SHORT REPORT:

FGC in Sri Lanka

July 2024

About Orchid Project

Orchid Project is a UK- and Kenya-based non-governmental organisation (*NGO*) catalysing the global movement to end female genital cutting (*FGC*). Its strategy for 2023 to 2028 focuses on three objectives:

1. to undertake research, generate evidence and curate knowledge to better equip those working to end FGC;
2. to facilitate capacity-strengthening of partners, through learning and knowledge-sharing, to improve programme designs and impacts for the movement to end FGC; and
3. to steer global and regional policies, actions and funding towards ending FGC.

Orchid Project's aim to expedite the building of a knowledge base for researchers and activists is being fulfilled in the **FGM/C Research Initiative**.

About ARROW

The Asian-Pacific Resource and Research Centre for Women is a non-profit women's NGO with a consultative status with the Economic and Social Council of the United Nations and an observer status with the United Nations Framework Convention on Climate Change. Based in Kuala Lumpur, Malaysia, ARROW has been working since 1993 to champion women and young people's sexual and reproductive rights. ARROW occupies a strategic niche in the Asia-Pacific region and is a Global South-based, feminist, and women-led organisation that focuses on the equality, gender, health, and human rights of women.

About Asia Network to End FGM/C

The Asia Network to End Female Genital Mutilation/Cutting (FGM/C) is a group of civil-society actors, led by Orchid Project and ARROW, working across Asia to end all forms of FGM/C. It does this by connecting, collaborating and supporting Asian actors and survivors to advocate for an end to this harmful practice.

ORCHID PROJECT

WORKING TOGETHER TO END FEMALE GENITAL CUTTING

ASIA NETWORK TO END FGM/C

Introduction

There are no extensive datasets on the prevalence of female genital cutting (FGC) in Sri Lanka. Small-scale surveys indicate that FGC is practised by some, but not all, Muslim communities across Sri Lanka, particularly Moors, Malays and Dawoodi Bohras.

A Note on Data

None of the Demographic and Health Surveys (*DHS*) or other national health surveys undertaken in Sri Lanka have included questions about FGC.

Data in this Short Report are from surveys carried out in 2019 by the Family Planning Association of Sri Lanka (*FPA Sri Lanka*),[1] a non-governmental organisation (*NGO*), and in 2021 by the Centre for Australian Public and Population Health Research[2] in conjunction with the Department of Community Medicine at the University of Sri Jayewardenepura, Sri Lanka (hereinafter referred to as the *Reproductive Health* survey/report). Both of these involved qualitative analyses of focus groups and informant interviews.

These data have been supplemented, where relevant, by data from two surveys conducted by NGOs in India, which relate only to the Dawoodi Bohra community.[3]

A Note on Terminology

In Sri Lanka the practice of FGC is generally referred to as *khatna* (by Dawoodi Bohras) and *sunna* or *sunnat* (by other Muslim groups), although other terms are used in some localities. 'Female genital mutilation' is regarded by some as an offensive term, and 'circumcision' is generally only applied to male circumcision. 'Female genital cutting' is a more acceptable term, and therefore is the term used in this Short Report.

Authors: Caroline Pinder, Anne Morin, Sean Callaghan, Danica Issell (ed.)

Recommended citation: Orchid Project and Asia Network to End FGM/C (2024) *Short Report: FGC in Sri Lanka*. Available at https://www.fgmcri.org/country/sri-lanka/.

Cover Image Design: Natalia Stafeeva (**https://stafeeva.site/**)

Key Findings and Indicators

***Prevalence*:** Small-scale surveys in Sri Lanka indicate that FGC is practised in some Muslim communities, particularly among the Dawoodi Bohra

***Terminology*:** The Dawoodi Bohra use *khatna*; other Muslim groups use *sunna/ sunnat*

Age: Moor and Malay girls are usually cut 15 or 40 days after birth; Dawoodi Bohra girls appear to be cut between the ages of six and eight

Type: The most-commonly practised forms appear to be Type 1 and Type 4

Agent: Cutting is usually carried out by traditional practitioners, called *Osthi Mamis*, or by medical professionals among the Dawoodi Bohra

***Attitudes*:** The main drivers are religious beliefs and the felt need for a 'Muslim identity'

HDI Rank: 87 out of 193 countries ('High')[4]

SDG Gender Index Rating: 86 out of 144 countries in 2022 (score of 65.5)[5]

Population: 21,808,695 (as at 26 January 2024) with a 0.5% growth rate (2024 est.)[6]

Infant Mortality Rate: 6.8 deaths per 1,000 live births (2024 est.)[7]

Maternal Mortality Ratio: 29 deaths per 100,000 live births (2020 est.)[8]

Literacy: 92.3% of the total population aged 15 and over can read/write (2019)[9]

Prevalence of FGC

There are no extensive datasets on the prevalence of FGC in Sri Lanka. Small-scale surveys indicate that FGC is practised in some Muslim communities in Sri Lanka.

Muslims make up 9.8% (approximately two million) of the country's population.[10] Muslim communities include the Moor, Malay and Dawoodi Bohra. Dawoodi Bohras, especially, are known to practise FGC. Surveys conducted by NGOs among the Dawoodi Bohra in India indicate the prevalence of FGC to be 75–85%.[11]

In the absence of offical national datasets, there are only anecdotes about the prevalence of FGC in some Muslim communities, including the Moor and Malay communities.[12]

The FPASL report emphasises that FGC should not be assumed to take place in all Muslim communities in Sri Lanka. The authors note that 'the "Muslim community" in Sri Lanka is not a homogenous identity group', and points to (by way of example) the Memons and the Thowheed as groups by whom FGC is not seen as a requirement of their culture or religion, and 'as such could not speak to the impacts of the practice.'[13]

Over the past decade, there have been several calls by the media, academics and NGOs for an official survey to be undertaken. This has been hindered, however, by the taboo on any discussion of FGC,[14] even within communities where it takes place, and by, until recently, its absence from periodical reports by the Sri Lankan Government to the United Nations and the Committee on the Elimination of Discrimination against Women (*CEDAW*).

Encouragingly, however, the Government's latest report to the CEDAW (2022) does, for the first time, mention the need to take account of FGC:

> The issue[,] which was hidden[,] has emerged recently in the public[,] and women's groups are having public discussions on its consequences. Muslim women's groups have approached state authorities and are lobbying with the Government to take necessary action to mitigate the situation and [for it] to be recognized as a crime. It has become a public health issue as well as a child abuse issue.[15]

The FPASL Survey

Of the 26 women surveyed by the FPASL, 23 had educational backgrounds ranging from fifth grade to Advanced levels. Three had completed higher education and were now employed in professional capacities. Several were engaged in teaching, catering services or tailoring. The remainder identified as homemakers.[16] There were no analyses of experiences of FGC in relation to education or wealth levels.

20 women stated that they had undergone FGC, and an additional four said they assumed they had, as all the women in their families had. One woman did not know whether she had been cut and stated that she did not want to know. Finally, one woman had not undergone FGC, but her daughter had.[17]

Geography

Authors of both the FPASL and *Reproductive Health* reports stress that no detailed national surveys have been conducted, and, therefore, it is not possible to assess the full extent to which FGC is taking place in Sri Lanka. However, the geographical breadth of these two studies suggests that the practice is spread across the country, wherever there are Muslim communities, especially Moors, Malays and Dawoodi Bohras. As noted above, however, not all Muslim groups in Sri Lanka practise FGC or see it as a requirement of Islam.[18] Sri Lankan Moors make up more than 90% of the Muslim population and 9.2% of the total population of the country. Malays comprise about 6% of the Muslim population.[19] The majority of Dawoodi Bohras live in India, but in Sri Lanka there are about 2,500, mostly residing in Colombo.[20]

The survey conducted by the FPASL involved in-depth interviews with 26 Muslim women in Colombo, Puttalam and Panadura. The majority of participants (42.3%) identified their geographic community as being Colombo, many of those being Dawoodi Bohras. 23.1% identified as coming from Panadura and 11.5% from Jaffna. However, some women identified socially, culturally and religiously with other communities to which they were linked, including Ampara, Galle, Hatton, Kandy, Jaffna, Nawalapitiya and Pasyala.[21]

The *Reproductive Health* survey involved 221 adults (aged 16 and over), of which 29 women and 6 men went on to give key informant interviews. A further 146 women and 44 men participated in 19 focus groups across five regions. These participants included several religious leaders, as well as community, health and legal professionals. The five selected regions were: Ampara, Colombo (purposively chosen as most Boras reside there), Kalutara, Mannar and Puttalam, and the selection process for the communities chosen focused on Muslim societies.[22]

Age of Cutting

Moor and Malay girls are usually cut on the 15th or the 40th day after their birth, although both surveys found that FGC is, on some occasions, performed as soon as seven days post-birth.[23]

Most Dawoodi Bohra girls undergo FGC at the age of six or seven. Occasionally adult women undergo it; for example, if one marries a Dawoodi Bohra man.[24]

Type of Cutting

Type 1 FGC (see the box below) is the most common form practised by Moors, Malays and Dawoodi Bohras, although it may also be categorised as Type 4, as the cutting of infants has been described as 'a nick'[25] or a 'scrape' rather than the removal of any flesh.

Dawoodi Bohra women in India are more likely to undergo Type 1: 21% of participants of the Indian Sahiyo survey of Dawoodi Bohra women reported that part of their clitoral hood had been removed, and 13% had all of their clitoral hood plus all or part of their clitoris removed.[26] In the absence of national data for Sri Lanka, it is not possible to say whether the type of FGC experienced by the Dawoodi Bohra in Sri Lanka is the same as Indian Bohras, but it is highly likely.

Besides the physical impact of FGC, it can cause emotional and psychological harms. Bohra women who undergo the procedure at six or seven years of age can usually remember it happening to them, and one woman, recounting her experience in the FPASL survey, said, 'It is not possible to be unaffected by it[. I]t does shape you a bit.'[27]

Female genital cutting is classified into four major types by the World Health Organization:

Type 1: This is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce/clitoral hood (the fold of skin surrounding the clitoral glans).

Type 2: This is the partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva).

Type 3: Also known as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans.

Type 4: This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping and cauterizing the genital area.[28]

Practitioners

Among the Moors and Malays included in the surveys, FGC was carried out by a traditional *Osthi Mami*, an elder female who is not medically trained.[29]

Among the Dawoodi Bohra included in the FPASL and *Reproductive Health* surveys, FGC was sometimes carried out by medical professionals, either in homes or in medical facilities.[30] This is discussed further below, in the 'Medicalisation' section.

Attitudes

The FPASL and various media reports refer to the 'secrecy' surrounding FGC and comment on how Sri Lankan women rarely discuss it.[31]

88% of the women surveyed by the FPASL identified a female person – their mothers, mothers-in-law or other senior, female members of their families – as being the 'key influencer and reproducer' when they were deciding whether their daughters should undergo FGC.[32]

Almost all of those with daughters (23 out of the 26) had allowed the procedure to be performed on their daughter/s (33 girls in total); 6 of the 26 women showed signs of resistance to the practice, but most felt uncomfortable about resisting due to social pressures.[33]

With regard to continuation of the practice, the FPASL authors note that most of the women 'did not convey the impression that they had spent much time reflecting on the practice or felt the need to.' Rather, they simply saw it as being part of their culture and felt responsible for upholding traditions and customs in the family.[34]

Several participants in the *Reproductive Health* survey talked about the social pressure to continue the practice, but some noted a decline in its prevalence over the past 10 to 15 years 'due to the awareness of fathers and the education level of mothers.'[35] However, no data is produced to support this view.

Drivers of FGC

The FPASL Survey

The most common reason for undertaking FGC, given by 13 of the women surveyed by the FPASL, is that it is perceived to be a religious requirement. The second-most common reasons (each given by eight of the women) are that it 'establishes a "Muslim" identity' and that it is believed to control women's sexual feelings. Other reasons include that it is customary and a belief that it is medically beneficial. The report goes on to list some of the comments made by the women in support of their reasoning.[36]

The *Reproductive Health* Survey

Similarly, many participants of the Reproductive Health *survey believe FGC to be a religious requirement: 'It is because it is a Sunnah and so must be done'; 'There are Hadeez for that.'*[37]

There was also concern that Muslims are being treated as 'outlaws for practicing their religious customs',[38] and one man in a focus group stated the following belief: 'It is in Islam, and it should be done for children as it is mentioned in Islam. It is outsiders who make this a huge issue and try to criminalize the Muslims.'[39]

Some saw male circumcision as a religious requirement, but questioned whether it was necessary for women.[40]

Other beliefs that further the continuance of FGC are that it 'moderates' women's sexual behaviour, promotes cleanliness and prevents health issues, but, again, other participants refuted or questioned these beliefs.[41]

Legislation

Currently, there is no law specifically criminalising FGC in Sri Lanka.

FGC was first brought to public attention in Sri Lanka in 1996, following a media report.[42]

Then, in 2008, a *fatwa* was issued by the All Ceylon Jamiyathul Ulema, stating that FGC was mandatory.[43]

It was only in 2016, however, that the issue began to receive wider public attention in Sri Lanka.[44] The Ministry of Women and Child Affairs made one reference to FGC in its *Policy Framework and National Action Plan to address Sexual and Gender-based Violence (SGBV) in Sri Lanka 2016–2020*, [45] but no specific actions or policies were listed for implementation.

In 2017 a report containing the confidential testimonials of 15 women who had undergone FGC in Sri Lanka was submitted to the National Child Protection Authority, several parliamentary committees and the Human Rights Commission.[46]

Following this, a circular was issued by the Ministry of Health in 2018, which prohibited medical practitioners from carrying out FGC.

There was opposition to this pronouncement by some Muslim groups. Others, including women's-rights activists, welcomed it as a progressive reform and an important step toward recognition that FGC is taking place in Sri Lanka.[47]

More recently, FGC was raised as an issue being considered by the Government in its 9th periodical report to the United Nations and CEDAW, 2022.[48]

Although there is no law specifically criminalising FGC, the Penal Code of Sri Lanka does include a section related to child abuse and grievous hurt that can be interpreted to include FGC. It may also fall under the meaning of 'child abuse' as defined in Section 39 of the National Child Protection Authority Act, No. 50 of 1998, which tasks the National Child Protection Authority with monitoring, advising and making recommendations to the Government on issues of child protection.[49]

In 2018 the *United Nations Committee on the Rights of the Child Concluding Observations on the combined fifth and sixth periodic reports of Sri Lanka* stated,

> The Committee recommends that the State party:
>
> (a) Ban, as currently under discussion, female (circumcision) for girls, a form of genital mutilation practised by the Dawoodi Bohra community and carry out awareness-raising activities, including campaigns, on the patriarchal nature of this practice and its negative effects on health . . ..[50]

The Government's 2022 submission to the CEDAW confirms,

> The Section 308(A) (1) of the Penal Code states that any person who causes wilful assault, ill-treatment, neglect or injury to the health of a person under the age of eighteen commits the offence of cruelty to children punishable with imprisonment not exceeding ten years and compensation to the victim.

However, the Centre for Islamic Studies in Sri Lanka has indicated its concerns about the criminalisation of FGC, citing it as an infringement of their right to practise their religion.[51]

Sri Lanka's Centre for Policy Alternatives (*CPA*) has advanced that FGC is 'a violation of the right to equality and non-discrimination guaranteed under Article 12 of the Constitution of Sri Lanka.'[52] The CPA goes on to set out the legal and policy reforms that will be needed 'to eradicate' FGC in Sri Lanka. These reforms include the criminalisation of anyone who undertakes FGC, including trained medical staff and the untrained Osthi Mamis.

The SDG Gender Index

*Sri Lanka's overall performance moving towards achievement of the Sustainable Development Goals (*SDGs*) is scored at 67.43, ranking it 93rd out of 166 countries and almost level with the regional average of 67.2.*[53]

However, it is falling behind with regard to Goal 5 (gender equality), rating as 'Major challenges remain; Score stagnating or increasing at less than 50% of required rate'. Sri Lanka's score fell from 42.0 in 2015 to 39.1 in 2020.[54] No rating is available specifically for Target 5.3 (*Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation*).[55]

In terms of the Gender Index, Singapore ranks 86th out of 144 countries globally and 17th out of 26 countries in the Asia region.[56]

Cross-Border FGC

There is no evidence to suggest that girls are being taken out of Sri Lanka to undergo FGC in another country. This would not be necessary, as currently there is no law against it being performed in Sri Lanka.

There is a possibility, however, that some girls are being brought *into* Sri Lanka for the purpose of FGC, precisely because there is no law against it. The survey conducted by Sahiyo among Dawoodi Bohra in India refers to two women who experienced FGC in Sri Lanka, although none of the women participating in the survey live in Sri Lanka.[57]

The authors of a study on FGC in India suggest that India has become a 'hub' for cutting girls brought from countries where FGC is illegal (such as the United Kingdom, the United States, Canada and Australia).[58] It is possible that countries in South East Asia where FGC is not yet criminalised are, or will shortly become, similar 'hubs'.

Medicalised FGC

From the FPASL and *Reproductive Health* reports, it would seem that most of the girls undergoing FGC in infancy (i.e. Moor and Malay Muslims) are cut by traditional practitioners, Osthi Mamis, and that it takes place in homes or local village locations. It is usually Type 1 or Type 4, involving what has been described as 'a nick'[59] or a scrape.

A circular issued by the Ministry of Health in 2018 (prohibiting the practice) was targeted at medical practitioners who undertake FGC. Therefore, it would not have been sent to Osthi Mamis, who are untrained, carrying out a cultural activity with (as some describe in the surveys) 'skills' passed on to them by former generations of women in their families. Despite this inherited knowledge, the Osthi Mamis' age and health status was seen as an issue by some *Reproductive Health* survey participants. One mother said, 'I was afraid as I saw her [the Osthi Mami] trembling.' An Osthi Mami herself admitted, 'I have eye issue due to my age and diabetes', but insisted that she had 'never made a missed cut, ever.'[60]

Two of the Dawoodi Bohra participants in the FPASL survey experienced the more severe Type 1 cut which, they report, resulted in permanent physical damage. Both remember being taken to a clinic, where cutting was performed by a doctor or medical professional.[61]

There have been calls from among the Muslim community for the Government to allow the practice to be medicalised, to ensure it is undertaken 'safely' and in hygienic conditions.[62]

One man who participated in a focus group for the *Reproductive Health* report stated, 'Doctors are doing it secretly. They do not abide by the law; some of them do it for money.'[63]

However, medicalisation is problematic: it normalises the procedure and continues to undermine campaigns to end the practice on the basis of women's rights to bodily integrity.

Trends and Challenges to Ending FGC

The lack of any countrywide data makes it difficult to assess the extent of FGC in Sri Lanka. Now that the Government has recognised it as an issue within the country, hopefully future national and local health surveys will include questions about the practice; for example, along the lines of the Demographic and Health Surveys carried out in other countries where FGC occurs.

In the absence of a law criminalising FGC and a failure to bring criminal cases to court under the Penal Code or the National Child Protection Act, it is likely that the practice will continue, with more girls being cut by medical professionals in response to arguments about the physical harms FGC causes. However, criminalisation alone may not lead to the end of the practice; indeed, it could contribute to the practice going 'underground'.

It has been suggested that part of the reason the push for legal reform has not been strong is a concern that, as Muslims are a minority in Sri Lanka, recognition of the practice might fuel discrimination, particularly against Muslim women, who 'bear the brunt of the discrimination directed at the Muslim community at large, for whom space is shrinking in Sri Lanka.'[64]

Activists working to end FGC in Sri Lanka have stressed that, as a result of this political climate, they are working cautiously and sensitively at grassroots levels.[65] Similarly, authors of the *Reproductive Health* report and other academics see the way forward as being through education and awareness-raising in affected communities, involving religious leaders and health professionals.[66]

Activists and academics have suggested a more nuanced approach would be for the state to educate and raise awareness in affected communities about the harms of FGC and to monitor prevalence to encourage a culture in which children are not harmed. Such education should be part of a wider and more open conversation about women's sexual- and reproductive-health rights, their rights to bodily integrity, and ending violence against women. Given the political context of racist and anti-Muslim sentiment and recent episodes of violence, it is crucial that any efforts are sensitive to this reality and do not further demonise any communities; remaining non-judgemental and non-discriminatory will be critical.[67]

In addition to introducing a law against FGC, supportive state policies in social and public-health spheres, which address the issue in sensitive ways, must be introduced. The aim should be to change attitudes towards the practice of FGC, so that behavioural change occurs without a need for application of the law.

Already, in response to concerns about the harms of FGC, alternative approaches are being reported, such as 'the butter knife method', whereby the Osthi Mami presses a blunt knife against the abdomen of the infant, with no cutting or pricking taking place.[68] This may also be a response to the division in belief between different groups of Muslims: some believe it is not a requirement of Islam, while others believe it is and that to criminalise it would be an infringement of their right to practise their religion.[69]

Working to End FGC

SISTERHOOD INITIATIVE

Contact: sisterhoodinitiativelk@gmail.com

Founder and Head of Operations Nabeela Iqbal: nabeelaiqbal96@gmail.com

Website: **Home - Sisterhood Initiative**

Sisterhood Initiative was formed in 2020 in the aftermath of incidents related to the Easter Attacks in Sri Lanka (in April 2019). Muslim women came under a microscope and faced extreme scrutiny for decisions related to their lives, bodies and clothing, which sparked the need for a space where Muslim women could come together.

Sisterhood Initiative provides an online space where women can share their experiences, supporting each other to inspire leadership; protect and advocate for the rights of Muslim women; build networks; and mobilise young women, in particular, to become active participants in decision-making in their communities. It also includes resources and contact details for help with domestic violence, mental health and wellbeing, and cyber bullying.

Women's Development Federation

Contact: wdfsl.org@gmail.com

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Women's Development Federation
Vihara Maha Devi Mandiraya
Old Tangalle Road
Hambantota, Sri Lanka

Website: **Women's Development Federation**

Women's Development Federation offers both financial and non-financial services, including social, spiritual and environmental services, for the empowerment of disadvantaged and distressed women and their families in various locations in Sri Lanka. The organisation uses participatory and holistic processes.

Contact: fpa@fpasrilanka.org

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37/27 Bullers Lane
Colombo 07, Sri Lanka

Open: Mon – Fri, 8.30 am – 4.30 pm (closed on public and bank holidays)

Website: **The Family Planning Association of Sri Lanka**

The Family Planning Association (*FPA Sri Lanka*) is a Member Association of the International Planned Parenthood Federation (*IPPF*), which makes them part of a locally owned, globally connected civil-society movement that provides and enables services and champions sexual and reproductive health and rights for all, especially the underserved. Established in 1953, FPA Sri Lanka serves as a volunteer-based NGO that explores innovative and challenging processes of family planning in Sri Lanka.

FPA Sri Lanka holds clinics for women around the country, providing information, advice and counselling on all matters relating to sexual and reproductive health. It also undertakes research, and among its publications was the survey ***Towards understanding female genital cutting in Sri Lanka***.

Contact: info@cpalanka.org

Office: +94 11 208 1384

Website: **Centre for Policy Alternatives**

Centre for Policy Alternatives (*CPA*) is an independent, non-partisan organisation that focuses primarily on issues of governance and conflict resolution.

It was formed in 1996 and is committed to programmes of research and advocacy through which public policy is critiqued and alternatives identified and widely disseminated.

Its publication ***Legal Reform to Combat Sexual and Gender Based Violence – Part III: Female Genital Mutilation* (2020)** is referred to in this Short Report.

Website: **Asia and The Pacific – Equality Now**

Equality Now is an international NGO campaigning for legal and systemic change to address violence and discrimination against women and girls around the world. It is a feminist organisation using the law to protect and promote the human rights of all women and girls by challenging and seeking reform of laws to establish enduring equality for women and girls everywhere.

Founded in 1992, Equality Now has an international network of lawyers, activists, and supporters that has held governments responsible for ending legal inequality, sexual exploitation, sexual violence and harmful practices. It is a resource centre with toolkits and guidelines, fact sheets and reports about FGC.

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The Asian-Pacific Resource and Research Centre for Women (*ARROW*) is a non-profit women's non-governmental organisation (*NGO*) with a consultative status with the Economic and Social Council of the United Nations and an observer status with the United Nations Framework Convention on Climate Change.

Based in Kuala Lumpur, Malaysia, ARROW has been working since 1993 to champion women and young people's sexual and reproductive rights in partnership with women's-rights organisations, youth-led and youth-serving organisations, and NGOs working on gender equality and sexual and reproductive rights.

ARROW occupies a strategic niche in the Asia-Pacific region and is a Global-South-based, feminist and women-led organisation that focuses on the equality, gender, health and human rights of women.

References

1 **'FPASL':** Zainab Ibrahim and Ermiza Tegal (2019) *Towards understanding female genital cutting in Sri Lanka.* The Family Planning Association of Sri Lanka. Available at https://www.fgmcri.org/media/uploads/Academic%20Papers/ibrahim_srilanka_2019.pdf.

2 **'*Reproductive Health*':** Angela Dawson and Kumudu Wijewardene (2021) 'Insights into preventing female genital mutilation/cutting in Sri Lanka: a qualitative interpretative study', *Reproductive Health*, 18(1), p.51. Available at https://pubmed.ncbi.nlm.nih.gov/33639963/.

3 - Mariya Taher (2019) *Understanding Female Genital Cutting in the Dawoodi Bohra Community: An Exploratory Survey*. Sahiyo, India. Available at https://sahiyo.org/images/resource-pdf/sahiyo_report_final-5.21.19.pdf.
- Lakshmi Anantnarayan, Shabana Diler, Natasha Menon (2018) *The Clitoral Hood: A Contested Site: Khafd or Female Genital Mutilation/Cutting (FGM/C) in India*. WeSpeakOut and Nari Samata Manch. Available at https://wespeakout.org/images/files/pdf/fgmc_study_results_jan_2018.pdf.

4 UNDP Human Development Reports (2022) 'Sri Lanka', *Human Development Index*. Available at https://hdr.undp.org/data-center/specific-country-data#/countries/LKA.

5 Equal Measures 2030 (2022) *SDG Gender Index*, p.19. Available at https://equalmeasures2030.org/wp-content/uploads/2022/03/SDG-index_report_FINAL_EN.pdf.

6 Country Meters (2024) *Sri Lanka Population,* 26 January. Available at https://countrymeters.info/en/Sri_Lanka.

7 Central Intelligence Agency (2024) 'Sri Lanka', *The World Factbook*, 16 July. Available at https://www.cia.gov/the-world-factbook/countries/sri-lanka/.

8 *Ibid*.

9 *Ibid*.

10 Country Meters (2024), *op. cit.*

11 - Mariya Taher (2019), *op. cit.*, p.4.
- Anantnarayan, Diler & Menon (2018) *op. cit.,* p.2.

12 - FPASL.
- *Reproductive Health*.

13 FPASL, pp.13 and 22.

14 FPASL, p.26.

15 Committee on the Elimination of Discrimination against Women (2022) N*inth periodic report submitted by Sri Lanka under article 18 of the Convention, due in 2021*, p.28, paragraph 152. Available at https://digitallibrary.un.org/record/3994815?v=pdf#files.

16 FPASL, p.23.

17 FPASL, p.24.

18 FPASL, pp.13 and 22.

19 - Central Intelligence Agency (2024), *op. cit.*
- Facts and Details (2008–2019) *Muslims and Moors in Sri Lanka: Their History, Ethnicity and Customs,* February 2022. Available at https://factsanddetails.com/south-asia/Srilanka/Ethnic_Groups_and_Minorities_Srilanka/entry-7987.html.

20 **Official website of the Dawoodi Bohra Muslim community (thedawoodibohras.com)**

21 FPASL, pp.21–22.

22 *Reproductive Health*, pp.3–5.

23 - FPASL, p.29.
- *Reproductive Health*, p.6.

24 FPASL, pp.31–32.

25 FPASL, p.29.

26 Mariya Taher (2019), *op. cit.*, p.39.

27 FPASL, p.33.

28 World Health Organization (2024) *Female genital mutilation*, 5 February. Factsheet. Available at https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation.

29 - FPASL, pp.9, 29 & 31.
- *Reproductive Health*, p.5.

30 - FPASL, pp.9, 29 & 31.
- *Reproductive Health*, p.5.

31 - FPASL, p.26.
- Zainab Ibrahim and Ermiza Tegal (2017) 'FGM in Sri Lanka: It's never "just a nick"', *Al Jazeera*, 25 December. Available at https://www.aljazeera.com/opinions/2017/12/25/fgm-in-sri-lanka-its-never-just-a-nick/.

32 FPASL, p.27.

33 FPASL, pp.27 and 37.

34 FPASL, p.28.

35 Participant cited in *Reproductive Health*, p.6.

36 FPASL, p.34.

37 Participants cited in *Reproductive Health*, p.7.

38 *Reproductive Health*, p.7.

39 Focus-group participant cited in *Reproductive Health*, p.7.

40 *Reproductive Health*, p.7.

41 *Reproductive Health*, p.7.

42 Renuka Senanayake (1996) 'SRI LANKA-CULTURE: Mothers Watch as Daughters are Circumcised', *Inter Press Service News Agency*, 19 August. Available at https://www.ipsnews.net/1996/08/sri-lanka-culture-mothers-watch-as-daughters-are-circumcised/.

43 Aanisha Cuttilan (2018) 'Female Circumcision, Genital Mutilation and the reality of an outdated Sri Lankan practice', *Pulse*, 26 September. Available at https://pulse.lk/everythingelse/female-circumcision-genital-mutilation-an-outdated-sri-lankan-practice/.

44 World Organisation Against Torture (OMCT) and Philippine Alliance of Human Rights Advocates (PAHRA) (2022) *Women Break the Silence: Gender-Based Torture in Asia*, pp.20–35. Available at https://www.omct.org/site-resources/files/Gender-based-Torture-in-Asia.pdf.

45 Ministry of Women and Child Affairs (2016) *Policy Framework and National Plan of Action to address Sexual and Gender-based Violence (SGBV) in Sri Lanka 2016–2020*, p.16. Available at http://gbvforum.lk/r-library/document/SGBV%20National%20Action%20Plan.pdf.

46 Smriti Daniel (2017) 'Butter knife or sharp blade? Either way, FGM survivors in Sri Lanka want it to stop, *Reuters*, 22 November. Available at https://www.reuters.com/article/us-sri-lanka-women-fgm/butter-knife-or-sharp-blade-either-way-fgm-survivors-in-sri-lanka-want-it-to-stop-idUSKBN1DM023/.

47 Centre for Policy Alternatives (2020) *Legal Reform to Combat Sexual and Gender-Based Violence – Part III: Female Genital Mutilation*, p.8. Available at https://www.cpalanka.org/wp-content/uploads/2020/11/Law-Reform-to-combat-SGBV-PART-3-FGM-Centre-for-Policy-Alternatives.pdf.

48 Committee on the Elimination of Discrimination against Women (2022), *op. cit.*, p.28, para 152.

49 Centre for Policy Alternatives (2020), *op. cit.*, p.7.

50 Committee on the Rights of the Child (2018) *Concluding Observations on the combined fifth and sixth periodic reports of Sri Lanka*, p.7. Available at https://www.ohchr.org/en/documents/concluding-observations/crcclkaco5-6-concluding-observations-combined-fifth-and-sixth.

51 Annie Banerji (2018) 'Sri Lankan Islamic center condemns ban on female circumcision as "affront"', *Reuters*, 12 July. Available at https://www.reuters.com/article/us-sri-lanka-women-fgm/sri-lankan-islamic-center-condemns-ban-on-female-circumcision-as-affront-idUSKBN1K12OZ/.

52 Centre for Policy Alternatives (2020), *op. cit*., p.8.

53 Sustainable Development Report (2023) *Sri Lanka*. Available at https://dashboards.sdgindex.org/profiles/sri-lanka.

54 Equal Measures 2030 (2020) *Sri Lanka*. Available at https://equalmeasures2030.org/country-profiles/#asia-and-the-pacific.

55 *Ibid*.

56 *Ibid*.

57 Mariya Taher (2019), *op. cit.*, p.37.

58 Lakshmi Anantnarayan, Shabana Diler, Natasha Menon (2018), *op. cit.*, pp.3, 11 & 81.

59 FPASL, p.29.

60 Participants cited in *Reproductive Health*, p.6.

61 FPASL, p.31.

62 *Reproductive Health*, p.2.

63 Participant cited in *Reproductive Health*, p.5.

64 World Organisation Against Torture (OMCT) and Philippine Alliance of Human Rights Advocates (PAHRA) (2022), *op. cit.*, p.27.

65 ARROW and Orchid Project (2020) *Asia Network to End Female Genital Mutilation/Cutting (FGM/C) Consultation Report*, p.27. Available at https://arrow.org.my/wp-content/uploads/2020/03/Asia-Network-to-End-FGMC-Report.pdf.

66 See for example:
- *Reproductive Health*, p.9;
- FPASL, pp.41–42;
- Centre for Policy Alternatives (2020), op. cit., p.16; and
- K. Wickramage, L. Senanayake, N. Mapitigama, J. Karunasinghe and E. Teagal (2018) 'The need for an evidence-informed, multi-sectoral and community participatory action framework to address the practice of female genital mutilation in Sri Lanka', *Ceylon Medical Journal*, 63(2), pp.53–57. Available at https://cmj.sljol.info/articles/10.4038/cmj.v63i2.8669.

67 Orchid Project correspondence with Zainab Ibrahim and Ermiza Tegal.

68 Smriti Daniel (2017), *op. cit.*

69 *Reproductive Health*, p.9.

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https://endfgmcasia.org/

https://www.fgmcri.org/