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Breaking Barriers: Challenging Patriarchal Norms and Female Genital Mutilation for Gender Equality in India and Sri Lanka

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ABSTRACT

This study explores the cultural, religious, and socio-economic drivers that support the practice of Female Genital Mutilation (FGM) within specific communities in India and Sri Lanka, despite legal and health interventions. FGM, primarily practiced by the Dawoodi Bohra community in India and certain Muslim groups in Sri Lanka, is examined through the lens of tradition, social pressure, and misconceptions about religious obligations. FGM has devastating physical and psychological effects on women and girls, leading to chronic health issues, complications in childbirth, and mental health problems like anxiety, depression, and trauma. Additionally, it negatively affects women's social mobility, limiting their access to education, healthcare, and economic opportunities. These impacts perpetuate gender inequality and cycles of poverty in affected communities. The study also identifies the barriers to eradicating FGM and what we as, vigilant citizens, can do about it. By focusing mostly on qualitative data, this research aims to provide a comprehensive understanding of the implications of FGM and to suggest culturally sensitive approaches for its total eradication. By involving the entire community, including men and boys, in the fight against FGM, we can challenge the deeply ingrained patriarchal norms that sustain this practice and protect the rights of women and girls for future generations.

Keywords: Female Genital Mutilation, Gender Equality, Patriarchal Norms, Health Impact, Cultural Practices, South Asia

Female Genital Mutilation (FGM) is a grave violation of human rights that affects millions of women and girls worldwide. Although commonly associated with African countries, FGM is also practiced in parts of South Asia, notably India and Sri Lanka. This harmful cultural practice involves the partial or total removal of external female genitalia for non-medical reasons and has severe repercussions on the physical, psychological, and socio-economic well-being of women.

In India, FGM is primarily practiced within the Dawoodi Bohra community, a small Shia Muslim sect, where it is referred to as "*khatna*" or "*khafd*." The practice is often carried out in secrecy and is justified by cultural and religious beliefs. Similarly, in Sri Lanka, FGM is reported among certain Muslim communities, though documentation and public awareness are less widespread.

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The consequences of FGM are devastating and far-reaching. Women and girls who undergo FGM are subjected to intense pain, trauma, and long-term health complications. These can include chronic infections, complications in childbirth, and increased risks of newborn deaths. Beyond the physical toll, FGM inflicts deep psychological scars, leading to conditions such as anxiety, depression, and post-traumatic stress disorder (PTSD).

Moreover, FGM has broader social and economic implications. It hinders women's ability to participate fully in education and the workforce, limiting their opportunities and perpetuating cycles of poverty and inequality. The practice also undermines efforts to achieve gender equality, a fundamental aspect of sustainable development.

Despite the severe impact of FGM, both India and Sri Lanka lack comprehensive legal frameworks explicitly prohibiting the practice. However, there is a growing movement within civil society advocating for change. In India, activists have brought the issue to the Supreme Court, seeking a nationwide ban, while in Sri Lanka, women's rights organizations are increasingly vocal, working to document cases and support affected individuals.

The fight against FGM in South Asia requires a concerted effort involving legal reform, community education, and the provision of support services for survivors. By fostering awareness and encouraging community dialogue, we can challenge and ultimately eradicate this harmful practice. It is imperative that we stand together to protect the rights and well-being of women and girls, ensuring they can lead healthy, empowered lives free from the threat of FGM.

Database and Methodology

To examine the awareness of Female Genital Mutilation (FGM), we conducted a Google Form survey designed to gather data on participants' knowledge and perceptions of the practice. Given the sensitive nature of the topic, we ensured that informed consent was obtained from all participants prior to their participation in the survey. The purpose of this survey was to explore both the level of awareness regarding FGM and its perceived impact on women's health and well-being.

Survey Design

The survey consisted of 28 questions, including multiple-choice, Likert scale, and open-ended questions. It was divided into sections covering basic demographic information (age, gender), awareness levels of FGM, and opinions on the practice's societal implications. Questions were structured to assess the participants' familiarity with FGM, sources of information, and their views on its effects.

Population and Sampling Method

Our target population consisted of university peers, aged 18-35, who were from various academic backgrounds. A convenience sampling method was employed, where the survey was distributed to approximately 100 peers, 80 of whom responded.

Data Collection Process

The survey was distributed via email and social media platforms, providing participants with a link to the Google Form. The data collection period lasted two weeks, ensuring ample time for responses. Due to the sensitive subject matter, an introductory disclaimer statement emphasized the voluntary nature of participation and the privacy measures in place.

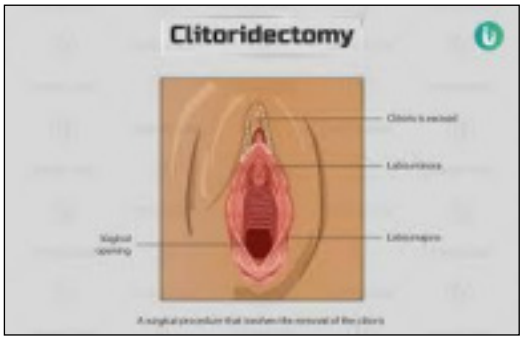
Data Analysis Methods

Data analysis focused primarily on descriptive statistics to summarize the demographic data (age and gender) and awareness levels of FGM. The responses were categorized based on the Likert scale for further analysis, and open-ended responses were qualitatively reviewed to identify common themes and patterns.

FGM- A Broader Perspective

The World Health Organization has divided female genital mutilation into four broad categories.

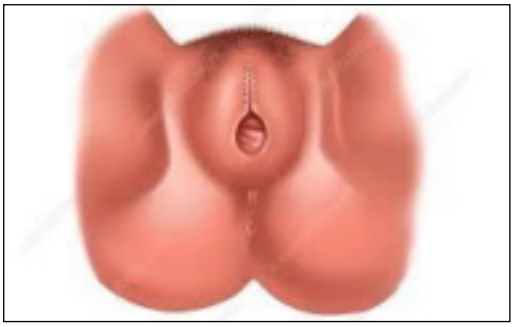
(a) The first type, which involves excision of the prepuce, with or without partial or complete removal of the clitoris is sometimes called sunna circumcision. When the entire clitoris, the prepuce, and some or all of the labia minora are removed, the term used is clitoridectomy.



Source: myUpchar

(b) The second type, also referred to as "excision," involves partial or total removal of the clitoris and labia minora, with or without excision of the labia majora. About 90% of all cases are of these two types.

(c) The third and most extreme form of female genital mutilation involves a clitoridectomy followed by stitching up of the vulva; this type is referred to as infibulation. It is estimated that 10% of all cut women have undergone this most severe form of female genital mutilation, infibulation, which involves the stitching and narrowing of the vaginal opening.



Source: Science Photo Library

This type is intended to ensure that a girl is a virgin at the time of marriage, when the area is either torn or cut open to allow sexual intercourse. Similarly, at the time of childbirth, the wound is opened either surgically or by tearing for passage of the baby and is sewn closed again after the birth.

(d) The fourth type includes any other harmful procedures to the genitalia performed for non-medical purposes, such as pricking or piercing.

Justifications

1. *Custom and tradition*: In many communities, circumcision is performed as a rite of passage from childhood to adulthood. It represents an act of socialization into cultural values and a connection to family, community members, and previous generations.

2. *Women's sexuality*: A fundamental reason advanced for FGM is the need to control women's sexuality. For many communities that practice it, a family or clan's honour depends on a girl's virginity or sexual restraint.

3. *Religion*: It is important to note that FGM is a cultural, not a religious, practice. However, it is strongly identified with Islam in several nations, and many members of the Muslim community advocate for the practice.

4. *Social pressure*: A common explanation for FGM is social pressure. In a community where most women are circumcised, family, friends, and neighbours create an environment in which the practice of circumcision becomes a component of social conformity. Fear of community judgment, such as men's refusal to marry uncircumcised women, contributes to this pressure.

Usually, FGM is done to adolescents as an initiation into womanhood, sometimes in the days before marriage. Practices differ from country to country, as well as within countries. Generally, the ritual is quite secret, and is perpetuated and practiced almost entirely by women, often older women, who may be well paid to carry out the practice.

Health and Psychological Impact of FGM in South Asia: India and Sri Lanka

Short-term Health Risks

- **Severe Pain and Bleeding**: FGM involves the cutting of sensitive genital tissue, leading to intense pain and potential excessive bleeding if major blood vessels are damaged.
- **Infections**: The use of non-sterile instruments increases the risk of infections, including tetanusand sepsis. There is also a potential, though unconfirmed, risk of HIV transmission if instruments are reused without proper sterilization.
- **Urinary Problems**: Swelling and injury to the urethra can cause urinary retention and painful urination.
- **Shock and Death**: Extreme pain, bleeding, and infections can lead to shock, and in severe cases, death.

Long-term Health Risks

- **Chronic Pain and Infections**: Persistent pain, recurrent infections, and the formation of cysts and abscesses can occur.
- **Complications in Childbirth**: Women who have undergone FGM are more likely to experience complications during childbirth, including prolonged labor, postpartum haemorrhage, and higher infant mortality rates.
- **Sexual Health Issues**: FGM can lead to decreased sexual pleasure, dyspareunia (painful intercourse), and other sexual dysfunctions. (1)
- **Mental Health Problems**: Many women suffer from long-term psychological effects such as depression, anxiety, post-traumatic stress disorder (PTSD), and other emotional scars from the trauma of FGM.

Situation in India

In India, Female Genital Mutilation is primarily practiced among the Dawoodi Bohra community, a sect within the Ismaili branch of Shia Islam. Despite growing awareness and activism against FGM, it continues to be performed clandestinely.

Activists and survivors in India have been advocating for stronger legal frameworks and better enforcement of existing laws to protect girls and women from FGM. The Indian government has made some efforts to address this issue, but challenges remain in terms of societal resistance and enforcement.

Legal perspective

In India, there are no specific laws dealing with FGM.

FGM/C is considered as an offence under sections 319 to 326 of the Indian Penal Code if it causes immediate or long-lasting harms, such as excruciating pain, excessive bleeding (haemorrhage), urinary issues, difficulties healing wounds, damage to the surrounding genitalia, tissue shock, menstrual issues or even death. The most frequently applied laws for punishment against injuries caused by FGM/C are Sections 324 and 326 of the IPC, which deal with punishment for "voluntarily causing hurt" and "voluntarily causing grievous hurt." Although female genital mutilation (FGM) is not officially classified as a crime under the Indian Penal Code, it can be probed under Section 326 of the IPC in response to a complaint, according to former CBI Director R.K. Raghavan.

Psychosocial Support Systems

Availability and Effectiveness

- **Support Networks**: In both India and Sri Lanka, psychosocial support systems for FGM survivors are limited and often underdeveloped. Efforts are primarily driven by non-governmental organizations (NGOs) and international bodies rather than government-led initiatives.
- **Counselling and Mental Health Services**: Access to mental health services, including counselling, is crucial for FGM survivors. However, the availability of such services is

inconsistent, and many women may not seek help due to stigma or lack of awareness.

- **Community-Based Support**: Community-based support groups and awareness programs can play a significant role in providing emotional and social support to survivors. These groups often help women share their experiences and receive mutual support.
- **Legal and Medical Assistance**: Ensuring survivors have access to legal assistance to protect their rights and medical care to address physical complications is vital. Training healthcare providers to handle FGM cases sensitively and effectively is also essential.(1)

Situation in Sri Lanka

In Sri Lanka, FGM is practiced within certain Muslim communities, often referred to locally as "female circumcision." The procedure is typically carried out in secrecy, often by midwives or traditional healers, without proper medical supervision. While there is no comprehensive data on the prevalence of FGM in the country, anecdotal evidence suggests that it remains a widespread practice among some groups. Recent studies highlight ongoing FGM practices and the mixed reactions within communities regarding its prevention. While some religious leaders support the continuation of FGM, citing cultural and religious reasons, others advocate for its cessation due to health risks and human rights concerns.

The Sri Lankan government has faced challenges in enforcing regulations against FGM. For example, a Health Ministry circular aimed at curbing FGM faced backlash from certain community segments, indicating the deep-rooted cultural tensions surrounding the practice.

Proponents of FGM in Sri Lanka often cite religious or cultural reasons to justify the practice, despite the fact that it has no basis in the core teachings of Islam. Many believe that FGM ensures cleanliness, maintains a girl's chastity, or aligns with religious obligations. However, these justifications have been widely debunked by religious scholars and human rights advocates alike. Local Muslim girls are circumcised on the 40th day of birth or a little later. Bohra girls are cut between 7-10 years of age. The amount of genital cutting differs from child to child. *The operator is a woman called Ostha maami.* Usually, they nick the clitoris for a little blood to come and leave it at that. Educated families get it done by lady doctors who cut off part of the foreskin of the clitoris. But more severe mutilation also takes place and has been reported to us.

Generational Transmission of FGM Practices in Sri Lankan Communities

The qualitative interpretative study titled *"Insights into Preventing Female Genital Mutilation/Cutting in Sri Lanka"* involved a total of 221 adults (over 16 years), encompassing 35 individuals (29 women and 6 men) who participated in face-to-face interviews, alongside 186 participants (142 women and 44 men) engaged in 19 Focus Group Discussions (FGDs). The study included a diverse array of participants, such as Ostha Mamis (traditional practitioners of FGM), male and female Muslim religious scholars (Moulvi and Moulaviya), and an Islamic teacher from a madrasah providing education for children aged 7–12 years. The majority of Key Informant Interview (KII) participants were Muslim, with a few exceptions including Buddhist nursing sisters from Kalutara, a doctor from Colombo, and a Catholic nurse from Mannar. (2)

A significant finding from the research highlighted that older women, specifically the Ostha Mamis, are seen as the main providers of FGM/C in their communities. Six Ostha Mamis *(The women operator)* across three study sites shared that they had received their training from their mothers or sisters, underscoring the generational nature of this practice. The below statements are from Ostha Mamis: *"I was trained by my mother-in-law. She taught me when I was 17. Now I am 75 years old and continue to provide khatna. I have four girls. I have taught one of my girls to do this"* (Ostha Mami 1, Puttalam). (3)

Type IV practices such as cutting, nicking, pricking, scraping and scarring were described by most Ostha Mamis, and male and female participants. *"I do not cut and chop …in the secret part of the women's body there is a piece above the urinating hole, I just take that slightly. Keep the knife like this [demonstrating] – keep*

thumb and index fingertips together and pinch and scrape. Slightly, like a piece like a fish scale it would come and bleed slightly" (Ostha Mami 2, Puttalam)

Two Ostha Mamis described the removal of flesh that may include the prepuce and clitoris that is in line with type 1 FGM/C.

> *"There will be a little pain when it is cut and removed, and it will bleed. We should see the blood a little and cut and remove the nerve. There is a separate knife for that, called an operation knife" (Ostha Mami 3, Puttalam) (3)*

This transmission of knowledge and beliefs about FGM from older generations to younger ones illustrates the urgent need for targeted educational initiatives that can disrupt this cycle. By addressing the influence of senior community members and providing them with accurate information about the risks and consequences of FGM, efforts can be made to prevent the continuation of this harmful practice in Sri Lanka.

The Legal and Social Landscape

Sri Lanka currently lacks specific legislation that explicitly bans Female Genital Mutilation (FGM), leaving a significant gap in legal protection for women and girls who are vulnerable to this practice. Despite the absence of a formal legal framework, there has been growing pressure from both national and international human rights organizations, medical professionals, and activists to criminalize FGM. The health risks associated with this practice, including severe physical, mental, and emotional trauma, have galvanized efforts to introduce protective measures. In recent years, the Sri Lankan Ministry of Health has joined these voices, advocating for the abolition of FGM and acknowledging its serious implications on public health.

However, progress towards legislative reform has been slow and met with resistance. FGM remains deeply rooted in cultural and religious traditions within certain communities, making it a highly sensitive issue. The practice is often cloaked in secrecy, passed down through generations, and kept out of public discourse due to the fear of backlash from religious or cultural leaders. These leaders, along with traditional practitioners, often view FGM as an essential cultural rite of passage or a religious obligation, which has contributed to its persistence despite global efforts to eradicate it.

Additionally, many survivors of FGM are reluctant to speak out about their experiences. This silence stems not only from the deeply personal and traumatic nature of the practice but also from the fear of being ostracized by their communities or even facing violence. In some cases, survivors are pressured into defending the practice as part of their cultural identity, creating a complex social dynamic where personal safety, community acceptance, and cultural loyalty are all at stake.

The combination of these factors – the lack of legal action, the cultural sensitivities surrounding FGM, and the reluctance of survivors to come forward – has created a challenging environment for activists and policymakers seeking to end the practice. Public awareness campaigns, legal reforms, and educational programs aimed at changing societal attitudes are crucial steps toward protecting future generations from the harm caused by FGM. However, these efforts must be carefully balanced with respect for cultural and religious beliefs, requiring a nuanced and culturally sensitive approach to ensure lasting change.

The Path Forward: Ending FGM in Sri Lanka

Ending FGM in Sri Lanka requires a multifaceted approach. First and foremost, there is an urgent need for comprehensive legal reform. Enacting specific laws that criminalize FGM, coupled with strict enforcement, is a critical step towards safeguarding the rights of women and girls.

In addition to legal measures, widespread education and awareness are essential. Communities that practice FGM need to be educated about the dangers of the procedure, as well as the fact that it is not mandated by religion. Engaging religious and community leaders in this dialogue is crucial to ensure that the message is accepted and understood at the grassroots level.

Support services for survivors of FGM must also be strengthened. Many women and girls who have undergone the procedure need access to healthcare, counseling, and social support to address the physical and emotional damage caused by FGM.

Situation in Other Countries

FGM is a global issue affecting millions of girls and women across different continents, particularly in Africa, the Middle East, and parts of Asia. Despite international efforts to ban the practice, it persists in many countries, driven by deep-seated cultural, religious, and societal beliefs. Below is an overview of the situation in several countries where FGM remains prevalent:

Kenya

In Kenya, despite being outlawed in 2011 under the Prohibition of Female Genital Mutilation Act[1], FGM is still widely practiced, particularly in rural and nomadic communities. The Maasai and Samburu ethnic groups are known to adhere to the practice as a rite of passage for girls transitioning into womanhood. While there have been successful education campaigns and government crackdowns, the practice has gone underground, with many families sending their daughters to remote areas or across borders to avoid prosecution. Activists continue to push for stricter enforcement of laws, more educational outreach, and community-level interventions to end FGM.

Uganda

In Uganda, FGM is most common among the Sabiny and Pokot communities in the northeastern region of the country. Although Uganda criminalized FGM in 2010 with the passing of the Prohibition of Female Genital Mutilation Act[2] enforcement has been weak, and the practice persists in rural areas. Cultural traditions, combined with limited awareness of the law, keep the practice alive. Cross-border practices, where girls are taken to neighbouring Kenya for the procedure, further complicate eradication efforts. Advocacy organizations have emphasized community dialogues, education, and empowering local leaders to challenge FGM's cultural acceptance.

1Prohibition of Female Genital Mutilation Act 2011
2Prohibition of Female Genital Mutilation Act 2010

Egypt

Egypt has one of the highest rates of FGM in the world, with around **90%** of women aged 15-49 having undergone the procedure. FGM in Egypt is primarily associated with controlling female sexuality and is seen as a way to "purify" girls. Despite the government criminalizing the practice in 2008 and stiffening penalties for perpetrators in 2016, it remains widely performed, often by healthcare professionals. This medicalization of FGM poses significant challenges, as families see the procedure as safer when conducted in a clinical setting. However, the Egyptian government and local activists have made strides by launching national awareness campaigns, partnering with religious leaders to denounce the practice, and supporting survivors.

Bangladesh

In Bangladesh, FGM is not as widespread as in some African countries, but it exists, particularly among the Dawoodi Bohra community, a small sect of Shia Muslims. The practice, known as "Khatna" or "Sunnat," involves cutting the clitoral hood. Unlike in many other regions, FGM in Bangladesh is a largely hidden issue, performed in secret and rarely discussed publicly. Awareness is gradually increasing, but there remains a significant cultural and religious barrier to addressing the issue. Organizations working on gender-based violence have started to include FGM in their advocacy, though it remains a challenge to break the silence around the practice.

Myanmar

In Myanmar, FGM is practiced within the small Rohingya Muslim community, particularly in refugee camps. The practice is usually less severe than in some other countries and is often symbolic, involving pricking or cutting the clitoris or its surrounding tissue. However, FGM is still harmful and has lasting effects on women's health and

rights. Due to the politically sensitive nature of the Rohingya crisis and the marginalization of this community, addressing FGM within these populations is extremely difficult. Efforts to end the practice often focus on broader human rights advocacy and gender-based violence interventions within refugee settings.

Nigeria

Nigeria, Africa's most populous country, has one of the highest absolute numbers of women and girls affected by FGM. Although the practice is illegal under the Violence Against Persons (Prohibition) Act passed in 2015, it remains deeply entrenched in certain cultural and ethnic communities, particularly in the south and southeastern regions. The Yoruba, Igbo, and Hausa Fulani ethnic groups are known to practice FGM for various reasons, including controlling female sexuality and maintaining cultural identity. Advocacy groups in Nigeria focus on educating communities, empowering survivors, and enforcing laws. However, widespread poverty, illiteracy, and cultural resistance slow progress.

Pakistan

In Pakistan, FGM is practiced primarily by the Dawoodi Bohra community, a small minority sect within the Shia Muslim population. Like their counterparts in other countries, the Bohra community practices a form of FGM known as "Khatna," which typically involves cutting or pricking the clitoral hood. The practice is often justified on religious grounds, though it is performed in secret, and many in Pakistan are unaware that FGM occurs within the country. Efforts to address FGM in Pakistan are still in their infancy, with advocacy focused on breaking the silence and raising awareness within the community. The practice remains largely taboo and is not widely discussed.

South Africa

In South Africa, FGM is relatively rare compared to other African countries, but it is practiced in certain communities, particularly among migrant populations from countries where FGM is prevalent, such as Somalia, Ethiopia, and Sudan. South Africa has robust laws against FGM, but enforcement is complicated by the secretive nature of the practice and the mobility of migrant communities. Awareness campaigns led by health organizations and gender rights groups focus on educating healthcare workers to recognize and report FGM cases, as well as providing support to survivors.

Kilifi, Kenya

Kilifi County, located along Kenya's coast, has long been a hotspot for FGM, particularly among the Giriama and other coastal tribes. Despite Kenya's national ban on FGM, the practice continues in Kilifi due to deep-rooted cultural beliefs and the perception that FGM is necessary for girls to gain social acceptance. Local activists have made some progress through community-based programs that involve local leaders, women's groups, and youth in dialogues about the dangers of FGM. Additionally, efforts are being made to provide alternative rites of passage for girls, allowing them to celebrate their transition to womanhood without undergoing FGM.

Religious Perspective

Female Genital Mutilation (FGM) has long been misinterpreted as a religious obligation in various Muslim communities. However, a critical examination of Islamic teachings reveals that there is no authentic religious basis for the practice. This analysis clarifies the distinction between cultural traditions and Islamic requirements, firmly establishing that FGM is not a religious obligation. Here's a comprehensive overview of the arguments and evidence presented to de-link FGM from Islam:

1. Absence of FGM in the Quran

The Quran, which is the ultimate source of Islamic law, does not mention FGM in any of its verses. Key Islamic principles advocate for the protection of the human body and condemn altering Allah's creation without valid justification. For instance, in Quran 30:30, Allah declares: *"And there is no altering Allah's creation."* This principle implies that any form of bodily harm or modification, including FGM, is

prohibited unless explicitly required for religious reasons, which FGM is not. (4)

2. Misinterpretation of Religious Terms and Hadith

The document highlights the misinterpretation of certain Islamic texts and terms to justify FGM. For example:

- Khitaan: While proponents claim that this term refers to both male and female circumcision, it is clearly used in religious texts to refer to male circumcision only. The correct term for female genital cutting is khifaadh, which does not appear in any authoritative Islamic texts.(4)
- Hadith Misuse: The hadith of Ummu-Attiya, which is commonly cited to support FGM, is weak (da'eef) and lacks credibility. Moreover, the phrase "cutting a small part"[9]has been misinterpreted to promote a lesser form of FGM, despite having no strong basis in Islam. The authenticity of this hadith has been rejected by scholars because it fails to meet the criteria for valid Islamic legal evidence.

3. Islamic Teachings on Harm and Bodily Integrity

Islamic teachings strictly forbid causing harm to oneself or others. The principle La darar wa la dirar—"There should be neither harming nor reciprocating harm"—is a fundamental rule in Islamic jurisprudence. FGM, which has been proven to cause severe physical and psychological harm, contradicts this principle. The Prophet Muhammad also emphasized the sanctity of the human body, saying that no harm should come to it without just cause. Moreover, Allah instructs believers not to "make your own hands contribute to your destruction"(Quran 2:195), further condemning practices like FGM that endanger health and well-being. (4)

4. Objectives of Shariah (Maqasid al-Shariah)

Shariah aims to preserve essential aspects of human life: religion, life, intellect, progeny, and wealth. FGM violates several of these objectives:

- Life and Health: FGM can result in fatal complications, long-term health issues, and suffering, directly violating the Shariah goal of preserving life and health.(4)
- Progeny and Sexual Rights: FGM interferes with sexual function and pleasure, depriving women of their sexual rights within marriage, which are safeguarded in Islam. - Intellect and Well-being: The psychological trauma associated with FGM also goes against the Islamic imperative to protect mental well-being.

5. Religious Leaders and Scholarly Consensus

There is no unanimous scholarly consensus on FGM being an Islamic obligation. The four major schools of Islamic jurisprudence (Hanafi, Maliki, Shafi'i, and Hanbali) vary in their interpretations:

While some scholars have historically allowed FGM, modern interpretations from prominent Islamic scholars and institutions reject it based on evidence of its harm and lack of religious foundation. Scholars like Sheikh Tantawy and Sayyid Sabiq have argued that there is no authentic hadith that supports FGM, and thus it cannot be considered a religious act.

6. FGM as a Cultural, Not Religious, Practice

The widespread justification of FGM as a religious obligation is rooted in cultural traditions rather than Islamic teachings. In many communities, cultural practices have been mistakenly integrated into religious life. However, Islam differentiates between harmful cultural practices and religious obligations. In pre-Islamic Arabia, many harmful traditions—such as female infanticide—were eradicated by the Prophet Muhammad, and Islam continues to condemn practices like FGM that harm individuals.

7. Rights of Women in Islam

Islam strongly advocates for the rights and dignity of women. The practice of FGM, which reduces women's sexual pleasure and often leads to severe complications, is inconsistent with the Islamic view that women have the right to enjoy marital relations.

The Prophet Muhammad explicitly emphasized that sexual pleasure within marriage is a mutual right, and both husband and wife are entitled to sexual fulfilment. FGM, which hinders this right, violates this teaching. (5)

8. Qiyas (Analogical Deduction)

The principle of qiyas is used in Islamic jurisprudence to compare two actions that share similar characteristics to derive a ruling. Proponents of FGM attempt to draw parallels between male circumcision, which is supported in Islam, and FGM. However, the comparison fails because male circumcision and FGM are fundamentally different:

- Male circumcision has known religious and medical benefits, while FGM is harmful and medically unnecessary.
- The extent of male circumcision is clearly defined in Islamic teachings, whereas FGM varies significantly and has no such clear guidance.

FGM as a Violation of Islamic Principles

Overall, FGM is not a religious responsibility in Islam. It is a harmful cultural practice that has been wrongly associated with Islamic requirements. Islamic teachings prioritize the protection of the body, health, and dignity of individuals, particularly women. There is no Quranic or authentic hadith basis for FGM, and it contradicts the objectives of Shariah and the core principles of Islam. Muslims are encouraged to abandon this practice in favour of upholding the true values of Islam, which promote well-being, respect, and the preservation of life. (6)

RESULTS AND DISCUSSION

This section examines the findings of the research survey conducted to explore attitudes, awareness, and perspectives on Female Genital Mutilation (FGM) and patriarchal norms in multiple countries, with a primary focus on India and Sri Lanka. The survey attracted 80 responses from individuals across 11 countries, namely India, Sri Lanka, Kenya, Bangladesh, Uganda, Egypt, Myanmar, Nigeria, Pakistan, South Africa, and Kilifi.

Survey Respondents' Demographics

1. Country Representation

A diverse group of participants from various regions contributed to this survey:

- India accounted for the majority, representing 47.5% of responses.
- Kenya contributed 18.8% of responses.
- Sri Lanka represented 7%.
- Other countries included Uganda, Egypt, Bangladesh, Myanmar, Nigeria, Pakistan, South Africa, and Kilifi, making up the remaining 26.7% of responses.

2. Age Distribution

The majority of respondents were from the 20-30 age group, accounting for 65% of total responses. Additional age group data includes:

- 18-20: 18%
- 30-40: 7%

3. Gender Distribution

- Female respondents made up 67.5%, a significant majority, highlighting the gendered nature of FGM as an issue affecting primarily women.
- Male respondents constituted 23.5%, indicating a lesser but notable male interest in the topic.

4. Awareness and Familiarity with FGM

When asked about their familiarity with FGM, the responses revealed varying levels of awareness:

- 45% of respondents reported being very familiar with the practice.
- 38.8% were somewhat familiar.
- 16.3% were not familiar with FGM.

This demonstrates that while a majority had some awareness of FGM, a considerable portion was not fully informed about the issue.

5. Opinions on FGM as a Harmful Practice

Respondents overwhelmingly recognized FGM as a harmful practice:

- 86.3% believed FGM is harmful.
- 3.7% disagreed, not viewing it as harmful.
- 7.5% were uncertain, indicating the need for more education on the subject.

6. Opinions on Banning FGM

Based on the survey results, 92.5% of the 80 respondents believe that Female Genital Mutilation (FGM) should be banned, emphasizing the physical, mental, and emotional harm it causes. These respondents highlight that FGM can lead to long-term physiological and psychological issues, violates bodily autonomy, and often occurs without medical oversight, posing serious health risks.

A small minority, 2.5%, expressed uncertainty, while 2.5% believed FGM should not be banned, citing concerns about cultural implications for their daughters. However, the overwhelming majority advocate for a ban due to the harmful and non-consensual nature of the practice.

7. Reasons for Practicing FGM

Participants identified several reasons for the continued practice of FGM in some communities:

- Cultural tradition was cited by 51.2%, suggesting the deep-rooted nature of the practice in many societies.
- Religious belief was mentioned by 18.8%, indicating that some individuals see FGM as a religious requirement.
- Social pressure accounted for 13.7%, showing that FGM continues in part due to fear of social ostracism.

8. Personal and Community Impact of FGM

The survey asked respondents if they or someone they knew had been affected by FGM:

- 82.5% had not been directly affected.
- 12.5% reported knowing someone who had undergone FGM.
- 2.5% had personally experienced FGM.

This data suggests that while the majority were not directly impacted, there is still significant personal and community exposure to the practice.

9. Legal Awareness and Perception of Laws

When asked about the presence of laws in their country that address FGM, responses highlighted a general lack of legal knowledge and confidence in the effectiveness of policies:

- 60.3% were not aware of any laws addressing FGM.
- 20.5% were aware of existing laws, though these laws may be under-publicized.
- 12.3% were unsure, indicating the need for greater legal education.

10. Effectiveness of Laws and Policies Protecting Women from Violence

Respondents were largely critical of the sufficiency of laws protecting women from violence:

- 59.6% believed that existing laws were not sufficient to protect women from violence.
- Only 12.7% felt that the laws were sufficient.
- 27.8% were uncertain, showing a significant portion of the population may be unaware of the strength or enforcement of current laws.

Perceptions of Cultural Traditions vs. Human Rights in the Context of FGM

One respondent provided a detailed perspective on the tension between cultural traditions and human rights, emphasizing that while cultural traditions are important, they must evolve to respect fundamental human rights. The respondent argued that human rights should take precedence over traditions, particularly when they result in harm, such as FGM, and suggested that cultural practices like FGM should be abandoned in Favor of those that protect individual dignity and well-being.

12. Awareness of Initiatives to End FGM

There was limited awareness of initiatives or programs aimed at ending FGM:

- 69.6% were unaware of any programs.
- 19% knew of specific programs or initiatives.
- 8.9% were unsure.

This suggests that global and local initiatives may not be reaching communities effectively, or awareness campaigns need to be more visible and engaging.

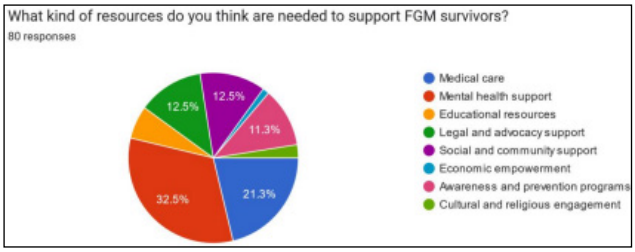
13. Strategies to Eradicate FGM

When asked about the most effective ways to eradicate FGM, respondents suggested the following:

- **Education and awareness campaigns** were seen as the most effective strategy, with **37.5%** supporting this approach. This highlights the role of education in challenging entrenched cultural practices.

14. Resources Needed to Support FGM Survivors

Though the survey did not yield a specific breakdown of resources needed, the overall sentiment suggested that access to healthcare, legal support, education, and psychosocial counseling are critical for survivors of FGM. These resources must be both widely available and culturally sensitive to be effective.



The survey also gathered additional comments, some of which were particularly insightful. Here are two notable ones:

1. **Lack of Awareness**: "Due to lack of awareness and knowledge, such practices are still deeply ingrained. It would not be fair to say that such practices cannot be ended. Only the government and institutions alone cannot solve such problems. In my opinion, the solution to such problems is hidden in the human chain." (8)

2. **Medicalisation of FGM**: "FGM is medicalized in my country, meaning the health professionals are the ones mostly doing it. Monitoring of medical professionals and educating them is essential, as these are deeply rooted beliefs. They think they're doing good for the patients even though FGM is not studied in our curriculum."

These comments highlight both the systemic challenges of deeply ingrained cultural practices and the medicalization of FGM in certain regions, suggesting that targeted education for healthcare providers is a crucial step toward eradicating the practice.

16. Recommendations based on the survey

The survey results provide important insights into the current state of awareness, legal protections, and cultural challenges surrounding FGM. While there is widespread recognition of FGM as a harmful practice, significant work remains to raise awareness, enforce legal protections, and support survivors.

Recommendations

1. **Education and Awareness Campaigns**: These should be intensified, particularly targeting younger age groups and both genders to challenge the normalization of FGM.

2. **Strengthening Laws and Enforcement**: Legal frameworks protecting women and girls from violence, including FGM, must be strengthened and enforced.

3. **Healthcare Professional Training**: In countries where FGM is medicalized, targeted education for healthcare providers is crucial to stop the practice.

4. **Community Engagement**: Culturally sensitive engagement with communities is essential to shift attitudes and practices toward more equitable gender norms.

5. **Global and Local Initiatives**: Increased visibility and funding for programs that aim to end FGM will enhance community awareness and support for affected individuals.

This survey emphasizes that while cultural traditions play a significant role, human rights must take precedence, and collective efforts are required to challenge patriarchal norms and eradicate harmful practices like FGM.

Recommendations/Solutions

To eradicate Female Genital Mutilation (FGM) and challenge patriarchal norms, a holistic approach integrating education, law enforcement, and community-led initiatives is essential. Implementing comprehensive sexuality education in school curricula across India and Sri Lanka is crucial. This education should address gender equality, human rights, and the harmful effects of FGM, empowering young girls and boys to challenge traditional practices that perpetuate inequality.

Creating community-based legal advocacy groups can amplify marginalized voices. These groups, comprising local leaders, healthcare providers, and FGM survivors, can advocate for specific anti FGM laws and their enforcement, fostering community ownership of the issue and enhancing social acceptance of FGM resistance.

Strengthening cross-border collaborations between India and Sri Lanka to share strategies for eliminating FGM could lead to regionally tailored solutions. Joint task forces focusing on data collection, law enforcement, and survivor support would unify efforts across borders.

Integrating men and boys, their allyship into anti-FGM campaigns is also crucial. Given the influence of patriarchal structures, involving male allies in discussions about FGM's harmful impacts can foster shifts in norms. Campaigns that promote healthy masculinity and shared reproductive health responsibilities could significantly reduce the practice.

Additionally, based on the survey findings of the peers who participated in the survey and their insights into providing solutions, the need for education and awareness in rural areas is critical. Community engagement involving leaders, parents, and youth is necessary to challenge cultural beliefs that support FGM while maintaining respect for local traditions. Empowering girls with knowledge of their rights and health, and creating data-driven policy changes, can lead to an enabling environment for eliminating FGM. Metrics on FGM should be included in government health work plans, and hospitals should categorize FGM as a medicolegal case, ensuring accountability and medical attention.

CONCLUSION

Despite the known harmful effects of Female Genital Mutilation (FGM) on health and well-being, many communities continue to uphold this practice, often viewing it as a societal norm rather than a religious mandate. This underscores the urgent need for comprehensive education and awareness initiatives to challenge and change these deep-rooted traditions.

As highlighted in our survey, 92.5% of the 80 respondents advocate for banning FGM. These responses reflect a clear recognition of the physical, psychological, and emotional harm caused by FGM. Additionally, one of the most significant barriers identified was the generational transmission of FGM practices, particularly through older women in communities like the Ostha Mamis in Sri Lanka.

Through a collaborative effort involving education, legal reform, and community engagement, a future free of FGM is achievable. Efforts must be made to foster a culture of respect and understanding, especially by engaging older generations and fostering dialogues within communities. Together, these actions will ensure that women and girls live with dignity, free from violence and oppression.

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As fellows native to India and Sri Lanka, we decided to emphasize these two countries in our research title, "Breaking Barriers: Challenging Patriarchal Norms and Female Gender Mutilation

for Gender Equality in India and Sri Lanka." Our regional ties offer us a unique perspective and deep understanding of the cultural, social, and legal landscapes surrounding FGM and gender equality in these regions, making them a focal point of our study.

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GLOSSARIES

FGM- Female Genital Mutilation

UN- United Nations

PTSD- Post Traumatic Stress Disorder

HIV- Human Immunodeficiency Viruses

IPC/BNS- Indian Penal Code/Bharatiya Nyaya Sanhita

CBI- Central Bureau of Investigation

Ostha-maami - The operator is a woman called

NGO/NPO- Non-Governmental Organisation/Non-Profit Organisatiom

UNICEF- United Nations Children's Fund

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