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Research paper

Embodied Resistance: Personal Narrative and Cultural Critique of FGM/C in Sunni Muslim Communities of Kerala

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ABSTRACT

Through a feminist cultural analysis, this paper examines Female Genital Mutilation/Cutting (FGM/C) in the Sunni Muslim communities of Kerala through the author's personal narrative and cultural critique. Drawing from feminist theories of bodily autonomy, cultural hegemony, and resistance, it interrogates how FGM/C functions as a mechanism of patriarchal control while exploring pathways for cultural transformation. FGM/C is analyzed as an embodied cultural practice of sexual control rather than an essential religious practice. In some Sunni Muslim communities of Kerala, Type 1 FGM/C is practiced in secrecy on infants. This study rejects the arguments of FGM/C as a "rational choice," as infants cannot consent. With the taboo around conversations on the body and sexuality, and without the memory of the "cut," many are unaware of the practice. This paper traces the researcher's journey as a survivor in discovering her experience. The study is a tapestry of personal experiences and cultural narratives, informed by feminist theoretical understandings. It examines how communities negotiate between solidarity and activism. The paper emphasizes the need for conversations and story-sharing to break this selective obliviousness and generational silence, as well as for feminist consciousness and community engagement to challenge this practice.

Keywords: female genital mutilation/cutting (FGM/C), feminist cultural analysis, embodiment and sexuality, FGM/C in Kerala

Discovering that one has been violated and mutilated through a practice like Female Genital Mutilation/Cutting creates rage against the world. It creates a rupture in the understanding of the self and of the socio-cultural systems in which one lives that control women's bodies without their consent. In this paper, FGM/C in the Sunni Muslim communities of Kerala is explored through a feminist cultural analysis. The study opted for the term FGM/C to reflect the ongoing debate in the field. FGM and FGM/C denote all types of procedures involving the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons. The term "FGM/C" acknowledges that some communities and researchers prefer the term "cutting" over "mutilation" as less stigmatizing (Shell-Duncan, 2023). While I am a survivor of FGM/C, I acknowledge that survivors of different types and severities of genital cutting may not identify with this terminology. This variation in terminology and identification reflects the diversity of survivor experiences and understandings across communities, and I do not presume to speak for all women who have experienced genital modification.

The research seeks dialogues, criticism, and resistance to the practice in society. The paper is founded on the feminist cultural analysis using feminist theories to understand how cultural practices normalize violence against

women's bodies. This paper primarily relies on three theoretical perspectives: embodied feminism (how cultural norms are inscribed on women's bodies), intersectionality (how multiple systems of oppression create varied experiences of women), and cultural hegemony (how communities perpetuate practices that are harmful through cultural participation rather than coercion). Butler's (1990) performativity theory and Foucault's biopower inform specific analysis sections (Bordo, 1993; Grosz, 1994; Crenshaw, 1989).

The methodological approach acknowledges the researcher's position as both an insider who experienced FGM/C and as someone whose access to specific educational spaces and feminist frameworks has shaped a particular critical stance toward the practice. This positioning reflects one possible trajectory of engagement with this issue. This position creates the knowledge being produced, which Donna Haraway theorizes as "situated knowledge," a comprehension rooted in personal viewpoints while remaining accountable to larger movements (Haraway, 1988). This dual location allows researchers to speak from within the community and outside of it.

I recognize that my criticism of FGM/C exists in an environment of privilege, access to higher education, feminist theory, and critical distance from community pressures. Although I believe that FGM/C violates the bodily autonomy of infants and must be eliminated, I acknowledge that women in my community navigate complicated meaning, belonging, and survival systems intelligently and with agency. My goal is to contribute one voice shaped by particular experiences and opportunities to larger conversations that diverse community voices must ultimately lead.

The study's methodology draws from feminist standpoint theory and centers women's lived experiences as sites of knowledge production (Collins, 1990). Through a feminist cultural analysis, the study recognizes the political dimension of the personal and locates the personal narratives within the larger context of oppression. This aligns with the concept of "shifting" from personal and political experiences, as presented by Patricia Hill Collins, which illustrates how structure and culture influence our everyday experiences (Collins, 1994).

METHODOLOGY

Theoretical framework

This study is grounded in feminist cultural analysis and draws from several interconnected feminist theories, comprising: Embodied feminism: The theoretical conceptualization of embodied feminism originated from the works of scholars such as Susan Bordo and Elizabeth Grosz. Its approach holds that women's bodies are treated as the sites of cultural inspection and that they are also the sites of potential resistance rather than mere passive objects (Bordo, 1993; Grosz, 1994). The practical application of these approaches can be observed in various cultural and political contexts, where existing norms are negotiated through embodied strategies of resistance. Kano (2018) argues that this strategic positioning enables the appropriation of dominant discourses while resisting co-optation. My personal experience of discovering the mutilation of my body showcases how women's bodies become the sites of patriarchal control, knowledge production, and resistance. In patriarchal societies, cultural norms and values collide with the bodies of young women. Intersectionality, proposed by Kimberlé Crenshaw, is significant in this analysis. FGM/C cannot be understood without considering how intersectional identities of gender, ethnicity, religion, region, caste, and class come together to shape women's experiences of control and violence (Crenshaw, 1989). In my community, religious identity, regional culture, caste dynamics (since the cutters are from the Ossa community), and class shape how families navigate the decisions to practice FGM/C. FGM/C can only be understood in the context of intersectional identities, creating systems of oppression on women's bodies. Cultural Hegemony: The persistence of FGM/C in Kerala demonstrates how cultural practices sustain themselves without coercion; women participate in cutting their daughters not because of coercion, but because they have internalized beliefs about its necessity for cultural belonging and moral virtue. The study examines how FGM/C maintains itself through cultural consent rather than coercion. This approach enables an understanding of the internalization of dominant cultural narratives (Gramsci, 1971; Sau, 2025).

Culture, embodiment, and women's bodies: A synthesis

When I discovered that I had been "cut," I learned what culture carved in flesh meant. I realized that the numbness I felt during intimate moments was not of personal failure but of cultural intervention marked in my body. This is embodiment, inhabiting a body shaped by culture. I understand my experiences through three interrelated theoretical perspectives: Bordo's concept of bodies as tools of control; Crenshaw's concept of intersectionality, which is evident in the lower-caste Ossa women of the Ossa community being the cutters; and cultural hegemony, as represented by my mother's consent. Writing this paper is to challenge the silence of this practice, recognizing my altered body as a way to comprehend and resist structures of patriarchal control.

Analytical approach

The study is analyzed through multiple interrelated methodologies that allow personal reflection and structural critique. Personal Narrative as Cultural Text: This approach considers the personal accounts as statements of cultural patterns and contradictions. Here, personal memories, experiences, and emotions become tools for understanding how cultural violence is produced and reproduced. Institutional Analysis: The study analyses the role of family, religious, and cultural structures in the perpetuation of FGM/C. Resistance and Agency: Women are perceived as active agents of dissent and cultural transformation through feminist consciousness and collective dialogue. Embodied Knowledge: The study recognizes the unique insights from lived experience. At the same time, the researcher upholds a commitment to reflexivity, i.e., the ongoing critical examination of personal experiences, while remaining accountable for broader patterns of oppression and resistance. Journaling, informal discussions, and engagement with activist literature facilitated this reflective process, which captured a range of emotions, from anger to resistance.

Data sources

The study draws from multiple data sources, including personal narrative, conversations with family members, existing scholarship on FGM/C, feminist theoretical frameworks, and community responses to anti-FGM/C advocacy. Moreover, it draws from the reports from organizations such as Sahiyo and We Speak Out, which have documented FGM/C practices in Indian communities (Sahiyo, 2017, 2022; We Speak Out, 2018). The sources together give a layered and context-specific insight into the process.

Limitations of the study

The study is limited by its focus on a single geographical region and heavy reliance on personal networks for community engagement. The sensitivity of the topic may also affect the community's willingness to share information. My position as a researcher, survivor, and activist can also influence the responses of community members.

Ethical statement

This autoethnographic account emerged from a larger ongoing study approved by the Institutional Human Ethics Clearance Committee of Delhi University. The identifiable individuals in the paper, the author's mother and a community member, Thahira, have provided oral and written informed consent to include their identities and conversation in the paper. Confidentiality has been maintained for other individuals referred to in the narration.

PERSONAL DISCOVERY: WHEN THE BODY SPEAKS BACK

In 2015, at 22, I told my mother with much anger, pain, and shock: "Mom, people mutilate girls' genitalia in Africa." She looked at me calmly, without any surprise, and said: "Africa? It happened to you, me, and other women in our family, too." She explained that all the women in our family, including herself and me, had gone through FGM/C, which is locally called "Pen Sunnath" or "Markkam." The conversation with my mother shattered my understanding of my body. The numbness I had thought was due to individual differences was the product of intentional alteration. It was cultural interference, rather than my own shortcomings, that sometimes caused me to feel disconnected from my body's reactions. This moment of disclosure has shaped my emotional and academic journey in exploring bodily autonomy and sexual control and in knowing and speaking out about FGM/C in the Sunni Muslim communities of Kerala. I came across the practice of FGM/C for the first time while studying the United Nations list on violence against women across the world for my postgraduate Sociology program. The U.N. website defines FGM as:

"Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons."

"The practice of FGM is recognized internationally as a violation of the human rights of girls and women."

The U.N. further states that FGM creates short-term and long-term complications in women, like severe pain, shock, excessive bleeding, infections, difficulty passing urine, and long-term consequences for their sexual, reproductive, and mental health (United Nations, n.d.). (I use FGM/C to acknowledge the terminology debate, while noting that the U.N. uses FGM.) I was disturbed to learn about this practice. Upon browsing, I initially associated the practice with African communities, where it is widely reported to occur. I never imagined it had happened to my own body. The revelation of my mother that I have been "cut" created what feminist theorist Gloria Anzaldúa calls "una rajadura," a crack or wound that opens up new ways of seeing (Anzaldúa, 1987). My individual experience became a window into understanding how patriarchal control operates through cultural practices that appear natural and necessary but are historically constructed and changeable.

The weeks following this discovery were marked by what trauma theorist Judith Herman calls "dialectical thinking", the need to simultaneously hold multiple, contradictory truths (Herman, 1992; Stewart 2021). I had to perceive my family as both perpetrators and victims of the system and as a source of strength and a site of oppression. This complexity resists simple narratives of victimization or cultural condemnation; it calls for a more nuanced analysis of how systems of oppression operate through intimate relationships.

THE HIDDEN PRACTICE: MUTED MEMORIES OF FGM/C IN KERALA

FGM/C is mainly perceived as a practice that is confined to the cultural and geographical context of Africa (Taher & Zoghlami, 2025). The discussions on Female Genital Mutilation in India are confined to the Dawoodi Bohra community, with organizations such as Sahiyo and We Speak Out documenting the practice extensively (We Speak Out, 2018; Sahiyo, 2022). Research by Ghadially (1991, 1994) was among the first to document FGM/C among Bohra Muslims in India. While Type 1 (involving partial removal of the clitoral hood) FGM/C exists in some Sunni Muslim communities of Kerala, beyond personal narratives shared on platforms like Sahiyo's blog and isolated media reports (Johari & Mahmood, 2017; Matters India, 2017; Sahiyo, 2022), there has been little academic or public engagement with the practice.

When I asked a relative if her daughter had gone through FGM/C, she responded, "Yes." That was the first time her thirty-four-year-old daughter realized that she was a survivor. When I shared my story on social media, progressive young Muslim men responded with surprise. They had conversations with their spouses and female friends, revealing a similar lack of awareness, a collective amnesia that extended across gender and generation, though unevenly. It took me two more years after learning I was a survivor to understand what the clitoris looked like. I did not have access to information about my body.

In Kerala, unlike male circumcision, FGM/C is not performed festively but confidentially. Only older women in the family are typically aware of it. When I reached out to *ustads* and mullahs, many refused to comment or claimed unawareness. My conversations with family members reveal the secretive nature of the practice. When my mother revealed that FGM/C was done to me, I was enraged; I screamed at her. She responded: "I did not do it to you; I had no idea such a practice existed or that it happened to me. When you were 40 days old, elderly women in the family invited a woman from the Ossa community to shave your head and bathe you. I was concerned when I heard you crying during the rite. I inquired as to the basis of your crying. My elder sisters and mother then laughed at me and told me that on the 40th day, *sunnath* (FGM/C) is performed on girl children."

Unlike in the Dawoodi Bohra community, where FGM/C is performed between six and nine years of age, and survivors often retain fragmented memories (The Clitoral Hood: A Contested Site, 2018; Natsi & Vitsou, 2025), FGM/C in Kerala's Sunni Muslim communities is performed at forty days. The forty-day timing creates particular dynamics: survivors do not consciously remember the cutting, while knowledge persists unevenly among older women who made or witnessed the decisions. This is not uniform invisibility, but fragmented knowledge, a practice known by some but not collectively acknowledged, an experience lived but not collectively processed. As a survivor and activist, I see the challenge as creating frameworks for articulating and collectively processing this fragmented knowledge.

FAMILY DYNAMICS: LOVE, TRADITION, AND RESISTANCE

The conversations I held with my family and community members, after realizing that I had been "cut," revealed the complex ways that FGM/C is maintained and challenged within social structures. The responses to my queries on FGM/C drew on several cultural narratives that feminist anthropologist Janice Boddy calls "technologies of justification," ways of making harmful practices appear reasonable and necessary (Boddy, 1989).

The justifications were based on tradition, virtue, morality, and community acceptance (Schefers, 2026). These reflected what feminist theorist Patricia Hill Collins identifies as "controlling images," referring to the stereotypes and cultural narratives that legitimize oppression (Collins, 1990). Women who are not cut are perceived as overly sexual and culturally unacceptable. The practice becomes a requirement for belonging and recognition as a "good" woman within the community.

These conversations also revealed what James C. Scott calls "hidden transcripts," forms of resistance that operate beneath the surface of apparent compliance (Scott, 1990). My mother's response showed subtle criticisms, discomfort with not having a stake in the decisions, and acknowledgements that things might be different for future generations. Her adherence to the practice was more of a socially forced decision.

Female relatives spoke about the practice with approval, dissatisfaction, and confusion. Some decided that their girls would not be cut, while others were concerned about their daughters' cultural authenticity, virtue, and the acceptance of their communities. These conversations highlighted the necessity of acknowledging women's agency without idealizing their decisions or disregarding systemic limitations, as conceptualized by feminist researcher Lila Abu-Lughod as "the romance of resistance" (Abu-Lughod, 1990).

A conversation on FGM/C with my family members revealed that patriarchal practices are maintained not only through male dominance but also through what feminist theorist Deniz Kandiyoti calls "patriarchal bargaining," women's strategic accommodation to patriarchal systems in exchange for protection and security (Kandiyoti, 1988; Happel-Parkins et al., 2024). The older women in my family had participated in FGM/C as a survival strategy within systems that offered few alternatives. When I enquired a relative whether she would do *sunnath* (FGM/C) to her future granddaughter, she responded: "We must perform *sunnath* if my daughter's in-laws insist. It is their decision; she is now part of their family. The final say on whether or not to perform the *sunnath* is theirs." Understanding these family dynamics requires moving beyond simple categories of perpetrator and victim to examine how systems of oppression operate through intimate relationships.

CONTESTED INTERPRETATIONS: RELIGIOUS JUSTIFICATIONS AND SEXUAL CONTROL

Religious arguments and counter-arguments

FGM/C is often justified as an essential religious practice, even when there is no valid religious sanction. Many women in the community are socialized to believe that it is their religious obligation to conform to the practice. A fundamental necessity of Islamic law in establishing religiously prescribed rules and regulations is evidence obtained primarily from the Qur'an or, secondarily, from the Sunnah, if available (Baderin, 2021). There is no Quranic verse that explicitly discusses Female Genital Mutilation/Cutting. Nevertheless, there are some books on Traditions and Islamic jurisprudence, as well as other books, that discuss the issue of female circumcision.

Islamic jurisprudence scholars report varying positions across the four major schools (*madhabs*) on Female Genital Mutilation/Cutting (FGM/C), with no consensus. The Hanafi school classifies it as *Sunnah* (recommended) for both males and females. The Maliki school considers male circumcision obligatory (*wājib*) but female circumcision *Sunnah* (recommended). The Shafi'i *madhab* uniquely regards FGM/C as obligatory (*wājib*) for both sexes. The Hanbali school presents two views: one faction deems it obligatory for both males and females, while another sees it obligatory for males and honorable (*makrūmah*) for females (Asmani, 2008; Al-Awa, 2012).

The *hadith* most commonly cited in support of female circumcision (FGM/C) is the one attributed to Ummu-'Atiyyah al-Ansariyyah, recorded in Sunan Abu Dawud (Hadith 5271):

> *"A woman used to perform circumcision in Medina. The Prophet (peace be upon him) told her: Do not cut severely, as that is better for a woman and more desirable for the husband" (Sunan Abu Dawud, Kitab al-Adab, Hadith 5271).*

This hadith is considered weak (*da'eef*) by many Islamic scholars, such as Imam Al-Bayhaqi and Ibn Hajar al-Asqalani, citing the unreliability of the narrators. It has been excluded from collections such as Sahih al-Bukhari (Al-Sabbagh, 1996, pp. 4–5). Contemporary theologians like Sheikh Ali Gomaa (former Grand Mufti of Egypt) and Mohammad Hussein Fadlallah (Shia Grand Ayatollah) have rejected the Islamic legitimacy of FGM/C. They argue that the practice violates the foundational Islamic legal maxim, "la darar wa la dirar" (no harm), as well as Islam's teachings on bodily integrity (Al-Sabbagh, 1996; Rouzi, 2013; Karaman, 2021).

Supporters of the practice refer to *ayah* 123 of Surah An-Nahl in the Quran: "Follow the way of Abraham, the true in faith, and he joined not gods but God" [16:123]. Abraham and Sarah hold significant positions in the religions of the Abrahamic tradition: Islam, Judaism, and Christianity. Sarah was Abraham's wife, and Hagar was Sarah's servant who gave birth to Abraham's son, Ishmael. This *ayah* (verse) instructs Muslims to adhere to monotheism, as practiced by Abraham. Meanwhile, some theologians concluded that this *ayah* refers to the adherents to all the practices of Abraham, which includes circumcision. Even if we consider the latter interpretation, it does not validate female circumcision, as only Abraham was commanded to be circumcised, not Sarah. Circumcision of a woman is only mentioned where Sarah circumcised Hagar out of jealousy. Here, female circumcision is a vindictive practice, not a religious one (Mundzir & Muthmainnah, 2022).

Different types of FGM/C target different regions of the vulva, including the clitoris, labia, and the vaginal entrance, all of which are crucial in providing sexual pleasure for women (Dura et al., 2023). Islam acknowledges women's right to sexual satisfaction. Al-Kawthari (2010) argues that wives have equal rights to their husbands in meeting their sexual needs. Imam Ala Al-Din Al-Kasani, classical jurist of the Hanafi tradition, argues that both spouses have the right to derive sexual pleasure from each other (Al-Kasani, Bada'i al-Sana'i, Vol. 2, p. 331). Using Islam to support FGM/C will be contradictory to these teachings, as Islam recognizes the sexual needs of women, but the practice seeks to curb their sexual pleasure through mutilating their genitalia. There is no scholarly consensus (*ijma*) regarding the practice, and there is no analogical reasoning (*qiyas*) regarding its obligation. When there is an absence of *ijma* and *qiyas*, the ruling is based on independent reasoning (*ijtihad*), direct textual interpretation, juristic preference based on equity (*Istihsan*), or public interest (*Maslahah*), further reinforcing the imperative to protect women's health and dignity by discontinuing this harmful practice (Hallaq, 2009; Kamali, 2008).

The medical gaze and cosmetic surgery: Critical tensions

Medicalization and the question of authority

Medical research can be a double-edged sword, which can empower survivors while creating a risk of creating new ways of bodily control. Strategic medical documentation, evidence, and authority strengthen advocacy. Embodied knowledge can be validated by medical evidence. For me, knowing about the functions of the clitoris assured me that the numbness I felt during intimate moments was not due to my shortcomings but rather the result of cultural invasion in my body (Helosvuori & Oikkonen, 2024). On the other hand, medical knowledge can also serve as what Foucault termed biopower, where bodies are regulated by expert knowledge (Foucault, 1973). For instance, in Malaysia, medicalization allowed doctors to define "acceptable" forms of FGM/C, and as a result, the 2009 Malaysian fatwa authorized specific procedures of the practice. Here, doctors, when positioned as arbiters of what is acceptable, cause survivors to lose authority over their own experiences (Iguchi et al., 2023).

There is a need to acknowledge that the fundamental violation in FGM/C is ethical, not medical. Medical evidence should document the consequences; however, despite the severity of the medical consequences, a cut without consent is still a violation. I was cut without my consent, and therefore, my body was violated. Primary evidence of this violation should be survivor testimony, and the medical evidence should only complement it. Reconstructive surgery can be significant for some survivors' healing journey, and their choice warrants unconditional solidarity. However, the discourse that post-FGM/C bodies are defective is dangerous as it shrinks FGM/C to a level of individual body defect needing medical correction from what it actually is, a structural violence. Therefore, medical evidence should be an effective tool in advocacy to record harms without negating the political aspects of it as gendered violence.

The cosmetic surgery question

FGM/C and Female genital cosmetic surgery (FGCS) have some similarities, as both of them are medical procedures that are prone to infections and scarring, which can alter sensation in the vulva and can create psychological distress (Nazri et al., 2023). Despite the similarities, there is a fundamental difference in terms of the nature of consent. Even if consent can be imperfect, due to social pressure or insufficient knowledge, in FGCS, adult women enter into it with informed consent, while FGM/C is an irreversible alteration of bodies inflicted upon infants and young children who cannot consent in any capacity whatsoever.

Both procedures require scrutiny, considering the standards of informed consent and the social pressures that shape choices. However, the inability of infants to consent at all makes FGM/C ethically distinct and unacceptable in any cultural context. The fundamental issue is not that FGM/C leads to worse medical outcomes (even though it often does), but that it deprives individuals of bodily autonomy. The analysis holds that any non-consensual genital alterations violate bodily autonomy and dignity, and medical evidence should only be a tool to validate the survivor's experience.

CONTROL OVER WOMEN'S SEXUALITY

FGM/C exemplifies Butler's concept of performative repetition, where the practice not only reflects gender roles but also actively produces and reproduces them (Butler, 1990). My mother explained to me that FGM/C is practiced to control women's sexual desire. Here, women are not seen as individuals who have the right to their bodies and desires but rather as objects which warrant control. FGM/C functions as what de Lauretis calls "gender technology," by actively creating and maintaining appropriate femininity rather than just reflecting the pre-existing ideas (de Lauretis, 1987). Patriarchal systems across cultures and time develop distinct mechanisms of sexual control. FGM/C, virginity tests among the Kanjarbat community, breast ironing among Christian communities in Cameroon, and so on (BBC News, 2018; Amahazion, 2021; Inyang et al., 2020).

Foucault employs the term "bio-power" to describe how power is exercised over individuals and how social norms, particularly those concerning sexuality, serve as instruments of power structures, such as patriarchy, to maintain control over bodies and identities (Foucault, 1978, p. 140; Downham Moore, 2023). FGM/C acts as a bio-power that constructs feminine identity around sexual restraint, as a "chaste woman" and "modest woman." FGM/C or the cut is perceived to transform girl children into modest, marriageable, virtuous women, while the uncut women are positioned as sexually excessive and morally questionable. These feminine identities are inscribed on women's bodies with their reduced sexual capacity as evidence of virtue and honor.

A neighbor told me: "See how Nair women have loose morals because of their high libido; we do not want our women to be like that. That is why we have to do that." These statements show how FGM/C works not just as an instrument of sexual control but also as a tool to establish community identity against other groups. Here, her presumption about Nair women having a high libido must be coming from the historical tradition where Nair

women were allowed to have multiple partners prior to the 1923 amendment of the law by the colonial powers (Lekha & Palackal, 2020)

From the conversations that I had with the elders in the community, it was clear that FGM/C is practiced with the intention of limiting women's sexual desire and limiting the possibility of extramarital and pre-marital affairs. I enquired of a Mullah about the legitimacy of the practice in the community; he responded with an irrational and abrasive explanation for the practice: "Women have a high sexual need; no man can satisfy them. We perform it (FGM/C) to help women lower their high libido, enabling them to lead their lives with ease." It was my anger at the violation I faced that anchored my response: "You have no right to mutilate us, just because you men do not know how to do your job." The internalization of the oppression my mother adopted after this conversation went beyond what he implied. She said, "Having less libido allowed me to live a peaceful single woman's life after the divorce; otherwise, I would be in much trouble."

I enquired why she believed that would cause her "trouble." She said:

"If I marry another man, he may sexually assault you (my daughter), and if I find a partner outside of marriage, he will judge me and slut shame me, and all the men around me will think they can freely approach me for sexual favours. I do not want that. So having a lower sexual need was beneficial to me."

The stigma, terror, and violence that accompany sex in this society for women terrified her. She was expressing the limitations and threats she experienced as a divorced woman, where her sexuality is heavily policed, and her survival measures are within a system with limited choices. FGM/C is an extension of the entrenched systemic construct that women's bodies are property of their families and then of their husbands. It is what feminist economist Silvia Federici theorized as the gendered primitive accumulation, the violent dispossession of women's ownership of their own bodies and sexuality (Federici, 2004).

Many people in the community shut down my attempt to discuss FGM/C because they believed an unmarried woman should not discuss sexuality, sexual organs, or sexual needs and pleasure. The cultural stigma over women's sexuality and even the conversation around women's conformance to these brutal practices make it difficult to fight them.

THE COMPLEXITY OF RESISTANCE AND LOYALTY

The most challenging aspect of combating FGM/C is determining who we are up against, as women are instrumental in the practice. Legal action against one's mother and grandmother can be disruptive for a survivor. I recognized that I was a survivor at the age of 22. My grandmother, who inflicted the practice on me, was already 85. She was "married off" when she was nine and had twelve children by age thirty in a system where her husband and in-laws controlled her body. Her in-laws demanded that she do sunnath/FGM/C on all her daughters. She continued to do the same with her grandchildren. She acted according to the knowledge she had and her understanding of what would protect her daughters within the community. To position her solely as an agent of violence erases the impossible choices she faced. Understanding these constraints does not validate the practice or trivialize the violence perpetuated. Instead, it informs more effective advocacy, one that respects community members' complex realities while remaining committed to ending the practice.

The political scenario in India significantly impacts advocacy against FGM/C. The ruling party's relationship with the leaders of the Davoodi Bohra community reflects the Indian state's insensitivity towards the issue of FGM/C in the community (Munsi, 2018; Kalaman, 2024). On the contrary, in Kerala, Sangh Parivar, the Right-wing Hindutva group that supports the ruling party of India, makes every attempt to demonize the Muslim communities through propaganda films and WhatsApp groups. The recent movie "Kerala Story" is such an example. The Sangh Parivar is attempting to erode the secular fabric of Kerala society and gain a foothold in Kerala's electoral politics (Kalaman, 2024; Mondal, 2024). It is a delicate thread on which survivors and activists walk, where we must find a balance between fighting against harmful practices within the community and not contributing to further marginalization of the community by communal forces. This requires responsible opposition, one that upholds internal criticism while denying external opportunism.

Sahiyo, We Speak Out, and Equality Now are the major organizations that work on resisting FGM/C in India. They primarily work with the Davoodi Bohra community but have also initiated research and advocacy in Kerala (Sahiyo, 2022). I have been fortunate enough to work closely with these organizations. Working on FGM/C in Kerala becomes difficult without acknowledging and strategically remembering the practice. However, the delicate politics surrounding it demand careful strategic decisions on when, how, and with whom to work.

EMBODIED CONSEQUENCES: LIVING IN AN ALTERED BODY

The physical reality of living in a mutilated and modified body through the practice of FGM/C creates what feminist disability studies scholar Tobin Siebers calls "complex embodiment". It denotes how bodily differences are produced through social practices rather than natural variations (Siebers, 2008, p. 43; Muciaccia & Macchia,

2025). The numbness, the rage, the altered body, and the limited capacity for pleasure I experienced are not just personal but evidence of cultural intervention in my bodily integrity.

Understanding the alterations made by FGM/C requires what feminist theorist Susan Wendell calls "social barriers to self-knowledge," how practices challenge understanding of embodied experiences (Wendell, 1996, p. 87). I realized my body's reaction to intimacy is not my personal failing but rather a cultural intervention. To acknowledge what happened to my body required developing what feminist scholar Drew Leder calls "bodily intelligence," the ways of understanding such embodied experiences go beyond medical models and carry socio-cultural meanings (Leder, 1990, p. 112). This process required mourning what had been lost and slowly developing new relationships with my altered body.

For me, healing was to acknowledge the feelings of shame, confusion and disconnection that I had experienced were not just a personal response but rather the effects of cultural practices that position women's bodies as sites of intervention and control. Thus, healing required what feminist therapist Laura Brown calls "integrative healing," where individual healing is connected to the broader social and political analysis (Brown, 1994, p. 156). Recognizing my bodily experience as part of larger patterns of oppression enabled both personal healing and political engagement.

Psychological embodiment: Living with internalized sexual surveillance

The effects of FGM/C are not limited to the physical alterations. It generates what Susan Bordo terms "discursive embodiment," where cultural modifications of the body continue to regulate behavior and experience even after the initial intervention (Bordo, 1993, p. 166). This external control is often internalized through what Michel Foucault has described as technologies of the self, where I regulate my sexuality as per the cultural expectations, even in consensual intimate moments (Foucault, 1988, p.16).

The clitoris, which the community has marked as dangerous enough to be mutilated, becomes a site of ongoing anxiety and self-surveillance. Such experience is what feminist psychologist Laura Brown defines as the "insidious trauma" of patriarchal socialization, where forms of harm can operate even through cultural normalization rather than just through discrete traumatic events (Brown, 1995, p. 98). My intimate moments were often accompanied by shame and confusion. This exemplifies what Judith Herman called complex PTSD, where the shame is not only a response to the cut (in many cases that occurred in infancy, making it impossible to remember) but also to the cultural messaging the cut represents – that women's sexuality needs to be controlled (Herman, 1992, p.119).

Our bodies and minds internalize these cultural messages, leading to what Sara Ahmed calls "affective economies," in which socio-cultural forces shape bodily and emotional experiences. These responses can continue to exist even with an intellectual understanding of FGM/C as harmful and patriarchal (Ahmed, 2004, p.8). To many survivors of embodied violence, including myself, moments of intimacy become what Audre Lorde called the personal and the political intersection, where individual healing demands therapeutic intervention as well as cultural transformation (Lorde, 1984, p. 56).

DEBATES ON RATIONAL CHOICE AND BODILY AUTONOMY

A section of anthropologists and activists, especially from Africa, place FGM/C as an integral part of culture, ethnicity, heritage, and social identity (Arrey & de la Rosa, 2021). They ascertain that FGM/C is the rational choice of the women in the communities and is not imposed by men. They find that the practice's critics are ignorant or have been influenced by once-imposed cultural imperialism (Ahmadu et al., 2025). On the other hand, some theorists and activists approach FGM/C as a means of sexual monitoring and control, a violation of human rights, and an attack on bodily autonomy (Sridhar et al., 2025; Equality Now, 2025).

These views have a radical difference in their understanding of consent, agency, and choices made in the situations of social constraints. Similarly, women in my community also hold varying perceptions of FGM/C, shaped by varying experiences, circumstances, and priorities. For some, like my relative, FGM/C is a requirement of cultural belongingness and religious obligation, and they perceive the practice as a way to keep their daughters safe in the existing social context. For others like Thahira, she perceives that the practice hampers the sexual desire of women, and therefore she challenges and denounces the practice for their daughters' well-being.

As a survivor attempting to understand FGM/C from my own experiences and conversations within my community, I cannot see the practice as a rational choice. Choice requires agency, but I had none: that was not a choice I made; it was made for me. Mutilating my genitalia is a permanent physical modification that I cannot reverse. I consider it a grave injustice that I am compelled to endure. I will never experience the sexual pleasure that the clitoris offers. They infringe on my bodily autonomy. It was done to me when I was too young to consent.

It happened to many of us in Kerala, including me, when we were forty days old. FGM/C is performed on young girls in the Davoodi Bohra community between six and nine years old. In many other communities, FGM/C is carried out on teenage girls. I do not understand how FGM/C could be deemed a rational choice for young girls

of this age who are incapable of giving consent (Sahiyo, 2020; WHO, 2025). Here, the ethical concern I am raising is not whether an adult woman can perceive FGM/C as justified or not, but whether anyone has the right to mutilate the body of an infant or young child who cannot meaningfully consent (The Brussels Collaboration on Bodily Integrity, 2019).

I do not claim that my analysis is the only possible one, but I vehemently argue that no one possesses the right to mutilate another's genitals without meaningful informed consent. I also believe that this principle of consent should apply universally, regardless of cultural contexts. Adults may choose to alter their own bodies, but they cannot irreversibly alter the bodies of those who cannot consent.

CULTURAL RESISTANCE AND TRANSFORMATION

Butler's performativity theory suggests that practices like FGM/C reinforce gender norms but also create possibilities for resistance through their very need for repetition (Butler, 1990, p. 140). This section examines how survivors and activists navigate the possibilities of resistance while maintaining community relationships and extending solidarity to already oppressed communities within the existing political landscape. Here, cultural transformations around FGM/C can emerge through what feminist theorist Chela Sandoval calls "technologies of resistance", through practices challenging dominant cultural narratives and creating alternative ways of being (Sandoval, 2000, p. 54). Resistance can emerge at multiple levels, from individual consciousness-raising to community organizing to legal and policy advocacy.

Individual resistance emerges through multiple pathways shaped by various forms of knowledge and circumstances. For some like myself, feminist frameworks provide a language to resist FGM/C. For others, like Thahira, her concern for her daughter's marital well-being drives the resistance FGM/C. All of us draw from embodied knowledge of harm, often quietly, sometimes loudly challenging community leaders, community norms, and age-old traditions. It is not an easy act; it comes with a perpetual tension between cultural norms, safeguarding their children from abuse, preserving community ties while rejecting traditions, criticizing harmful practices, and extending community solidarity. Transformation happens when women and every other community member assess alternatives within their limitations and opportunities. Community-level resistance requires working within the communities' existing strengths and relationships to challenge harmful practices. An effective anti-FGM/C strategy calls for working within cultural contexts, rather than imposing external solutions. It requires community leaders who can advocate for change from a position of cultural authenticity and credibility.

International advocacy initiatives, such as Sahiyo, Equality Now, and We Speak Out, can provide significant support to local resistance efforts; however, if not handled carefully, they can raise complex questions about cultural imperialism and the politics of representation. Effective solidarity requires what feminist theorist Chandra Mohanty calls "decolonising feminism," in which external efforts can provide resources and support but should center the voices and leadership of women from affected communities (Mohanty, 2003, p. 88). The combination of these strategies has the potential to position resistance as a decolonial movement fueled by lived experiences.

Legal and policy approaches also play a significant role in cultural transformation, but require careful attention to implementation and enforcement. Laws prohibiting FGM/C can ensure protection, but if not accompanied by cultural education and community engagement, they also hold the danger of driving the practice underground, making it more unsafe for children. An effective resistance strategy should combine multiple approaches, ranging from individual consciousness-raising to transforming structural conditions. Such a strategy calls for creating coalitions across differences, centering the voices of survivors, and maintaining a commitment to justice and liberation (Tice, 2018).

WAY FORWARD

Thahira, a mother from my community who has not completed her high school education, chose not to perform FGM/C on her daughter. "With FGM/C, women lose sexual interest after a certain age, which will affect their marital relationship," she reasoned. "That is not something I want for my daughter." She was having this conversation in the presence of her teenage son, and she believes that having these dialogues with our male children is crucial since they can break patterns and cycles of violence. My mother, a postgraduate, thinks it is dreadful to have this debate with young males. She suggested that these dialogues must occur in "Mahall Committees" (the local Islamic social organization with a cathedral mosque, Juma Masjid, at its center). When I told her that women do not have a means of entry to Mahal committees, she proposed that we could hold similar discussions in Quran classes taught by women, and then the women present may break the pattern.

Thahira's and my mother's differing perspectives demonstrate that engagement with FGM/C defies educational stereotypes. Thahira, who has not completed high school, articulated a critique centered on women's marital well-being in a generational dialogue. My mother, a postgraduate, maintains different views shaped by her understanding of community institutions and religious education. These differences remind me that transformation emerges

through multiple pathways, shaped by diverse positionings. In the existing cultural context, young women often grow up without understanding their bodies, making it impossible to understand if they have undergone FGM/C. A comprehensive sex education and gendered approach in schools and higher education can help break this to an extent. However, it must be accompanied by cultural and community-level change.

Conversations about FGM/C are often short-lived in Kerala, lasting only a few days before fading from public consciousness. It is imperative to acknowledge, establish its presence, and keep the conversations alive. A friend of mine, an activist and survivor of FGM/C, points out that the path forward requires creating awareness about the practice's existence by examining both its religious and scientific dimensions. This dual approach can challenge false religious justifications and help people understand physical consequences. We can establish the existence of FGM/C in Kerala and sustain a discussion if more stories are shared; I believe that will be the first step in addressing the issue in Kerala. As Thahira said, patterns of violence can be broken if the young generation, men and women, engage in these conversations around FGM/C and other cultural practices violating the rights and dignity of women.

Activists must approach this issue with cultural sensitivity; it is beneficial to use language familiar to the community and grounded in faith traditions to point out that FGM/C is not an essential religious practice but rather a cultural one rooted in patriarchal control. Progressive Muslim platforms and collectives can serve as crucial allies in this work. Active community engagement should prioritize leaders, scholars, and women, enabling change to emerge from within community structures. This collaboration from within can strengthen the movement and reduce the extent to which Islamophobic, right-wing forces can co-opt the issue for their own political purposes. The fight against FGM/C has to be placed in the larger fight against gender violence and other embodied cultural practices of sexual control, like that of virginity tests in the Kanjarbhat community. It is a fight for women's bodily autonomy, active agency, and meaningful consent. There is an urgent need for anti FGM/C efforts to collaborate with national and international women's rights groups for resources and skills to support grassroots efforts while ensuring community members lead the efforts.

CONCLUSION

Through a feminist cultural critique, this paper examines FGM/C as a symptom and as a process of patriarchal systems that position women's bodies as sites of cultural control. The analysis situates FGM/C as both a personal and a political experience. It positions FGM/C as gendered oppression while offering hope of resistance and social transformation. The theoretical framework of feminist cultural studies enables the examination of practice at multiple levels, ranging from intimate family dynamics to global patterns of patriarchal control. This multi-level analysis avoids both individualistic approaches that limit the problem to particular cultures or families and structural approaches that erase the agency and resistance of women; instead, it combines individual stories with structural analysis. The personal narratives this research encompasses constitute a form of embodied knowledge that uncovers dimensions of FGM/C that theoretical frameworks may miss. Uncovering one's "cutting," managing familial relationships, and developing critical consciousness yields understanding that cultural transformation is possible. The expansion of community engagement and activism strategies outlined here recognizes that effective resistance to FGM/C requires approaches that work within and alongside existing cultural structures rather than simply opposing them. The most successful advocacy efforts combine respect for cultural values with clear commitments to ending practices that harm women and girls.

Future research and advocacy should emphasize the voices and leadership of women from affected communities, and efforts must be made to foster larger coalitions for gender justice. The struggle against FGM/C is linked to larger struggles for women's bodily autonomy and active agency. The possibility for cultural transformation is evident in the growing movement of women choosing different paths for their daughters, where they have ended generational violence, even at the cost of society's disapproval. This transformation requires continued commitment to individual healing and collective organizing, recognizing that the liberation of women's bodies from patriarchal control is profoundly personal and fundamentally political work. The insights generated through this analysis, about the intersection of love and violence, the complexity of cultural resistance, and the possibilities for embodied liberation, have applications beyond FGM/C to broader struggles for gender justice and human dignity. This analysis envisions embodied liberation in which women's bodies are recognized as sites of knowledge, pleasure, and power rather than objects of cultural control. To achieve this, there must be ongoing efforts from all levels, from individual consciousness-raising to policy advocacy to cultural transformation, guided by the voices and leadership of those most directly affected by these forms of oppression.

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Ethical statement

This study is part of a larger ongoing research project approved by the Institutional Human Ethics Clearance Committee of the University of Delhi. The research follows ethical principles of informed consent, confidentiality, and voluntary participation. Identifiable individuals mentioned in the paper (the author's mother and a community member, Thahira) provided oral and written informed consent for the inclusion of their identities and narratives. All other individuals referenced remain anonymized. The study is conducted with sensitivity toward survivors of FGM/C and the socio-political vulnerabilities of the community discussed.

Competing interests

The author declares no competing interests.

Author contributions

The sole author conceptualized the study, designed the theoretical framework, conducted the autoethnographic and qualitative analysis, collected and interpreted data, and wrote the manuscript.

Data availability

The data supporting the findings of this study are primarily based on personal narrative, reflective journaling, and sensitive conversations with community members. Due to the ethical considerations of confidentiality, safety, and the risk of harm to participants, the data are not publicly available. Limited anonymized excerpts may be made available by the author upon reasonable request, subject to ethical approval.

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Biographical sketch

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