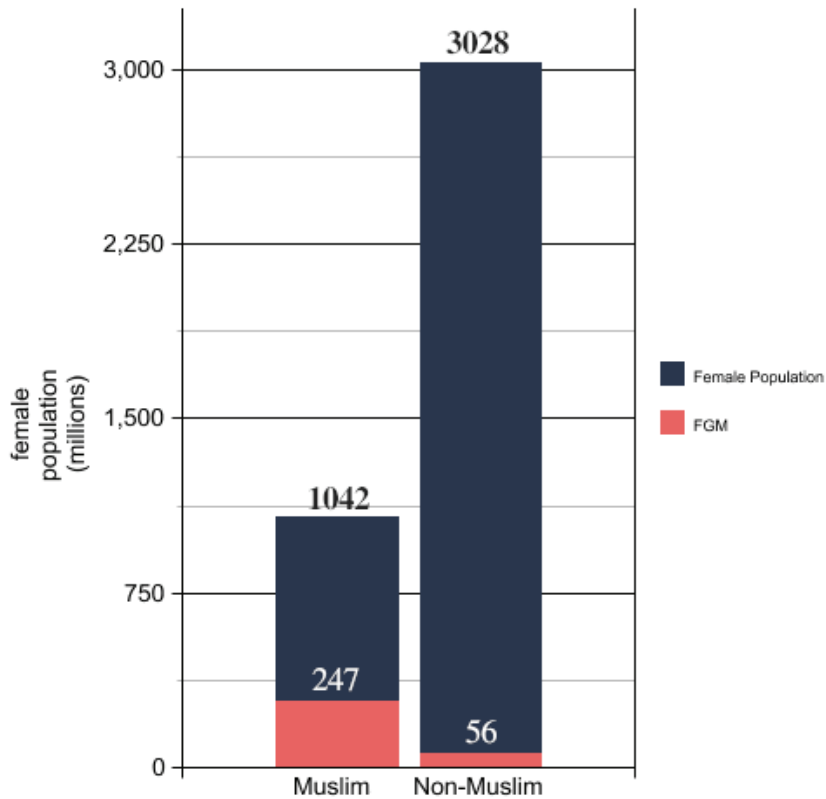
$$Y=(200P(100-F))/(W(100-M))$$

As above, four calculations combining the minimum and maximum values of P and F are necessary. The lowest and highest results are taken as the minimum and maximum proportion of non-Muslim females who have undergone FGM (Y).

F/P	297	307
78.2	2.14	2.21
85.06	1.47	1.51

The calculation finds that between 1.47% and 2.21% of non-Muslim females have undergone some form of FGM (i.e. between approximately one in forty-five and one in sixty-eight). This gives a median value of 1.84%, about one in fifty-four.

The following graph shows the amounts and proportions of FGM attributable to Muslim and non-Muslim populations (using the median values of 23.68% and 1.84%).



Amount & proportion of FGM attributable to Muslim and non-Muslim populations (using median value of 81.5% of FGM attributable to Muslims and 18.5% attributable to non-Muslims).

APPENDIX 1: FEMALE GENITAL MUTILATION IN ISLAMIC DOCTRINE

Islam is unique in that **51%** of its doctrine deals with **Kafirs** (non-Muslims); thus, it is a complete civilizational system which includes politics. Islam has its own legal code—the Sharia—which conflicts with Kafir laws, values, and cultures. Sharia is the law derived from Islamic primary doctrine, which is a trilogy of texts: the Koran (which Muslims believe to be the word of the Islamic god Allah), the Hadith (the traditions of Mohammed), and the Sira (the biography of Mohammed). Eighty-nine Koranic verses claim that Mohammed was the perfect man and a perfect example for mankind, and demand that Muslims imitate Mohammed in every way.

All CSPII reports are written from a Kafir-centric point of view. Political Islam has attacked Kafir civilizations for the last 1400 years, and during this time, it has slowly changed many of them into Islamic ones through domination of the Kafirs.

The following appendices catalog the references to Female Genital Mutilation in the Trilogy, evaluates their doctrinal significance, and addresses the direct impact of FGM on the Kafir.

This report does not address the **indirect** impact of FGM on the Kafir, but the reader should be aware that:

- FGM is illegal in all non-Islamic (Kafir) jurisdictions. Those who practice it in a Kafir country are breaking the law and treating Islamic law as superior to Kafir law;
- FGM is a practice that is alien and offensive to Kafir values and traditions. Its presence in Kafir societies acts as a sign of Political Islam's presence, power and domination, demoralizing the Kafir;
- FGM is associated with endogamy (marrying only within one's ethnic group, class, or social group). In Kafir countries this prevents the integration of Islamic communities;
- Institutions and professions (e.g. judiciary, police, social workers, healthcare professionals, academia etc.) come to tolerate, accommodate, then be complicit with FGM. This undermines the existing culture and laws, and causes public mistrust of state institutions;
- As Political Islam comes to dominate a community or society, Kafirs who do not engage in FGM can come under pressure to adopt it, suffering persecution if they do not.

TERMINOLOGY

The choice of terminology in this report is guided by CSPII's Kafir-centric approach to researching Islamic doctrine, by CSPII's belief in human rights, and by the principle of Objective Naming.

The most commonly used terms for the ritual cutting of the female genitals are 'Female Circumcision', 'Female Genital Mutilation' and 'Female Genital Cutting'. Each term implies an attitude towards the practice corresponding to one of the three points of view: 1) Islamic, 2) non-Islamic (Kafir) and 3) Apologist.

From the Islamic point of view, 'Female Circumcision' is an integral part of being a Muslim. The term implies an equivalence with male circumcision, which Islamic doctrine deems obligatory, is legal in all jurisdictions (both Islamic and non-Islamic), and is generally viewed as harmless and ethically acceptable. Used as a generic term for the ritual cutting of the female genitals, it gives the impression that the procedure consists of nothing more severe than male circumcision. But only the rare procedure of 'hoodectomy' (see Typology of FGM, pages 7 & 8), the least invasive type of FGM procedure, is somewhat comparable. The great majority of ritual cutting of the female genitals involves procedures significantly more severe than male circumcision.

The term 'Female Genital Mutilation' expresses the non-Islamic (Kafir) perspective on the practice: that 'Female Genital Mutilation' is a cruel, harmful and unnecessary practice, violating the dignity and rights of women and children.

The term 'Female Genital Cutting' expresses the Apologist's point of view: it takes a neutral, descriptive stance on the practice and is often accompanied with a refusal to judge or criticize Islamic beliefs, deeds, and practices.

The ritual cutting of the female genitals violates several human rights outlined under the Universal Declaration of Human Rights, the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), and the Convention on the Rights of the Child (Williams-Breault 2018).

CSPII defends human rights and analyses Islamic doctrine from the non-Islamic (Kafir) perspective. Consequently, this report uses 'Female Genital Mutilation' (and its abbreviation 'FGM') when referring to the practice in a general sense, including when it is practiced by non-Muslims, when it is motivated by Islamic doctrine, by sadism, and when it results from medical malpractice or folk beliefs.

Concerning specifically *Islamic* FGM, this report's choice of terminology is guided by Objective Naming, the principle of referring to Islamic practices and beliefs by the terms that Islamic doctrine itself uses for them. For example, we refer to 'violent jihad' not 'terrorism', 'hijra' not 'migration', and 'zakat' not 'charity'. This allows for precise and objective thinking, and eliminates the confusions that arise when a term does not correspond to the thing it refers to. In Islamic doctrine, FGM is referred to as 'Khitan' or 'Khaffad'. 'Khitan' is also used for the ritual cutting of the male genitals. 'Khaffad' is used for the ritual cutting of the female genitals only. However, 'Khaffad' is found only in weak hadiths and secondary sources of Islamic doctrine (such as the Reliance of the Traveller). 'Khitan' is used for FGM in Sahih Bukhari and Sahih Muslim (both considered entirely authentic and highly authoritative Hadith collections), and other important Hadith collections. As this appendix includes only hadiths that use 'khitan', this report uses 'khitan' rather than 'khaffad' to refer to Islamic FGM, specifying 'of the girl' or 'of the boy' where necessary.

FGM IN ISLAMIC DOCTRINE

Although FGM is not explicitly mentioned in the Koran, verse 30:30 implicitly advocates it by requiring Muslims to 'adhere to the fitrah' (1). The fitrah is a set of 'hygiene' practices, one of which is FGM.

Every reference to FGM in the hadith supports the practice, except one, which neither supports nor condemns it (2). Bukhari and Muslim Hadith collections (both considered fully authentic) contain three traditions that refer to FGM. One reports the words of Mohammed, another is a tacit approval (3), and the third reports an episode during the battle of Uhud where a companion of Mohammed taunts a Meccan warrior by calling him the 'son of a mother who cuts clitorises'.

Sharia law recommends or mandates FGM (4).

Islamic doctrine allows Muslim men to marry Kafir women, provided they are 'People of the Book' i.e. Christian or Jewish (5). Due to Islamic doctrinal support for khitan, the non-Muslim wife may be encouraged or forced to undergo khitan (Dawson and Wijewardene 2021, 7). Likewise, the daughters of such marriages may also have to undergo khitan (either secretly in the Kafir country or in the father's country of origin). In such a marriage, the Kafir mother will experience increased pressure to conform to her husband's wishes because Islamic doctrine ordains that a wife must obey her husband in everything (6), and that the children of mixed (Muslim/Kafir) marriages must be raised as Muslims (7).

Islamic doctrine requires that Muslims living under Kafir jurisdictions practice Sharia law whenever possible (8) and permits, in some cases even requires, the use of deception to conceal from the Kafir aspects of Islamic doctrine (such as FGM) that might lead the Kafir to oppose Islam (9). This means that Kafirs may not be aware that FGM is being performed on girls in their country.

Doctrinal references from Primary Islamic Texts

The Koran—according to Islamic doctrine, the exact words of Allah as the Angel Gabriel dictated them to Mohammed (unless otherwise indicated, all Koran quotations are from Arberry’s translation).

Sunna—Mohammed’s words and deeds, character and approvals. They are found in two different texts—the Sira and the Hadith. The Sira is Mohammed’s biography and the Hadith are Traditions (anecdotes and examples) from his life.

Sharia Law—Islamic Law; the Koran and Sunna arranged into law. The process of the Islamization of countries through the implementation of Sharia law is gradual. For example, even in some Islamic countries, wearing the veil is not mandatory because full Sharia Law has not yet been implemented.

(1) Koran, verse 30:30 implicitly advocates FGM by requiring Muslims to ‘adhere to the fitrah’.

Koran 30:30 *So direct your face toward the religion, inclining to truth. [Adhere to] the fitrah of Allah upon which He has created [all] people. No change should there be in the creation of Allah. That is the correct religion, but most of the people do not know.* (Saheeh International 2011, 562)

‘Fitrah’ refers to an innate predisposition towards Islamic behaviour and beliefs.

Hadith [Bukhari 4709] *Narrated Abu Hurairah: Allah’s Messenger was presented with two cups, one containing wine and the other containing milk on the night of his Journey by Night at Jerusalem. He looked at both and took the milk. Jibril (Gabriel) said, “Thanks to Allah Who guided you to the **Fitrah** (i.e. Islam); if you had taken the wine, your followers would have gone astray.”* (Al-Bukhari 1997, 6:186)

Hadith [Muslim 6758] *It was narrated that Abu Hurairah said: “The Messenger of Allah said: **There is no child who is not born in a state of Fitrah**, then his parents make him a Jew or a Christian or a idolater.’ A man said: ‘O Messenger of Allah, what do you think if he dies before that?’ He said: ‘Allah knows best what they would have done.”* (Muslim 2007, 7:33)

The following hadith explains how to ‘adhere to the fitrah’.

Hadith [Bukhari 5889] *Narrated Abu Hurairah: Allah’s Messenger said, “Five practices are characteristics of Al-Fitrah: **circumcision**, shaving the pubic hair, depilating the hair of armpits, clipping the nails and cutting the moustaches short.”* (Al-Bukhari 1997, 6:420)

In this hadith, the Arabic word used for ‘circumcision’ is ‘khitan.’ Though some argue that khitan refers only to (male) circumcision, dictionaries of Classical Arabic define khitan as applying to both sexes.

“Circumcision of a boy, and of a girl” (Lane 1968, II:704)

“to circumcise (a boy or a girl)” [translated from French] (Kazimirski 1860, II:541)

“to circumcise the boy and the girl” [translated from Arabic] (Ibn Manzūr 2024)

Two hadiths that report khitan being practiced on girls or women only, confirm these definitions. However, the first hadith is not sahih³, and the sahih grade of the second hadith is disputed. They are cited here not for their doctrinal value, but to clarify the usage of the word khitan.

Hadith [Bukhari, Al-Adab Al-Mufrad 59:1247] *Umm ‘Alqama said: “When ‘A’ isha’s brother’s daughters were circumcised [Ar. **khitan**], ‘A’isha was asked, ‘Shall we call someone to amuse them?’ She replied, ‘Yes.’ She sent for ‘Adi and he came to them. ‘A’isha passed by the room and saw him singing and shaking his head in rapture—and he had a large head of hair. She said, ‘Uff! A Satan! Get him out! Get him out!’”* (Al-Bukhari 2014, 814)

³ Sahih, which translates to “authentic” or “sound” in Arabic, refers to a hadith that meets strict criteria of authenticity in Islamic scholarship. A sahih hadith is one that is narrated through an unbroken and reliable chain of transmission and is free from any serious flaws or irregularities. It is considered as accurately reporting the sayings or actions of Mohammed.

Hadith [Abu Dawud 5271] *a woman used to circumcise [Ar. khitan] females in Al-Madinah, and the Prophet said to her: “Do not go to extremes in cutting, for that is better for the woman and more liked by the husband.”* (Abu Dawud 2008, 5:486)

(2) Every reference to FGM in the hadith supports the practice except one, which neither supports nor condemns it

Hadith [Bukhari 4072] *“[...] I went out with the people for the battle. When the army aligned for the fight, Siba’ came out and said, ‘Is there any (Muslim) to accept my challenge to a duel? Hamza bin ‘Abdul-Muttalib came out and said, ‘O Siba’, O Ibn Umm Anmar, the one who circumcises other ladies! Do you challenge Allah and His Messenger?’ [...]”* (Al-Bukhari 1997, 5:243)

Note that the phrase ‘one who circumcises other ladies’ is a mistranslation: the original Arabic says ‘son of a mother who cuts clitorises’.

(3) Tacit Approval

A tacit approval (Ar. taqrir) is where Mohammed indicates that an act or belief is allowed by not criticizing or forbidding it when it comes to his attention. Mohammed’s tacit approvals include anything that his companions said or did in his presence to which he did not object or towards which he showed his unspoken favour.

‘The term Hadith applies to the words and acts of Allah’s Messenger as well as his tacit approvals called Taqrir. The latter refers to acts done in his presence but he did not disapprove of them, his silence indicating his approval.’
(Abu Dawud 2008, 1:17)

Tacit approvals derive their authority from Koran 5:78–79, which requires that Muslims not remain silent on unlawful or wrong things.

Koran 5:78–79 *Cursed were the unbelievers of the Children of Israel by the tongue of David, and Jesus, Mary’s son; that, for their rebelling and their transgression. They forbade not one another any dishonour that they committed; surely evil were the things they did.* (Arberry 1996, 140)

Eighty-nine Koranic verses claim that Mohammed was the perfect man and a perfect example for mankind, and demand that Muslims imitate Mohammed in every way.

Koran 33:21 *You have had a good example in God’s Messenger for whosoever hopes for God and the Last Day, and remembers God oft.* (Arberry 1996, 123)

This infallibility means that Mohammed could never have compromised with any wrongdoing. Thus, any act or speech that came to his attention which he did not in some way comment upon or censure must be, at the very least, allowed.

Mohammed also indicated that silence could constitute consent:

Hadith [Muslim 3476] *It was narrated from Ibn ‘Abbas that the Prophet said: “The previously-married woman has more right concerning herself than her guardian does, and the virgin should be asked for permission, and her permission is her silence.”*
(Muslim 2007, 4:44)

As a consequence, Mohammed’s silences and his inactions—his ‘tacit approvals’—are as much divine revelation as his utterances and deeds.

In the following two hadiths, Mohammed tacitly approves of FGM by failing to criticise, condemn or forbid it when it comes to his attention. The first hadith is the better known, but the second gives a clearer tacit approval. Both these hadiths use the Arabic word *khitan* for “circumcision.”

Hadith [Muslim 785] *It was narrated that Abû Mûsâ said: “A group of the Muhâdjireen and Ansâr differed concerning that. The Ansâr said: ‘Ghusl is not mandatory unless semen spurts forth or there is water (emission of fluid).’ The Muhâjirûn said: ‘When he has intercourse, Ghusl is mandatory.’ Abû Mûsâ said: ‘I will answer you concerning that’. I went and asked permission to enter upon ‘Aishah, and permission was granted to me. I said to her: ‘O my mother’—or, ‘O Mother of the Believers’—‘I want to ask you about something but I feel shy.’ She said: ‘Do not feel too shy to ask me anything that you would ask your mother who gave birth to you, for I am your mother.’ I said: ‘What necessitates Ghusl?’? She said: ‘You have come to one who knows about that. The Messenger of Allah said: ‘When a man sits between the four parts and the two circumcised [Ar. FGM] parts meet, then Ghusl is obligatory.”* (Muslim 2007, 1:461)

Hadith [Tirmidhi, Jami, 1:108] *Aishah narrated: “When the circumcised meets the circumcised [Ar. khitan], then indeed Ghusl is required. Myself and Allah’s Messenger did that, so we performed Ghusl.”* (Tirmidhī 2007, I:133)

‘Ghusl’ is a ritual purifying bath.

(4) Sharia law either recommends or mandates FGM

MALIKI

Sharia Law [al-Risala 29.9b] female circumcision (khifad) is **praiseworthy** (makrūma). (al-Qayrawānī 2018)

SHAFI’I

Sharia Law [The Reliance of the Traveller] “And obligatory (for both males and females) is circumcision (which is the cutting of the skin that is over the penis of the male, and as for female circumcision, it is the cutting of the clitoris [and it is called khaffad]).”⁴ (Ibn al-Naqīb 1999, 59)

HANBALI

Sharia Law [Bidayat al-‘Abid] “Though early childhood is best, it is obligatory to circumcise both male and female at the age of puberty.” (Ba’lī 2017, 12)

(5) Islamic doctrine allows Muslim men to marry Kafir women, provided they are “of the Book” i.e. Christian or Jewish.

Koran 5:5 *Today the good things are permitted you, and the food of those who were given the Book is permitted to you, and permitted to them is your food; Likewise believing women in wedlock, and in wedlock women of them who were given the Book before you if you give them their wages, in wedlock and not in license, or as taking lovers. Whoso disbelieves in the faith, his work has failed, and in the world to come he shall be among the losers.* (Arberry 1996, 128)

⁴ This is a translation of the original Arabic text of Ahmad Ibn Naqib al-Misri (1302–1367), the author of Reliance of the Traveller. The English translation by Nuh Mim Keller (born 1954) states that it is not the clitoris, but the prepuce of the clitoris that should be cut. This is an addition by the translator and is not found in al-Misri’s original text.

(6) Islamic doctrine ordains that a wife must obey her husband in everything

Koran 4:34 *Men are the managers of the affairs of women for that God has preferred in bounty one of them over another, and for that they have expended of their property. Righteous women are therefore obedient, guarding the secret for God’s guarding. And those you fear may be rebellious admonish; banish them to their couches, and beat them. If they then obey you, look not for any way against them; God is All-high, All-great.* (Arberry 1996, 105)

Sharia law [The Reliance of the Traveller m11.9] *The husband is only obliged to support his wife when she gives herself to him or offers to, meaning she allows him full enjoyment of her person and does not refuse him sex at any time of the night or day. She is not entitled to support from her husband when: (1) she is rebellious (nashiz, def: m10.12(N:)) (O: meaning when she does not obey him) even if for a moment;* (Ibn al-Naqīb 1999, 545)

(7) Children of mixed (Muslim/Kafir) marriages must be raised as Muslims

Hadith [Bukhari 1385] *Narrated Abu Hurairah: The Prophet said, “Every child is born on Al-Fitrah [with a true faith of Islamic Monotheism (i.e. to worship none but Allah Alone)] and his parents convert him to Judaism or Christianity or Magianism, an animal gives birth to a perfect baby animal. Do you find it mutilated?”* (Al-Bukhari 1997, 2:267)

(8) Islamic doctrine requires that Muslims living under Kafir jurisdictions practice the Sharia law whenever possible

Koran 33:1 *O Prophet, fear God, and obey not the unbelievers and the hypocrites. God is All-knowing, All-wise.* (Arberry 1996, 121)

Koran 33:36 *It is not for any believer, man or woman, when God and His Messenger have decreed a matter, to have the choice in the affair. Whosoever disobeys God and His Messenger has gone astray into manifest error.* (Arberry 1996, 125)

Koran 6:121 *And eat not of that over which God's Name has not been mentioned; it is ungodliness. The Satans inspire their friends to dispute with you; if you obey them, you are idolaters.* (Arberry 1996, 163)

(9) Islamic doctrine permits, in some cases even requires, the use of deception to conceal from the Kafir aspects of Islamic doctrine (such as FGM) that might lead them to oppose it

Koran 3:54 *And they devised, and God devised, and God is the best of devisers.* (Arberry 1996, 81)

Koran 86:15–17 *They are devising guile, and I am devising guile. So respite the unbelievers; delay with them awhile.* (Arberry 1996, 334)

Hadith [Bukhari 4:52:271] *Narrated Jabir: The Prophet said, "Who will kill Ka'b bin Ashraf." Muhammad bin Maslama replied, "Do you like me to kill him?" The Prophet replied in the affirmative. Muhammad bin Maslama said, "Then allow me to say what I like," The Prophet replied, "I do (i.e., allow you)."* (Al-Bukhari 1997, 4:166)

Sira [Ibn Ishaq 553] *Ka'b was left prostrate there. After his fall Nadir was brought low. Sword in hand we cut him down by Muhammad's order when he sent secretly by night Ka'b's brother, to go to Ka'b. He beguiled him and brought him down with guile.* (Ibn Ishāq 2001, 442)

Sharia law states that it is permissible to lie in order to accomplish a praiseworthy or obligatory act.

Sharia Law [The Reliance of the Traveller r8.2] *If a praiseworthy aim is attainable through both telling the truth and lying, it is unlawful to accomplish through lying because there is no need for it. When it is possible to achieve such an aim by lying but not by telling the truth, it is permissible to lie if attaining the goal is permissible (N: i.e. when the purpose of lying is to circumvent someone who is preventing one from doing something permissible), and obligatory to lie if the goal is obligatory.* (Ibn al-Naqīb 1999, 745)

Note that Sharia law deems FGM as either praiseworthy or obligatory:

Sharia Law [al-Risala 29.9b] *female circumcision (khifad) is praiseworthy (makruma).* (al-Qayrawānī 2018)

Sharia Law [The Reliance of the Traveller] *"And obligatory (for both males and females) is circumcision [khitan] (which is the cutting of the skin that is over the penis of the male, and as for female circumcision, it is the cutting of the clitoris [and it is called khaffad])."*⁵ (Ibn al-Naqīb 1999, 59)

CONCLUSION

Islam is the 'Man and the Book', the man being Mohammed and the book being the Koran.

From the Islamic perspective, the Koran is the word and will of Allah, the Islamic god. The Koran says in 89 verses that Mohammed is the perfect man and that his life is the pattern or divine human prototype for all humanity to follow. Mohammed's example and teaching are found in the Sunna, which consists of the Hadiths and the Sira.

If an act, belief, or condition is supported by the Koran or by Mohammed's teaching and example, then it is Islamic.

This report demonstrates that the Sunna explicitly supports FGM and that the Koran implicitly supports it.

Therefore, FGM practiced under the influence of Islamic doctrine should be considered as Islamic.

⁵ This is a translation of the original Arabic text of Ahmad Ibn Naqib al-Misri (1302–1367), the author of *Reliance of the Traveller*. The English translation by Nuh Mim Keller (born 1954) states that it is not the clitoris, but the prepuce of the clitoris that should be cut. This is an addition by the translator and is not found in Ibn Naqib's original text.

APPENDIX 2: HADITH—‘GO AND CIRCUMCISE THEM’

Only one of the hadiths that mention FGM also mentions Kafirs (non-Muslims). It is not a sahih hadith and its reliability is therefore disputed. CSPII uses only sahih (authentic) hadiths in its analyses of Islamic doctrine. This hadith is, however, of interest for the light it throws on the nature of FGM in early Islamic society. The hadith reports Uthman, the third Rashidun Caliph, ordering captured Byzantine women to be ‘circumcised’ as part of their conversion to Islam.

An old woman from Kufa, the grandmother of ‘Ali ibn Ghurab, reported that Umm al-Muhajir said, “I was captured with some girls from Byzantium. ‘Uthman offered us Islam, but only myself and one other girl accepted Islam. ‘Uthman said, ‘Go and circumcise [Ar. Khaffad] them and purify them.”

(“Hadith - Circumcision - Al-Adab Al-Mufrad,” 2019)

Uthman was Mohammed’s second cousin, one of his first and closest companions, and husband to two of his four daughters. Twelve years after Mohammed’s death he became the third Rashidun Caliph, the Arabic word *rashidun* meaning ‘rightly-guided’. Schools of Sunni Islam consider the four Rashidun Caliphs as being infallible and as constituting a model to be followed and emulated. During his caliphate, Uthman formed the committee which produced the first Koran, using texts written during Muhammad’s lifetime on parchments, bones and rocks. Given Uthman’s authority and intimate connection to Mohammed, it is unlikely that he would have been misinformed as to Mohammed’s practices regarding female converts to Islam.

Being Byzantines, the girls would have been Christian. They had experienced conquest and capture, and the persecution and slaughter of their families and community at the hands of the Islamic invaders. Their experiences are unlikely to have predisposed them to adopting the belief system of their enemy and captors. The hadith does not say what became of the Christian girls who refused to convert to Islam, nor if witnessing their fate played a part in convincing Umm al-Muhajir to convert.

The *khaffad* she and her companion underwent appears to be a part of the conversion to Islam of a girl or woman (the hadith gives no clue as to their age) and had a purification function. *Tahara* is the Arabic word Uthman uses for ‘purify’ (Wehr and Cowan 1976, 667). Those who practice FGM today commonly refer to it as *tahara* suggesting a continuity between the practice reported in this hadith and that of today.

Other than this hadith, no FGM hadith mentions anything that might directly impact non-Muslims. FGM is not something done to, or because of, the non-Muslim (other than as part of their conversion to Islam).

LIST OF TERMS RELATED TO ISLAMIC DOCTRINE

Classical Arabic	the language of the Koran, Hadith & Sira
Endogamy	the practice of marrying only other members of one's ethnic group, class, or social group
Fitra/Fitrah	an innate predisposition towards Islamic beliefs, behaviour and practices, particularly practices relating to personal hygiene
Ghusl	ritual purifying bath
Hadith	a record of the words, actions, and the tacit approvals of Mohammed as transmitted through chains of narrators
Kafir	a derogatory term meaning 'one who conceals' used in the Islamic doctrine to describe a non-Muslim
Khaffad	the genital cutting of the female
Khifad	see khaffad
Khitan	the genital cutting of either male or female
People of the Book	Islamic term referring to followers of those religions which Islamic doctrine describes as having been guided by previous revelations—Jews and Christians in particular
Sahih	'sound'—used for a hadith that is judged entirely authentic
Sharia	Islamic law as based on the Trilogy
Tacit Approval	where Mohammed indicates that an act or belief is allowed by not criticizing or forbidding it when it comes to his attention
Tradition	an incident from Mohammed's life as related by one, several, or many hadiths

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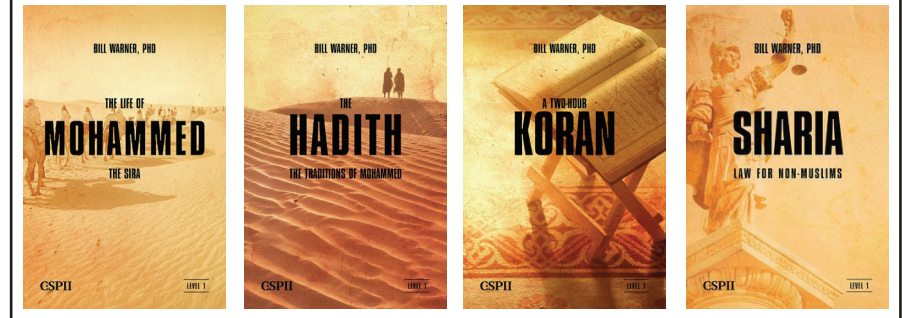
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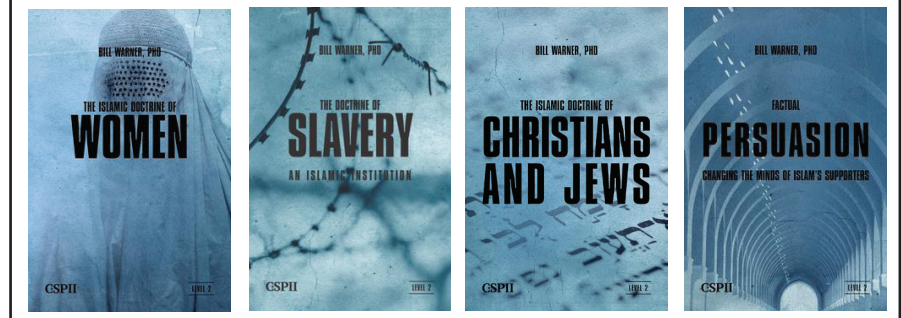
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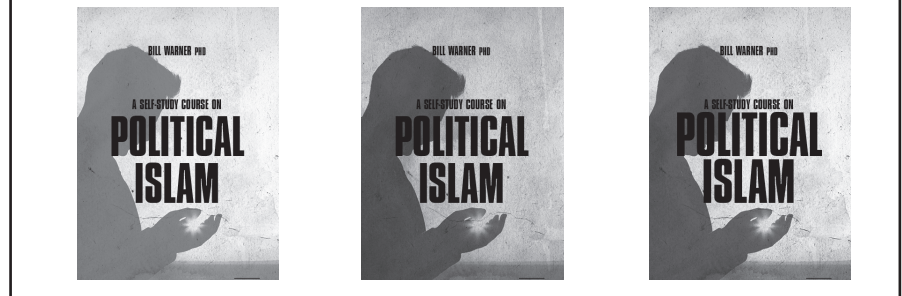
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