

# A Situational Analysis of FGM in Sri Lanka



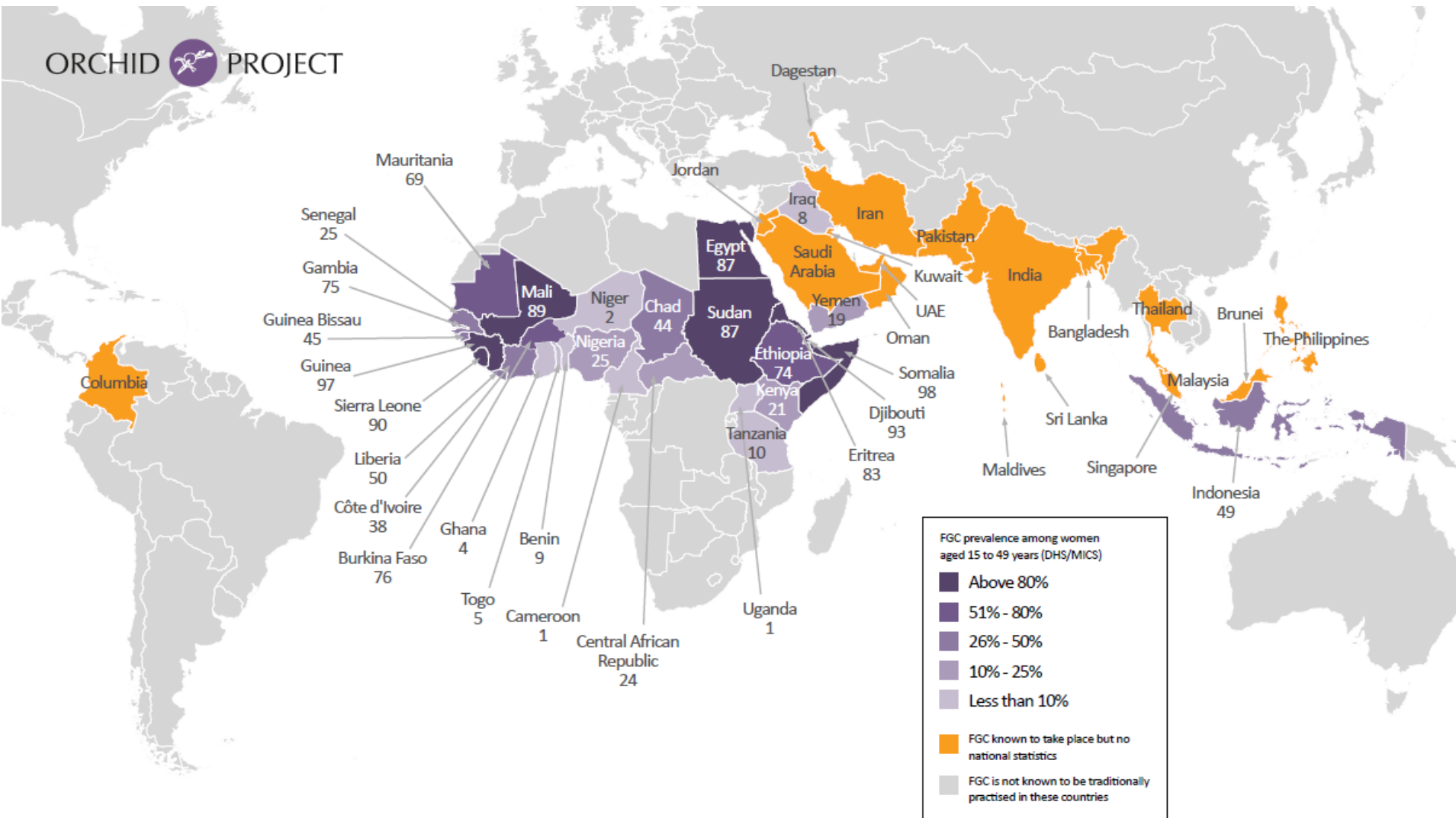
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<https://orchidproject.org/resource/fgc-around-the-world/>



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# Aim

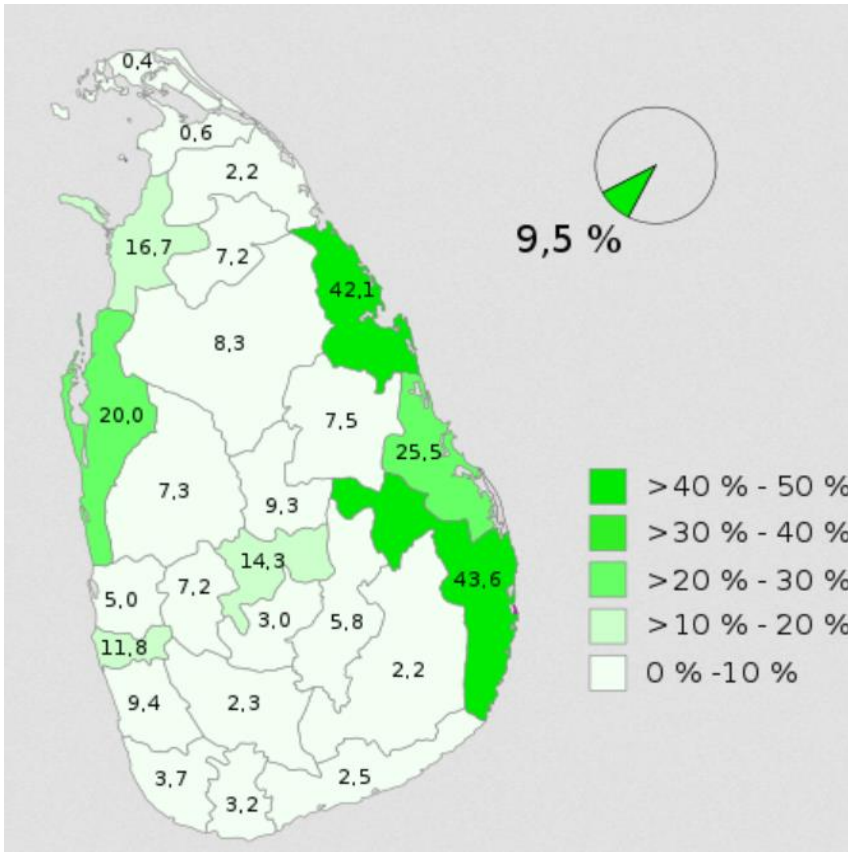
- To gain insight into the type of FGM practiced, practitioners, the rationale for FGM associated rituals and effects, perceptions of trends and views on prevention.
- Ethical approval HRE committee USJ



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Study District	Key informant interviews	Focus group discussions
Ampar	7	4
Mannar	8	6
Colombo	8	3
Puttalam	10	5
Kalutara	2	1
<b>Total</b>	<b>35</b>	<b>19 (N=186)</b>

## Islam in Sri Lanka 2012 Census

[Department of Census and Statistics Sri Lanka: Population by religion according to districts, 2012.](#)



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# FINDINGS: Types & demand

There are ladies who do this on the clitoris. Some make a tiny incision, some cut it off, some scratch it with a nail, and some just pinch it slightly and later put medicine on it. (Nurse, Mannar)

“It was 90% ten to fifteen years ago. It has been reduced due to awareness of fathers and the education level of mothers. It could be reduced to 15 – 20 %.” (Moulvi 2, Ampara)

*It usually a village decision. (Female activist 2, Mannar) It is the decision of the mother and father to do this. (Nurse, Mannar).*

*The Mother in law of my daughter was told it is compulsory.” (FGD older women, Puttalam).*



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# FINDINGS: Providers & associated rituals

- *I got trained from my mother in law. She taught me when I was 17. Now I am 75 years old and continue to provide Khatna. I have 4 girls. I have taught one of my girls to do this. (Osthi mami 1, Puttalam)*
- Some doctors were also reported to provide FGM
- performed between seven to 40 days after the birth of the child. Hair shaving and ear piercing undertaken at the same time
- Payment in form of money, food or clothes.



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# FINDINGS: Religion & FGM

- *All Ceylon Jammiyathu Ullaima has issued a fathwa that FGC is compulsory for Muslim families and in the bohra community their religious leaders have been endorsing it. (Female activist 1, Mannar)*
- “Islam doesn’t require women to do it, but has made it a must for men” (FGD professional women Mannar).
- “They said that this wasn’t part of Islam, but they say that it is. I still keep doing this around my usual circuit” (Osthi mami, Mannar).



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# FINDINGS: Socio-cultural reasons for FGM

- *We don't know where this began exactly, but it has been practiced for a long time and so we do it. We respect our parents' wishes, when we give birth and when they ask us of this, we would respect that. We must respect our elders. (FGD older women, Colombo)*



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# FINDINGS: Purported health benefits & adverse outcomes

- Hygiene, promotes sexual health and relationships
- Recurrent infections & sexual problems
- Inexperienced providers affects outcomes
- Fear of adverse outcomes due to age of Osthis  
mamis “I was afraid as I saw her trembling” (FGD  
young women, Mannar)
- “..even though I am old I have never made a missed  
a cut ever.” (Osthi mami, Mannar)



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# FINDINGS: Moderation of sexual Behaviour

- *It is a part full of nerve endings, since this is performed women can easily control their emotions. If not done, women would still feel very much emotional which could then lead them to doing prohibited things. As they feel an increase in emotions, they must do something to subside it. This is reason for Khatna. (FGD men, Mannar)*



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# FINDINGS: Prevention

- *We should bring the social changes through the socially accepted persons. These ideologies should be spread to the community. It would be easier for the next step. I feel it should be better put an effort first. Should empower the likeminded people such Moulavis, doctors, social civil organizations, village level committees and can spread the message through them. I think these efforts has to be made. (Moulvi 2, Ampara)*
- *I think it is possible, but only with tactful measures. Bold measures such as, criminalising this practise without understanding the concerns of community could prove to be counterproductive and could attract more people to this practise which is in fact diminishing from my community. (Male doctor 1, Colombo)*



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# Recommendations for Prevention

- FGM should be integrated into sexual and reproductive programming
- Cross sector networks for prevention
- Professional & community education
- Incentives for Osthimamis for alternative rituals
- Religious leader champions/ role models
- Community initiated participatory programs

Merci

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