



PREVALENCE OF FGM IN INDIA: A HUGE VIOLATION OF HUMAN RIGHTS IN THIS ERA

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of women/girls having FGM/C, more studies are needed. In particular, studies that focus on the role that cutting extent, circumstances surrounding the

cutting, and girls' level of knowledge of what was going to take place, and their relationships to psychological outcomes. A greater understanding of FGM will help women to unshackle the meaningless traditions and educate themselves about the ways of preventing such acts in the future.

Keywords: Bohras, Barbaric Custom, FGM, PTSD, Preventive Acts;

Abstract

The Female Genital Mutilation is a barbaric custom and tradition among Bohra communities in India. It is a practice that some communities across the world follow. In India, it's mainly the Bohras – a sub-sect of Shiyas, who practice FGM, or Khatna. Female Genital Mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for medical reasons. The clitoris and/or labia of little girls is cut or mutilated with the belief that it would curb their sexual desire, and stop premarital sex. A number of complications including physical, emotional and psychological, are faced by girls who are victims of this distressing act. This is a taboo subject in India and is not openly discussed or opened among family members and societies. The male members are mostly unaware about the act. The purpose of this study is to bring light upon this gruesome subject of Genital Mutilation of pre-pubescent children (girls) and to spread awareness about the ill effects of the act and to empower and enlighten children and women about their rights. **Findings:** Eight of ten studies reported psychological consequences, such as Post-Traumatic Stress Disorder (PTSD) and affective disorders. Also identified were socio-cultural differences in the meaning of perceived consequences for different individuals. Two studies reported inconclusive results regarding the psychological impact of FGM/C on women's lives. **Key conclusion:** While these findings provide an indication of adverse psychological effects

Introduction

FGM is a hushed up, but it is a reality in India. Girls as young as six are being cut, their voices silenced and their lives scarred forever. A few of them, however, dare to speak out. Female Genital Mutilation/Cutting (FGM/C) or Khatna is reportedly practiced among a few sects including the Dawoodi, Suleimani, and Alvi Bohras and a few Sunni sub-sects in Kerala. The major states are Gujarat, Rajasthan, Madhya Pradesh, and Maharashtra. Given the public information available until now about the practice, FGM prevalence rates seem to be highest amongst Bohras, whose cumulative population is well over a million. Female Genital Mutilation (FGM) amongst Bohras in India has gained systematic public attention since 2012. The issue first rose to prominence because of two international legal cases on FGM against practicing Bohras in Australia and the US. We have since seen the rise of a strong survivor-led movement calling for an end to the practice of Khatna amongst Bohras. This anti-FGM movement seeks to end the practice through legal reform in India and by raising community awareness about the impact of the harmful traditional practice. Very few national-level field research studies have been published to understand the practice of Khatna in India. Supporters of Khatna often cite the 'lack of evidence' about the impact of FGM in India as a justification that it is not harmful and therefore should be continued. The Government of India too has used the lack of 'official data' to shirk its responsibility to



address or even acknowledge the existence of FGM in India. The current study contributes to the small body of existing research studies on FGM in India. It not only builds evidence of the existence of the practice in India today, but also seeks to document survivors' experiences of the harmful impacts of Khatna as practiced by Bohras.

In the past five years, the anti-FGM movement in India, specifically **WeSpeakOut** and **Sahiyo**, have shattered Bohra women's long-held silence surrounding Khatna, politicizing it, and pulling it out of the heavily guarded realm of "privacy." Consequently, we are beginning to witness a public retaliation from the more staunch Bohra religious leaders and followers, who are starting to organize a movement supporting FGM. This study hopes to build a body of evidence that would not only strengthen the case for ending FGM in India but also deepen our understanding of the cultural context surrounding FGM in India. That Bohra women have come out so publicly and vocally against a harmful tradition is perhaps unprecedented in the history of the community. While the media has been very responsive to their demands, the Government of India has hardly reacted. Aside from the National Commission for Women's support of the campaign for an anti FGM law, little else has been done. The Minister for Women and Child Development, Maneka Gandhi in May 2017, publicly announced the government's intention to pass a law banning FGM if the community did not voluntarily abandon the practice.

Types of FGM

FGM involves four procedures. What is practiced in India is type 1, which involves partial and or total removal of the clitoris and labia minora: narrowing of the vaginal opening: and other procedures like pricking: piercing, incising, scraping and cauterizing the genital area.

1. **Type I** – Also known as clitoridectomy, this type consists of partial or total removal of the clitoris and/or its prepuce.
2. **Type II** – Also known as excision, the clitoris and labia minora are partially or totally removed, with or without the excision of labia minora.
3. **Type III** – The most severe form, it is also known as infibulations or pharaonic type. The procedure consists of narrowing the vaginal orifice with creation of a covering seal by cutting and repositioning the labia minora or labia majora with or without the removal of

clitoris. The repositioning of the wound edges consists of stitching or holding the cut areas together for a certain period of time (for example, girl's legs are bound together) to create the covering seal. A small opening is left for urine and menstrual blood to escape. An infibulation must be opened either through penetrative intercourse or surgery.

4. **Type IV** – This type consists of all other procedures to the genitalia of women for non-medical purposes such as pricking, piercing, incising, scraping, and cauterization.

II.OBJECTIVES OF THE STUDY

The current study seeks to -

1. Estimate the extent and type of FGM practiced in India
2. Understand the cultural context surrounding the practice
3. Document the physical, psychological and sexual impact of FGM
4. Document the reasons behind Khatna

Literature Review

Historical and Cultural belief about FGM

The history of FGM is not well known but the practice dated back at least 2000 years. It was believed that it was practised in ancient Egypt as a sign of distinction amongst the aristocracy. Some believe it started during the slave trade when black slave women entered ancient Arab societies. Some believe FGM began with the arrival of Islam in some parts of sub-Saharan Africa. Overall, in the history, it was believed that FGM would ensure women's virginity and reduction in the female sexual desire.

In most of these countries FGM is a pre-requisite to marriage and marriage is vital to a woman's social and economic survival. It is believed by some African women that if their daughters are not circumcised would not get husband. This (FGM) harmful tradition has been guided by taboos from generation after generation.

FGM has been well-documented in countries including Egypt, Ethiopia and Indonesia; it has been shrouded in secrecy in India, where it is practised among the Dawoodi Bohra community and a Shia Muslim sect with origins linked to Africa. Through most common in African countries, FGM is also prevalent in India, Pakistan, Indonesia, Malaysia and in some countries in



the Middle East. While Muslims make up about 14 percent of India's population, FGM only occurs within this specific sect.

FGM: A Form of Abuse

Female genital mutilation (FGM) or female circumcision, according to the *World Health Organization*, include procedures that involves partial or total removal of the external female genitalia, or injury for non-medical reasons.

"Although female genital mutilation is associated with gender discrimination, our findings show that the majority of boys and men are actually against it," said *Francesca Moneti*, *UNICEF* Senior Child Protection Specialist.

Priya Goswami, *Director* – "A Pinch of Skin", a documentary on genital cutting adds that-There are a lot expatriate Bohras, settled in developed countries, which get their daughters to fly back to back to India to undergo genital cutting. They do have an understanding that something is not right about it and that it is increasingly coming under the illegal arena.

Health risks of female genital mutilation (FGM):

Women and girls living with FGM have experienced a harmful practice. Experience of FGM increases the short and long term health risks to women and girls and is unacceptable from a human rights and health perspective. While in general there is an increased risk of adverse health outcomes with increased severity of FGM, WHO is opposed to all forms of FGM and is emphatically against the practice being carried out by health care providers.

Short Term Health Risks of FGM

1. Severe pain: cutting the nerve ends and sensitive genital tissue causes extreme pain.
2. Excessive bleeding: (haemorrhage) can result if the clitoral artery or other blood vessel is cut during the procedure
3. Shock: Caused by pain, infection or hemorrhage.
4. Genital Tissue Swelling
5. Infections
6. HIV
7. Urination Problems
8. Impaired Wound Healing
9. Death
10. Psychological Consequences.

Long Term Health Risks from Types I II and III (occurring at any time during life)

1. Chronic genital infections
2. Chronic reproductive tract infections.
3. Painful urination

3.4 Social and Psychological Impact

FGM adversely affects woman's marriages as they are unable to enjoy a fulfilled married life. A mother who remained anonymous reported that, "I support the fight against FGM. I don't think I ever enjoyed sex in my marriage. I often wonder what it would have been like if I hadn't been cut. The sad part is I will never know."

Research Methodology

Descriptive research design was followed on the basis of information obtained as secondary data through different research papers and articles. Qualitative analysis was performed and the case studies of woman represented various geographical and socio-economic sections.

Analysis and Finding

A recent *UNICEF* report states that more than 200 million girls and women alive today have undergone FGM in 30 countries where the practices is prevalent. As many as 30 million girls are at risk of being cut before their 15th birthday if the current trend continues. FGM, which has been outlawed in many countries as a serious violation of Human rights, is still prevalent among the Dawoodi Bohra community in India. An educated and affluent group of people, Dawoodi Bohra are a sub-sect of Ismaili Shias. India has a rough estimate of 5 lakh Bohras- around half of the 10 lakh-strong spread across Maharashtra, Gujarat and Rajasthan. Around 90 per cent of Bohri women still undergo the archaic ritual.

At least 75% Bohra women admit female genital mutilation, says study While 33 per cent of female respondents said FGM has had an adverse impact on their sexual life, 10 per cent of the women reported having frequent urinary tract infections, and incontinence, with one reported case of excessive bleeding.

In countries with available data, *UNICEF* found that 67 per cent of girls and women and 63 per cent of boys and men oppose the continuation of the practice in their communities, while, in some countries, men oppose female genital mutilation more strongly than women.



UNICEF's research also reveals a possible link between a mother's education and the likelihood that her daughter will be cut. Among 28 countries with available data, approximately one in five daughters of women with no education has undergone female genital mutilation, compared with one in nine daughters with mothers that have at least a secondary education.

Victims of FGM, also known as Khatna among Bohris, often compare it to rape. For Johari, who belongs to the same community, the response to the trauma has been more of outright anger.

Preventive Measures And Law Enforcement

The United Nations has declared female genital mutilation a human rights violation but there is no ban in India. Young girls are still being taken to midwives and to doctors in Bohra-run hospitals.

In 2012, the **UN General Assembly** designated **6 February** as the **International Day of Zero Tolerance for Female Genital Mutilation**. This day is observed to enhance awareness of the issue and to encourage concrete actions against the practice.

Though 21 of these countries have some kind of law against FGM, only eight countries have countries have seen convictions of circumcisers and doctors.

FGM is also defined as a form of torture under the 1984 UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CATCID). CATCID defines torture as any "act by which severe pain or suffering whether physical or mental, is intentionally inflicted on a person for purposes including any reason based on discrimination of any kind".

There is *no specific law against law against FGM in India, but it would be an offence under the Indian Penal Code and the Protection of Children from Sexual Offences Act, 2012*. Under the IPC, all the people involved in the crime, including parents, will be held responsible, said advocate Piyush Singh Kasana, a partner at PSP Legal, New Delhi.

In December 2012, the UN General Assembly banned the practice of female genital mutilation.

The **Sustainable Development Goals (SDGs)** adopted by the UN General Assembly in September 2015 include a target calling for the elimination of all harmful practices, such as female genital mutilation and child marriage, by 2030.

UNICEF co-leads, along with the **UN Population Fund (UNFPA)**, a global programme to encourage elimination of female genital mutilation, and currently supports efforts in 17 countries.

Suggestions

The most vital element of preventing such gruesome and heinous crime is to educate people about the ill effects of the act. The grave situation of Bohri women could be abolished only through more and more awareness about the issue and accepting the fact that it is a gross violation of child and women rights. Strict measures must be taken and stringent laws must be passed for committing such crimes. A proper channel of keeping a check on the number of girls born in a Bohri Community must be reported and offenders if found guilty should be incarcerated.

Conclusion

Khatna in India is risky and harmful. The current documentation of women who have faced the act, have revealed some dark secrets of their life. The underage children and grownup women face physical, mental and emotional distress and often a damaged married life with complications in childbirth. The urgent need is to remove the stigma and taboo surrounding the practice and people not openly discussing it logically and scientifically. The need of the hour also encapsulates including men to be an active part of the Protest against FGM. Another section of the society which can majorly contribute to the prevention of FGM includes governmental support and coming up of Non-Governmental Organizations as well as International Organizations like WHO and UNICEF.

Education is the key operant in changing the mindset of people against Female Genital Mutilation and plays a significant role in empowering women, making them taking charge of their own lives and sexuality.

References

- [1] Journal of Reproductive and Infant Psychology, <https://www.tandfonline.com/doi/abs/10.1080/02646838.2014.949641>
- [2] Health Science Journal, <http://www.hsj.gr/abstract/female-genital-mutilation-3619.html>
- [3] Al-Zazeera website- What is Female Genital Mutilation,



<https://www.aljazeera.com/indepth/features/2017/10/female-genital-mutilation-fgm-171004101413764.html>

[4]YOURSTORY – Think Change India,

<https://yourstory.com/2017/02/female-genital-mutilation-india/>

[5]Scroll. In – Community Affair,

<https://scroll.in/article/861702/using-western-toilets-is-alien-to-our-culture-bohra-community-is-baffled-by-new-diktats>

[6]IndiaTimes.com,

<https://www.indiatimes.com/news/india/with-no-laws-extensive-female-genital-mutilation-among-muslim-bohra-community-in-india-is-scarring-women-for-life-339205.html>

[7]FGM National Clinical Group,http://www.fgmnationalgroup.org/historical_and_cultural.htm

[8]Half a Life: FGM- an article published in The Week Nov 9, 2014

[9]UN Publications <https://news.un.org/en/story/2016/07/534492-majority-oppose-female-genital-mutilation-countries-where-practice-persists-un>

[10]India's Dark Secret: an article of Mr. Harider Baweja in Hindustan Times,<https://www.hindustantimes.com/static/fgm-indias-dark-secret/>

[11]Indian Express Article by Shalini Nair <http://indianexpress.com/article/india/75-bohra-women-admit-female-genital-mutilation-study-5052869/>

[12]WHO: Health Risks of FGM,http://www.who.int/reproductivehealth/topics/fgm/health_consequences_fgm/en/