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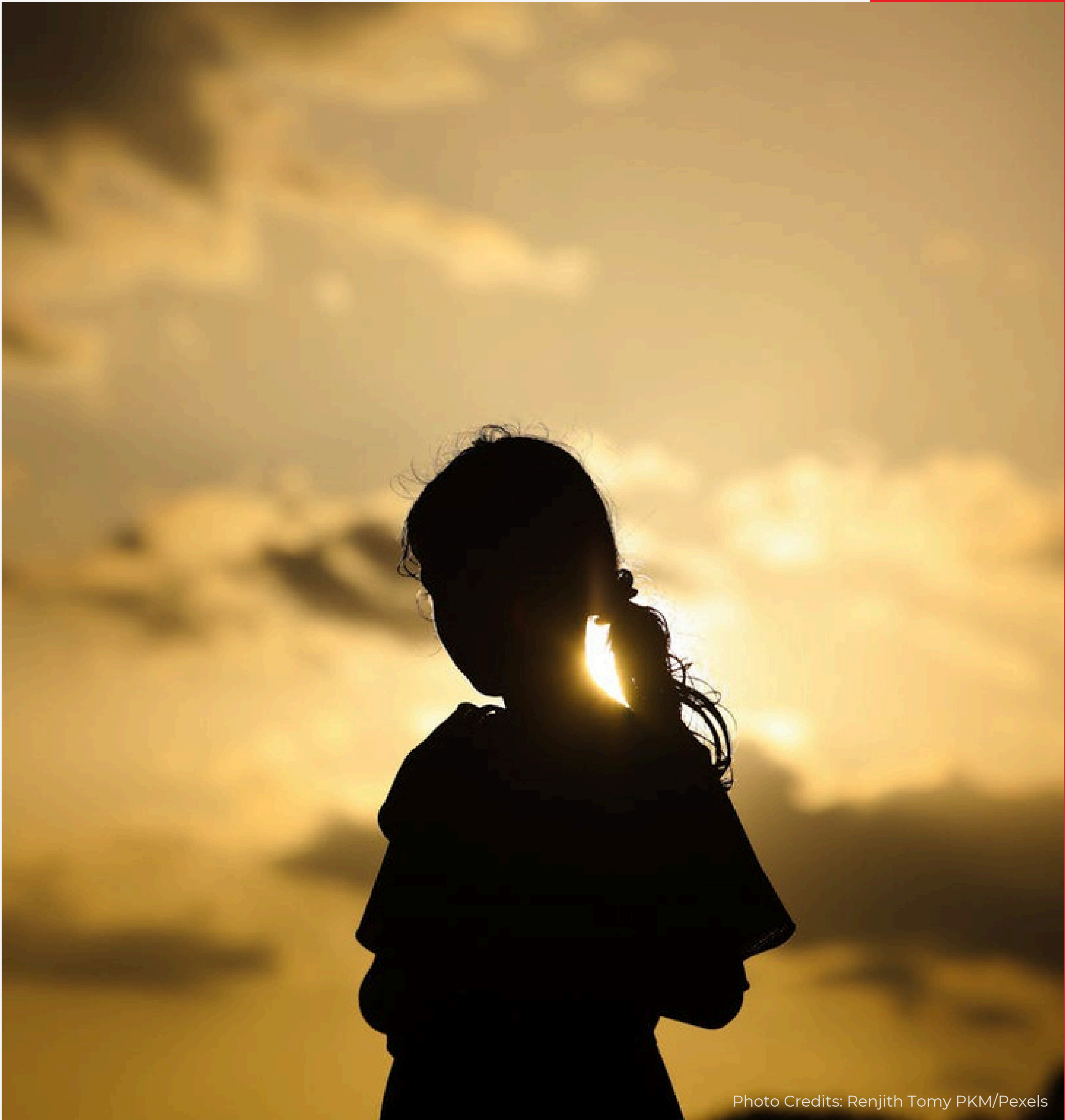

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Understanding Female Genital Mutilation/Cutting:

Community Perspectives and Pathways to Change in Kerala

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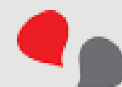

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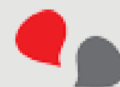
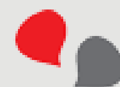


ABSTRACT

Female Genital Mutilation/Cutting (FGM/C) is a human rights violation and a form of gender-based violence affecting over 80 million women and girls in Asia. In India, FGM/C is known to be practised by small pockets of communities in the country, such as the Bohra community and some sections of Sunni Muslim communities in Kerala. The continuation of harmful practices such as FGM/C is an obstacle to achieving gender equality in Asia (including India) as it significantly curtails the decision-making powers, agency, autonomy, and choice of women and girls over their bodies. This exploratory study was conducted within the Sunni Muslim community in Kerala through interviews with nine survivors of the practice. It sought to increase our understanding of the practice of FGM/C within the Sunni Muslim community in Kerala, the reasons for its continued prevalence, and the impact of the practice on women and girls. However, interviews with women and girls from the community also revealed the nature of the resistance that they face/anticipate when they take a stance against FGM/C. This sheds light on the community's perspective and attitude toward FGM/C, which is essential in developing community-focused awareness and prevention programs to end FGM/C.

The study argues that actors involved in advocating for ending FGM/C should adopt a holistic approach based on community experiences and solutions. The paper concludes that to build zero-tolerance around this harmful practice against women and girls, factors, namely women empowerment and community-driven social change and attitude shifts - are imperative to the fight to end FGM/C.

Keywords: Female Genital Cutting, Traditional and Harmful practices, South Asia, India, Kerala, Bodily autonomy, Sexual and reproductive health and rights.



BACKGROUND

Harmful Practices against women and girls are forms of gendered violence or ritual discrimination that have become culturally normalised, putting the lives and health of women and girls at grave risk. Female Genital Mutilation/Cutting (FGM/C) is one such harmful practice, which involves the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons.

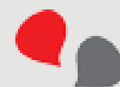
FGM/C is a form of discrimination against women and girls that is rooted in sex and gender and is aimed at controlling female sexuality. FGM/C also constitutes a serious human rights violation. It is a form of gender-based violence against women and girls and is recognised under international law to amount to torture or cruel, inhumane, or degrading treatment. Internationally recognised as a grave violation of women's and girls' human rights, FGM/C is done to control and curtail the sex drive of women and girls. It can cause a range of lifelong physical and psychological problems, including infections and severe pain, emotional trauma, sexual dysfunction, reproductive health concerns, childbirth complications, and, in some cases, death.

FGM/C is a global concern. Worldwide, the official number of women and girls undergoing FGM/C is estimated to be over 230 million. Academic and media reports, unofficial data collected by civil society organisations, and anecdotal studies based on interviews with survivors reveal that FGM/C is found in every continent except Antarctica.

In Asia, UNICEF estimates there are over 80 million women and girls who have undergone FGM/C. Indonesia and the Maldives are the only Asian states that have published national-level FGM/C prevalence data. No other Asian countries provide official data. However, academic research and survivor testimonies strongly indicate that it occurs in Brunei, India, Malaysia, Pakistan, the Philippines, Singapore, Sri Lanka, and Thailand. Currently, none of the countries in Asia have a law banning FGM/C. Collection of accurate and comprehensive FGM/C data collection at the national level is vital to understanding how women and girls are directly impacted and at risk. It also provides crucial insights into which communities are practising FGM/C, the types of FGM/C performed, and the implications for health, human rights, and bodily autonomy. Data on FGM/C can be used to plan appropriate interventions and measure their effectiveness. Furthermore, reliable statistics are crucial to attracting funding and holding governments and other duty-bearers accountable. The lack of data can allow governments to claim a basis for inaction.

This exploratory study, therefore, aims to shed light on the practice of FGM/C in Kerala and community perceptions and attitudes to contribute to the understanding of solutions needed to bring an end to this harmful practice against women and girls.

FGM/C IN INDIA



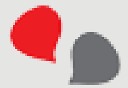
FGM/C is known to be practised among a few sects in India. No country-wide studies or large-scale population surveys measure the prevalence of FGM/C in India. The Dawoodi Bohras, with an estimated population of over a million living in India and as expatriates across the globe, are known to practice FGM/C (known as *khafz* or *khatna* within the community). There is also growing evidence of the practice in some Sunni communities in Kerala. An online survey in 2016 by the survivor-led organisation Sahiyo and a study commissioned by another survivor-led organisation, WeSpeakOut, "The Clitoral Hood: A Contested Site" in 2018 estimated FGM/C prevalence amongst the Bohra community at 75 - 80%. These studies have indicated that Types 1a, 1b FGM (partial or total removal of the clitoral hood and clitoris) and Type 4 FGM (pricking, piercing, incising, scraping, stretching, and cauterising of the female genitalia) are the types performed in India. Various rationales have been provided for the practice in India, ranging from religious purposes to maintaining traditions and customs and for physical hygiene and cleanliness.

Girls are usually subjected to Khafz when they are about seven years old. Women remember the practice as a painful process, something that they were not prepared for mentally. Being held by elders to prevent movement and the betrayal of those who are trusted have entirely left many with psychological consequences of fear, shame, anxiety, depression, low self-esteem, and the inability to trust people. This may be in addition to the physical consequences of bleeding, painful urination, physical discomfort immediately after the procedure, and recurrent urinary tract infections and incontinence in the long run.

While traditional cutters mostly perform the practice, there is a growing trend towards medicalising FGM/C, where the procedure is conducted by medical doctors and nurses, mainly in urban areas and primarily by upper-class families. The studies revealed two main trends -

1) India has become a hub for what is called 'vacation cutting' where girls from the community living in Australia, the USA, and the UK are brought to India on vacation, and FGM/C is undertaken at that time. Laws against FGM/C in countries like the U.S. and Australia have made local religious authorities or Dawoodi Bohra trusts, which administer and manage the affairs of the community, more law-abiding by issuing edicts against FGM/C within those countries. For instance, the Resolution passed by the Anjuman-e-Burhani Sydney forbids the practice of FGM/C/Khafz by Bohra communities in Australia, noting the presence of anti-FGM/C laws in the country. These official resolutions are often accompanied by unofficial advice from Jamaat leaders (local religious leaders) for Bohra families living abroad to take their girls to India to be subjected to FGM/C/Khafz since India does not prohibit the practice. The lack of an anti-FGM/C law in India enables increasing India's popularity as a destination country and the continuation of the practice among the community.

FGM/C IN INDIA



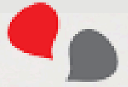
2) Survivors speaking out about the practice has led to more awareness of FGM/C within India, with media attention and a high-profile case before the Indian Supreme Court putting a spotlight on the practice. While these progressive developments have led to increased conversations within the Bohra community about FGM/C, it has also resulted in some community members who support the practice being resistant to speaking about FGM/C and practising FGM/C in secret to avoid negative attention.

There is currently no law in India that directly deals with the issue of FGM/C. A public interest litigation (PIL) petition was filed in the Supreme Court in 2017, asking the Court to direct the Government to impose a ban on FGM/C in India and to implement existing criminal laws to prosecute those who carry out FGM/C. In response to the Supreme Court directive and the PIL, the central government, in its submissions, noted that there was no official data on the practice of FGM/C. The PIL petition was tagged with several matters relating to gender equality and the right to religious freedom and referred to a nine-judge bench of the Supreme Court in 2020. The case is yet to be heard.

A question in the Lok Sabha in 2018 asked if the Government of India was aware of the practice in the country, if the practice is a criminal offence under existing laws, and if anyone has been convicted in the past six years under the existing laws, and if the Government is conducting any awareness programs of its illegality and ill effects of the practice. In its response, the Government shared that a few instances of the practice have been reported in a few communities. It highlighted the laws and some sections which covered mutilation/injury/violation of the female body, including the Indian Penal Code. For the last two questions, the government stated that no official data from the National Crime Records Bureau supports the existence of FGM/C in India.
In 2022, at the 41st Universal Periodic Review (UPR) of the Human Rights Council, India received a recommendation from the diplomatic mission of Costa Rica, which urged India to legally adopt the World Health Organisation's definition of FGM/C. It recommended the criminalisation of FGM/C along with a national plan for its eradication. The Government of India duly 'noted' this recommendation in its response. The Indian government has yet to take specific steps to address FGM/C.

The Ministry of Women and Child Development has taken the stance that while there may be a few instances of FGM/C in the country, "there is no credible data to establish its prevalent existence." It also highlighted that necessary safeguards under existing laws were already available under the Protection of Children from Sexual Offences Act, 2012, the Indian Penal Code, 1860, and the Criminal Procedure Code, 1973, which can be invoked for the prosecution of offenders indulging in the practice of FGM.

FGM/C IN KERALA



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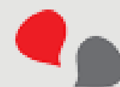
The prevalence of FGM in Kerala came to light when the organisation Sahiyo brought out their preliminary investigation report, providing evidence of practice in the Kozhikode District of Kerala in 2017. That report revealed that a clinic in Kozhikode had two doctors who admitted to performing 'sunnath' (FGM/C) on girls. The doctors noted that they cut the prepuce (clitoral hood) of patients from local Muslim sects who had requested the practice for themselves, their daughters, or daughters-in-law. Later, a Malayalam newspaper, Mathrubhumi, conducted an undercover investigation to confirm the story. Following this, Shani S.S, a PhD student at Tata Institute of Social Sciences, wrote a piece in Mathrubhuoomi newspaper on her experience as a survivor of FGM in Kerala.

Many religious and political leaders made statements denouncing the practice. The Youth League of the Indian Union Muslim League (IUML) protested against the clinic and practice. Dr MK Muneer of the IUML party, a former state minister for social welfare, stated that it is 'very shocking news' to learn that something that was believed to exist exclusively among African tribes also existed in Kerala. He argued that strict actions should be taken against such acts. The Kerala chapter of the Indian Medical Association released a press release condemning FGM/C. The then Health Minister K.K Shailaja directed the District Medical Officer and the Health Department Director of Kozhikode to investigate the situation and provide a report. The government declared that any facility or physician discovered performing FGM/C will face immediate punishment, though no further action has been taken after this pronouncement. It is also interesting to note that all questions on FGM/C asked in Parliament have been from representatives from the state of Kerala.

The study by WeSpeakOut, "The Clitoral Hood: A Contested Site," in 2018, also included testimony from a survivor from Kerala. The study found that FGM/C in Kerala was performed along with the hair removal ceremony (Mudigalayal) by 'Osathis', women belonging to the barber community. Based on an interview with a survivor, the study speculated that different Muslim sects in Kerala performed FGM/C, However, it was not universally performed by one sect, as in the Bohra community.

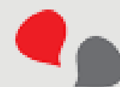


METHODOLOGY

In India, the academic discourse on FGM/C is primarily confined to the context of the Bohra community. There are hardly any academic or political engagements on FGM/C in other communities in India. FGM/C exists in a section of Sunni Muslim communities of Kerala but with little public knowledge or acknowledgement of the practice. This study intends to use survivor testimony to demonstrate the existence of the practice of FGM/C in the state of Kerala and to enable discussions as the first step to fighting it. The paper is based on an exploratory study derived from qualitative, in-depth stories from survivors of FGM/C and family members of those who have undergone FGM/C. The Taluka of Nedumangad, in the Thiruvananthapuram district of Kerala, was selected as the field of study. Participants were selected through snowball sampling and were all members of the Sunni Muslim community. As a community member, the field investigator's familiarity with the research concern and community helped to attain the confidence and cooperation of the participants.

It is essential to make a note that this study is not intended to estimate the prevalence of FGM within the community. Neither are the views and findings of this study representative of the community as a whole. Based on a sharing of experiences from nine respondents, this study only intends to establish whether FGM/C is taking place within the community and shed further light on the characteristics of the practice in Kerala.

A guiding questionnaire was developed, and the interviews were conducted with nine women aged between 33 and 65. The contributor consent form was created in English and Malayalam and signed by the respondents. The questions were formulated to capture personal identity, interests, marriage, parenthood, religious background, personal experience with FGM/C, knowledge of the practice within the community, opinion on current prevalence, interactions with family and community members on the topic, backlash faced by survivors and the efforts to end the practice to attain a nuanced understanding of FGM/C in the context of Kerala.



STUDY ANALYSIS

Based on the interviews with the nine respondents, this section of the paper highlights the community experiences with FGM/C in Kerala. The documentation of study responses as case studies sheds light on the prevalence, perception, and attitudes surrounding FGM/C and its effect on the lives of women and girls. Information on FGM/C from community members. Localised terms used for the practice: The term to describe the cutting of the female genitalia varied from respondent to respondent who participated in the interviews. The most commonly referred term for the procedure was "sunnath" (circumcision in Malayalam) or "pen sunnath" (female circumcision in Malayalam). The other term used was "markkam".

Prevalence of FGM/C: When asked about knowledge of women and girls being subjected to FGM/C in the community, all of the nine respondents interviewed answered in the affirmative. Three out of the nine women interviewed were cut as babies, and one of the respondents was unsure if she was cut. One of the women who was cut during her childhood expressed the following:

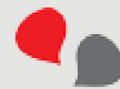
".....then I asked so many people about Sunnath; it has been done to all of them...."
- Women and girls in Nedumangad Taluk, Kerala

This indicates that the incidence of FGM/C among women and girls may be widespread within specific communities and that it is still being carried out today. It also supports the investigation findings from an informal study carried out in Kerala in 2017, where a Kerala clinic confirmed that girls were cut. Five women out of the nine respondents reported not being aware of being cut but being aware of their daughters or close relatives in the community being pressured to be cut. The other respondents were aware of being cut themselves and were also aware of girls in their community being cut.

Type of FGM/C being performed: When respondents from the survey were asked about what more they knew about the practice, five of the respondents specifically described the process in their own words:

- ***"...a small layer is removed from the female genitalia..."***
- ***"...it is done the same way it is done to men, a layer will be removed from the girl child's genitalia...there are regional differences in the way the 'cut' is conducted. They use knives to perform the cut. I have seen knives and blades...."***
- ***"....it is just a tiny layer removed near where we pass urine..."***
- ***"...they said to me that a minor wound was made in the private part..."***
- ***" ....there will be a little prick in the vagina to see the blood. ; this is sunnath. It is done in the top middle of the round portion of the vagina. It is just a tiny rub in the vagina with the knife that ossathi (traditional cutter) women carry...it is just a tiny prick; it is like how it bleeds when pierced by a needle. Blood was gone once the baby had her bath. "***

These findings indicate the prevalence of FGM/C being practised in the community in Kerala, possibly Type I and Type IV.



FGM/C being performed as part of community rituals: All of the respondents noted that the cutting of girls was carried out as part of rituals that exist within the community. Several of the respondents listed the everyday rituals surrounding a girl's progression into adulthood till the time of marriage and motherhood, which, although it varies from region to region, included:

"…..Pennukanal (when the prospective groom, his family and friends visit the fiance and her family), Acharam Veyppu (engagement ceremony before the wedding reception), Mukham Minukkal (a practice of doing traditional facial with egg and other materials), Oppana at Mailanji Kalyanam (Mehandi celebrations on the day before the wedding), Nikkah (the marriage ceremony), Vayattu Nercha (visiting pregnant women on the 7th month.), Nooluketu (when a chord or gold string is tied around a newborn child's waist), Vayaru Kanal (40th-day celebration done on the 40th day after the child is born, where the head of the child is shaved), ….."

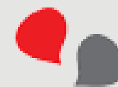
All respondents were of the view that FGM/C for the girl child is mostly done before or around the time of the 40th day after the birth celebration:
"…they think it is a routine procedure to be done on the 40th day of the child's birth after shaving her head…"

FGM/C being done by traditional cutters: The respondents confirmed that the practice was carried out by conventional cutters and was called an ***"Ossathi."*** One of the respondents shared the involvement of mothers in the calling of the Ossathis -
"….Mothers of girl children talk to each other…..since it is a girl, we need to call Ossathi. Ossathi will come for circumcision….Ossathi comes, shaves the child's head, and does Sunnah…."

Another two respondents mentioned how the Jamaath also sends the Ossathi -
"…Ossathi will come and do it. It needs to be done. Ossathi has said that it is compulsory to do that. It is done to everybody on the 40th day of birth. The Jamaat sends the Ossathi so they know about Sunnath…."

"….In the old days, we had to inform the Jamaath/Mahal that a child was born and whether it was a girl or a boy. Jamath will then send Ossa (male traditional cutter) for boys and Ossathi for girls to do the circumcision and give them a small amount. At that time, they used to pay a hundred or two hundred, which became five hundred or thousand rupees…."

FGM/C done on young girls: One of the respondents believed that the reason for having FGM/C done during the 40th-day celebration was because ***"….they say it is easier to do it as a child as it does not hurt, and the process can hurt as you grow up….".*** All of the respondents mentioned that the practice is carried out in infancy. None of the respondents mentioned whether the practice was conducted on older girls or women.



Community perceptions/attitudes around FGM/C

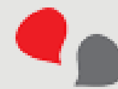
Perception on why girls were being cut: Only one respondent mentioned that the practice was carried out to curtail the sex drive of women. Most of the women interviewed attributed the continuation of the practice to a form of community ritual done for generations. Only two respondents shared that they were told (one by her grandmother and another by an Ossathi) that the practice is carried out for one to become a Muslim and is compulsory for both boys and girls.

Effect of FGM/C on the lives of women and girls: Respondents who had undergone FGM/C talked about the impact of the practice on their lives. One of the respondents indicated that they faced no issues during their childhood from being cut. However, she noted that being cut did affect her sexual pleasure/satisfaction - ***"...We have not faced any tangible problems in childhood; we could walk, jump, and play. Even after marriage, we did not find any inconvenience because of it.....(but later after marriage). I was disinterested in sex back then. I hated sex. I felt unfortunate; I complained that Sunnath was a betrayal to us, and my husband told me that the ignorance of the parents led to this...."***

Responses from other respondents who had been cut also indicated that FGM/C had an effect in their adulthood when they faced a lack of sexual pleasure, affecting the quality of their marital lives and the lives of other women that they knew of who had been cut - ***"...When I used to ask about this, they would laugh in the beginning; then they would explain that it has been stopped in many districts (of Kerala and other places) as women lose interest in sex after one or two childbirths. Women will often go numb after that. Their husbands will tell them and their in-laws that they are useless(not sexually satisfying husbands). It has destroyed many lives, and many men left and married other women because of this disinterest. ..."***

The responses indicate that FGM/C negatively impacted the quality of sexual lives of these women, affecting their marriages and conjugal lives in the long run.
Attitude towards FGM/C of girls within the community: A small number of respondents attributed the cutting of the girl child to religious requirements. Referring to the 40th Day Celebration of a newborn girls child, one of the respondents said:
"....People come to celebrate the 40-day ceremony, not sunnath. It is not celebrated; only a few people in the family and the ossathi will know about it; Jamaath is not involved in it....."

All of the respondents agreed that FGM/C was done as part of the social customs and rituals of the community in question and that it was an "age-old practice."
The interview responses also indicated a growing aversion towards the practice -
"....I heard about sunnath after my marriage. My mom told me I had been through Sunnath, which is uncommon nowadays. She said they (ossathi) came. I felt "eww" when I heard it and asked what the need was...I did not try to know about it further or what happened in the process..."



Another respondent mentioned the following:
"....There will not be much resistance to ending this practice as it is old, and the new generation cannot buy it..."

This is indicative of the fact that while there is an understanding among the younger generation to end the practice, there are several factors at play that contribute to the continued practice of FGM/C.

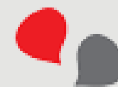
Community-level barriers to ending FGM/C
Taboos around women's bodies and sexuality: When asked about the barriers that women and girls within the community face while advocating or talking about ending FGM/C against women and girls in Kerala, several respondents cited existing taboos around women's sexuality and bodies that prevent them from sharing about how FGM/C affects them and their bodies later in life. At least two respondents did not know they were cut until much later in adulthood, and one was unsure whether she was cut. This shows the extent to which women were unaware of vital information regarding their bodies. At least two respondents came to know about the practice in their later years, usually after marriage or after giving birth to a daughter -

"....If we have a health concern, we can talk about it and get treatment, but when it is something about our sexual desire, we cannot tell anyone; society will judge us. We cannot speak about that to our husbands....If women convey her desires, they will question her morale and slut shame her..."

"...I heard about FGM from my cousin's sister. I was travelling with her, her friend, and her mother, and she started discussing FGM. That is when I realised that I also went through it. It was astonishing and shocking to know about it. I enquired more about it to her and her mother. She used the term FGM to denote the process, and her mother used the term Sunnath. I was 29/30 when I heard about it the first time. I was wondering what its purpose is. What I heard is that Muslim women in my external family are less interested in sex, and it affects their sexual life and, thus, their family life...."

Women and girls in stereotypical gender roles in the community: At least two of the respondents had daughters who had been cut, and they shared how they were not even informed about it. This indicates the lack of agency, decision-making, and choice of women and girls in the community -

"...Sunnath was done to my daughter. After delivery in the hospital, I went to my natal home, and on the 40th day of her birth, sunnath was carried out to her. I came to know about it after the procedure. My mother took the initiative. "Ossathi" carried out the process. I was not even informed. .."



"...I heard about pen sunnath when it was done to my daughter. I saw her crying. I enquired about it, and my relatives told me it was done to my daughter. They said to me that a minor wound was made in the private part. I did not think much about it other than a ritual in the community. I did not discuss it further..."

Three respondents also shared how they lacked the agency or power to decide about their lives and bodies.
"...I try to make decisions regarding my life, but still, some of them are taken by my parents. During my married life, my husband and mother-in-law took the decisions of the family...."

"....Before marriage, my father used to make decisions in the family; after marriage, my husband made the decisions..."

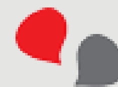
"...It was my father who made all the decisions in the family. Mother will not interfere; she obeys what my father asks, and the children follow the same....I stayed with my in-laws initially; it could have been a better experience. I had no stakes in the decision-making; his mom and dad made decisions for the family. That was a terrible time for me...."

In addition to citing marital inequality, one of the respondents also highlighted how the Jamaath also plays a role in ensuring that women and girls continue to stay in a subjugated role where they are required to be obedient to their father (if unmarried) and to their husband and his family (after marriage) -

"There is indeed an unequal relationship between men and women in our community. For example, if my husband complains to the Jamaath that I don't obey him, the Jamaath will call the woman and ask why she is not accepting and following her husband's wishes...."

Financial vulnerability affecting women's empowerment: The following excerpts from at least five respondents show how most women in the community were married and gave birth to their children at a young age. Most of these women were also the primary caregivers within the household:

One respondent shared about how she is dependent on the earnings of her child - ***"My husband passed away; I stay with my children and mother. My mother was a homemaker, and my father was a daily wage worker. I don't have any earnings. Now that my son is working, we manage our expenses."***



Others talked about how they were married off at a young age -
"I am 32 years old. I live with my husband and daughter. My parents are not working. My mom used to work abroad as a domestic worker. My father was not around. I did my schooling but have not pursued higher education since then. I used to work in an administrative role at a hospital. Six months back, I left that job due to my circumstances. I have savings from that job. I was married at the age of 18 and gave birth to my daughter at the age of 19. She is 12 years old. My partner is an auto driver."

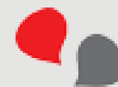
"I am 43 years old. Currently, I stay with my two sons. I have two siblings, and both of them are older than me. My father used to be a coolie. My mother was not working. I have only studied till the 10th standard. Now, I have my income from the last 12 years. I work in textiles. I was married at the age of 18 and gave birth to my first son at the age of 19. My husband is working abroad."

"I am 43 years old. I am staying with my husband, son, and daughter. My son is 26 years old, and my daughter is 23. My parents were daily wage labourers. I did not go to college. I find my livelihood from rearing goats and running a small shop. I manage the finances. I give money to my husband only to purchase things. I married at the age of 17 and gave birth to my first child at the age of 18. My husband earns his livelihood from daily wage labour."

"I am 45 years old. I live with my two sons, aged 24 and 18. My parents were farmers; my mother passed away. I finished my pre-degree (higher secondary). I work as an Ayurveda nurse. I married at 20 and gave birth to my first child at 21.

Except for two, all of the respondents interviewed talked about their weak socio-economic position and financial vulnerability that affected their decision-making abilities in their private and public lives -
"..After marriage, my husband made all the decisions. If I were not married, the decisions of my life would be taken by the person who takes care of me. I could not make my own decisions since I live in their care. I might be capable of expressing my opinions, and it might be weighed if I had a job and an income...."

Photo Credits: Pexels/Maahid



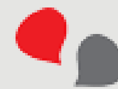
Recommendations derived from community experiences
Community-led positions and initiatives must be supported: Some of the experiences shared by the women showed that there have been at least one or two instances where families have taken the position not to carry out FGM/C on the girl child, often when they have moved away, despite community pressure :
"...Sunnath was not done to my elder brother's daughter, as they are in Kollam district. This practice is not in Kollam. When ossathi comes home, we can say no to them also; as long as they get their allowance, they are okay with it..."

When families within the community take a stance against FGM/C, their decision and position should be supported by government authorities working on the local level. These cases can be seen as best practices and used as examples to encourage other families not to carry out FGM/C against women and girls in their families. At least one respondent shared the following :
"...My husband's family understood that other Muslim communities were not doing it; they were convinced that it was not wrong [sic]; they wanted to change... They cannot fight out loud as they could face social boycotting as the Jamaat is strong, and Jamaath controls the community in general."

Voices and decisions of women and girls in the community against FGM/C need to be heard as well:
"...It was a difficult position to negotiate with in-laws as they believed that it was necessary to carry out to become Muslim. I told them the practice does not exist in my natal family and surrounding areas, which shocked them. I immediately told her I wouldn't let them do that to my daughter...Me and my natal family and I were prepared and cautious; we arranged it [the 40th-day celebration] in a public place to avoid any attempt at sunnath....."

Without support from community members and government authorities, the burden of ending this harmful practice and the community's responsibility to do so does not disproportionately fall on women and girls.

More awareness-raising is needed to end FGM/C: Resources and attention must be invested in raising awareness amongst practising communities about FGM//C. The awareness-raising efforts ought to convey to the community the crucial message that FGM/C is a human rights violation that affects several rights, including sexual and reproductive health and rights, namely rights related to bodily autonomy and integrity, consent, and choice. Conversations with respondents have revealed that understanding the need to end FGM/C from a rights-based perspective helps women and girls to take a robust stance on ending FGM/C and thereby ending the muti-generational trauma ensuing from the harmful practice. Learnings from awareness-raising programs also equip women and girls within the community with the knowledge of the fact that FGM/C is a means to control women's bodies and their sexuality, and it stems from discrimination based on sex and deep-rooted inequalities between the sexes.



Two of the respondents reiterated the need for awareness-raising as follows:

"...I realised sunnath was wrong only after having this conversation with my husband. I used to hear that it is done to become Muslim, but after the conversation with my husband, I realised it is done to control women's sexual needs...."

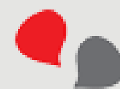
"....We need to be working to stop this ritual. Women in families need to be conscious; we need to educate them; civil society organisations should reach out to the women in the communities and educate them about the effects of FGM. We can incorporate the concern of FGM in sex education...."

Encouraging the role of young people advocating to end FGM/C: Responses from the women interviewed also revealed how young people, particularly young girls, are taking action on ending FGM/C. In other words, state-level interventions that leverage the voices and positions taken by young people on ending FGM/C can deter the harmful practice from continuing in the next generations:

"...I haven't had a conversation about FGM/C with any other person in my family except my daughter. My daughter asked me about sunnath. She does not like /disagrees with the practice. I never tried to oppose the practice. My daughter talks about sunnath to people and opposes the practice. She has these conversations with her friends and on other platforms. .."

".....People are more informed and educated now. The old generation is no more now, and the young people enlighten the next generation. I explained this to my mom, who agrees it should not be done..."

Conducting research and collecting data on the national prevalence of FGM/C in the country across all communities must be the starting point for addressing the issue. It has to be viewed from a national perspective. Based on the data collected, a holistic approach with all relevant stakeholders must be initiated that prioritises prevention measures to protect women and girls from FGM/C, including taking action to identify girls at risk and implementing an awareness generation campaign regarding the health effects and legal status of the practice of FGM/C under Indian law.



CONCLUSION

India is a signatory to the Convention on the Rights of Children (CRC), the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), and the International Covenant on Economic, Social and Cultural Rights (ICESCR), all of which require governments to take comprehensive actions towards ending FGM/C as part of their obligations under these Conventions. The failure to collect robust data, to pass a law or policy against FGM/C, and to put in place multi-sectoral interventions to end the practice of FGM/C is a violation of India's international obligations.

The above study presents findings from a sociocultural standpoint on FGM/C - learning from the community perspective on the issue, examining the experiences of women and girls living within some communities in Kerala, and understanding the possible driving factors (in addition to gender inequality) responsible for the prevalence of FGM/C in Kerala. The personal experiences shared by nine brave women who chose to speak up against the practice show how FGM/C affects the bodily integrity and bodily autonomy of women and girls while violating their constitutional rights to equality, non-discrimination, and privacy.

The resistance of the Indian state to recognise the existence of the practice in some communities in many States in the country, including in Kerala, will prevent India from achieving its Sustainable Development Goals, particularly 5.3, which speaks of the elimination of all harmful practices, such as child, early and forced marriage and female genital mutilation.

The community voices from the study echo the need for the State to invest in communities and community-focused interventions that can play a role in ending all forms of harmful practices against women and girls, including FGM/C. Investing in communities in the fight against FGM/C is one of the crucial steps that ought to be prioritised before the State undertakes more elaborate actions, such as the integration of community interventions with existing health and legal systems and structures to offer a holistic solution to the issue of FGM/C. A holistic solution to the issue of FGM/C would entail ensuring its prevention through legal and policy measures, putting in place legal remedies/recourse for survivors of FGM/C, and providing support for FGM/C survivors that takes into account the effects of FGM/C on their overall health and well-being (including their mental health and sexual and reproductive health).

State-funded community-level interventions, as a first step of action, could range from rights-based awareness-raising interventions (that will educate communities on the harmful effects of FGM/C) to evidence-based learning (through toolkits and other educational resources on FGM/C and how it violates the rights of women and girls). Community engagement, including engagement from men and young boys, and community involvement are also essential to ending the practice of FGM/C and sustaining the change.

Based on the study findings, it is also evident that involvement from religious and political leaders, influential community members, etc., and their collaboration with NGOs, UN agencies, health workers, and local government actors, among others, is crucial in bringing about the much-needed shift in attitudes/behaviour on FGM/C. Some study respondents also indicated the potential for technology and young people as drivers of change. Young people can utilise spaces such as social media platforms to educate their peers, community members, and parents to build resistance against the practice - by raising awareness of FGM/C being a human rights violation and a harmful practice against women and girls. Young people can also connect with other communities in India and beyond India to share experiences and understand advocacy techniques that can dispel misconceptions about FGM/C.

In conclusion, this study stresses the need for India to learn from available studies on the experiences and perspectives of FGM/C survivors living in various communities throughout the country - to take action against FGM/C through community engagement, laws and policies, education, and community-led solutions. This can continue alongside the State's plans to design long-term sustainable plans to address the issue. For effective, sustainable changes in the long run, India must delve deeper into the narratives derived from survivor stories/experiences and embark on collecting data on a national level to understand the nature and extent of the problem and strategies for effective interventions (including legal reform) to eradicate FGM/C against women and girls.

ACKNOWLEDGEMENT

This study is woven together by nine brave women's intimate experiences and emotions. They shared their powerful stories of resilience and vulnerability. They extended their networks, bringing out stories that would have otherwise gone unheard. Some of these women were speaking out for the first time, breaking the generational silence on FGM/C in Kerala. Others have been advocating against the practice for a long time.

We salute and thank these incredible women for trusting us with their most vulnerable yet powerful thoughts. We extend our solidarity and carry your stories with utmost responsibility.

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