

ON PHYSICAL AND MENTAL HEALTH AND RIGHTS OF  
THE MUSLIM WOMEN AND CHILDREN IN SRI LANKA

# FEMALE GENITAL MUTILATION OR CUT (FGMC)



WOMEN'S ACTION NETWORK

*“I was engaged in the research study of female genital mutilation as one of the field researchers. It wasn't until I immersed myself in the study that I came to a heartbreaking realization. This practice is not rooted in Islam, but instead arises from superstitions and traditional norms that are never mentioned in the Qur'an or Hadith. The shock was overwhelming when I discovered that, due to my ignorance, I had subjected my daughter to the harmful practice of 'Khatna,' which affected her sense of self and her sexuality.*

*The weight of this realization is indescribable, and it fills me with a deep sorrow I can hardly put into words. This pain drives me now, more than ever, to protect future generations from such injustices. I am determined to ensure that no other child endures what my daughter has. **This mission is no longer just research—it is personal and urgent.**” — Researcher*

*“When I learned that Khatna had been performed on me, I felt betrayed. It was like something had happened to my body without my consent. Coming to terms with that was difficult. I wasn't sure whom should I be angry of; so I ended up being angry at myself.” — Researcher*

**This research and report compilation is led by Shreen Abdul Saroor with a team of nine district-based field researchers. Their names are: Zahira Ismail, Noor Maziyya, Ismayil Aaysha Banu, A. R. Janusa, Angela Sivathilothamai Forman, Sulaima Lebbe Majitha, Fawzul Himaya Hareed, Cadar Bacha Shaifun and Kaleeullah Thasneema**

Niranjala Arulnandhy assisted in translating the research materials into English.

# Executive Summary

This action research, conducted under my leadership with a dedicated team of nine field researchers, sheds light on the persistence and impact of Female Genital Mutilation/Cutting (FGMC), commonly known as Khatna, among the Muslim community across nine districts in Sri Lanka. Engaging nearly 1,000 participants, the research reveals that the practice is rooted in cultural tradition, social conformity, and misconceptions about religion, morality, and cleanliness.

Our findings expose a concerning pattern of secrecy, coercion, misinformation, and no informed consent, particularly affecting infants and young girls. The emotional trauma and physical harm caused by Khatna are compounded by entrenched gender norms and power dynamics that seek to control female sexuality. Traditional female cutters (Ostha Maamies), often lacking medical training, continue this harmful procedure for income, with some cases now medicalized in clinics and hospitals. While resistance is growing among educated women, youth, and a few progressive religious voices, Khatna remains prevalent due to social pressure, religious misinterpretation, and lack of legal clarity.

Supporters of the practice have also dismissed claims of Khatna being a serious form of FGMC by comparing it to other forms of surgical practices. They claim Khatna is simply hoodectomy, a form of plastic and elective surgery that reduces the size of the clitoral hood and is only performed on consenting adults.

The research illustrates that many women and men remain divided in their opinion, with some supporting eradication efforts through awareness and education, and others defending the practice based on tradition or false beliefs about religious obligations. Fear of community backlash, reluctance to discuss sexuality, and generational tensions further hinder progress.

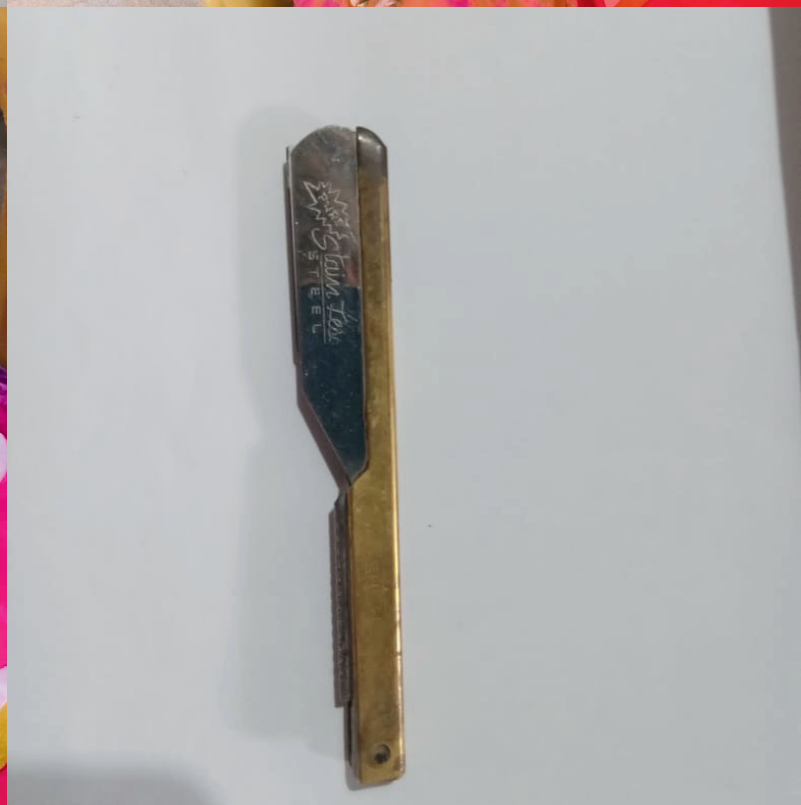
However, through this action research, we identified viable entry points for change, including the mobilization of health professionals, trusted religious leaders, educators, young mothers and survivors themselves.

Our recommendations call for a coordinated, multi-sectoral approach that integrates legal reform, religious clarification, community-based awareness, psychosocial support, and health education, with particular attention to girls' sexual and reproductive health and rights. It is imperative to prioritize the protection of girls' rights to bodily autonomy, safety, and sexual well-being, while challenging the social norms that allow Khatna to persist in secrecy and remain a taboo.

We thank the Dutch Embassy and Alliance Development Trust for their financial and logistical support, respectively. I extend my deepest gratitude to the district-based researchers, resource persons, the courageous participants who shared their stories, and the survivors who trusted us with their pain. This report belongs to all of you, and it is your voices that will guide the path toward eradicating this injustice to our girls.

**Shreen Abdul Saroor**  
Lead Researcher







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# Introduction

Female Genital Mutilation/Cut (FGMC), Female Circumcision, and Khatna are all terms used to describe the partial or complete removal of external female genitalia or other harm to female genital organs for non-medical reasons. In some rural areas, the procedure is referred to as ritual head washing (Thalai Muzhuvattuthal), purifying ceremony (Thudakku Kazhiththal), Khatna (Sunnathu vaithal) or cutting ceremony (Kollaruthal) in Tamil.

This research includes 998 samples within the Muslim community. Samples are mostly women but also covered a few men, experts, female converts to Islam, and also some professionals from other religions. The report also covered perspectives of female circumcision—Khatna—by different Islamic ideologies like Tabligh, Jamaat-e-Islami and Tawheed. It includes a summary of interviews, responses, and analyses, featuring gender and demographic breakdowns, factual accounts of Khatna practices, and individual, professional, and group discussions and viewpoints.

The above research was carried out in specific districts with significant Muslim populations to capture Muslim women's perceptions of this practice, the rationale behind it, its extent or impact, and to evaluate the sexual rights of girl-children in the future, along with their physical and psychological well-being. Based on safety and familiarity, the district-based researchers selected the villages for their research.

# Research Methodology

The specific research concerning female circumcision (Khatna) was conducted across nine districts by a team of nine research assistants, with particular emphasis on densely populated Muslim communities. The initial phase of the research was facilitated by the involvement of women activists and their proactive initiatives. To ensure the research's effectiveness, multiple visits were undertaken, and a comprehensive set of guidelines were established. Given that this study addresses a sensitive topic that is often challenging to discuss, the research assistants engaged in dialogues within familiar environments and among like-minded individuals. During these discussions, two significant points emerged: the need for clarity regarding references in the Islamic Al Qur'an and Hadees, and the importance of identifying local religious scholars and experts.

Dr. Shemoon Marleen from the Sri Lanka Medical Association provided a clear explanation about how female circumcision (Khatna) is connected to women's health. Further, participants and field researchers, upon gaining insight into the topic of Khatna, recognized that they had personally undergone the procedure, leading to mental distress. They received counselling from psychologist Ms. Suheila and her team to address this. The project also established a protocol to ensure that research assistants experiencing mental trauma throughout the project would have access to counselling from these professionals.

Dr. Rauff Zain (an Islamic religious scholar) was engaged in a discussion to see if references are found in the Al Qur'an and Hadees regarding female circumcision (Khatna). Furthermore, he developed and distributed a handout offering Islamic explanatory guidance to the field research assistants. The field research assistants had the opportunity to converse with the two experts (religion and health) during these discussions.

Following the in-depth discussions, the field researchers identified the specific locations suitable for conducting the research, while the Research Lead developed the questionnaire.



There are very limited studies on FGMC (female circumcision/Khatna) in Sri Lanka. Nevertheless, insights derived from research involving 20 samples of evidence within the Bohra community, along with a study carried out by UN Women-Sri Lanka and information obtained from various health magazines, enabled the Lead Researcher to conduct comprehensive desk research.

Subsequently, the 09 field-level researchers were oriented on the details of this desk research, and the questionnaire developed by the Lead Researcher was reviewed and adjusted multiple times to avoid causing discomfort to the interviewees or retraumatizing the victims.

Research assistants from each district developed the Gantt chart templates, enabling them to determine the sample areas for the research and identify the participants involved in the study.

A preliminary phase of the research was conducted with the assistance of the Lead Researcher. The study into female circumcision (Khatna) was implemented across nine districts in selected villages. The research has progressed over the last eight months despite encountering several challenges.

Utilizing the snowball sampling technique, the ones promoting Khatna and performing it, particularly the Otha Maami and doctors, were identified.

The research team twice conducted a thorough analysis of the collected data over a continuous period of three to four days. Specialists in the field offered counseling and provided emotional support to the researchers as well as to the participants who contributed information.

# Demographic Details

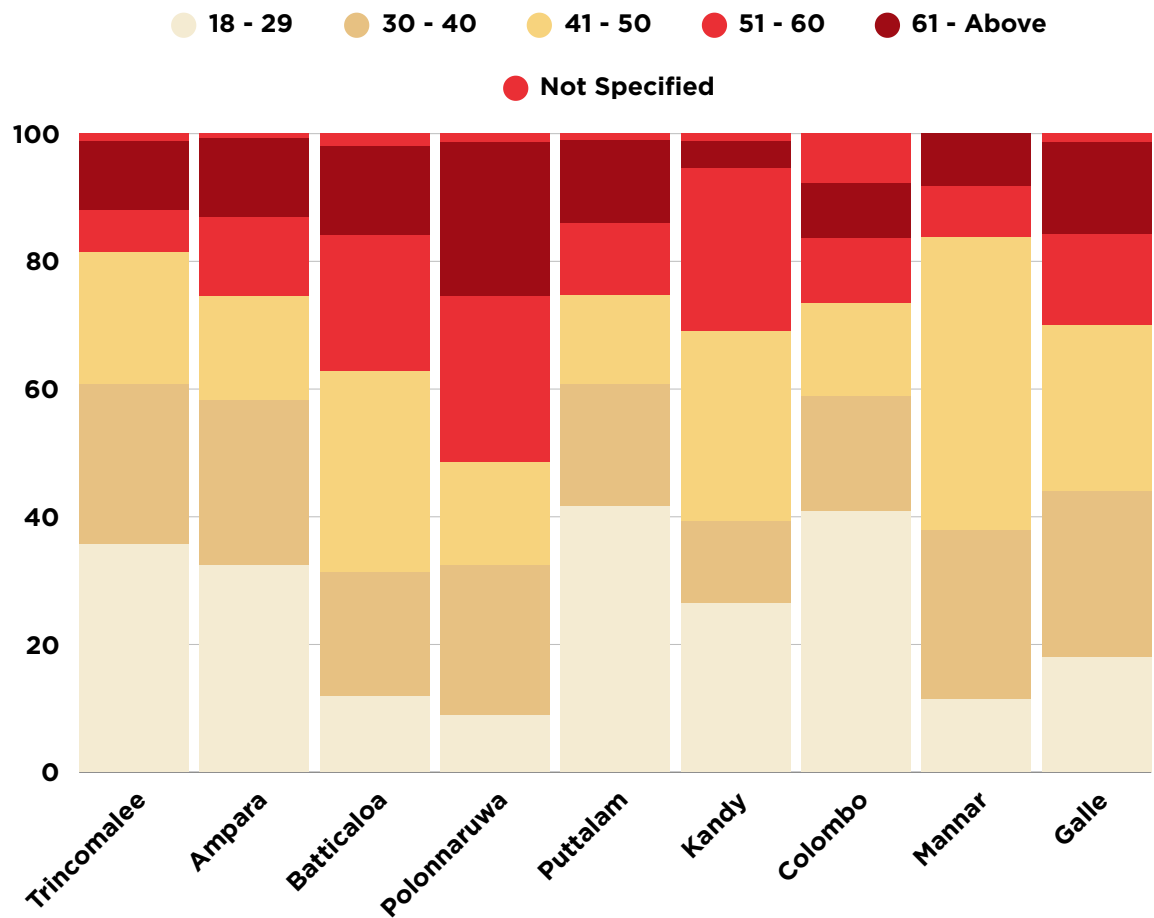


Figure 1.1 Individuals Interviewed Segregated by District and Age

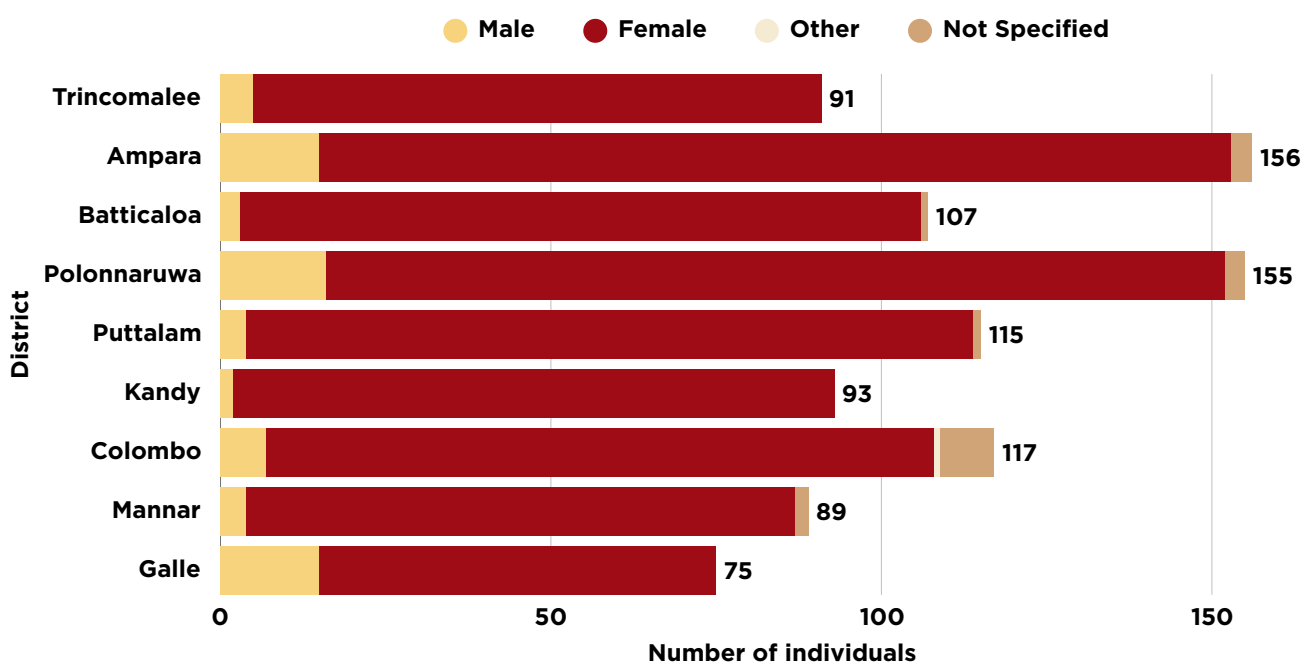
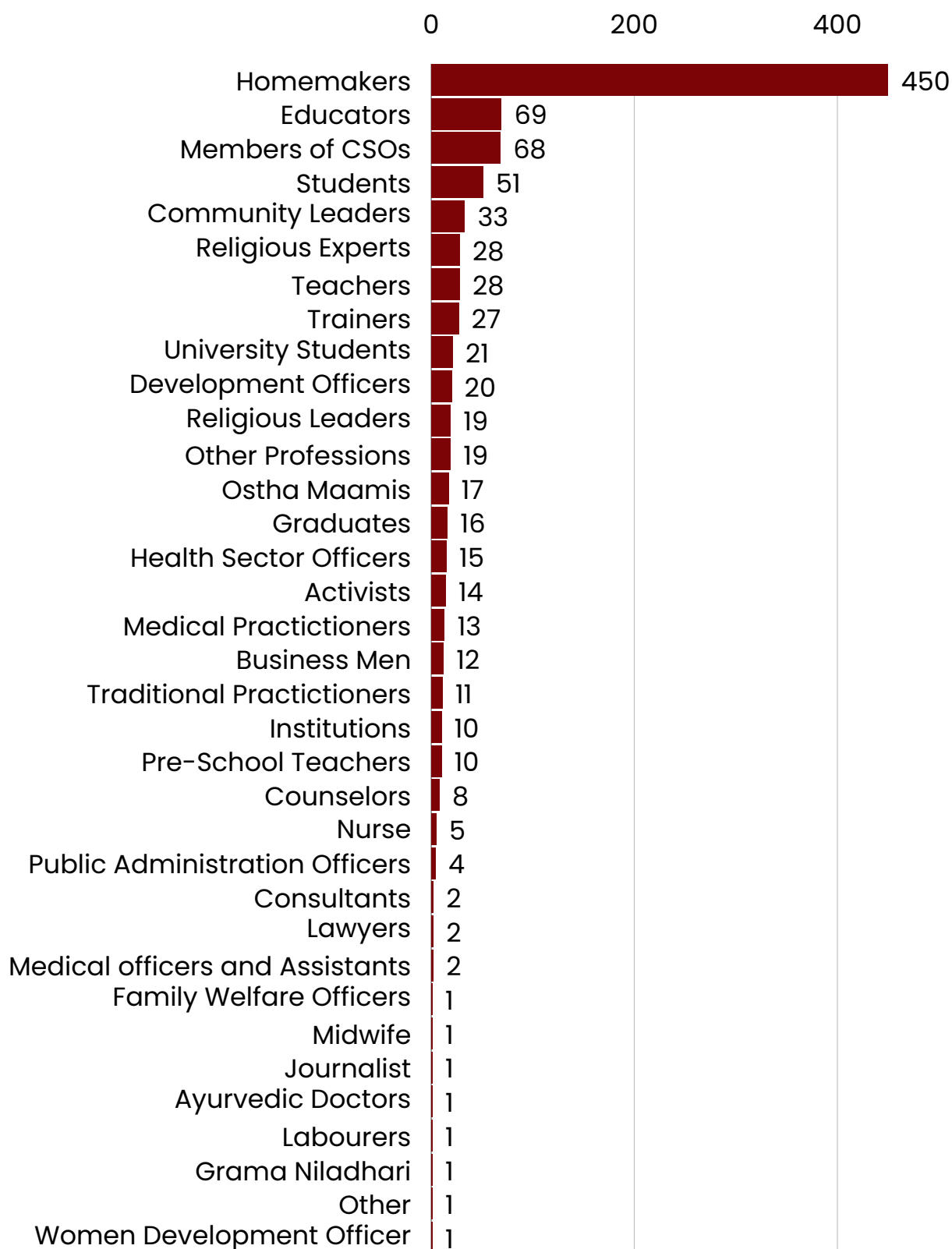


Figure 1.2 Number of Individuals Interviewed Segregated By Gender



**Figure 1.3 Number of Individuals Interviewed Segregated By Profession**



# Who Performs Female Circumcision?

In some areas, a traditional Khatna practitioner or cutter is commonly referred to as 'Ostha Maami.' In certain rural communities, they may be identified by different names, including 'Oitha Maami,' 'Oithamma,' 'Maruthuwachchi,' 'Naasuvathy,' 'Thodakku Muddivettum Umma' (the individual responsible for cutting a baby's birth hair as part of the purification ritual), 'Naasuvary,' 'Ambattan Maami,' the elderly 'Muma,' and 'Navithar.'

These traditional practitioners are primarily older women who have been engaged in this practice for generations. In Mannar, an 'Ostha Maami' is currently 62 years old, while another cutter in Polonnaruwa, aged 67, is originally from Trincomalee and has since married and settled in her current location. She has been using the same shaving knife that belonged to her mother for 23 years (a knife in use for over 35 years).

In Galle, traditional Khatna practitioners are referred to as 'Naasuvathy,' here the term 'Ostha Maami' is used for women who teach the Quran. An 80-year-old 'Ostha Maami' in Ampara receives assistance from a Muslim nurse who has transitioned the use of the old shaving knife to a surgical blade. Likewise, the 'Ostha Maami' in Oluvil and Sammanthurai, aged 65 and 59 respectively, continue to practice Khatna.

Their livelihood is dependent on carrying out Khatna. Traditional practitioners are paid between Rs. 5000 and Rs. 7000, along with rice, saree, and fruits. Payment for travel will be made depending on the distance. Unsurprisingly, these traditional practitioners, 'Ostha Maami' have not received any formal training and have developed their skills through traditional experience. However, there are unconfirmed reports that training is provided for Khatna practitioners or 'Ostha Maamies' in the Maligawatta area in Colombo.

It is important to note that 'Ostha Maamies' are rarely invited into homes for social reasons but rather to perform customary practices. There is no evidence that they are a recognized group in society, nor are they treated equally. They have been marginalized for generations.

Nonetheless, the 'Ostha Maamies' of the Ampara district consider

themselves a recognized group of people who have existed since the beginning, much like Adam and Eve.

existence of this practice can be attributed primarily to its association with elderly women, who continue to engage in it discreetly. It has been noted that some Muslim physicians currently perform this procedure in local clinics. One participant in the study shared, "The same doctor from the Kandy district who performed the circumcision on my daughter did it for my granddaughter two decades later". It was revealed that an 'Ostha Maami' has conducted Khatna for nearly 5,000 girls in the Ampara district. In Polonaruwa, an Ostha Maami has been performing Khatna on an average of 5 to 10 children each month for the past 23 years.

The mother's consent is usually not obtained because this procedure is performed on the 7th or 40th day after the child's birth. During the customary procedure, the mother of the child is taken for a traditional herbal bath. Men do not participate in the ceremony, and if they are present, the 'Ostha Maami' or other close female relatives seem to send them away. As a result, this ritual is frequently performed with the approval and instructions of the elders at home rather than with the consent of the child's parents. According to the findings of the study, in most cases, mothers of both parents and sisters of the fathers force the parents to perform Khatna.

On the 7th or 40th day after birth, the child's head is shaved and bathed. Thereafter, the child is dressed in new clothes and prepared for Khatna. The baby is then placed on a white cloth on a round bronze tray or mortar by either the parents' mother or their sister, who widens the child's legs so that the 'Ostha Maami' can place a sharp shaving razor, blade, or surgical knife to remove the child's genitalia. 'Ostha Maami' will wipe the blood with cotton and exhibit it to those who are standing close to her.

For those present, Khatna holds a significant religious custom (marking their Islamic identity). They take pride in having established a foundation that enables a female child to mature and uphold a life of sexual morality.

It was also observed in the Erukkalampiddy area of the Mannar district, the practice of Khatna among girl children is marked by a gathering of close relatives who come together to celebrate the event. In addition to providing rice, coconuts, sarees, and their respective payments, the relatives who are attending the function are also expected to present cash gifts to 'Ostha Maami'. Since such celebrations are rare, it encourages the 'Ostha Maami' to make personal requests to the relatives during these special occasions.

In the Kantale region of Trincomalee and the Thambala area of Polonnaruwa, 'Ostha Maamies' are seldom approached for the Khatna procedure. It has been reported that their payment for this service is considerably higher, which is why they are rarely contacted for this practice.

'Ostha Maami' in the Oddamavady area of Batticaloa charges Rs. 4000 to perform Khatna and is willing to travel to various areas (including the Thambala area of Polonnaruwa) to provide this service. She expects a payment of Rs. 4000 plus travel expenses. For her convenience, she makes sure to mobilize girl-children who need to be circumcised in order to perform multiple Khatna procedures during a single visit. This allows her to earn more money per visit. It is interesting to note that the above 'Ostha Maami' was able to complete her Haj rites recently.

In metropolitan areas, Khatna is practiced through advertisements on social media. It was noted that a network is established on the Facebook page to perform Khatna in these areas. A phone number of a hospital is also provided in some posts on this page. The Facebook page where information can be obtained is called "islamq&a.". When contacted for more information, it was revealed that payments would be determined based on the location and requirements. For example, if the requirement is in Wellawatte, the charge will be Rs. 5000, while in Kollupitiya, the charge will be Rs. 7500. The phone number of a hospital is also provided in some posts on this page.

In contrast to rural areas, Colombo's Khatna practice has evolved under modern concepts. Apart from social media advertising, 'Ostha



Maami' offers a modernized package for performing the Khatna. The package includes diapers, a Bic razor, a cotton pack sold by the State pharmacy, a tissue pack, and natural honey. When the child cries in pain, they place a drop of honey on her tongue to distract her from the injury. Some urban households celebrate the occasion of performing Khatna.

When a research participant reached out to the hospital that conducted Khatna by calling the number provided on their Facebook page to ask about the Khatna procedure for women, the hospital clarified that they only offered Sunnat for males. However, when a male attorney who called the same hospital using the same number to inquire about the Khatna procedure for his eldest daughter was advised to bring her to Kandy, where he would need to make a subsequent call to obtain more information about the service provider.

'Ostha Maami' does not take into consideration the side effects or aftereffects of Khatna. They lack clarity and awareness about infections, as well as the fact that the subject concerns women's sexual rights. They believe it is a religious ritual because Kalima is recited before the female circumcision.

After the Khatna, the 'Ostha Maami' wipes the blood that comes from the injured area with cotton and shows it to the women surrounding her and asks them three times, "Did you gain 'Iman'?" and the family holding the child must respond saying 'yes' three times. This demonstrates that female circumcision is tied to religious beliefs (marking their Islamic identity).

The study demonstrates that regardless of whether Khatna occurs in rural or urban areas, the 'Ostha Maami' emphasizes the procedure as a religious ritual, encouraging and justifying the practice.

# Most Common Reasons Expressed for Female Circumcision

The participants in the study who endorsed Khatna argued that this practice holds significance and is deemed acceptable within Islam. They asserted that performing Khatna on a newborn female infant is a means of initiating her into the faith. Furthermore, they believe that this act serves as a form of 'purification for the child' (marking their Islamic identity). Similar to how Sunnat is observed for males, Khatna is practiced for females, representing a cultural tradition that has been upheld through generations.

By engaging in this practice, they feel they are fulfilling their religious obligations and embracing their Islamic identity.

This practice not only proves that we are Muslims but also it prevents and safeguards us from kidney and other infections. We believe that it contributes positively to fostering a healthy and fulfilling marital life, as well as enabling a less painful childbirth. It was also said that Khatna allows women to embrace a modest lifestyle by controlling their sexual activities within defined boundaries.

Social pressure significantly influences the ongoing tradition of female circumcision. Proponents of Khatna argue that this practice establishes a foundation for sexual decency and offers behavioral advantages.

When a Muslim convert was asked about Khatna, he reacted with anger and confusion. He stated emphatically, "Without a doubt, everyone must have undergone the Khatna procedure; otherwise, we cannot attain entry into heaven."

Khatna is considered beneficial. If it is neglected the skin may thicken and harden, which can cause discomfort for women to sit. The growth can cause sensations like insect bites, which is the primary reason for the practice of Khatna.

*"Failure to perform Khatna may result in the skin shrinking."*

*"The main rationale for this practice is to maintain cleanliness; it ensures that urine does not accumulate in the area when a woman urinates."*

*"I have noticed that young women in school hostels have started to form intimate relationships with one another. The practice serves as a preventive measure against such developments. We emphasize normal sexual activities through Khatna."*

## **Positive and Negative Perceptions Concerning Female Circumcision**

Many participants in the study indicated that female circumcision offers significant advantages for women, their families, and the broader community. They emphasize that when women manage their emotions/feelings effectively, they are safeguarded against infidelity and extramarital relationships. They also believe that their daughters, by adhering to Islamic principles, lead a disciplined and modest lifestyle, and ultimately gain entry into paradise through their faith. Recognition for marriage is attainable only through Khatna, which is deemed essential for earning societal respect and acceptance, while also suggesting that the likelihood of complications during childbirth may be reduced. They also mentioned that when women die from disasters or accidents, it becomes easier to determine their religion. This practice is done to ensure that women who belong to our faith uphold their modesty and cleanliness. When Khatna is performed on women, it allows men to experience sexual pleasure during intercourse while keeping women's sexual desires in control. One participant in the study noted that women who have undergone Khatna do not participate in sex work.

Many people believe that parents feel a sense of relief and happiness when this religious practice is carried out, as it is seen as essential. They also argue that this procedure helps manage women's sexual desires. If these feelings are not properly addressed, it can lead to issues like hypersexual disorder. Thus, the practice of Khatna is thought to help women avoid such mental stress and maintain a stable mind



and body. Additionally, it is believed that women will feel safer in a sexual context when they have better self-control. From their viewpoint, preserving a woman's virginity is important for a fulfilling life with her husband. They also mentioned that this practice keeps the female genital area clean, preventing any buildup of impurities, which can help avoid forbidden sexual relationships, reduce the spread of diseases like HIV/AIDS, lower the number of orphans, protect against the risk of becoming a sex worker, and reduce stress. Ultimately, they believe it contributes to a more disciplined society. They also noted that this practice encourages women to adopt a more submissive mindset.

When participants in the study were asked about the negative aspects or disadvantages of female circumcision for women, the predominant response indicated that there are no such disadvantages. Those who supported the practice of Khatna reiterated that female circumcision has not adversely impacted the rights of women and girls.

A well-known female physician who has conducted Khatna procedures in the Kandy district stated, "I understand that contemporary women do not engage in this practice; however, there is no need to fear it, but there's no need to be afraid of it, as it is not the same as female genital mutilation seen in Africa." Another Ayurvedic doctor remarked on the subject, saying, "This procedure doesn't involve a deep cut, so there is no cause for concern regarding this practice. The context is completely different from what happens in Africa."

Concerns have been expressed regarding the potential adverse effects on the natural sensations experienced in the physical body. For instance, if the clitoris is cut too deeply, it may lead to complications during sexual activities, increasing the probability of women facing both physical and psychological challenges post-marriage. In the Galle district, those opposed to the practice of Khatna often associate it with superstitions and misconceptions. Additionally, some women remain uncertain about the specific areas of their genitalia that have undergone Khatna or the methods used in the procedure.

# **What Are The Issues Encountered by Women Due to Female Circumcision or Khatna?**

The participants in the study who are in favor of the practice of Khatna stated that they do not see any such problems linked to it, or they are simply not aware of any concerns. They emphasized that it is regarded as a religious obligation as outlined in the Hadees, and consequently, they believe it is not harmful.

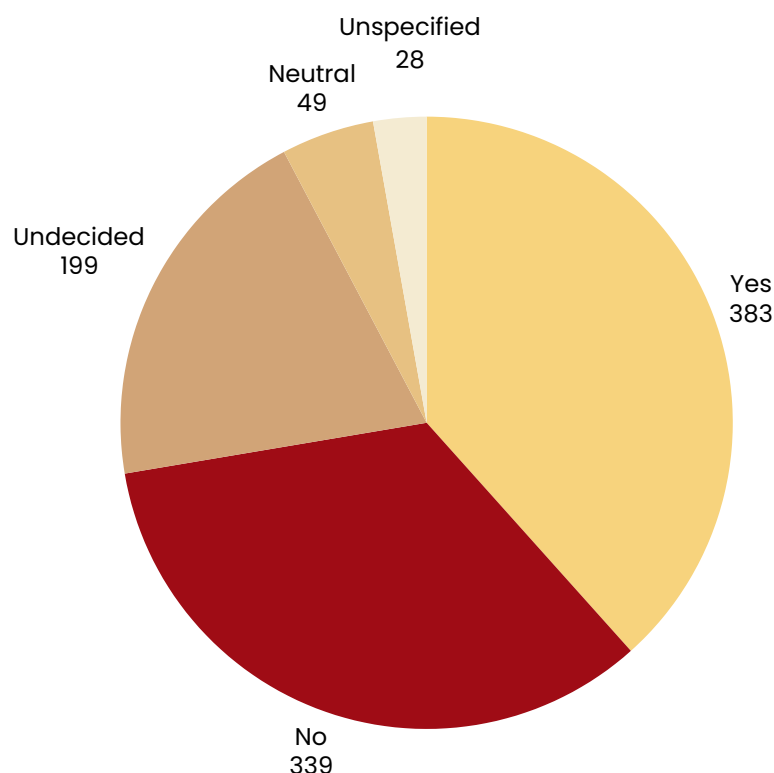
Those who oppose the practice of Khatna, while discussing issues associated with it, believe that it can negatively impact the body's natural sensations and increase the risk of infection. They emphasized that both physical and mental health may suffer as a result of sexual intercourse, potentially resulting in diminished interest and dissatisfaction in sexual relations between spouses, which could subsequently lead to conflicts. A female participant in the study from Puttalam reported an incident where a child experienced complications from an infection following the Khatna procedure.

It was observed by researchers that many women who expressed opposition to Khatna during the study indicated that the practice allowed men to derive pleasure from sexual intercourse while disregarding women's sexual rights. These dissatisfied women exhibit a lack of interest in sexual activities, including intercourse, and harbor a strong hatred for it. In cases where women are compelled by their husbands to engage in such activities, some ultimately resort to divorce, and the rates of such divorces are gradually on the rise.

In the Galle district, a Sinhala doctor who specializes in women's health shared her thoughts on Khatna, saying, "This practice is tied to women's emotions and should not be dismissed lightly." She expressed her disagreement with it, noting that many women seeking treatment may have experienced Khatna, while some may not have. When a family welfare officer from the same area was asked about Khatna, she remarked, "With so many positive practices available for women, why do they still engage in harmful ones?"

In Galle, an incident was documented involving a child who experienced Khatna and subsequently developed an infection. The parents sought to remedy this condition through the use of witchcraft. In a related case within the same district, another child who also suffered from an infection was successfully treated by a Muslim physician.

## Do You Intend to Circumcise Your Daughter In The Future?



**Figure 1.4 individuals' intentions regarding the performance of circumcision in the future.**

During the research, a question arose regarding whether the participants intended to circumcise their daughters and the responses were quite diverse. A total of 383 participants explicitly expressed their intention to carry out Khatna on their daughters. Notably, 199 participants indicated that they were uncertain about their decision. It is important to highlight those 276 participants, which comprised the 199 undecided individuals, along with 49 who remained neutral and 28 who opted not to respond, presented a somewhat ambiguous stance, suggesting a potential inclination towards supporting Khatna in some

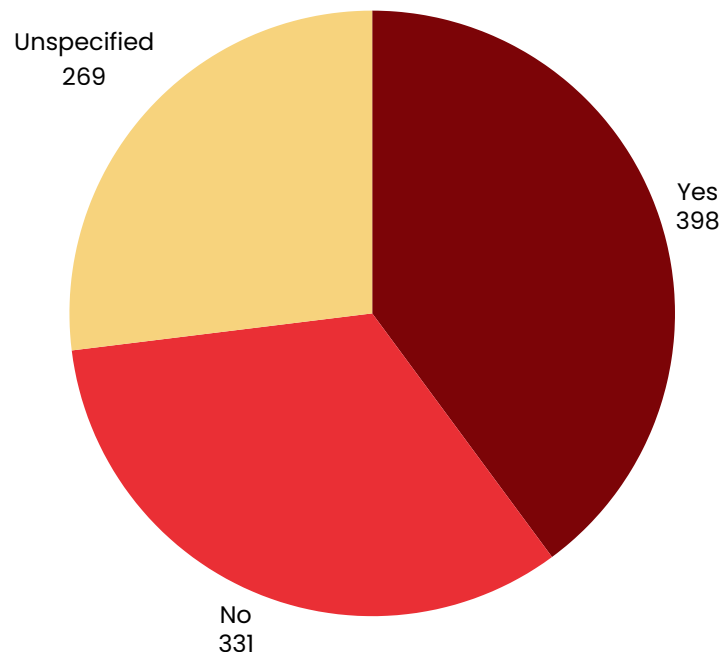
capacity. Therefore, this demographic may be influenced to give up the practice of Khatna by referencing Islamic texts and discussing the associated health concerns.

"I have heard that Khatna is harmful. But I went ahead and did it for my granddaughter, even though there's no Islamic law that requires Khatna." (A mother of three daughters from Kandy)

One woman from Akurana shared, "In our community, circumcision is a widely accepted tradition, often performed discreetly. Many women undergo the procedure without ever being made aware of it rest of their life. I only recently discovered that I had been circumcised, and the realization was unsettling. Due to the stigma surrounding this topic, I feel unable to discuss it openly." (A woman from Akurana who had been subjected to the practice of Khatna).

"After I embraced Islam, I discovered the practice of Khatna. I was introduced to the practice of Khatna. Members of the mosque reached out to me, inquiring if I was interested in converting. They also explained that undergoing Khatna would be a necessary step for me to be recognized as a Muslim."

# Do You Think Female Circumcision is a Mandatory Religious Practice?



**Figure 1.5: Individuals Interviewed Share Their Perceptions of FGMC Through a Theological Lens**

In the study, 398 people believed that female circumcision is a mandatory religious practice. On the other hand, 269 participants expressed uncertainty about whether it is obligatory in Islam. Interestingly, 331 interviewed knew that female circumcision is not mentioned in the Al Quran.

*"I know for the fact that if we want to become Muslim, we should do Khatna, otherwise we cannot reach heaven." (an interviewee from Puttalam who was circumcised)*

*"Certain Mosques promote this as a religious obligation and claim that it is a must." (a mother who works as a mobiliser). See attached the Fatwa issued by ACJU (All Ceylon Jamiyyathul Ulama) on this.*

Some Islamic leaders have expressed the view that the practice is not essential. They assert, "While female circumcision is not deemed sinful, neither the Al Qur'an nor the Hadees indicate that it is obligatory for women. Furthermore, there is no evidence to suggest that Khatna was



historically practiced, nor do we possess any proof of its occurrence during the Sahaba period.” (-An individual who assisted the research from Valaichenai)

The Tawheed Jamaat in Mavadichenai, Batticaloa, arranged a training session focused on the ritual washing of the deceased, bringing in an Islamic trainer from India to lead the program. During the training, the trainer emphasized that Khatna is not a requirement for women. Following this, a participant who was an ordinary woman took a stand and prohibited the circumcision of females in her family. Consequently, this decision led to many women being spared in the community from the practice of Khatna.

A community activist from Sammanthurai emphasized, “Al Qur’an clearly outlines the responsibilities of Muslims from dawn until dusk. Each duty mentioned in the text carries its own benefits.” He further noted that if the practice of Khatna held any advantages, it would have been clearly mentioned in the scripture. However, there is no reference to this practice within the text.

*“There is no mention in the Al Qur’an, Hadees, or any other religious texts that supports Khatna as a necessary practice. Instead, people tend to follow what they believe is important as society evolves over time.” (An Islamic scholar from Batticaloa)*

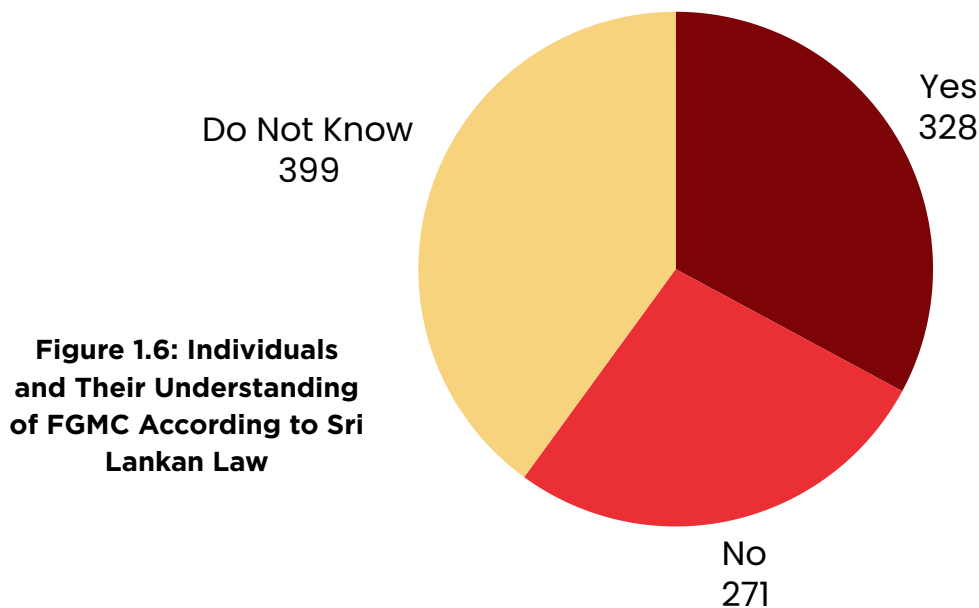
*A Tawheed Islamic scholar from Thihariya pointed out that Khatna is considered a necessary religious obligation. “My brother, who is a Moulavi, also emphasized that Khatna is a practice that must be followed.”*

*“In our community, we tend to keep this practice private. There is no reason to discuss it with others, and they don't need to question it either. Participation is entirely our choice, and we willingly choose to engage in it. I found out about this practice from someone well-informed in a Bayan who indicated that participation is not essential. There is only one Hadees associated with it, and no strict rules are making it compulsory.” (A research participant from Polonnaruwa)*

"Within our community, we have respected Islamic scholars we rely on for guidance and support. However, there aren't any specific groups that actively promote the practice of Khatna." (An interviewee from Ampara)

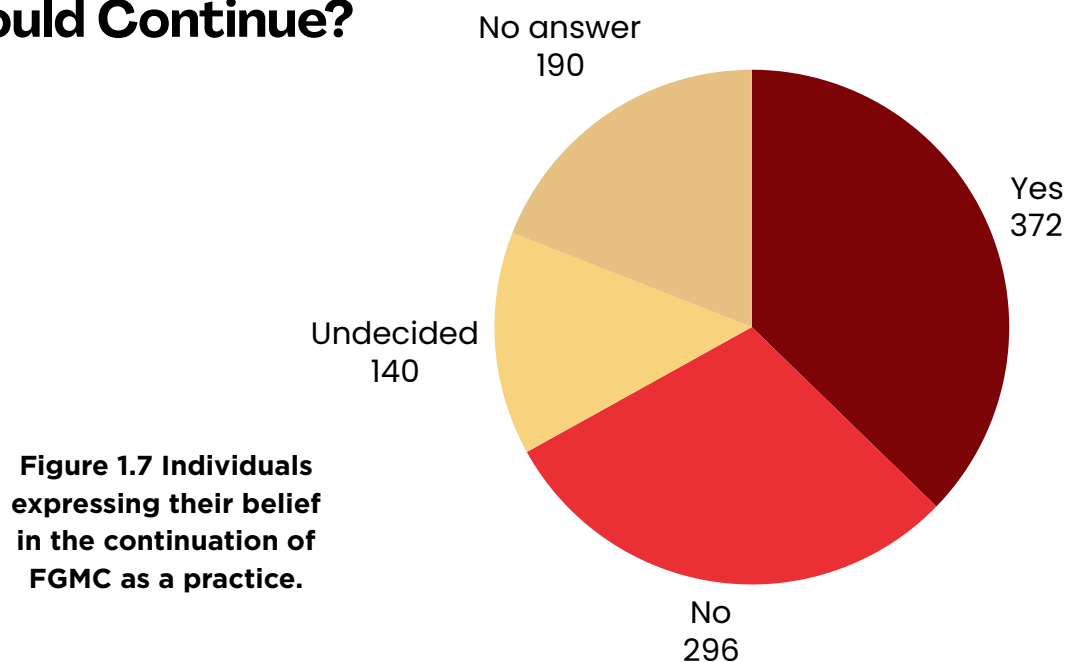
A human rights activist who has been advocating for Muslim women's rights talked about Khatna. "I have encountered numerous instances where husbands have expelled their wives from their homes due to their refusal to undergo Khatna."

## Do You Think Female Circumcision is Permitted By The Law?



In the study, when participants were asked if female circumcision is allowed by law, 328 responded with "yes," 271 said "no," and 399 were unsure about it. No one seems to know the circular issued by the Ministry of Health in 2018 (see the attached circular).

## Do You Think The Practice of Female Circumcision Should Continue?



In the study, when participants were asked if female circumcision, also known as Khatna, should continue, 372 people agreed, 296 disagreed, 140 were unsure, and 190 chose not to answer.

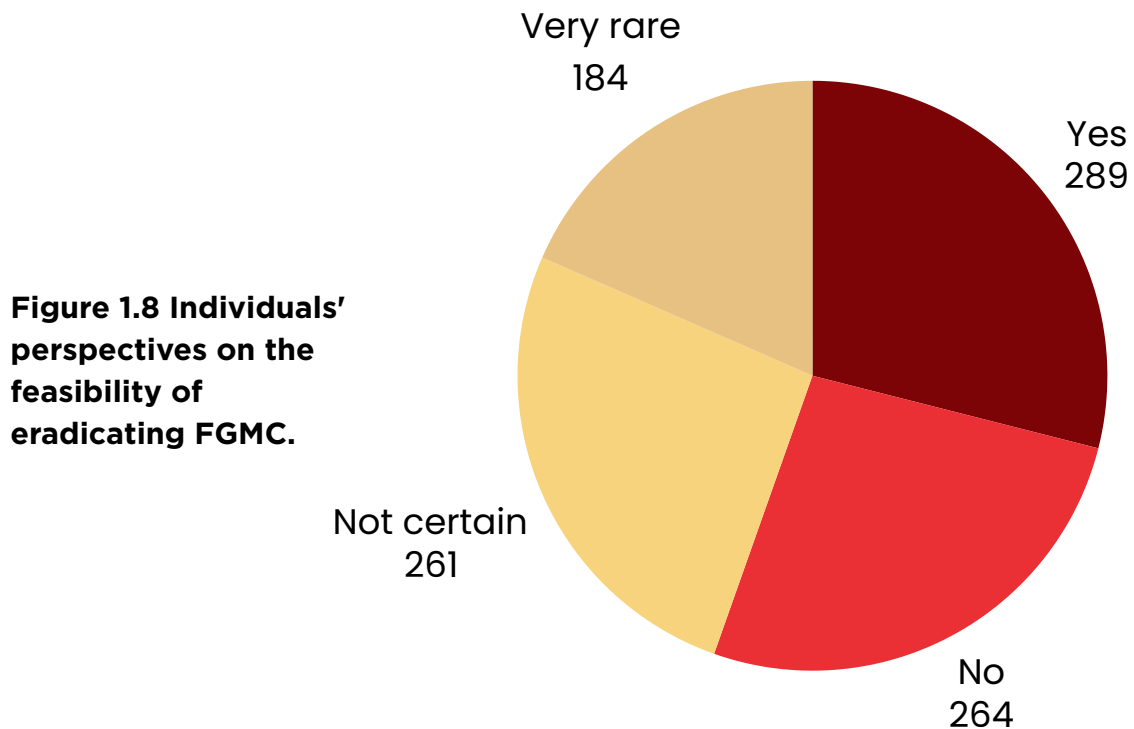
# **What Are The Challenges Girls Who Have Not Undergone Female Circumcision Face?**

Some explained that the community often judges these women harshly, criticizing them for not fulfilling their religious obligations. They are perceived as merely waiting for marriage, and there is significant pressure from older women to conform. One mother shared her experience of feeling forced to have her oldest daughter undergo Khatna because of this societal expectation. Further, there have been moments of conflict with religious leaders regarding these practices, which adds to the tension.

They also stated that conflicts frequently arise with family elders, as social circles that support the practice tend to look down on women who decide not to adhere to it. Educated members of the community who support the practice also find themselves at odds with those who choose not to follow, leading to friction with certain Moulavis.

In the Puttalam district, a mother is experiencing significant mental distress because she did not have Khatna performed on her daughter, who subsequently died from pneumonia. She said that to this day, her mother blames her for the child's death, attributing it to her decision not to carry out the Khatna procedure.

# Can The Practice of Female Circumcision Be Eliminated?



In the research, 289 participants indicated that prohibiting the practice could potentially eradicate female circumcision. They highlighted the importance of increasing awareness to foster change within our communities.

“Engaging in discussions about this matter with the younger generation is vital, particularly with children. While I find it challenging to address this topic with my grandmother, I am able to discuss with my daughters. We had a profound dialogue regarding the reasons this practice should be discontinued and the ways we can facilitate that change. I regard this conversation as a significant moment.” (An interviewee from Peradeniya)

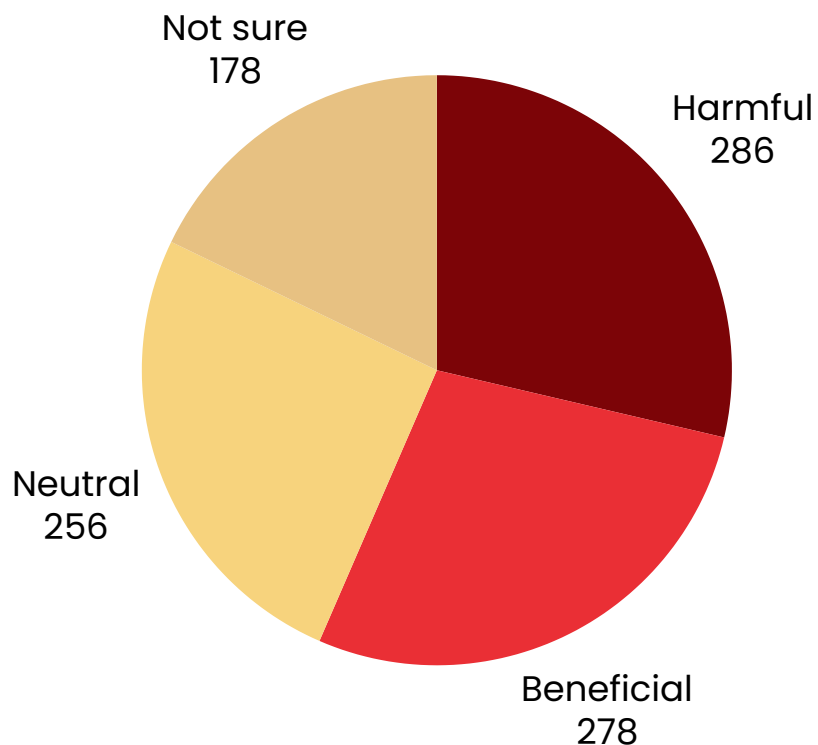
A homemaker from Oluvil remarked, “When a woman conceives and gets to know through ultrasound/scanning that she is expecting a girl-child, it becomes crucial to inform her about the detrimental effects of Khatna from that point onward.”

"Awareness must begin at community-level, as many individuals do not understand the concept of autonomy of our bodies. We can educate them on the reasons explaining this practice is unacceptable." (During a discussion with a specialist medical practitioner from Colombo)

"It is also important to raise awareness about the origins of this practice. While we must approach this subject cautiously, it is essential to stress the importance of protecting women, as this will aid in the elimination of the practice. Any initiatives undertaken should be based on evidence from the Al Qur'an and Hadees." (An interviewee from Mannar).

## Health Perspective Concerning Female Circumcision

**Figure 1.9 Individuals express their opinions on the potential harm of FGMC.**



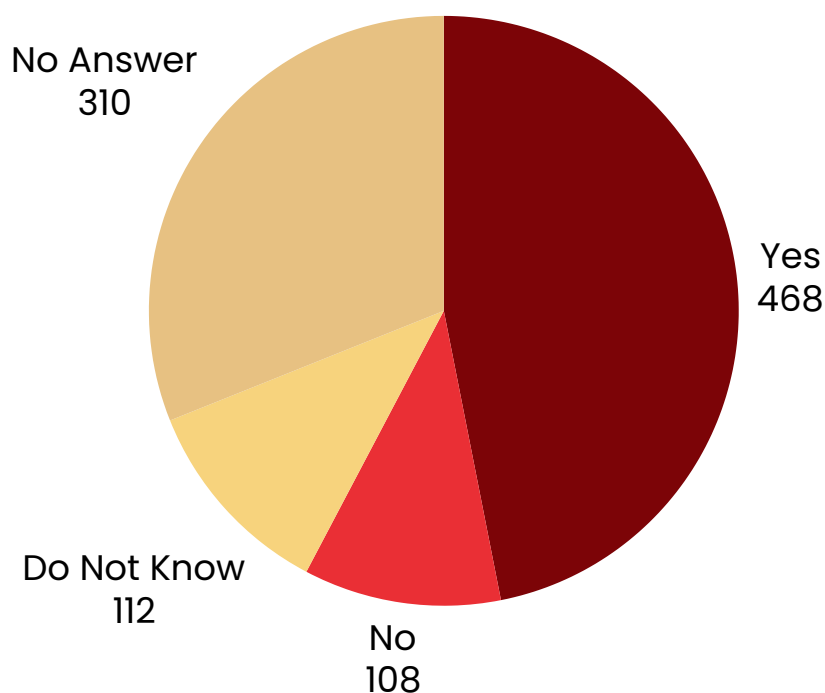
When asked about their views on female circumcision, 286 participants expressed that they believed it to be harmful, while 278 considered it beneficial. Nevertheless, a significant number, totaling 434, which includes those who remained neutral and those uncertain, suggests a lack of concern or clarity about putting an end to Khatna.

This suggests that their responses might indicate a hidden support for continuing the practice.

A woman from Batticaloa remarked, "There is scientific evidence that male circumcision, or Sunnat, has health benefits. In contrast, there is no clinical evidence to suggest any benefits associated with Khatna. The practitioners of Sunnat are trained professionals, which is not the case for those who perform Khatna."

## Knowledge On Awareness And Practice Related To Female Circumcision

**Figure 2.0 Illustrates Interviewees' Perception of FGMC as Both Awareness and Practice**

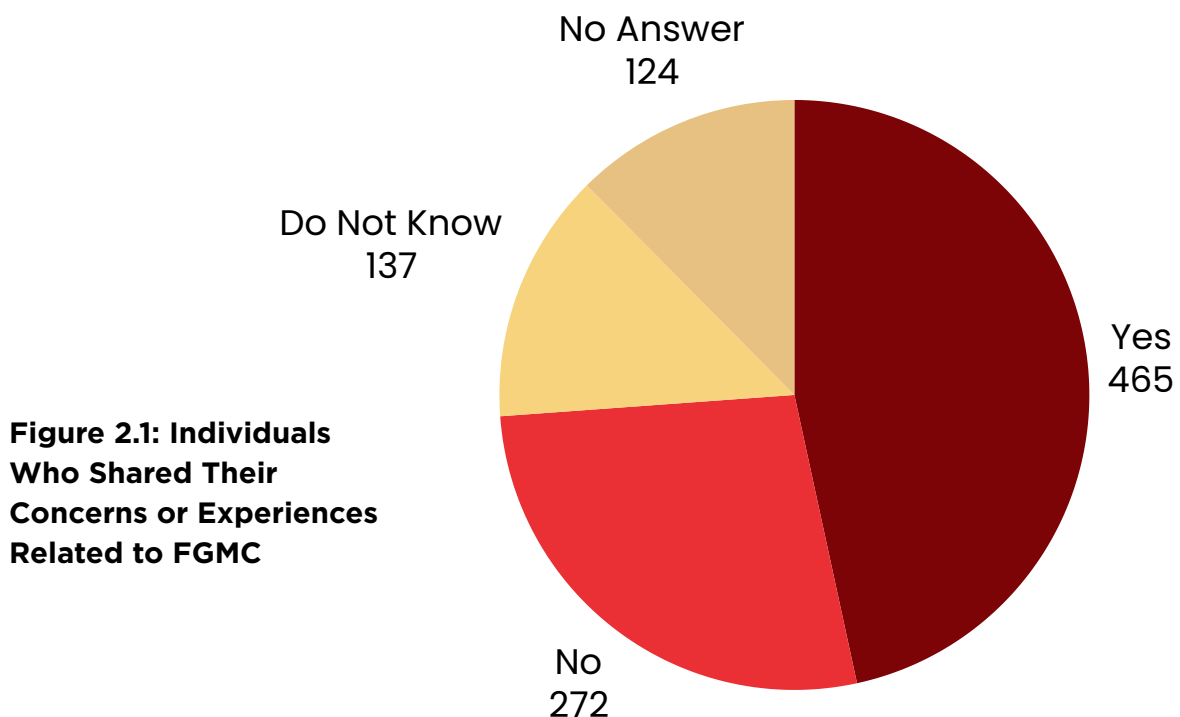


A total of 468 individuals possess an understanding of female circumcision in terms of both awareness and practice, whereas 220 individuals are uninformed about the subject. It can be suggested that the 310 individuals who did not respond may be rooted in a primitive mindset, potentially possessing some awareness of Khatna and possibly endorsing the practice.

A social activist from Piraithuraichenai highlighted, “The Al Qur'an discusses the slaughtering of animals such as cows, goats, and chickens for food, yet it does not provide guidance on the practice of Khatna.”

“Children need to receive fundamental sex education that addresses their bodies and sexuality. A lack of this knowledge can result in significant challenges related to body autonomy. (Community activist from the district of Galle)

## Personal Experiences and Impact Concerning Female Circumcision



In Kandy Dr. S said if we do it and not, then there's no problem. We don't know if there are any benefits or not. My grandchildren aren't too focused, it's stopping and going away. The choice is theirs to do it. In America, they check if you do it. My granddaughters didn't go back for some time when they did it.”



An 80-year-old woman from Kandy shared her story recalling how she decided to embrace Islam: "The procedure of Kathna was conducted for both my daughter and me by 'Ostha Maami'. Following the death of my husband, members of the mosque reached out to me, highlighting the financial difficulties I was experiencing at that time and suggesting that I could benefit from their support. They inquired if I would consider converting to Islam, explaining that to become a Muslim, the Kathna must be performed. They assured me that they could arrange for an 'Ostha Maami' to come to my home and facilitate everything necessary.

Consequently, I accepted Islam. At that time, I was nearly 40 years old and had four children. My decision was for the benefit of my children, particularly my two daughters, who were ten and five years old. 'Ostha Maami' performed the procedure by removing a thin layer of skin, and I still remember the discomfort. Although there was some pain, it was manageable. I allowed my two daughters to go through this process as well, hoping it would help them be accepted within the Islamic community."

Another participant in the study mentioned, "while my elder sister underwent female circumcision, my mother chose not to subject me to the same practice. I remember my mother discussing the tradition of Khatna with me. She explained that my sister had gone through the procedure, but she could not allow it for me. This decision stemmed from an incident where the female traditional nurse was arrested after a child, whom she had performed Khatna on, developed an infection and subsequently died. Consequently, my mother prioritized my safety and opted against the procedure."

A religious scholar from Mavadichenai area mentioned, "When a controversy cropped up in Egypt, it was declared not to perform Khatna." He also pointed out that if this practice is performed, it could lead to serious health complications that might even be life-threatening. It is important to note that he has chosen not to allow his 28-year-old daughter and 2-year-old granddaughter to go through the Khatna procedure.

"I have a daughter, and it was during her Khatna that I first learned about the practice. I opposed of my daughter undergoing Khatna and I told my mother how I had felt; however, she insisted that I allow the procedure. When 'Ostha Maami' arrived at our home, she requested saffron water and held a knife in her hand. I felt a deep sadness for my daughter and found it difficult to watch what was happening." (Homemaker from the district of Matale)

Another participant, while discussing the topic, shared her father's efforts to prevent her daughter from undergoing circumcision: "I have three daughters, and I chose not to have my eldest and second daughters undergo Khatna. Due to the unavailability of doctors in Polonnaruwa, I was forced to delay the procedure for my youngest daughter in Akurana. Actually, I did not consider Khatna to be significant and necessary. However, some individuals advised me that it was required for my daughters to undergo the procedure. As my first two daughters were older, I realized they would experience considerable pain, and therefore, did not want them to go through the procedure. My father also expressed his disapproval of performing Khatna. I learned that a woman was carrying out the Khatna procedure in Matale, and I took my youngest daughter there for circumcision. A female companion accompanied me, as I found it too distressing to watch my daughter undergoing Khatna."

Some people talked about their feelings of fear and disgust regarding circumcising their children.

"When those women came, we referred to them as 'Ostha Maami.' They were continually chewing betel. I've heard stories that they would put chewed betel saliva on the cotton to make it look like there was blood as evidence of the circumcision. They charged approximately Rs. 3000.00. It was a quick method for making money. Nowadays, they are rarely seen, as we now have doctors who perform the procedure." (From the district of Kandy)

"The 'Ostha Maami' came to our house. In our household, two or three children underwent the Khatna procedure at the same time. However, these 'Ostha Maamies' are not regarded as hygienic. (from the Central Province)

When I had my first child, a woman who rented a room in our house shared a story about how an 'Ostha Maami' from our village was forcibly sent away by the men there. She mentioned that in our faith, we don't do Khatna and that we should not trust those women. Yet, I still remember, two decades ago, when these women visited us, we would hand our child over to them." (an interviewee in Peradeniya).

When my daughter was born, I learned about Khatna, and we were willingly to have her go through the procedure. (Trincomalee, Kantale)

"Khatna is required, despite my medical background, my religious beliefs take priority in such matters." (Sungavila, Polonnaruwa)

"We contacted Dr. B to express our interest in having our granddaughter undergo circumcision and said, however, my daughter is hesitant and requires further information to make an informed decision". She dismissed our health concerns and told us to research the benefits of female circumcisions on the Internet. She also spoke of how "modern girls" differ from the practice. She said that "it's a small cut" and nothing we should be worried of.

Dr. B's fee for the circumcision procedure and women's ear-piercing is Rs. 3000, while the cost for the circumcision procedure alone is Rs. 2000.

The Ayurvedic doctor in Madawala has been practicing for 30 years. The doctor admitted to performing female circumcision, even though she knows it goes against Islamic laws. She stated that she could not refuse the patients brought to her by the Moulavi. She mentioned that this procedure is meant to help with serious problems like hypersexuality and enlarged genitalia. Additionally, she stated that he has done Khatna for older children who had grown up abroad.

An individual I conversed with indicated that Dr. A's spouse was also involved in the practice of female circumcision. This female doctor (Dr. AC) specializes in nephrology. This same individual noted that numerous female physicians, who are married to prominent male doctors, perform female circumcision in private clinics. Dr B's husband Dr. BD, is a respected physician in Kandy. Additionally, the female Ayurvedic doctor's, mentioned above, husband is also a physician.

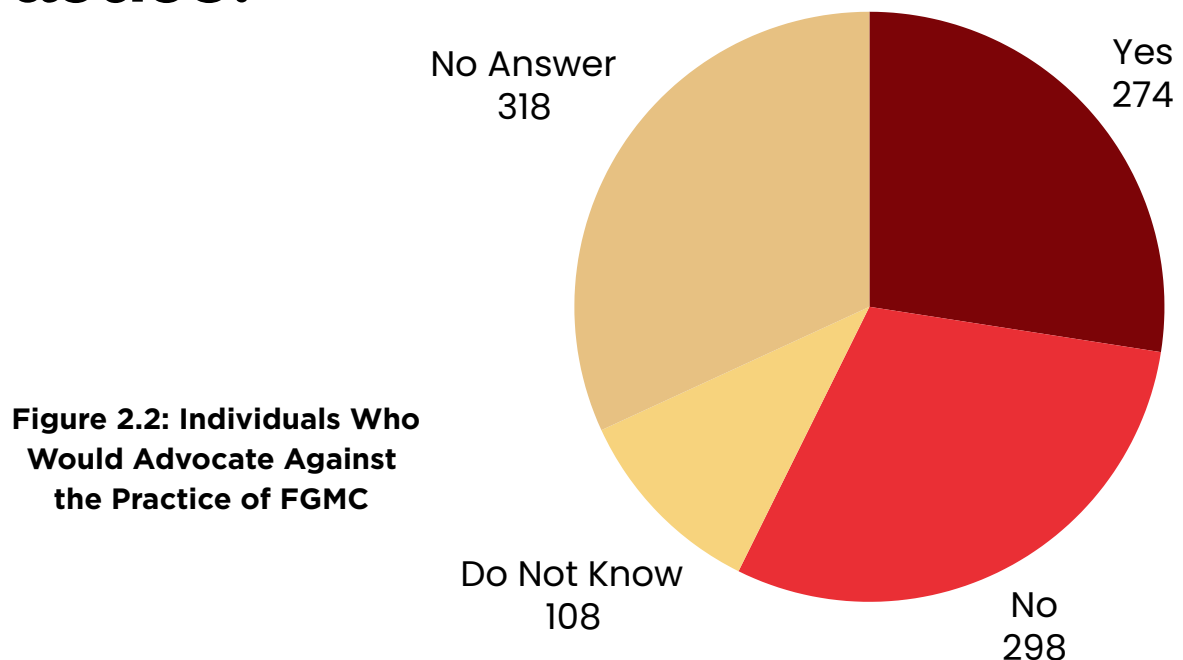
In the Kandy district, the midwife I spoke to mainly worked with Muslim women. Even though she knew about the practice, she exercised caution when sharing information. She mentioned that this is something that happens only in Muslim communities. She didn't see any differences between Muslim and non-Muslim mothers, and she felt that the experiences of pregnancy and childbirth were the same for everyone.

When university students, school students, and young Moulavis in Polonnaruwa were asked about the practice of Khatna, their reactions were surprising; many questioned if it even existed and claimed they had never heard of it. This lack of awareness stems from the fact that Khatna is viewed as a common issue, yet it remains a taboo topic that people avoid discussing. Since Khatna is often performed during

purification ceremonies, it is rarely talked about openly.

A woman from the Kantale area in Trincomalee, who is 48 years old, expressed her thoughts by saying that there is no record of Prophet Muhammad approving or discussing Khatna in relation to his wife or daughter. She questioned the necessity of adhering to a practice that the Prophet himself did not mention. Additionally, she pointed out that Khatna does not offer any health benefits, suggesting that there is no reason to continue the practice.

# Are You Prepared to Oppose or Advocate For the Abandonment of Female Circumcision And of the Practice?



**Figure 2.2: Individuals Who Would Advocate Against the Practice of FGMC**

In the study, 274 participants were against female circumcision and wanted to see it stopped, while 298 people were in favor of it. Many of them did not respond.

"It was mentioned that we need to put an end to this practice. To do that, we have to discuss it openly. We must present evidence indicating that this practice is not rooted in Islam. While this topic does not necessarily need to be addressed on social media or television, the matter must be approached with sensitivity." (Group discussion- Ampara)

Laws need to be clearly defined and put into action to criminalize the practice. Moreover, it's essential to raise awareness among the public. The Fatwa from ACJU should be revoked. It's not right for someone to distribute a document that impacts everyone without thoroughly examining all its implications, especially for their gain. The conversation should involve Muslim women, medical practitioners, and legal experts, treating the issue as a matter of rights and ensuring it is recognized as a criminal offense. (Group discussion in Puttalam)

Some of the quotes from group discussions in other districts:

"We need to revisit our earlier conversation. Doctors must take the initiative in raising awareness, especially by emphasizing that young girls should not have to undergo Khatna."

"Taking action is essential, and we should focus on educating young mothers about this matter."

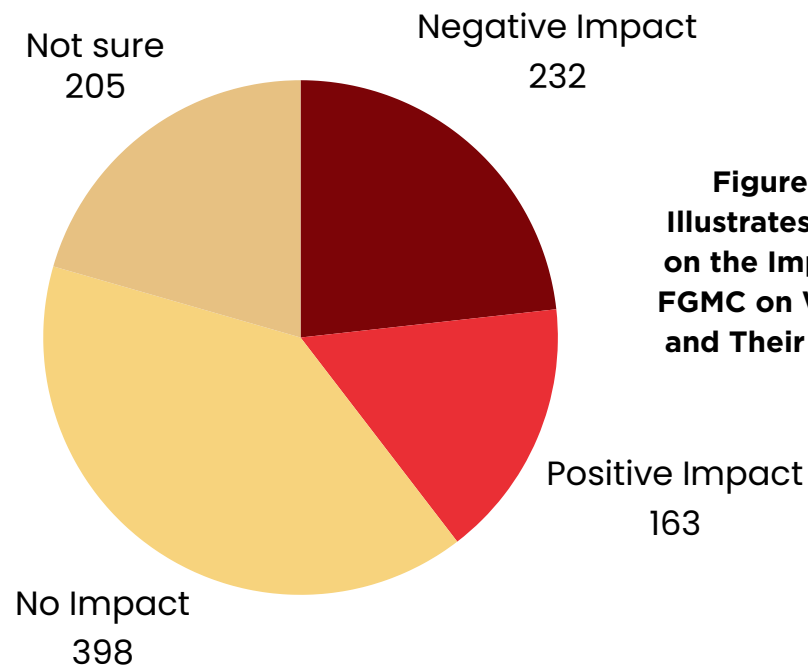
"We must communicate this message clearly to everyone. Today's children exhibit greater courage and more interest than ever; they actively seek out information on various topics, which helps them develop their understanding. For instance, when my daughter became a mother, she researched many aspects of parenting and chose not to allow her child to experience Khatna."

"We ought to start engaging people in discussions about this issue. Spreading awareness on social media and organizing protest campaigns against Khatna is important. The younger generation needs to be better informed, which means we have to increase our conversations about it."

"We should also think about whether the people who carry out this practice are truly qualified. It's uncertain how competent they are."

A woman from Valaichenai sought the assistance of a doctor in Kattankudy to perform the Khatna procedure and ear-piercing for her granddaughter. The doctor declined her request, stating that "God has designed the human body as it is meant to be, and thus, alterations to the body are unnecessary." However, after the woman continued to insist, the doctor ultimately agreed to pierce the child's ears.

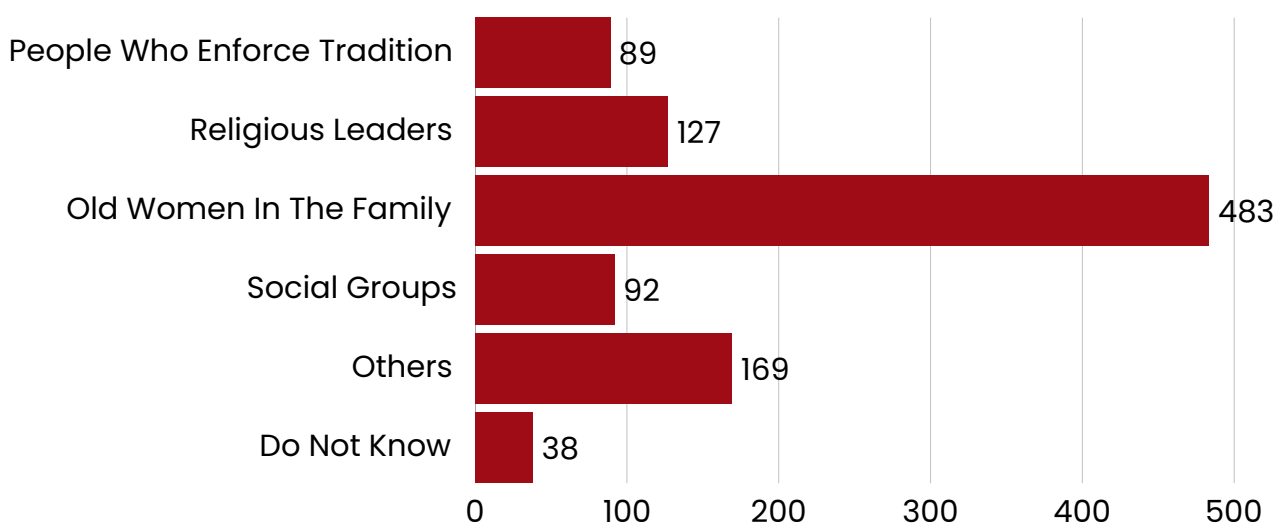
## What is the Impact of Circumcision on Women and Women's Rights?



**Figure 2.3**  
Illustrates Views  
on the Impact of  
FGMC on Women  
and Their Rights

"When attending a consultation on ending violence against children, organized by the UNFPA and ADT for various civil society organizations, a wide range of topics was discussed. When I mentioned female genital mutilation (FGM), the attendees who were professionals engaged in child rights advocacy, appeared taken aback. There seemed to be a lack of urgency to tackle the issue. It feels like people overlook the concerns of Muslim women since we are a minority." (Representatives of Sisterhood Initiative)

## Who Supports or Motivates Female Circumcision?



**Figure 2.4: Identified Supporters of FGMC**

Many individuals mentioned that they went to doctors for female circumcision. In certain areas, it appears that doctors promote female circumcision. The following quotes have been taken from findings of the research study carried out in the Central Province.

"I allowed my daughter to undergo Khatna in Kandy, performed by Dr. H."

"In Akurana, we have a doctor named Dr. M. In our area, we have to travel to Kotugambariya to conduct the procedure. I've heard about the 'Ostha Maamies' who come to help us, but I haven't met any of them."

"The Khatna procedure was performed by Dr. SI in Katugastota." Many wives of doctors are known to perform Khatna procedures. Additionally, Dr. S's wife in Kurunegala also practices female circumcision.

"I consulted Dr. SH regarding my granddaughter. The fee is Rs. 3000 if it includes ear piercing, while the cost for Female Khatna alone is Rs. 2000."

"In Katugastota, there is a DMO and a female doctor who conducts Khatna procedures." "In Katugastota, Dr. Mrs. S runs a private clinic where she performs Khatna procedures."

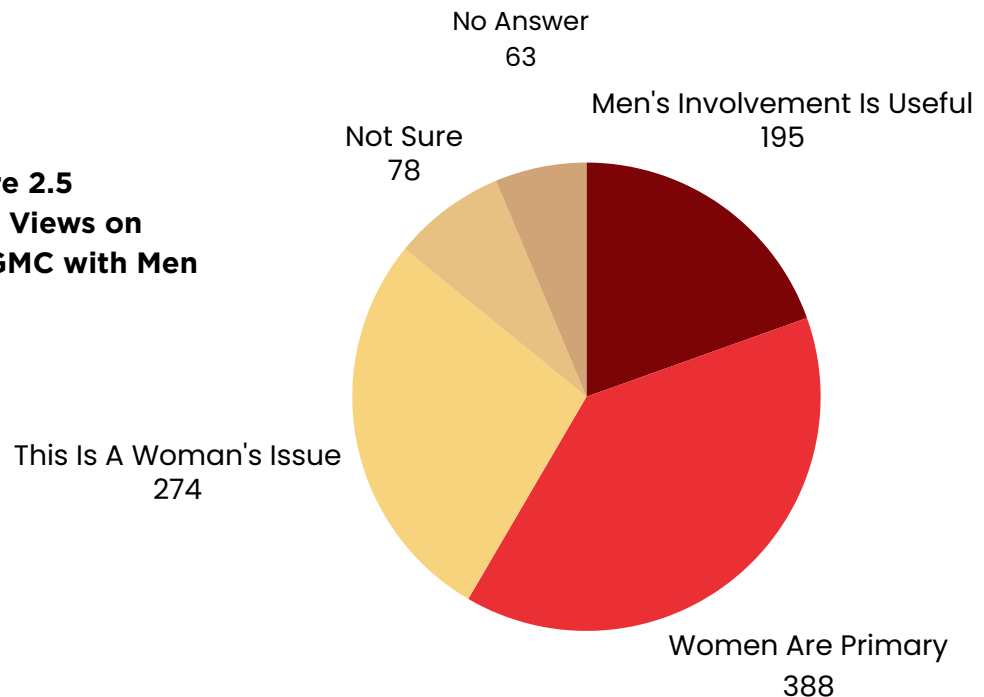
When Ostha Maami visits our home, she brings a small amount of turmeric powder. She conducts the Khatna procedure. While we worry about the instruments and potential germs involved, we often overlook the aftereffects that girl children experience after undergoing Khatna, as well as the health issues they might face later in life. These days, we tend to go to a doctor to perform Khatna. One such practitioner is Dr. SA, who is an obstetrician-gynaecologist; however, she engages in more Khatna procedures than focusing on her duties as an OBGYN.

An Ayurvedic doctor defended the practice of female circumcision. "The reason behind performing Khatna procedures is that some children are born with enlarged genitalia resembling that of adults, and the Khatna procedure can assist in reducing their size. Additionally, this procedure may benefit children experiencing hypersexual feelings, helping them return to a more normal state. In Madawala, Khatna is carried out, but local doctors do not perform it. As a result, people travel from far away to have the procedure done, so we cannot send them back. Sometimes, those coming from other countries bring their older children for Khatna since it is illegal in their country of residence."



# Men's Role and Involvement in Decisions Concerning Female Circumcision

**Figure 2.5**  
**Illustrates Views on**  
**Discussing FGMC with Men**



The findings below were compiled from group discussions that took place in the nine districts.

It was stated, "Men play a significant role in decisions about female circumcision, as women often rely on them for the expenses associated with Khatna. However, there have been instances where men have opposed the practice." "In families, men usually hold more authority when it comes to making decisions. That is why it is crucial to educate them about the negative impacts of Khatna so they can help prevent it."

*"Khatna should not be allowed without the consent of the husband and the child's father."*

*"If the procedure is being performed for the child's benefit, the father needs to be fully informed about what is happening."*

*"To effectively prevent or eliminate this practice, we need our husbands' support."*

"It is essential for husbands to understand the implications of Khatna. We shouldn't proceed with it without their awareness, and sons should also be educated about it."

"Especially religious experts (Islamic) have a key role in teaching us about this issue."

"During the study discussion, both male and female participants experienced uneasiness when addressing the topic of female circumcision in the presence of men. Accordingly, it became necessary to revise the questionnaire and engage with the male heads of households on this subject. This encouraged a more reflective thought process on Khatna among the men. Given the significant role that men play within the family structure, it is essential to involve them in discussions regarding these issues." (Members of the Research Group)

## **Possible Actions to Eliminate Female Circumcision By The Researchers**

Those who opposed Khatna suggested distributing handouts that clarify that the Al Qur'an and Sunnah do not mandate this practice. It's crucial to highlight the health issues associated with it. Encouraging Moulavis to address this topic in their teachings is also important. We should provide evidence of the harmful effects of Khatna alongside this information. Organizing events to raise awareness is essential, featuring guidance from medical professionals and facilitating group discussions.

Additionally, we need to involve respected religious leaders or female madrasa scholars to provide insight on the matter. Women should be made aware that this issue is closely linked to their sexual rights. Awareness events should take place in schools, and Moulavis should not only discourage this practice within their families but also educate others about it. It was emphasized that "Ostha Maamies" and other important trainers involved in female circumcision should be encouraged to abandon this practice and be supported in finding alternative livelihoods.

# Challenges Faced When Working Towards Ending Activities Associated With Female Circumcision

In the absence of documentary evidence to support the continuation of female circumcision, supporters often associate the practice with religious beliefs. There were no possibilities for open discussions on sensitive topics, particularly those concerning women's sexuality and sexual activities. Many women did not have the chance to learn about the harmful physical effects they endured or to gather their perspectives on these issues.

Furthermore, there appears to be a lack of interest among women in seeking a comprehensive understanding of the Khatna practice. Many women are reluctant to disclose information related to sexuality. Once they become aware of the implications of female circumcision, women often endure severe emotional distress.

Additionally, there were not many individuals willing to openly address the subject of female circumcision. Even when younger generations attempt to engage in dialogue, older women often discourage such discussions. As a result, many ordinary women remain uninformed about the evidence suggesting that female circumcision is unnecessary. Those who oppose the practice are often labelled as social rebels.

# Observations Including Limitations Based On The Researchers' Perspectives

The individuals interviewed for this research are women who unconditionally endorse and promote the practice of Khatna within their community, lacking any logical justification. Despite the existence of alternative viewpoints concerning the practice and the associated health implications, the cultural tradition of Khatna appears to continue.

Regardless of differing opinions and awareness about health issues related to the practice, and even if some individuals insist that it must be done to meet religious obligations, they fail to provide any proof from the Hadees or other texts to back up this claim. They were taken aback to discover that the Al Qur'an states that neither men nor women are required to be circumcised. It was also surprising for them to learn that the Al Qur'an highlights the importance of cleanliness for women to prevent infectious diseases and other health issues. While it does promote Sunnat for men, it also points out that there are veins in the area where circumcision occurs and that the vagina has its natural cleaning process. It also drew comparisons between Muslim and non-Muslim women, emphasizing that the expectations for Muslim women are to be obedient and submissive.

In the course of the research, it was quite challenging to identify and talk to people who performed female circumcision. However, we managed to gather some useful information from the participants in the study, which helped us identify those who carried out the Khatna procedure and engage in discussions with them. Additionally we also discovered several factors that contribute to the practice of Khatna. One of the key factors is religion.

While many believe that religion is a significant influence, several women did not perceive it as a religious motivation. Instead, they viewed Khatna as a means of self-purification and a method to exert control over their sexuality.

Some women stress that the practice is an obligation that must be observed. On the other hand, some think it doesn't really make a difference if the practice is observed or not. Even though we tried to submit an individual petition in court, dealing with the legal complexities proves to be challenging.

Many individuals engaged in the research were unable to explain what kind of evidence exists in the Hadees or the Al Qur'an that serves as documentary proof to show this practice is being done in the name of religion.

One limitation noticed in the study was the inability to talk to many medical experts. When one researcher tried to reach out through personal contacts, they were hesitant to discuss the issues due to the differences in the researchers professional qualifications. Although the researcher managed to connect with the Head of the Mental Health Unit at the Katugastota General Hospital, he did not have the time to contribute to this analytical research report, as a result, the research could not be completed as intended.

Another challenge was that even though the participants in the study were people the researchers knew well, they communicated their concerns and pressured the researchers to be cautious about performing the study. They expressed that nothing would change about the practice of Khatna and questioned the researchers deep involvement in the study. For many participants, this was their first experience engaging in extensive discussions about Khatna and addressing the topic with individuals outside their immediate families.

The research has certain limitations; it is essential to incorporate both legal and medical perspectives, and the samples should encompass densely populated Muslim areas.

# Recommendations to Eliminate the Practice Concerning Female Circumcision

A comprehensive approach is essential to eradicating FGMC in Sri Lanka. Our advocacy efforts should focus on engaging key stakeholders, including the Sri Lanka Medical Council, the Family Health Bureau, and other medical professionals. Highlighting the 2018 Health Ministry circular that discourages the practice of FGMC and presenting our evidence-based findings from our research can help counter misconceptions surrounding the practice. It will also highlight the increasing medicalization of FGMC in hospitals and private clinics.

Integrating FGMC awareness into the curriculum and training of medical schools, nurses, and other healthcare professionals will ensure that future healthcare providers are equipped to address the issue and intervene as necessary. Training programs for healthcare providers, including midwives and maternity clinic staff, must also take place. Our efforts toward policy change regarding FGMC will require us to work with medical councils and health institutions to enforce stricter regulations.

It is also important that we establish a network of medical professionals, psychologists, counselors, and educators to collectively advocate against FGMC. Creating support groups for survivors, in partnership with mental health providers, will offer emotional and psychological support to those affected and highlight the psychological impact of FGMC. Our efforts should focus on recognizing and addressing FGMC with the cultural sensitivity it requires.

It is deeply necessary for us to advocate for the criminalization of FGMC in Sri Lankan law. We must hold accountable those who promote the harm of girls and women. We must also work towards establishing reporting mechanisms and training healthcare providers to identify and report cases of FGMC to ensure that survivors receive the support they need while maintaining their privacy. Our conversation throughout our research has also instilled the idea that we must explore different interventions through a socio-cultural lens. This involves dispelling any religious misconceptions used to justify the practice. It is essential that we work with respected religious scholars to clarify that FGMC is not a religious compulsion.

Organizing community dialogues involving religious leaders, educators, healthcare providers, and families will foster the open discussions we truly need. This will drive change within communities themselves.

Our efforts cannot exclude young Muslim women and girls. Conducting focus group discussions and study circles with expectant mothers, young women, and our research participants will raise awareness about the health risks of FGMC. Distributing pamphlets and educational materials within local maternity clinics, schools, and community centers will help spread the necessary information. These programs can improve the cultural sensitivity and intervention capabilities of healthcare workers, enabling them to better support affected women and girls and provide better interventions.

To amplify our efforts, we can also use social media to share our stories, statistical data, and research findings to reach a wider audience. This will involve a communications strategy that leverages different platforms using various forms of media, such as short reels, infographic posts, and more. Engaging local groups and community-based organizations to amplify our outreach efforts and use their existing networks to share our materials would also be incredibly helpful.

It is important that we highlight the impact of FGMC through its immediate and long-term effects. We must work toward linking FGMC to our ongoing efforts for gender equality and dispelling all cultural and religious misconceptions. Our efforts to end FGMC require a comprehensive approach— one that addresses the magnitude of the practice, its impact, and the different ways we can intervene as humans, activists, healthcare providers, and members of our community.

## **Following are the specific steps suggested by the interviewees to eradicate FGMC:**

1. It is crucial to help individuals understand that female circumcision is not a requirement in Islam. By distributing educational handouts, we can effectively convey to the relevant communities that neither the Qur'an nor the Sunnah endorses Khatna. Religious leaders should stress and clarify that there is no evidence indicating that Prophet Muhammad permitted the practice of Khatna for his daughter.
2. A campaign aimed at increasing awareness should be launched by respected community leaders recognized for their religious authority rather than political affiliations. This subject should be addressed during the Bayan (sermon), ensuring that appropriate language is used when discussing this sensitive issue.
3. It is important to provide documentary evidence from the Qur'an and Hadith to local male and female Moulavis, demonstrating that this practice is not mentioned and is therefore not a religious obligation. Following this, they should address the topic of Khatna in their sermons. It is vital for an expert to offer their insights on this subject.
4. Awareness initiatives and events should be organized to allow healthcare professionals to educate the community about this matter. Family welfare officers should focus on informing pregnant women and young mothers of female infants about Khatna, emphasizing the health risks and potential mental and physical impacts on the child if the procedure is carried out.
5. It is crucial for women to be educated and empowered to recognize that certain areas of the female anatomy are linked to sexual sensations, which are integral to women's sexual rights.
6. The practice of Khatna enables men to derive sexual pleasure during sexual activities while suppressing women's sexual desires. Consequently, it is imperative to establish and enforce laws that protect women's sexual rights.
7. The community must acknowledge that female circumcision is illegal and infringes upon the sexual rights of children.



8. Women should be educated about this specific issue and its implications before entering into marriage.
9. Communities need to be made aware of the physical and psychological repercussions and dangers associated with female circumcision.
10. Healthcare professionals should provide education to women about this issue before they are discharged from the hospital following childbirth.
11. Legal actions must be taken against those who participate in the practice of female circumcision.
12. It is crucial to enhance awareness by facilitating group discussions and involving recognized female madrassa scholars or esteemed religious leaders to share their insights on the matter.
13. Implementing awareness campaigns in educational institutions regarding this issue is vital. Moulavis should not only dissuade the practice within their families but also proactively educate others about it.
14. "Ostha Maamies" and other key practitioners involved in female circumcision should be encouraged to discontinue this practice and offered support to explore alternative livelihoods.
15. Given that Khatna is a deeply rooted traditional religious practice, social pressure plays a significant role. Thus, it is essential to emphasize that this issue is closely linked to women's rights.
16. Partnering with the Ministry of Health to create a directive that categorizes female circumcision as a criminal act for medical professionals and private clinics is necessary.

# Final Conclusion

While this action research has brought to light the deep-seated cultural and religious complexities surrounding the practice of Khatna in Sri Lanka's Muslim communities, it has also made one thing abundantly clear: the continuation of female circumcision is not rooted in Islamic doctrine but in inherited customs, social conditioning, and misinformation. Proponents cite faith, hygiene, and morality as justifications, but these claims are not substantiated by the Qur'an or Hadith. Instead, our research found that the practice functions more as a mechanism of control, shaping gender norms and reinforcing a patriarchal order that restricts female autonomy, particularly over their bodies and sexuality.

The findings from the study on female circumcision (Khatna) reveal a deeply polarized perspective among the community, shaped by religious belief, cultural tradition, and varying levels of awareness. Women who support the practice often cite religious justifications, claiming it is mandated by Hadith, while denying or being unaware of any adverse effects. In contrast, opponents of Khatna, particularly women with personal or observed negative experiences, report physical complications such as infections and diminished sexual sensation, as well as psychological consequences including trauma, marital dissatisfaction, and even divorce. There is a notable undercurrent of resentment among some women, who view the practice as a means of suppressing their bodily autonomy and sexuality to benefit male partners. The narrative also highlights a concerning reliance on unqualified practitioners, and in some cases, traditional healers, to conduct the procedure, further exacerbating health risks.

At the same time, the study reflects a significant degree of ambiguity and misinformation surrounding the practice. While 383 participants intended to circumcise their daughters, an almost equal number were undecided, neutral, or refused to answer, signalling internal conflict and potential openness to change. Religious confusion persists, as 398 participants consider it a religious obligation, despite many Islamic scholars and practitioners clarifying that it is neither required by the Qur'an nor supported by credible Hadith. Moreover, legal awareness is very minimal, with the majority unsure about the legality of the practice. The health-related perspectives are divided, though more participants consider Khatna harmful than beneficial. Something that is encouraging is that many participants believe the practice can be eliminated through awareness-raising, dialogue, and legal reform, with a focus on involving men in the decision-making

process and dispelling myths rooted in tradition and misinterpreted religious teachings.

Despite the strength of tradition and the silence enforced by taboo, there is growing resistance. Younger women, some religious scholars, and health professionals are beginning to challenge the status quo. Their voices, though often isolated, are courageous and critical to shifting the narrative. However, change remains slow and fractured, held back by fear, stigma, generational conflict, and the absence of strong legal frameworks.

This action research does not offer easy solutions, and its reach was very limited. However, it points to a necessary path forward—one that is built on awareness creation, dialogue, and trust. Ending Khatna will require the involvement of the entire community, especially religious leaders/scholars who are willing to speak the truth, healthcare providers who advocate for its harmful nature, legal systems that uphold girls' and women's rights, and most importantly, the survivors who are empowered to tell their stories without shame.

# Appendix

[illegible]

மருத்துவ, ஊட்ட மற்றும் தாய்மொழி மருத்துவ அமைச்சு  
 சுகாதார, ஊட்ட மற்றும் தாய்மொழி மருத்துவ அமைச்சு  
 Ministry of Health, Nutrition & Indigenous Medicine

General Circular Letter No: C-2433 12018

All Provincial Directors of Health Services

All Regional Directors of Health Services

### All Heads of the Institutions



### Medical Professionals Involvement in Female Genital Mutilation

Female genital mutilation (FGM) is a harmful traditional practice seen in some countries in Africa, Middle East and Asia. It is also known as female genital cutting (FGC) or female circumcision, and involves intentional alteration or injury of female genital organs. Though not commonly seen, it has been reported that this is carried out among some groups of individuals in some regions in Sri Lanka.

As you are aware, this practice is associated with many negative health consequences. The Sectoral Oversight Committee on Women and Gender of Sri Lanka parliament also has identified this procedure as harmful, and has initiated processes to abolish this practice in Sri Lanka. As a part of this, a request has been made by the above committee to the Ministry of Health, Nutrition & Indigenous Medicine to issue a circular to the medical professionals requesting them to refrain from any involvement with FGM.

Accordingly, Family Health Bureau prepared a document based on international observations made on the ill effects of FGM, and also conducted a consultative meeting with relevant health and non-health stakeholders on this matter. The following factors were emphasized at the meeting, and were endorsed by all participants.

**Figure 2.6 Shows Ministry of Health Circular released in 2018**

- FGM of any degree has no medical benefit to the individual.
- FGM of any degree can lead to harm and suffering to the individual girl /woman, short term and long term, physical and psychological.
- FGM is a human right violation and can be considered as torture under the Children's Charter.

Any involvement in this procedure, be it conducting the procedure or encouraging it, is considered highly unethical. As such, hereby all Medical Professionals, whose primary ethical and moral obligation towards mankind is to 'do no harm' are instructed to refrain from any involvement regarding female genital mutilation. Disciplinary action shall be taken against any Medical Professional practicing or promoting Female Genital Mutilation, and not adhering to the stipulated instructions.

Dr. Anil Jasinghe

Director General of Health Services 38

Dr. J. H. Mesteghe  
Director General of Health Services  
Ministry of Health, Planning & Development, Medicine,  
"Gowernment"  
385, Rue Badegona Wimalawansa Thero Mawatha,  
Colombo 10

Cc: Secretary, Ministry of Health, Nutrition and Indigenous Medicine

Deputy Director General / Medical Services

Deputy Director General / Public Health Services II

Director / Maternal and Child Health, Family Health Bureau

Director / National Institute of Health Sciences

Chief Medical Officer of Health / Colombo Municipal Council

Provincial Consultant Community Physicians

Medical Officers / Maternal &amp; Child Health

Medical Officers of Health

385. ஸ்ரீ லக்ஷ்மி விஜயலக்ஷ்மி அம்பலம், மொழி 10. 385, வணக்கத்துக்குரிய பத்தேகமவிமலவாஸாதேயோமாவத்தைக் கொடும்பு. 10. 385. Rev. Baddeema Wimalawansa Thero Mawatha, Colombo 10, Sri Lanka.



# සමස්ත ලංකා පමිඳුසිසතුල් උලමා அகில இலங்கை ஜம்இய்யத்துல் உலமா ALL CEYLON JAMIYYATHUL ULAMA

(Incorporated by Act of Parliament No.: 51 of 2000)

எழுது இல.: 005/ACJU/F/2008

1429.01.05

2008.01.15

அல்ஹாஜ் எம். எம். அப்தீன்

367/1, பல்ஹெல்ல,

கொழும்பு,

சri Lanka.

அஸ்ஸலாமு அலைக்கும் வரஹ்மத்துல்லாஹி வபரக்காதஹு.

பெண்களுக்கு கத்னா செய்வது

பெண்களுக்கு கத்னா செய்வது, கூலிக்குக் கொடுக்கப்பட்ட ஒரு கண அல்லது ஒரு வீட்டை சொந்தமாக்கிக்கொள்ள முயற்சித்தல் பற்றி மார்க்கத் தீர்மானம் கேள்வி தங்கையில் மார்க்கிசிக்கப்பட்ட 2007.07.08 ஆம் தேதியில் பட்டியல் கடிதம் இந்தமல் தெரிவிக்கப்பட்டது. கொள்ளப்பட்டிருக்கிறது. அவற்றில் பெண்களுக்கு கத்னா செய்வது சம்பந்தமாக மார்க்கத் தீர்மானம் சிறித தரப்படுகின்றது, கூலிக்குக் கொடுக்கப்பட்ட ஒரு கண அல்லது ஒரு வீட்டை சொந்தமாக்கிக்கொள்ள முயற்சித்தல் பற்றியும் மார்க்கத்தின்படி காலக்கிரமத்தில் அனுப்பிவைக்கப்படும். "தில்லா துர் - அல்ஹாஜ்".

எல்லாம் பரமமும் எல்ல அல்லஹ்விற்கே, சலாத்தும், ஸலாபும் அவனின் இறுதித் தலாபு (முஹம்மத், பல்ஹெல்லஹ் அல்லாஹி வஸல்லம்) அவர்கள் மீதும், அவர்களுடைய சினைவழிகள், தோழர்கள் மீதும் உண்மையாக!

இஸ்லாமின் மார்க்கத்தில் கத்னா முக்கிய இடத்தை வகிக்கின்றது. மனிதனுடைய பாலுறுப்பை கத்னமாகவைத்தியும் மாற்றும், இல்லற வாழ்க்கையில் மனிதன் இளைமனை எதற்கும் விருத்தமேதும் எவ்வாறும் கத்னா செய்வது இஸ்லாமைப்பற்றி ஒன்றாக விளங்குகின்றது.

இதை மார்க்க அடிப்படையில் மேல்க்கும் மேலது இமாம் நவவி (முஹம்மதுல்லாஹி வஸல்லம்) மின்னொலியை குறிப்பிடுகின்றார்கள்.

(தில்லா துர் - அல்ஹாஜ் - பக்கம் 164)

**Figure 2.7 Shows Fatwa (Formal Ruling) Released by the All Ceylon Jamiyyathul Ulama that cements kathna as a mandatory practice.**

211, Orabi Pasha Street, Colombo-10, Sri Lanka.

Telephone : + (94)11 5373148, Fax : + (94)11 2435859, E-mail : jamiyyah@lanka.lknet.lk

www.jamiyyathululama.org

"விருத்தமேதும் செய்வது எழுது (ஷாபிசு) ம. தஹபில் ஆண்கள் மீதும் பெண்கள் மீதும் வாஜிபாகும், இக்கருத்தைப் இமாம் அஹ்மத் (ரஹ்மதுல்லாஹி) உட்பட முன்னோர்களில் அதிகமானவர்கள் கூறியுள்ளனர். மேலும் இது அனைவர் மீதும் ஸுன்னத் என இமாம் மாலிக், இமாம் அபு ஹனீபா (ரஹ்மதுல்லாஹி) கூறியுள்ளார்கள்."

(அல் மஜ்லூ, - பாகம்: 01, பக்கம்: 164)

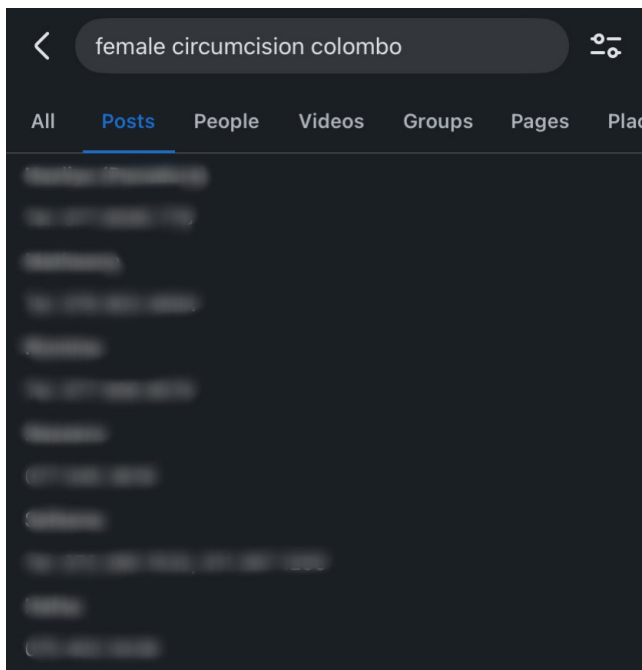
அல்லாஹ்வே நன்கு அறிந்தவன்.

வஸ்ஸலாமு அலைக்கும் வரஹ்மத்துல்லாஹி வபரக்காதஹு.

அஷ்-ஷைக் டப்ளியூ. தனுஸ் ஹஸன்  
செயலாளர், பத்வாக் குழு,  
அகில இலங்கை ஜம்இய்யத்துல் உலமா

அஷ்-ஷைக் எம். அப்துல் நாஸர்  
பொதுச் செயலாளர்,  
அகில இலங்கை ஜம்இய்யத்துல் உலமா

அஷ்-ஷைக் எம்.ஜி.எம். ரிஸ்வி (மு.ப்தி)  
தலைவர்,  
அகில இலங்கை ஜம்இய்யத்துல் உலமா



**Figure 2.8 Shows Social Media Posts on Facebook With Listings of Doctors, Hospitals and Otha Maamis who provide female circumcision services.**

## GIRL SUNNAT

