

The Clitoral Hood A Contested Site

Khafd or Female Genital Mutilation/Cutting (FGM/C) in India



A Project by: Lakshmi Anantnarayan, Shabana Diler, Natasha Menon

In Collaboration with: WeSpeakOut & Nari Samata Manch

Funded by: Maharashtra Foundation & Amplify Change



WeSpeakOut is the largest survivor-led movement to end Female Genital Mutilation/Cutting (FGM/C) amongst Bohras. Since its formation in 2015, it has been actively involved in campaigning within the community about the physical, emotional and psycho-sexual trauma caused by FGM.

It has been instrumental in spearheading a public conversation on the practice of FGM, which is secretive and done without consent of minor girls. This conversation has made the Bohra community confront how this practice, which is intertwined with notions of customs, tradition and religion, subjects its women and children to violence and violates their human rights. WeSpeakOut has also attempted to engage with the clergy, to push them to work towards putting an end to this century old regressive practice.

WeSpeakOut has petitioned to the Government, Women and Child Development Ministry, National Commission for Women and several other government and non-government bodies. It has also petitioned to the United Nations Human Rights Council and highlighted the prevalence on FGM in India urging for action against the practice.

For more information please visit: www.wespeakout.org



Formed in 1982, Nari Samata Manch (NSM) is an autonomous group of women who believe that empowering women is a political process. NSM works on addressing gender inequality and allies with progressive movements across Maharashtra for the same. Some of the issues NSM works on include: combatting gender based violence, sexual harassment, and gender sensitive counseling.

NSM became aware of the prevalence of Female Genital Mutilation/Cutting (FGM/C) in India since 2015. NSM believes that all religious practice in any religion should be examined from a gender justice framework and based on reason. In 2016, NSM felicitated Sahiyo for its work on FGM/C, through its 'Daughters of Maharashtra' award, which highlights women who have significantly contributed to gender equality. NSM continues to be committed to the issue of FGM/C in India through its support for the current study on FGM/C in India, which falls well within its mandate on gender equality.

For more information please visit: www.narisamatamanch.org

Research team: Lakshmi Anantnarayan, Shabana Diler, and Natasha Menon

Written by: Lakshmi Anantnarayan

Cover: Niket Kotecha

Copyright © 2018

Layout design and Print: Mudra, www.mudraweb.com

The Clitoral Hood A Contested Site

Khafd or Female Genital Mutilation/Cutting (FGM/C) in India

A Project by: Lakshmi Anantnarayan, Shabana Diler, Natasha Menon

In Collaboration with: WeSpeakOut & Nari Samata Manch

Funded by: Maharashtra Foundation & Amplify Change

Acknowledgements

We would like to first acknowledge our sincere thanks to all the 94 participants, (83 women and 11 men) who were willing and open to participate in the study and share with us sensitive, private, and often difficult experiences that they have been through. This study would not have been possible without their generosity and openness.

We would like to thank the independent referees who guided the ethical review of our study. Specifically, Dr. Manisha Gupte, Dr. Shirisha Sathe, Seema Kulkarni, and Hasina Khan have been invaluable for their consistent support and guidance through the entire process right from inception. We are grateful for their input in finalizing the research tools and informing our framework of analysis. We would also like to extend our thanks to Dr. Shyamala Vanarase, Dr. Vineeta Bal, Dr. Sanjyot Deshpande, Adv. Rama Sarode, Anjali Mulay, Milind Chavan and Preeti Karmarkar for their inputs during the institutional ethics review process organized by Nari Samata Manch.

Our deep and sincere thanks to Masooma Ranalvi of WeSpeakOut, for trusting the project, connecting us to several members in the community and consistently informing us about developments in the field. We are grateful to Sadhana Dadhich, Shubhangi Deshpande, and Preeti Karmarkar of Nari Samata Manch for recognizing the importance of the project and backing it right from the onset. Nari Samata Manch's support with administration and financial management was crucial. We would also like to thank Neil Tobin (Office of the UN High Commissioner for Human Rights, Gaza) for his valuable input on the report.

Finally, the project would not have been possible without the financial support from Maharashtra Foundation and Amplify Change. Our sincere thanks to Maneesha Kelkar for her guidance and her belief in the project. We would also like to thank Louise Wetheridge, David Bailes and Jackie Eldridge of Amplify Change for their support.

Contents

| | |
|--|-----------|
| Glossary | iv |
| Executive Summary | 1 |
| Introduction | 6 |
| Methodology | 9 |
| Demographic Profile of the Sample | 11 |
| Background and History of Bohras | 17 |
| Prevalence and Extent of FGM/C Amongst Bohras | 21 |
| Personal Experience of <i>Khafd</i> | 27 |
| • Memory of <i>Khafd</i> | 27 |
| • Age, Time and Location | 28 |
| • Role of Men | 29 |
| • Reasons given to Children | 31 |
| Type of FGM/C Practiced in India | 35 |
| • Type of FGM/C practiced by Bohras | 35 |
| • Traditional Circumcisers | 40 |
| • Medicalization of FGM/C | 41 |
| Impacts of <i>Khafd</i> (Type 1a,1b & Type 4 FGM/C) | 45 |
| • Immediate Physical Impact | 46 |
| • Long-term Physical Impact | 46 |
| • Sexual Impact | 50 |
| • Psychological Impact | 57 |
| • No Long-term Impact | 62 |
| Reasons for Practicing <i>Khafd</i> | 64 |
| • <i>Khafd</i> and Religion | 65 |
| • Equating FGM/C with Male Circumcision and therefore physical hygiene | 70 |
| • <i>Khafd</i> as an Initiation Ceremony and part of Bohra Identity | 72 |
| • <i>Khafd</i> to ensure Sexual Control | 73 |
| • Community Pressure | 75 |
| FGM/C (<i>Sunnath Kalyanam</i>) in Kerala | 78 |
| Trends in FGM/C in India | 80 |
| FGM/C in India: A Human Rights Issue | 83 |
| Conclusion and Recommendations | 86 |
| Annex 1 - Bibliography | 89 |
| Annex 2 - Research Tools | 94 |

Glossary

1. *Aamil*: An administrator, agent (in this case of the family of the Bohra religious institution)
2. *Anwar*: Best friend/Bridesmaid (someone who explains things about sex during/at the time of marriage)
3. *Bayaan*: Detailed meetings conducted by Bohra priests or their family members where various religious/ social concepts are explained at length
4. *Bensaab*: Priest's wife
5. *Boo Sahib ka Sahifa*: A book written by the previous Syedna's wife, which prescribes religious norms of cleanliness and behavior for Bohra men and women
6. *Dadi*: Paternal Grandmother
7. *Daawat*: Bohra community
8. *Dai/ Dai al Mutlaq*: The leader who has been appointed by declaration in the absence of the Imam, who is in seclusion; also known as Syedna
9. *Daim Ul Islam*: A book written by Quazi Nomaan, which highlights religious practices to be followed by Bohra men and women
10. *Dargah*: A shrine built over the grave of a revered religious figure, often a Sufi saint
11. *Faiji*: Paternal aunt, father's sister
12. *Farz/Farziyat/Farizat*: Obligatory/Compulsory
13. *Fatemi Dawat*: Bohra community
14. *Fatwa*: A religious order issued by the head priest
15. *Galli*: A neighborhood alley or road
16. *Gol Roti*: Jaggery and Bread (*chappati*)
17. *Hadith*: The narration of an event from the life of Muhammad, the Prophet of Islam
18. *Haraam*: An Arabic term meaning "forbidden". In Islamic jurisprudence, *haraam* is used to refer to any act that is forbidden by Allah
19. *Iddah or Iddat*: A customary practice imposed on women who are either widowed or divorced where they are expected to remain in total seclusion and dressed in white clothes for three months
20. *Istinja*: The Arabic term for cleaning whatever has been passed from the urethra or anus with water, toilet paper or both
21. *Ithm*: Harm in Arabic
22. *Jamaat*: Gathering or congregation; place of gathering
23. *Janaab*: Term of respect used to address the religious priest
24. *Jijiya*: *Nagri - Sitabi* for mother and baby
25. *Khad-e-moham-masjid*: People who clean the mosque
28. *Khafd* (pronounced as *Khafz*): The practice of circumcision of the girl child
29. *Khatna*: The practice of circumcision of the boy child
30. *Khatna No Sehro/ Khatna Na Sehra*: After the boy is circumcised, if there is a wedding of any relative in the same year, then the boy is also garlanded along with the bridegroom as a customary ritual. This is done as a celebration of the boy's circumcision
31. *Kothar*: Religious institution of the Bohras
32. *Maa Fatema*: She is the daughter of the Prophet Mohammad and the wife of Ali and is considered very pious and noble and a role model for all Muslim women
33. *Matham*: A kind of mourning done during the first month of the Islamic lunar calendar year, which is called *Muharram*. It is a customary ritual practiced mainly by Shias in memory of Hussain Ali, who was the grandson of the Prophet Mohammad and was killed during the war of Karbala.
34. *Majalis*: In its technical sense, it is a meeting, a session or a gathering usually organized by women.
35. *Maqfi*: Secret
36. *Marqas*: A smaller mosque
37. *Masjid*: A mosque where Muslims offer their prayers
38. *Mayyat dhowawallah*: People who wash dead bodies
39. *Menege*: A group of friends who meet regularly like a kitty party
40. *Mithi Sithabi*: A ritual performed in memory of *Maa Fatema*, mainly for girls of the family where other girls are invited and treated to a meal together and are also given small gifts on different important occasions.
41. *Moharram*: The first calendar month of the lunar calendar year which is followed by the Muslims.
42. *Momeen*: People who follow all the religious tenets of the community as per Islam
43. *Misaaq*: A ceremony meant for boys and girls amongst the Bohras when they come of age and then take the vows to abide by the religious norms
44. *Mullah/Maulvi*: The religious head or leader
45. *Naaq Vindavanu*: Piercing of the nose
46. *Nani*: Maternal Grandmother
47. *Namaaz*: Prayers that are offered by Muslims five times a day
48. *Niqah*: The marriage ceremony in the form of a contract between the husband and the wife
49. *Ozzati*: Women from barber community who also perform FGM/C in Kerala
50. *Paaq*: Purity
51. *Paaq Thaavaanu*: To become pure/clean

52. *Purdah*: The custom in some Muslim and Hindu communities of keeping women in seclusion, with clothing that conceals them completely when they go out
53. *Quran*: The holy book of Muslims
54. *Rasulullah*: The name of respect given to the Prophet Mohammad
55. *Ridah*: A kind of dress worn by Bohra women to cover themselves from other men; akin to a *burkha*
56. *Ramzaan*: One of the months of the lunar calendar when people fast the entire month
57. *Razaah*: Permission
58. *Sabaq*: Lecture or discussion undertaken by the head priest or his wife
60. *Sahifo*: Bohra religious book prescribing the norms to be followed and prayers that are to be recited along side
61. *Salwaat*: A form of a prayer
62. *Satranji*: A carpet placed on the floor on which people sit
63. *Sawaab*: Goodwill or doing good deeds
64. *Sayyam ma rahen*: Stay in control
65. *Sharia/Shariat*: Orally transmitted religious laws of Islam
66. *Sharbat*: Juice
67. *Sheikh*: Religious priest/ important person
68. *Sunnat*: Recommended/Optional
69. *Sunnath/Sunnath Kalyanam*: Male Circumcision (in Malayalam)
70. *Taharat/Thahaarat*: Ritual Purification
71. *Thaal*: A big plate which is used among Bohra households for the commensal meals
72. *Triple talaq*: Instant divorce
73. *Urs*: is the death anniversary of a Sufi saint in South Asia, usually held at the saint's shrine or tomb (*dargah*).
74. *Wuzu*: A kind of cleaning ritual practiced just before performing prayers
75. *Ziyaarat*: Pilgrimage

"I got so scared. I just kept my mouth shut."

Sana, a 49-year-old woman from a medium city, cut at age 7

"So I said, "Today no madrassa, no school and Dadi is taking me out!" It was a very unusual thing. Then we went and I saw that all the women, all my friends from the madrassa, everybody was there.

It was in a closed room. Six people were there. My friends from the madrassa were there and all the old ladies ('buddhies') of the community who do this (Khafd) were also there.

Two women held me... and they closed my eyes so that I could not see what was happening... I had never been touched in that place before ... I still get shivers down my spine when I recall that [laughs nervously].

There was blood and immediately lots of turmeric is applied and then they put a diaper sort of a cloth thing.

One minute I cried. I told you that I was a very quiet child. I got so scared. I just kept my mouth shut. I just kept quiet.

I don't remember who picked me up from there...it was my dad or my elder brother... or my sister. I don't remember who it was but I remember somebody carrying me from that place to my house. And my mother put me to sleep. I was so traumatized that I went to sleep.

...Pain, no....I don't remember that. I think the mental trauma, the mental thing was more rather than the physical thing."

Executive Summary

“At present there is no official data or study (by National Crime Records Bureau, etc.), which supports the existence of FGM in India,”

Affidavit submitted by the Ministry for Women and Child Development to the Supreme Court of India on December 2017

Introduction

Female Genital Mutilation/Cutting (FGM/C) 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/C 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 *Khafd* amongst Bohras. This anti-FGM/C 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 *Khafd* in India. Supporters of *Khafd* often cite the ‘lack of evidence’ about the impact of FGM/C 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/C in India.

The current study contributes to the small body of existing research studies on FGM/C 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 *Khafd* as practiced by Bohras.

Objectives

The current study seeks to:

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

Methodology

This qualitative study utilized a multi-site case study research design. Purposive maximum variation sampling along with snowball sampling methods were employed to identify participants. This sampling strategy ensured that participants represented: a) diverse positions on *Khafd* (those who support and oppose *Khafd*), b) varying socio-economic levels, c) diverse geographical locations (big city, medium city, small town), d) different age groups, e) different religious sub-sect affiliations (Reformist, Conformist, Alvi Bohras, etc.), and f) marital status. The study used semi-structured interviews to collect in-depth qualitative data.

Sample

The study included responses from 94 participants of which 83 were women and 11 were men. Data indicated that 81 women in the sample had been subjected to *Khafd*. A core strength of the sample is the representation of diverse positions on *Khafd*. Specifically, 43% of participants opposed *Khafd* and 37% supported *Khafd*. Additionally, 16% of the participants who previously supported *Khafd* had since changed their position to oppose it and 4% remained undecided.

Indian participants were from thirteen locations across five states in India: Gujarat, Madhya Pradesh, Maharashtra, Rajasthan and Kerala. Additionally, Bohra expats from three countries (Canada, United Arab Emirates, and the United States of America) participated in the study. The sample also included traditional circumcisers, healthcare professionals, and teachers.

Key Findings

Type: A majority of Bohras practice Type 1 FGM/C (partial or total removal of the clitoris and/or clitoral hood/prepuce). Though supporters of *Khafd* in India claim Bohras only practice Type 1a (removal of clitoral hood only) and Type 4 FGM/C (pricking, piercing, cauterization), participants in the study (including a medical doctor (OB-GYN) who observed *Khafd* in his Bohra patients) reported that both Types 1a and 1b (partial or total removal of the clitoris and/or clitoral hood) are commonly practiced with very few cases of Type 4 FGM/C.

Prevalence: The data revealed that 75% of daughters (aged seven years and above) of all respondents in the sample were subjected to FGM/C. Girls are usually subjected to *Khafd* when they are about seven years old.

Impact:

- *Khafd* was remembered as a painful experience by 97% (n=62) of women in the study. Women reported painful urination, physical discomfort, difficulty walking, and bleeding immediately following the procedure. Some women suffered from recurrent Urinary Tract Infections (UTIs) and incontinence in the long-term.
- A key contribution of this study is that it is one of the first studies to document the sexual impact of Type 1 FGM/C. Approximately 33% of women subjected to *Khafd* in the study believe FGM/C has negatively impacted their sexual life. Low sex drive, inability to feel sexual pleasure, difficulty trusting sexual partners, and over sensitivity in the clitoral area were some of the problems identified by several women.
- Amongst the psychological consequences of FGM/C, many participants in the study reported feelings of fear, anxiety, shame, anger, depression, low self-esteem, and difficulty trusting people as some of the fallouts of their FGM/C experience.

Reasons: The main reasons as stated by participants for the continuation of FGM/C are:

- To continue with an old traditional practice
- To adhere to religious edicts (*Sunnat/ Shariat*)
- To control women's sexual behavior and promiscuity and
- To abide by the rules stated by religious clergy

Circumcisers and Medicalization: Many Bohra women and girls undergo FGM/C which is performed by traditional circumcisers. Study data suggests a trend of increasing medicalization of FGM/C (performance of FGM/C by medical professionals including doctors and nurses) in urban areas in India. While all economic classes practice *Khafd*, FGM/C in medical facilities is being pursued mainly by upper-class Bohra families.

Men's Role: Bohra men do participate in *Khafd* (actively and passively) and have an integral role in its maintenance and/or propagation, both at the personal and the political levels.

Abandoning FGM/C: A variety of factors influence abandonment of FGM/C:

- Younger women from big cities are more likely to be against FGM/C than those living in less urbanized areas.
- All mothers who refused to subject their daughters to FGM/C in the study had high education levels (Post-graduates (Master's degrees) and/or higher).
- Diverse personal networks and economic independence from the Bohra religious community are key factors in a family's ability to renounce FGM/C.
- More Reformists are abandoning the practice compared to Conformist Dawoodi Bohras

Current Trends: Two trends emerged from the analysis:

- India is viewed as a hub for the performance of FGM/C on Bohra expat/foreign girls. This is primarily due to the recent legal action on FGM/C amongst Bohras in Australia and USA, and the lack of an anti-FGM/C law in India.
- Increased anti-FGM/C advocacy, media attention, and directives from the religious authority, is forcing the practice underground in India.

Recommendations

- The Government of India must stop denying the existence of *Khafd* and act to end it. The harmful traditional practice violates several of India's obligations under numerous international treaties and violates many rights of women and girls enshrined in the constitution. Anti-FGM/C legislation must primarily target providers of *Khafd*.
- A targeted, grassroots level outreach program needs to be implemented reaching younger women (19-30 years) in medium cities and small towns with higher concentrations of Bohras.
- There was a lack of information and need for education around sexuality and sexual health amongst both young and older women.
- Many mothers who cut their daughters shared that they were worried for the safety of their daughters in the days after *Khafd* and worried about how their daughters would handle the immediate pain. It was clear that none of them intended harm. This is a big point of entry for dialogue on the impacts of *Khafd* with mothers.
- Several women respondents who did experience challenges in their sexual lives because of *Khafd* expressed an urgent need for a closed safe group for survivors to share experiences and build a support network.
- It is important to work with men, especially young men and formalize a space to politicize their role in stopping FGM/C.
- Economic reasons largely drive traditional circumcisers to perform FGM/C. Traditional circumcisers must be informed about the harms of FGM/C and trained in alternative income generating activities that are more remunerative. They must be encouraged to "lay down the knife" and be fostered to become leaders in the anti-FGM/C movement.
- Considering the increasing tendency and interest in medicalizing FGM/C in India, the Indian Medical Association needs to be called on to issue a zero tolerance policy on FGM/C. FGM/C violates a fundamental code of medical ethics, which is "First do no harm."
- Awareness needs to be raised of medical doctors who serve Bohra patients. Non-Bohra doctors serving Bohras need to be educated about FGM/C as their awareness of the practice is very poor. Anti-FGM/C doctors especially pediatricians must be trained to also counsel Bohra patients (parents of five or six-year old girls) about the health consequences and risks of FGM/C.
- A multi-disciplinary research study on the psycho-sexual and physical health impacts of Type 1 FGM/C in India is urgently needed.

Conclusion

Khafd in India is risky and harmful. The current research revealed very powerful and moving accounts by over 30% of women who strongly felt that *Khafd* had affected their sexual life. For all we know, more women suffer in silence owing to the stigma surrounding women talking about their sexuality. In addition, several women shared their painful experiences of long-term psychological and physical harm from FGM/C.

Parents who support FGM/C in India need to understand that while they may not intend harm, harm is exactly what they risk when they subject their daughters to *Khafd*. Therefore, now may be a very good time for us to reimagine ritual purification ceremonies that celebrate Bohra girls, their unique identity, health and well-being, devoid of *Khafd*.

“I had feelings of anger soon after my Khatna was done... but after that I have not had any such hard feelings.”

Lamiya, 29-year-old woman, medium city

“I was cut by a traditional cutter. I was in pain for almost six to seven days. I was also bleeding for two to three days. But I don’t remember clearly. It was quite painful. There was also a burning sensation and I had a problem in walking around for two to three days.

I remembered it (my Khafd) occasionally for the first two years and kept feeling why it had to happen to me and why was I taken for this procedure? I had feelings of anger soon after my Khatna was done when I was irritated with my mom but after that I have not had any such hard feelings.

My mom explained to me that it has to be done. Just like a doctor performs some procedure for resolving a problem and we do not question the doctor; likewise, even in this procedure we cannot ask that aunty why you did this to me? It is for our general well-being and benefit. That’s how my mom helped in changing my mind.

I was given some positive messages soon after my Khatna was done, after which I felt that I am also like others and all girls undergo this process and so no wrong has been done to me. That made me satisfied.

I do feel sometimes that my daughter should not suffer as much as I did but nowadays doctors are doing it and so if they give medicines for healing and reducing the pain then my daughter will not go through that kind of pain which I had to undergo.

I will definitely get it done for my daughter because it is necessary, be it at the level of community or religious purpose or identity purpose. Since all people around me have got it done, I will also get it done for our daughter. I have still not spoken to my husband about it but he will also be of the opinion that if it has to be done for girls, it should be done. I know that it is necessary to get it done and so there is no issue of it being optional.

Yes, there could be some problems that other people have faced and so maybe they speak about it in the media... about the dangers but I have not thought about it in the context of my daughter.

I think there should not be a law banning the practice in India because anyways it is an optional thing and nobody is forcing you to get it done. So, it should be left to the choice of the people of whether they want to get it done or not for their daughter.

Syedna also does not force us. He says it is optional for us to get it done. It is usually done because people feel that it is good for us.

Karayenge to khuda khush hoga. To agar aapko unko khush karna hai to karwaon, warna mat karo. (If we get it done, we will please God. So if you want to please God then do it, if not don’t do it.)”

Introduction

In India, Female Genital Mutilation/Cutting (FGM/C) or *Khafd* is reportedly practiced among a few sects including the Dawoodi, Suleimani, and Alvi Bohras and a few Sunni sub-sects in Kerala. Given the public information available until now about the practice, FGM/C prevalence rates seem to be highest amongst Bohras, whose cumulative population is well over a million.

At the onset of this project (January 2017), research on FGM/C among Bohras was scant and dated. There was a single published article¹ and one unpublished study² that examined *Khafd* as practiced by Dawoodi Bohras. Later in 2017, as part of the activism to end FGM/C amongst Bohras, two additional reports were released on the topic. Sahiyo undertook the first large-scale online survey on the topic³ followed by a guide to eliminate FGM/C by WeSpeakOut and The Lawyers Collective⁴.

This study is the first qualitative national-level study of FGM/C amongst Bohras that seeks to understand how *Khafd* is practiced across India, the reasons behind it, the varied impact of FGM/C on women's lives, and the attitudes surrounding FGM/C.

In the past five years, the anti-FGM/C movement in India, specifically WeSpeakOut and Sahiyo, have shattered Bohra women's long-held silence surrounding *Khafd*, 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/C. This study hopes to build a body of evidence that would not only strengthen the case for ending FGM/C in India but also deepen our understanding of the cultural context surrounding FGM/C in India. To this end, respondents were chosen from both positions: those who support the practice, and those who oppose it. This study also hopes to contribute to the documentation about impacts of Type 1 FGM/C (partial or total removal of the clitoris and/or clitoral hood) specifically, as those who propagate Type 1 FGM/C are increasingly using the lack of such evidence as an argument to continue the practice.

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/C 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/C if the community did not voluntarily abandon the practice. No headway has been made since nor is there any political interest in pursuing such a law. On the contrary, on December 29, 2017, the Ministry of Women and Child Development responded to an inquiry by the Supreme Court (in a Public Interest Litigation case on FGM/C in India) stating that "there is no official data or study which supports the existence of FGM/C in India."

1 Ghadially, R. (1991). All for 'izzat': The practice of female circumcision among Bohra Muslims, *Manushi*, 66

2 Shah, F. (2008). A qualitative study of FGM/FGC among Dawoodi Bohra Community.

3 Taher, M. (2017). *Understanding female genital cutting in the Dawoodi Bohra community: An exploratory survey*. Mumbai, India: Sahiyo.

4 Lawyers Collective & Speak Out on FGM (2017). *Female genital mutilation: A guide to eliminating practice of FGM in India*. New Delhi: Lawyer's Collective.

The current administration's abysmal record on the rights of minorities is a worrisome context in which to be pushing this legislative campaign forward. Nevertheless, the larger movement for Muslim women's rights has paved the way with its recent ground-breaking achievement in the *triple talaq* (instant divorce) verdict in the Supreme Court of India. However, it continues to face obstacles with the "Muslim Women (Protection of Rights on Marriage) Bill, 2017," which is a draft legislation that attempts to criminalize husbands who resort to *triple talaq*.

Navigating the current landscape to advance minority women's rights is a tricky balancing act between safeguarding women while not further marginalizing a minority group and not falling prey to the narrow political interests of anti-Muslim, fundamentalist groups. Stronger relationships between anti-FGM/C groups and Indian Muslim women's groups and the larger women's movement in India could prove mutually beneficial to all.

Lastly, as women who support FGM/C in India, embark on building a religious case for the continuation of the practice, we urge them to keep an open-mind to the narratives of the numerous women who believe they have experienced harm because of Type 1 FGM/C. We hope this study creates space for constructive dialogue between those who support *Khafd* and those who oppose it.

A Note on Terminology

Throughout this report, we have used *Khafd* (Arabic for FGM/C; pronounced as 'Khafz') and Female Genital Mutilation/Cutting (FGM/C) interchangeably.

We refrain from using the word *Khatna* in the report unless respondents themselves have used it in their narratives. *Khatna* connotes male circumcision in Arabic. Supporters of FGM/C often have interpreted religious texts that require *Khatna* (male circumcision) to be applicable to women. Calling it *Khatna* also confuses FGM/C with male circumcision. This is a problematic interpretation/ extrapolation of the word. We, therefore, believe it is important to stop using the word *Khatna* for the practice and refer to it as *Khafd*, the Arabic word for FGM/C. We believe *Khafd* needs to be seen as distinct and different from *Khatna*.

We also refrain from using the word "female circumcision" as far as possible as it lends legitimacy to a practice that is in fact harmful and a violation. The use of the word female circumcision also automatically draws parallels with male circumcision, which is popularly seen as harmless and hygienic. Calling it female 'circumcision' could unintentionally assign these same attributes of hygiene and harmlessness to FGM/C also.

“One of my friends told me that my mother had taken my daughters to get them cut. I couldn’t believe it.”

Rubina, 38-year-old woman, medium city, Alvi Bohra

“They took me to the house nearby. They had not told us. My cousin sister and me were circumcised the same day. Both our mothers were with us and two to three ladies who were going to do the procedure.

They held me down and I was wondering “what are they doing to me?” If I asked, I was told they were doing nothing and was asked to keep calm and quiet and let them do their job. They finished their job and put some red ointment on me so that I have no pain. They showed me the portion of skin they had cut. They kept it in a bowl. I do remember crying a little when they cut me and I felt a little pain, but because they had distracted me I didn’t realize or feel much of it.

At that age of seven, I was blank and had no clue what this is. My mother told me later that this is something that we as ladies must do. My grandfather was a part of our community leaders immediate circle and he came from a big influential family and hence we had to do this procedure. It was a compulsion.

After several years my mother took my daughters also for Khatna. She had not informed me about it. She didn’t tell me because I would have refused it had I known. I was scared myself. After my experience, after what I went through, I didn’t want my daughters to face the same. But she simply took them with her and got them cut and brought them home.

My mother lives in the city area and she asked me to bring the girls to visit. I thought maybe she had some work with them so I took them. She asked me to wait in the house while she took them for a stroll or to buy some goodies for them. My mother took both the girls to the house of the person who does the circumcision. When she took them there, one of my friends whose daughter was cut just a day prior, came and told me that my mother had taken my daughters to get them cut. I couldn’t believe it. I was tense, worried that my girls will go through the same pain as I did. Later when my girls returned, my younger daughter told me nothing happened, while the elder one told me she had a little pain.

I questioned my mother why she didn’t tell me she was taking the girls? She said if she had told me, would I have allowed her to take them? She said she had decided that she would make sure she gets the girls circumcised and hence she didn’t tell me.”

Methodology

Research Design

Since the focus of the study was to get a better and deeper contextual understanding of FGM/C amongst Bohras, a multi-site case study research design was adopted^{5,6}. The multiple site approach was taken to reflect the geographical dispersion of Bohras in India and abroad. A case-study comparative research was adopted to allow the comparison of the responses of different participants within the sample across different topics such as support for FGM/C and impact of FGM/C⁷.

Sampling

Purposive maximum variation sampling along with snowball sampling methods were employed to identify participants. This sampling strategy was used to ensure variability and representativeness in the diversity of positions on FGM/C (those who support and those who oppose FGM/C), socio-economic status, geographical location (big city, medium city, small town), age, religious sub-sects (Dawoodi, Alvi Bohras, etc.), and marital status. The sample also included traditional circumcisers, healthcare professionals, teachers, and Bohra men in addition to women. The primary inclusion criteria focused on Bohra women who were 18 years or older and had undergone *Khafd*.

Initially participants were identified from Indian states where substantial numbers of the Bohra community reside namely Gujarat, Maharashtra, Madhya Pradesh, and Rajasthan. During the course of data collection news broke on the prevalence of FGM/C amongst a sub-sect of Sunnis in Kerala and so the study later accommodated Kerala as well. Indian participants were from thirteen locations divided into big cities, medium cities, and small towns across five states in India. Additionally Bohra expats from three other countries (Canada, United Arab Emirates, and the United States of America) participated.

Data Collection

This study used semi-structured interviews to collect in-depth qualitative data on the practice of FGM/C in the Bohra community. This method was considered appropriate for this study as it allowed for the participants to themselves bring up sensitive topics such as the impact of FGM/C on their sexual lives, and/or their fears of social ostracism^{8,9}.

Semi-structured interview probes inquired about the FGM/C experience of each participant, the impact (physical, psychological, and sexual), their understanding of the rationale for *Khafd* and their opinions about anti-FGM/C efforts. Male participants were queried on their knowledge and awareness of FGM/C in the community at large and within their own family, and the reasons for the continuation of the practice. Circumcisers were interviewed to

- 5 Cresswell, J. W. (2003). *Research Design: Qualitative, Quantitative and Mixed-Methods Approaches*. Thousand Oaks, CA: Sage Publications.
- 6 Creswell J.W. (2007). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*: International Student Edition.
- 7 Newman, W. L. (2011). *Social Research Methods: Qualitative and Quantitative Approaches*. Boston, MA: Allyn & Bacon.
- 8 Corbin J., & Morse J.M. (2003). The unstructured interactive interview: Issues of reciprocity and risks when dealing with sensitive topics. *Qual Inq*. 9:335–54.
- 9 DiCicco-Bloom B., & Crabtree B.F. (2006). The qualitative research interview. *Med Educ*.40:314–21.

understand the FGM/C procedure as they perform it, their initiation into the practice of FGM/C, and reasons behind why they perform FGM/C. Medical practitioners were interviewed on the details of the procedure and the health consequences.

Face-to-face semi-structured interviews were conducted in participants' homes or at a place of their choosing. In a few instances when face-to-face interviews were not possible, interviews were conducted using audio or audio-visual conferencing.

Ethical Consent Procedures

Ethical consent forms (verbal and/or written) were administered to all participants. For participants, younger than 18 years of age, their informed consent along with their mother's was taken. Participants were assured that their data would be kept confidential and all personal information would be de-identified in any publications to protect their anonymity. All data in this report are anonymized to protect the identity of the participants except for Dr. Sujaat Vali, M.D., OB-GYN who studied 20 Bohra patients in his clinic during the course of our study. All names except for that of Dr. Sujaat Vali associated with narratives, quotes, and case studies printed in this report have been changed. Each participant was given the contact information of a psychologist who was available to provide psycho-social support and care if such need arose.

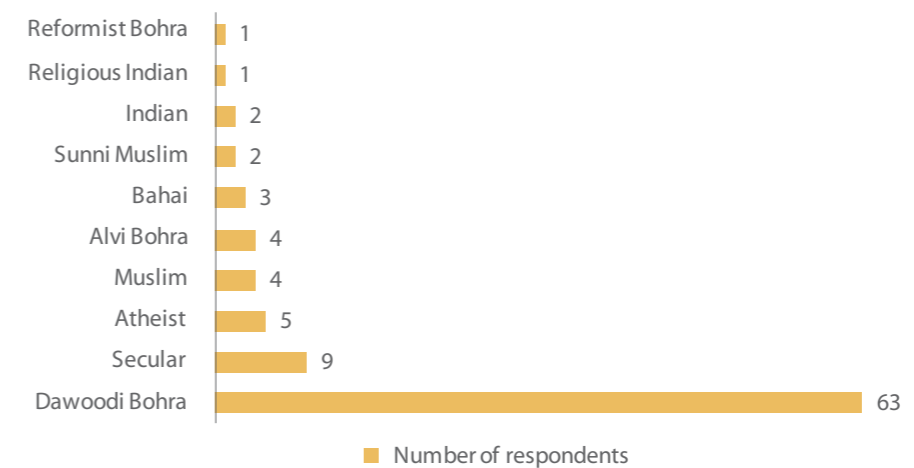
Data Analysis

Interviews were conducted either in Hindi, Gujarati or English. Interviews were then transcribed into English for data analysis. All raw data was organized into analytical categories using open and axial coding techniques. All members of the research team reviewed the transcripts independently to ensure reliability and validity of the codes and interpretation. We employed an analytic comparison method to reflect the similarities and differences across the different actors in the practicing community. Content from the narratives was analyzed thematically and direct quotes from participants were used extensively in the report. Descriptive and inferential statistics were performed on the quantitative data collected from the study participants.

Demographic Profile of the Sample

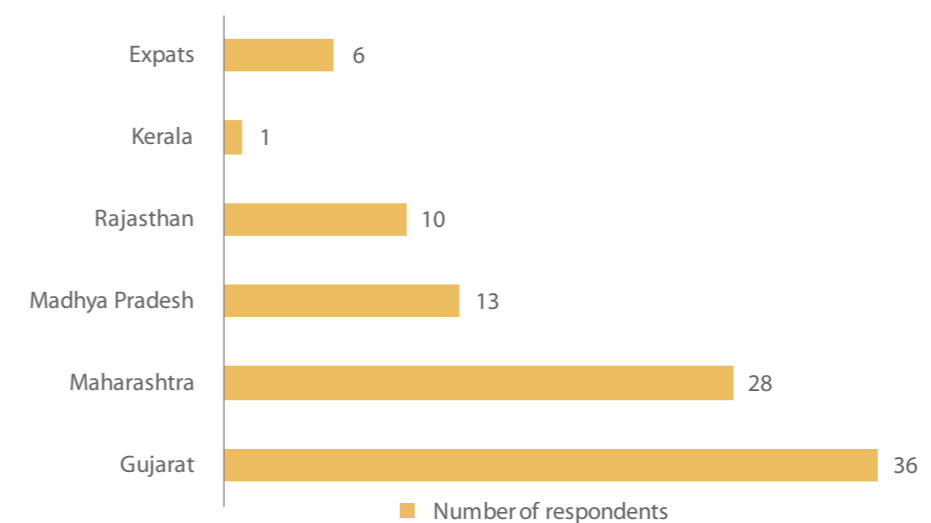
Religious/Cultural Affiliation

Of the total of 94 interviewees, 85 were born Dawoodi Bohra, 4 were Alvi Bohra, 3 Bahai, and 2 Sunni Muslim. However, when asked how they identify themselves culturally, participants' responses varied significantly (as listed in the graph below). Only 63 respondents (67.02%) identified themselves as Dawoodi Bohra and 16 respondents (17%) did not identify as religious.



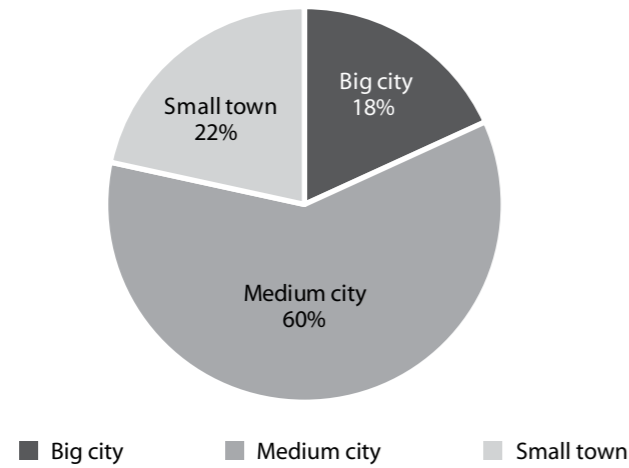
Geographic Location

Since the research study's primary focus was to enhance understanding of the practice of *Khafd* in India, 94% (n= 88) of the respondents live in India. Of the participants residing in India, 36 (38.29%) live in Gujarat, 28 (29.78%) live in Maharashtra, 13 (13.8%) live in Madhya Pradesh, 10 (10.6%) live in Rajasthan, and 1 (1.06%) lives in Kerala respectively. The non-resident Indians live in Canada (n=2), the United States of America (n=3), and the United Arab Emirates (n=1).



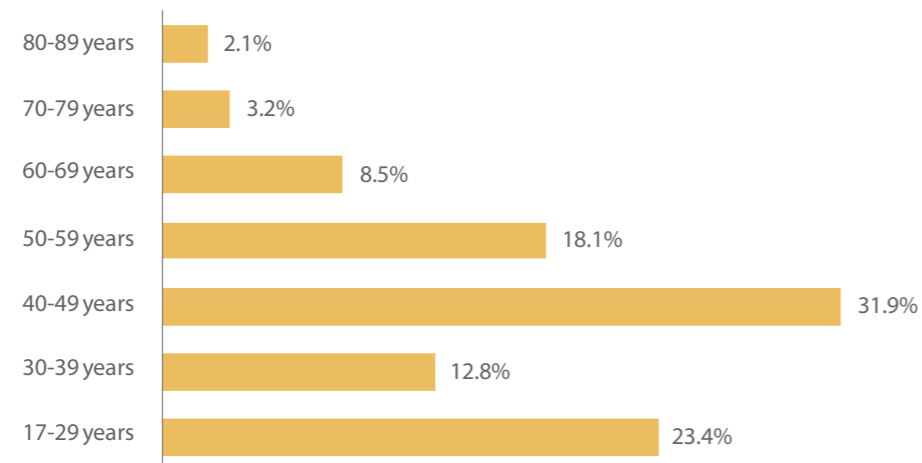
Size of Indian City

The Indian cities that the respondents belonged to were classified into three categories- Big city (Mumbai), Medium city (Pune, Ahmedabad, Baroda, Indore, Surat and Udaipur) and Small town (Bhavnagar, Dahod, Godhra, Ratlam and Selana). This categorization was based on the size, cultural diversity, and the metropolitan nature of the city. Of the sample living in India, 18% (n=16) lived in a big city, 60% (n=53) lived in a medium-sized city, and 22% (n=19) lived in a small town.



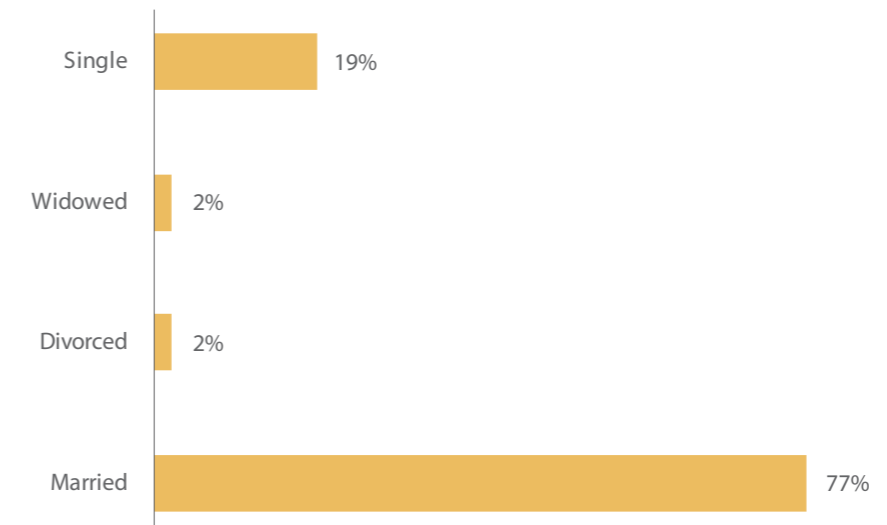
Age

The age of the youngest participant was 17 years and the oldest participant was 85 years. In the study sample, 22 participants (23.4%) were between 17 – 29 years, 12 participants (12.7%) were between 30 - 39 years, 30 participants (31.9%) were between 40 – 49 years, 17 participants (18.1%) were between 50 – 59 years, and 13 participants (13.8%) were over the age of 60 years.



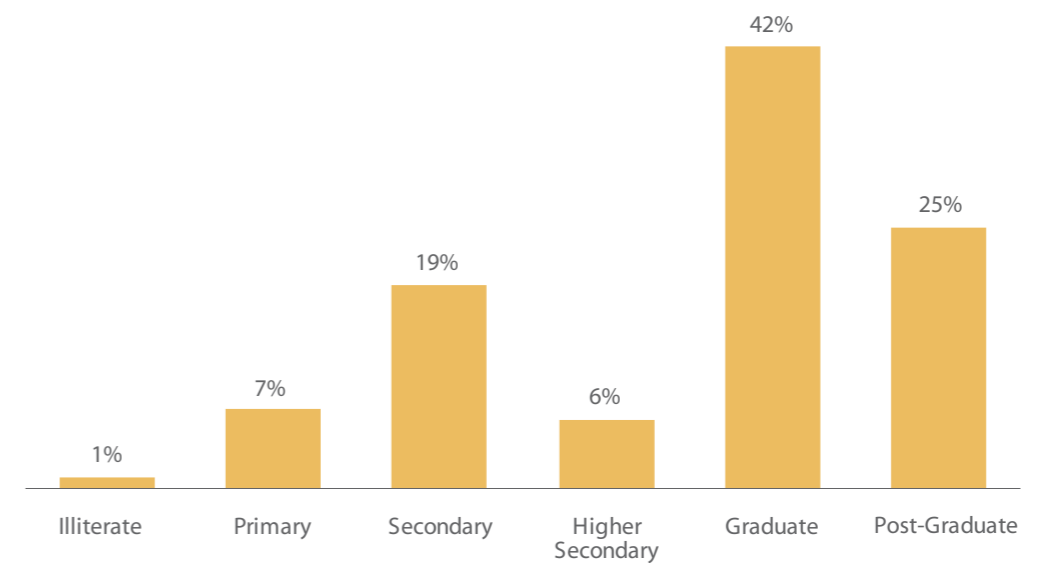
Marital Status

The majority of the sample was married (n=72) followed by participants who were single (n=18) and two participants each were widowed and divorced respectively.



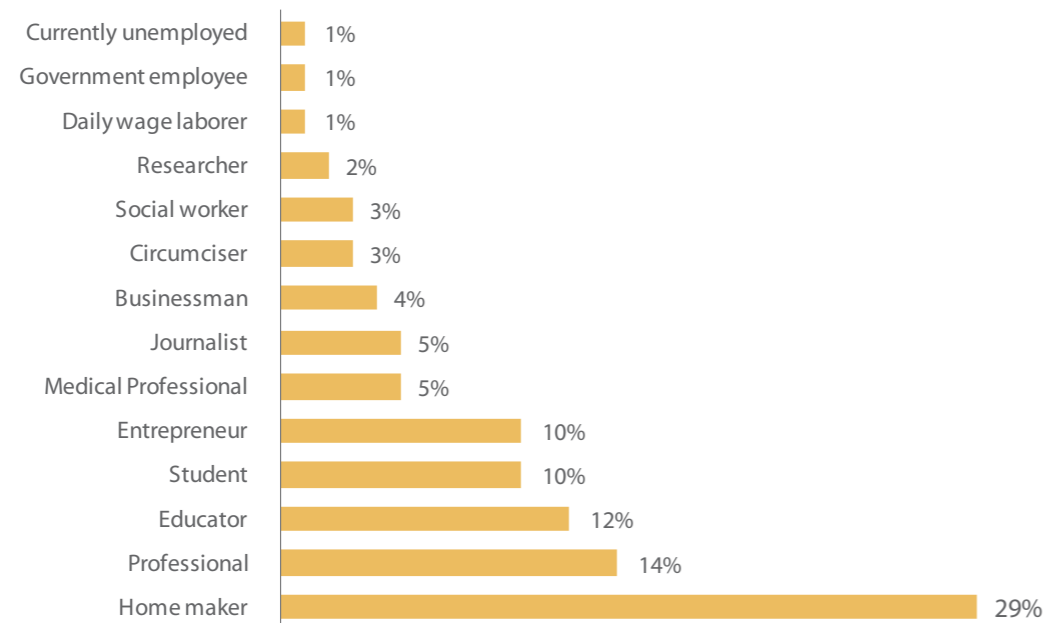
Education

Most of the study sample (n=39) reported having graduate level (Bachelor's degree) of education. Twenty-five percent (n=23) of the study sample were post-graduates (Master's degree). Efforts were taken to ensure that the sample also includes often sidelined, marginalized, and less educated Bohras. Of the 94 study participants, 32 participants had education lower than higher-secondary level.



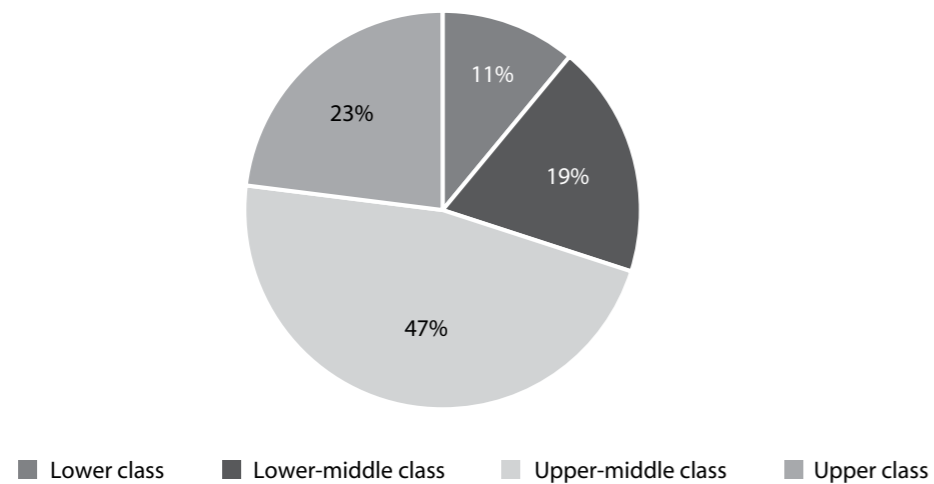
Occupation

The study sample included participants with a variety of occupations in different sectors such as government service, private business, non-profit sector, education and research, media, medical sector. Homemakers constituted 28.7% (n = 28) of the study sample. Significantly, this study also included three traditional circumcisers and five medical practitioners with either a history of performing FGM/C in the past or who are currently serving Bohra patients.



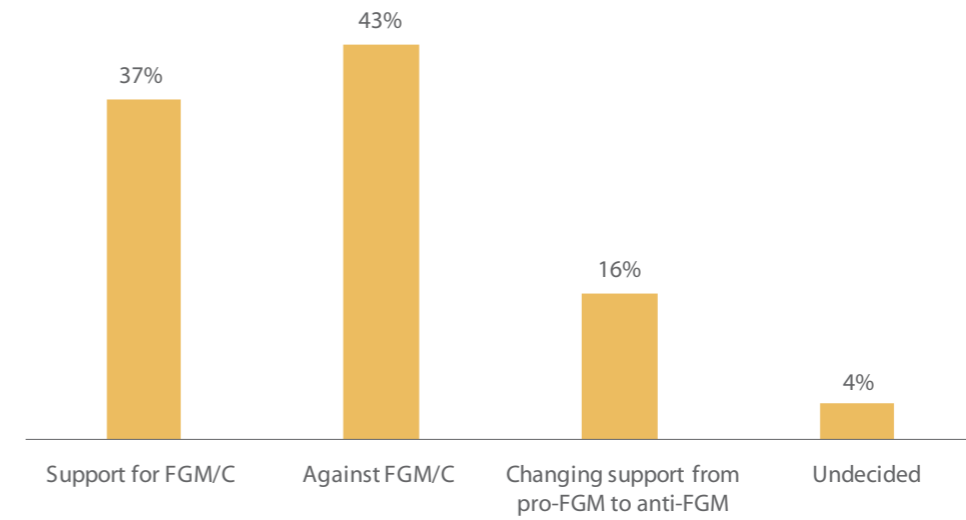
Economic Status

Economic status was classified into four categories: Upper, Upper-middle, Lower-middle and Lower class. These categories were developed based on information from the study participants on indicators namely ownership of home, occupation, education level, type of schools where children were enrolled and whether they had traveled abroad. While a large proportion of the study sample were from the upper-middle (n=44, 46.8%) and upper classes (n=22, 23.4%), 30% (n=28) of the study sample came from lower-middle class and lower classes.



Respondent's personal position on *Khafd*

The main strength of this sample is the diversity in respondents' personal positions on FGM/C. Thirty-five participants (37.23%) in the sample were supportive of FGM/C while 40 (42.5%) were clearly against FGM/C. Fifteen respondents (15.95%) in the sample were supportive of FGM/C in the past and had since changed their position from pro-FGM/C to anti-FGM/C. This group consists of parents who had subjected their daughters to FGM/C but are now against the practice. The main reasons behind the change in position of these respondents included: a) daughters' strong position against FGM/C and confrontations with parents, and b) daughters suffering pain and trauma because of FGM/C. The four respondents (4.25%) who were undecided were all young girls who were from medium sized cities or small towns.



“In our community it is said that we earn a lot of sawaab by doing Khatna for girls.”

Zubeda, 50-year-old traditional circumciser

“I first started doing small odd jobs in the medical line under the guidance of a doctor. I learnt this work (performing Khatna) specifically only after I got married. I was oriented first by my aunt-in-law and then by the doctor I worked with. The Bensaab trained me on how to do Khatna for children. I have been doing it for 20 years. A clergy member talked to me about it but there is no training as such given by them. My aunt-in-law used to cut girls with a blade and would apply black ointment after the cut. I learnt most of what I do in the medical line since I used to work in the medical field for many years.

Many people come to me. I may have performed around 500 Khatnas on people from abroad. Other doctors from other towns also send their local people to get Khatna done. Totally I must have done roughly 6000 Khatnas in the 20 years that I have been practicing, about 300 per year. I am aware that this practice has been banned in Australia and in America too. But then people come here to get it done. Now there are some people who are calling me to America for doing the Khatna there.

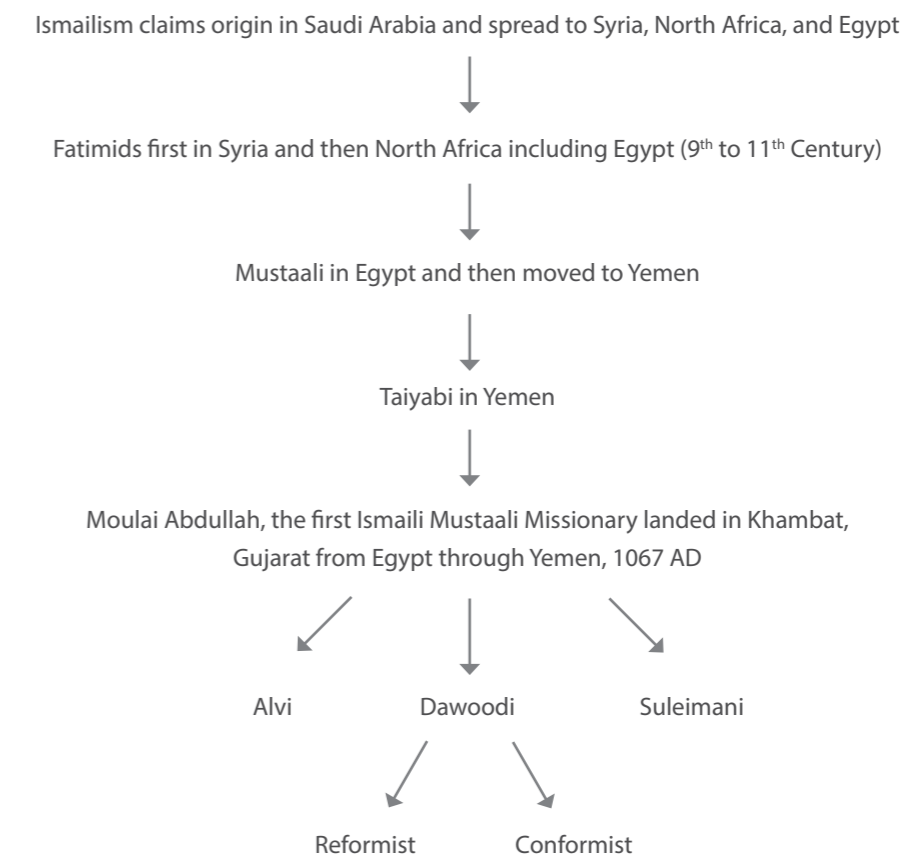
In our community it is said that we earn a lot of sawaab by doing Khatna for girls. I told my daughter (to learn to perform Khatna) but she lives abroad and so it is not possible for her to learn and take over the practice. So after me there is nobody to continue the practice in my family.

I have a ‘razaah’ or permission from the religious institution for doing the procedure. So I don’t need permission for doing every case. The religious institution recently met with practitioners and told us not to talk a lot about the practice. We can still practice it but not talk very openly about it.”

Background and History of Bohras

Abstract: This chapter explains aspects of Bohra history, their cultural and political identity that could be crucial to understanding how FGM/C came to be practiced amongst Bohras in the first place and the relevance it holds today.

Origins of the Bohra sect



The Fatimid Caliphate is a dynasty (which claims to be descendants of Fatimah, the daughter of Prophet Mohammad) that ruled large portions of North Africa from the Red Sea in the East to the Atlantic Ocean in the West around 909 CE. Egypt became the capital of the Fatimid Caliphate around 969 CE¹⁰. The Dawoodi Bohras trace their origin to Mustalis, an Ismaili Shia sub-sect that originated in Fatimid ruled Egypt and later shifted to Yemen¹¹.

¹⁰ <https://www.britannica.com/topic/Fatimid-dynasty>

¹¹ https://en.wikipedia.org/wiki/Dawoodi_Bohra

According to one legend, the last of the revealed Imams was Imam Tayyab (the 21st Imam)¹². He was a child when he succeeded to this position in 1131 A.D. and owing to persecution he went into seclusion. Because of the seclusion of Tayyab, a *Dai* (Missionary) was appointed to carry on the *Dawat* (Mission) of the Imam so long as he should remain in seclusion. The *Dai-ul-Mutlaq* or *Dai* was therefore, appointed by the Imam to look into all the administrative affairs. Each *Dai* appointed his successor. Until the 23rd *Dai* the seat of power was in Yemen, and since then the office moved to India, first to Sidhpur then to Surat (in Gujarat) and finally to Mumbai, where it continues to be based today. Dawoodi Bohras also refer to the *Dai* as the *Syedna*.

The Mustali made their way to India's West coast through missionaries who arrived in India at around 1067 AD. Given the prevalence of the Hindu caste system, Islam seemed attractive in terms of the values of equality and one God, which it brought to the people of India. It is believed the missionaries first converted the poor in the rural areas to their faith. While the lowest in the caste hierarchy converted to the Sunni faith due to the equal status it offered them; the middle and other trader castes were attracted by the Shia Ismaili faith which was freeing and yet, slightly hierarchical in its outlook. The word "Bohra" comes from the Gujarati word "vohrwu" or "vyahwar" meaning to transact or trade which is the occupation followed by the first Hindu converts to Islam in India¹³.

Is *Khafd* linked to Bohra history in Egypt/North Africa or Saudi Arabia?

We strongly believe that *Khafd* practiced by Bohras can be traced to their history in North Africa and Egypt during the mid-to-late 9th century. However, supporters of FGM/C in India frequently dismiss any hypotheses that link the practice of FGM/C to their historic ties to Egypt and North Africa. They claim instead that the practice is Islamic and is rooted in their history from Saudi Arabia. But FGM/C is not practiced in mainstream Saudi Arabian society. It is only practiced by Sulaymani Ismailis (about 10-15% of the Saudi population) who live in the Southern part of the country (Najran) bordering Yemen. Sulaymani Ismailis also share similar historic ties to Egypt and North Africa just like the Bohras in India. The only other communities practicing FGM/C in Saudi Arabia are immigrants from practicing groups of Egyptian, Sudanese, and Somali descent among others.

Sub-sects within Bohras

The total number of Bohras across the world is estimated at over a million¹⁴. Over the years, the community has split into factions owing to disagreement about succession on the one hand and authoritarian control by leadership on the other. Today there are three Bohra sects - Dawoodi, Alvi, and Suleimani. The Dawoodis who are the majority, are further divided into the Conformists and Reformists¹⁵. The Alvi and Suleimani sects emerged due to differences about succession, and the Reformist Bohras broke away (around 1947) as a response to the supreme control exercised by the Syedna (Bohra religious head/ *Dai*) and the lack of transparency in the affairs of the religious institution. This opposition from within the community has not been accepted by the Syedna and his followers.

Bohras in contemporary times

The Bohras live in different parts of India with larger pockets residing in Gujarat, Maharashtra, Madhya Pradesh, and Rajasthan. There is a significant Bohra population living as expats around the world including Australia, UK, USA, and countries in the Middle East. The current religious head of the Dawoodi Bohras is Syedna Mufaddal Saifuddin,

12 Engineer. A.A. (1980). The Bohras. Mumbai: Central Board of Dawoodi Bohra Community.

13 Cf. Engineer (1980).

14 The central register of religious taxes under the high priest's (Syedna's) establishment maintains the most accurate current records of the Bohra population. But access to any information that would lend transparency to the population size and consequently taxes is completely confidential.

15 Cf. Engineer (1980).

who became the spiritual leader after the death of his father, Syedna Muhammed Burhanuddin, the 52nd *Dai*, in 2014.

Over time, Bohras have developed a unique identity, an amalgamation of several cultures they have inhabited historically. Few of their customs for instance, breaking a coconut on auspicious occasions may show traces of Hinduism or serving a dish called *Harira*, which has origins in North Africa, or the consumption of milk, dates, and dry fruit which could be from their Arabic roots. Bohras also distinguish themselves, from the larger Sunni Muslim community in India, through their unique appearance. The women wear a *Ridah* and the bearded men wear a white and gold *Topi* (cap). The identity continues to evolve and change to this day. Some assert that the Bohra identity is becoming increasingly orthodox over time seen for instance in a stricter adherence to wearing the *Ridah* and *Topi* in all public appearances. Historians also note an increased tendency towards replacing Gujarati words with Arabic and Persian in the Bohra language¹⁶.

Several influences from Egypt and Yemen remain today. The Dawoodi Bohra language, which is the *Lisan-ul-dawat* is written in Arabic script and is derived from a mix of Arabic, Urdu, Gujarati and now Persian. Bohras also follow the lunar calendar (*Misri* calendar), which was conceptualized during the Fatimid rule in Egypt by astronomers employed by the ruling Imams. The *Mithi Sithabi* is a central ritual that Bohra women often perform, which is dedicated in honor of *Ma Fatimah*, Prophet Mohammad's daughter, to whom the Fatimids traced their ancestry. Several respondents in the current study also mentioned that a *Mithi Sithabi* had been performed after their or their daughters' *Khafd*, strengthening the claim that *Khafd* may be linked to Bohra Egyptian ties.

Central to Bohras' religious practice are two texts, the *Daim-al-Islam* and the *Sahifa*. The *Daim al-Islam* (The Pillars of Islam) was written by one of the most prominent judges of the Fatimid dynasty, Qadi al-Numan. The work, which dates back to the mid-9th Century, took 30 years to complete and is considered a corner stone of Fatimid jurisprudence. The *Sahifa* are religious texts issued by the Syedna's office, that clarify the religious do's and don'ts for Bohras. There are several editions of the *Sahifa* and every religious Bohra home usually has a *Sahifa*.

Status of women amongst Bohras

Bohra women were historically seen as more empowered, educated, and economically independent compared to other women in Indian society in general, and compared with other Muslim women in India as well. These indicators are certainly true even in our study sample. However, underlying these markers, are subtler forms of gender-based discrimination and inequality similar to the situation of women's rights across India. For instance, a significant number of women with graduate (Bachelor's) degrees in the sample were homemakers. Moral values of 'modesty' and sexual control are seen as the sole responsibility of women. Women's involvement in premarital and extramarital sex is severely judged, while men's behavior regarding the same is left unquestioned. Gender-based traditional discriminatory practices continue to exist like *Iddat* (where a widowed or divorced woman must sit in complete social seclusion for four to six months after the death of her spouse or a divorce, in order to ascertain the paternity of her child). It is critically important that *Khafd* is seen as a practice that occurs alongside *Iddat* in a patriarchal culture that historically accepted polygamy but placed strong moral judgment on women's promiscuity.

Social Control of Bohras

Members of the Bohra community face immense pressure to conform due to the threat of social boycott or ostracism, which has been used very effectively by the religious authority to keep any opposition under control. Thus, anyone who goes against the religious institution is declared as "excommunicated" from the community, which means that all close friends and relatives are told to break off ties with that person and his/her immediate family.

16 Daftary, F. (2010). A Modern History of the Ismailis: Continuity and Change in a Muslim Community. London: I.B.Tauris & Co. Ltd.

People who are ostracized endure tremendous hardships, as they cannot conduct *Niqah*, (religious wedding ceremony) in the mosque, they are not permitted to enter the mosque or other religious sites, they are barred from burying their family members in the community's burial ground and lose all personal networks within the community overnight. Reports indicate that historically some families also endured physical harassment and assault by ardent supporters of the religious institution. In one such incident in Udaipur, dissenting women were molested and severely beaten.

Over time, this form of social control has been accepted by the community making these social norms self-regulatory. As Bohras continue to be engaged in small businesses and a majority of their clientele is from within their religious community, it becomes extraordinarily difficult for members to voice dissent against the religious authority.

Status of Bohras as a minority in India today

Owing to their prominent economic power as an affluent trader community, Bohras in India enjoy a special place as a model minority. The community prides itself as conforming, law-abiding citizens who are open-minded and well liked. In the current context of the targeting of Muslim minorities in general in India, Bohras have tried to create a distinct/ superior space that separates them from the larger Muslim community. This is especially the case after the Gujarat riots. The Bohra priesthood, which is an extremely prosperous family, has historically fostered close ties with the ruling party in India and it continues to do so with the current Indian BJP-led administration. This distinct positioning of the Bohra community creates its own challenges in advocacy towards ending *Khafd* in terms of building alliances with the broader Muslim women's movement and in national advocacy for anti-FGM/C legislation.

Prevalence and Extent of FGM/C Amongst Bohras

Abstract: This chapter estimates the prevalence rate of FGM/C amongst Bohras based on participants' knowledge of *Khafd* in the community at large, *Khafd* status of women in their family, and the FGM/C status of their daughters. It further analyzes patterns in prevalence based on age, geographic location, education, economic class, sub-sect affiliation (Conformist/Reformist position), and personal position on *Khafd* (pro-FGM/C and anti-FGM/C).

FGM/C in India was first studied by Ghadially in 1991. The topic has received consistent public attention only since 2012. New cases and reports of occurrence of FGM/C in different communities are continuing to emerge every day. Given how nascent this field is, there are no reliable estimates of the extent or prevalence rate of FGM/C in India yet. Any accurate measurement of the extent of FGM/C in India would require a much larger sample and wider quantitative research study. Given the scope and scale of the current study, we have tried to gather information that could be insightful in gauging the extent of the practice.

FGM/C is performed by several communities in India including, Dawoodi Bohras, Suleimani Bohras, Alvi Bohras and some Sunni Muslim sub-sects of Kerala. The estimates discussed in this chapter are relevant only for the Bohra community and does not indicate extent amongst Sunni Muslims of Kerala.

We tried to gauge prevalence rates based on responses at three levels: a) each respondent's estimation of number of women they personally knew who had undergone *Khafd* (amongst family, friends, and acquaintances); b) number of female relatives in respondent's family who have been subjected to *Khafd*; and c) *Khafd* status of daughters of respondents.

There was a considerable amount of variation in participants' responses regarding estimated number of women they knew personally who had undergone *Khafd* (amongst family, friends, and acquaintances). These figures varied from 7 to 5000.

Strikingly almost all the interviewees' first response to this question was that every Bohra woman they knew had undergone *Khafd*. Some of these responses are listed below:

"I think 95% of Bohra women have undergone Khatna. I know of only one person who has not done Khatna. My sister-in-law's daughter has not undergone Khatna."

- Batul, 51-years-old from a small town

"Almost 100%. Almost all my Bohra patients I see their clitoris is small."

- Dr. Sujaat Vali, M.D., OB-GYN, 57-years-old

"I don't know any Bohra woman who has not undergone it. Every Bohra woman in my family, those I know have all undergone it."

- Jumana, 26-years-old from a big city

"I think my age group everybody must have, even the younger lots and generations must have. There may be a very small hand full who may not have gone through it. Almost 80 to 90% may be doing it. From my family and friends and all I know everybody has gone through it. As a doctor I know most of my patients have gone through it. So I have not come across anybody as of yet who has not gone through."

- Dr. Rukaiya, 47-years-old

Since these estimates were arbitrary, we further inquired about family members that participants were related to who they knew had undergone *Khafd*. Eighty-eight participants answered the question about number of female relatives who had undergone *Khafd* in their family. These participants cumulatively knew 1248 women within their families who had undergone *Khafd*. On an average, each participant reported having knowledge of approximately fourteen women in their family that they knew had undergone *Khafd*.

One assertion that was repeatedly made by participants when asked about *Khafd* status of female family members was that "one never really knows for sure." Several respondents highlighted the fact that community members who may have refused to subject their daughters to *Khafd* may not publicize the fact for fear of ostracism. This under-reporting could skew our estimation of extent of *Khafd* based on family members' *Khafd* status alone.

"This is such a taboo subject that I kept telling my brother and sister-in-law, please don't do this (Khafd) on her (my niece). But till date I don't know if they did it on her or not. They have not told me anything and I feel it's not my business to poke my nose into it, but I kept telling them. If I had to take a guess, I would guess that it has happened."

- Dr. Fatima, 48-year-old from a medium city

Lastly, the study inquired about the *Khafd* status of daughters of respondents. In total, all the interviewees together had 81 daughters. Thirty-six participants had one daughter, sixteen participants had two daughters, three participants had three daughters and one participant had four daughters. There was a clear indication that in a majority of families where *Khafd* was performed on daughters, all daughters tended to be subjected to it regardless of order of birth. The oldest daughter in the sample was 52 years old and the youngest daughter was one-year old. Of the 81 daughters, six were too young for *Khafd* (less than seven years old) during the data collection. The data on the FGM/C status of daughters older than seven years, indicates that 55 daughters (75%) were subjected to *Khafd*, while 20 daughters (25%) had not undergone *Khafd*. Of the six girls who were too young to undergo *Khafd* at the time of data collection, their family members indicated that three of these girls would be subjected to *Khafd* when they become seven years old, while three would not be subjected to *Khafd*. Given the diversity in the sample (based on age, geography, class, education, and sub-community affiliation i.e. Conformist, Reformist, Alvi, and personal stand on FGM/C i.e. supportive of *Khafd* or against *Khafd*) we believe the extent of *Khafd* amongst daughters, which is 75%, is a reasonable estimate of prevalence rate of *Khafd* amongst Bohras in India. Interestingly, Ghadially's 1991 study also reported that, "seventy percent or more follow the practice without questioning it"¹⁷.

17 Ghadially, R. (1991). All for 'izzat': The practice of female circumcision among Bohra Muslims, *Manushi*, 66.

Factors affecting the prevalence of *Khafd*

Age

There was no correlation between age of mothers and *Khafd* status of daughters. Mother's age was not related to whether a daughter would be subjected to *Khafd* or not. *Khafd* continues to be practiced by mothers of all age groups. Other factors such as geographic location, economic class, education, and religiosity were more important to the *Khafd* status of daughters.

Age of girls subjected to *Khafd* however was associated with whether she would be cut by a traditional circumciser or a medical doctor. The younger, the age of girls, the higher the likelihood that she would be cut in a medical facility. Amongst the respondents subjected to *Khafd*, six were cut by medical doctors and seventy-five were cut by traditional cutters. The age range of the women cut by medical doctors was 17 to 29 years, and the age range of the women cut by traditional circumcisors was 17 to 80 years. Amongst the daughters of all the respondents, the age range of the six daughters who had undergone FGM/C in a medical facility was smaller (8 years - 30 years) than the age range of daughters who were cut by traditional circumcisors (8 years - 52 years).

As previous research studies of young adults have suggested,^{18,19} younger participants in the study were against *Khafd*. In our study 83% (n = 15) of participants who were between 17 years and 29 years indicated that they did not support FGM/C. The proportion of study participants who supported FGM/C increased with age in our study.

The anti-FGM/C movement has created space to be publicly critical of the practice and raised awareness of its dangers and several interviews indicated a slow change in mind-set about *Khafd*.

"All the girls in the house have to undergo Khatna. 99.9% all the girls/women must undergo this practice. Me and all my cousins in the age group of 47-48 years old have all undergone Khatna. My daughters and nieces too have undergone it. They are all in the age group of 25-27 years of age. Now most of our children also have kids. We would now like to stop this practice in this current generation."

- Amina, 50-years-old from a small town

"Now that we know about Khatna, then there is no reason to carry it out. If there is no sense of doing it... I won't do it even if there is pressure. We got to know about its uselessness in our generation. The way customs of Hindu religion like Dudh piti, Sati etc. were diminished, this custom will also become extinct slowly."

- Sofi, 21-years-old from a medium city

Education

Bohras, as a community in general, are well-educated. The study did find a correlation between education level and *Khafd* status of daughters. **Of the 21 mothers whose education ranged from illiterate to higher secondary, 95% had subjected their daughter to *Khafd*. In comparison 68.4% of participants with Bachelor's degrees had subjected their daughters to *Khafd*, and only 27% of mothers with post-graduate (Master's degrees) had chosen to subject their daughters to FGM/C. The likelihood that a daughter may not be subjected to FGM/C increases if the mother's education is post-graduation (Master's degree) or higher.**

18 Joseph I. & Yacouba T. (2013). Factors associated with female genital mutilation in Burkina Faso, *Journal of Public Health and Epidemiology*, 5 (1):20-28.

19 Johnson, O. E., & Okon, R. D. (2012). Perception and practice of female genital cutting in a rural community in southern Nigeria, *African Journal of Reproductive Health*, 16 (4), 132-139

Having said this, some of the strongest voices supporting FGM/C also came from respondents who were highly educated including PhDs, and medical practitioners.

"If in India, the government tries to bring in such a law (a ban on FGM/C), before this law comes into practice, I will be the first person to oppose it and try to make sure that this law is not passed in the legislature."

- A well-educated gentleman from a medium city, Hussain, Ph.D.

Geographic location

The extent of *Khafd* also varies by geography, between states and from urban to semi-urban sites. In big metropolitan cities like Mumbai, people reported that they enjoyed a degree of anonymity and less surveillance by the community that would allow them the freedom to not perform *Khafd* and still be unnoticed. Whereas in smaller towns the community was more tight-knit, and all members knew each other, which made it much more difficult to get away with avoiding performing *Khafd* on a daughter nearing seven years of age. **Around 79% of respondents in medium cities and small towns had subjected their daughter to FGM/C. Comparatively a slightly lower percentage of parents in big cities (50%) had subjected their daughters to *Khafd*.**

"It was this one lady who did it (Khafd) and she knew the girls who were seven. It's money for her no? So she would have made it her business to tell everybody, "For those girls I have not done Khatna still." Because obviously, she is going to earn some money... It is somebody's livelihood. The lady who is doing it makes it her business to see that everybody else in the society knows if your daughter's is not done."

- Dr. Fatima, 48-year-old from a medium city

Economic Class

Global studies have identified economic and social mobility as protective factors against FGM/C. Our data shows that FGM/C was prevalent in every class. However, upon closer examination, **100% of the respondents belonging to the lower income group, 74% of the upper-middle income group and 64% of the upper income group had subjected their daughters to *Khafd*.**

It is important to note that there was a stark difference between the lower income group and the upper and upper-middle income groups in terms of their vulnerabilities vis-à-vis the *Kothar*. This could be one of the factors influencing low-income families' inability to resist subjecting their daughters to FGM/C and defy religious authority. Several of the families from the lower income group lived in homes that belonged to the mosque or the religious institution and/or their economic livelihoods depended on the mosque. A few even reported being under surveillance by the religious authorities in order to monitor their conformity. These factors could be crucial in the decision of parents from the lower income groups whether or not to subject their daughters to *Khafd*. Comparatively, the upper middle class did not have such pressing compulsions and yet 75% of them chose to subject their daughters to FGM/C.

"I continue to pay my taxes because if we don't pay up they will make it difficult for us to live here and survive in general... If we don't pay up they will stop events and occasions whenever we have them in the house. There are chances of getting socially boycotted... I also have to pay them rent for my house, which is owned by the Dawoodi Bohra Trust. If I don't pay they may ask us to leave the house."

- Nasir, a middle-aged man belonging to the low-income group

Conformist/ Reformist Positions on *Khafd*

Historically, there was little difference in the prevalence rates of *Khafd* between Conformist and Reformist Dawoodi Bohras. However, this has changed. **Study data revealed that a disproportionately large number of Reformists are abandoning the practice of *Khafd* when compared to Conformists.** Of the 16 respondents who identified themselves as Reformists (with daughters older than seven years), 62.5% (n=10) had not subjected their daughters to *Khafd* and only 37.5% (n=6) had subjected their daughters to FGM/C. In comparison, of the 35 respondents who identified themselves as Conformists (with daughters older than seven years), 89% (n=31) of them had subjected their daughters to FGM/C and only 11% (n=4) of them had refrained from doing the same.

"In the case of this practice there is no issue of being reformist or conformist. All of them believe that this should be performed."

- Yusuf, an 84 year-old reformist man from a small town

"I never ever considered doing the Khatna for my daughter. The younger kids in the house have not undergone Khatna at all on both the sides."

- Yasmeen, a 47 year-old reformist woman from a medium city

Personal Position on *Khafd*

There is a distinct difference in the practice of FGM/C between those who support FGM/C versus those who are against FGM/C. All 24 parents who expressed a pro-FGM/C stance had subjected their daughters to *Khafd*. Likewise, 93.75% (n=15) parents who were against FGM/C had not subjected their daughters to *Khafd*. And the daughters of the only mother who was against FGM/C had been cut by the grandmother without the mother's knowledge.

Approximately 67% (n=10) of the participants who opposed FGM/C were Reformists. **All Conformists who were opposed to FGM/C had had traumatic personal experiences of their own FGM/C and/or were expat Bohras living outside India.** They belonged to the upper or upper-middle classes. Around 79% (n=19) of the participants who support FGM/C were Conformist and 21% (n=5) were Reformists. A majority of supporters of FGM/C did not see their *Khafd* experience as traumatic. **All Reformists who support FGM/C were from medium cities and small towns.** This may be an indication that the anti-FGM/C campaign has not reached these areas.

Twelve parents who originally supported FGM/C (by subjecting their daughters to *Khafd*) now oppose it. Of these 75% (n=9) were Conformists and 25% (n=3) were Reformists. In most of these cases, their **daughters' experience of trauma because of *Khafd* and/or the daughters' vocal stance opposing FGM/C had influenced parents to change their position on *Khafd* from pro-FGM/C to anti-FGM/C.** Some women and all the men who had shifted their stance to oppose *Khafd* had also been aware of the anti-FGM/C campaign and were informed of possible harmful impacts of *Khafd*. Most of them were from big and medium cities.

Conclusion

While nationally-representative surveys such as the Demographic and Health Surveys (DHS) have been used to collect data on family income dynamics and public health on India, data on FGM/C using the DHS has been missing. Study participants reported widespread practice of *Khafd* in their community and in their family. For instance, 75% of daughters of participants of the study were subjected to *Khafd*. Analysis of the factors impacting *Khafd* of daughters echoes findings of global studies of FGM/C: a) older cohorts of study respondents were more likely to report that their daughters had undergone *Khafd*, b) lower education correlated with higher likelihood of daughters undergoing *Khafd*, c) residence in bigger cities and higher socio-economic status correlated with lower

likelihood of daughters undergoing *Khafd*, and d) families identifying as Reformist were more likely to abandon *Khafd* compared to Conformist families.

The findings call attention to the need for outreach efforts by anti-FGM/C campaigns in medium cities and small towns. The prevalence data also indicates certain points of entry for anti-FGM/C advocacy. Some parents reported changing their support for FGM/C (from pro-*Khafd* to anti-*Khafd*) mainly due to two factors namely witnessing the traumatic experience of their daughters' *Khafd* and the vocal resistance of their daughters against *Khafd*. Overall, the data reveals the significance of individual and societal factors in the fight against FGM/C in India.

Personal Experiences of *Khafd*

Abstract: This chapter highlights women's memories from when they were subjected to *Khafd*. Through their recollections, we piece together how the procedure takes place, the involvement of family members, particularly the role of men, reasons given to children, when and where it happens, and who performs FGM/C.

"There was this lady, she was a middle-aged woman. She was wearing a pink Ridah when it happened. I was made to sit on my great grandmother's bed. First, she cleaned the area with cotton but she was doing it so hard I felt that that was the Khatna itself. And I kept wondering when would it get over and I kept asking my mother is it over? Is it over? Mom said "no she is only just cleaning it with a cotton swab." After that the cut happened. And it was the most painful thing I ever remember in my life. And then after that I don't know why but I felt like peeing. I remember this... it was done with a blade. I would like to believe it was sterilized. I don't know whether it was or it wasn't. Then I was sitting on the toilet seat and it was burning and mummy had given me some ice to put. But I just could not pee. I don't know if it happened immediately or it happened a few hours later. But I know that it was very, very, very, painful. There was blood but not much of bleeding. It was like a wound on your genitals. Obviously, I am guessing that irreparable damage was not done because after two days it did become fine."

- Jumana, 26-years-old

Memory of *Khafd*

Responses regarding *Khafd* are rooted in adult recall of childhood memories. In our study, regardless of their personal position on FGM/C (whether they were supportive of FGM/C or against it), 78% or 62 women remembered their *Khafd*, 22% (n=17) had no memory of it, and **97% of those who remembered their *Khafd* (n=60) remember it as a painful experience. The fact that 97% of the women could recall in such vivid detail their *Khafd* experience and the pain associated with it, despite being cut between the ages of five to eight years old, indicates that the incident itself was consistently very significant in girls' childhood.** Other memories immediately following *Khafd* repeated by several women included bleeding, difficulty walking, burning during urination and feeling terrified to urinate.

Words used by women to describe what they felt during *Khafd*

Nose prick, Pinch, Injection, Prick of a needle, Nick, Strongly pinched, Ant bite, Injection, Piercing pain, "The way the upper skin is peeled off and it causes pain."

“Mom told us Khatna is being done. I saw the lady bringing the blade. I was only 8 years old. They come to the home only. They don’t do it in front of everybody. They do it in a closed room with a blade. It was very painful and I saw a point of bleeding over there. But I really don’t know what exactly was done. They forced me to lie down. There were two ladies who came, one was the helper and one was the cutter. They were both (Sunni) Muslim women who massage babies. My mom was not in the room. And I was shouting and crying. I was feeling an extreme burning sensation over there and I was not feeling good. And after that bleeding was going on. And I just asked my mom why is this happening? Mom said it will become okay but I have to spread my legs and sleep. I couldn’t join my legs for almost two days. They put Nebasulf powder to prevent an infection. And then it stopped paining on its own. It was burning while urinating. I literally shouted at my mom “Ki yeh kya karvaa diya?” (What have you done?) I also shouted at those women saying what the hell have you done? The Aaya said “Kidi kaat gayi hai” (An insect had bit me).”

- Tasneem, 34-year-old

“I think I remember my Khatna quite vividly. I think I was seven years old. I had no pain. It was no big deal. It was like a nick, something like a nose prick. I had no bleeding or no pain during urination. I never talked about it to anybody.”

- Dr. Kulsum, 53-year-old

Age at which Khafd is performed

Khafd is generally known to be performed amongst Bohras at the age of seven years. The age at which FGM/C is performed ranged from five years to twelve years in this study. However, most participants estimated their age to be between seven or eight years. This was not the case for FGM/C that is performed amongst the Sunnis in Kerala, where girls are cut before the age of one year. Additionally, *Khafd* is also performed on non-Bohra adult women who wish to marry a Bohra man. *Khafd* is a pre-requisite to the *Niqaaah* (traditional marriage ceremony). Several women spoke about their knowledge of non-Bohra women in their family or network who had to undergo FGM/C prior to the *Niqaaah*.

“Painful urination, burning, difficulty in walking; of course, sometimes even when you start wearing underpants and when it rubs on and then it irritates you in the beginning, those I remember. Those who undergo Khatna a little later say at nine or ten, if they start getting period immediately, those are the times when they start getting more pain and more psychological...seven years you don’t get your period but when you are nine, ten or eleven then that is the time when you get your periods and that is why most of the people try to finish it by 7 or so.”

- Dr. Sakina, M.D., OB-GYN, 76-years-old

Time and Location where Khafd was performed

As children and as mothers, women stated that they underwent or organized *Khafd* over a weekend or during vacations, allowing girls time to recover and rest after the procedure. The location where FGM/C was conducted differed across the different research sites and depended on who performed *Khafd*. Three locations in the bigger cities emerged in the narratives – the circumciser’s home, a clinic, or a medical hospital. In the smaller towns, people additionally could arrange for circumcisers to be brought to their homes to perform *Khafd* and in a few cases *Khafd* was performed in third party homes.

Role of family members

While study participants might not have clearly remembered their exact age or the exact procedure, which they were subjected to, almost all remembered who took them for it. Consistently across all the interviews, the fact that women accompanied and undertook the logistics of organizing the *Khafd* of their daughters or granddaughters was used as evidence of the central role of women in the propagation of *Khafd*. Most respondents were accompanied by their grandmothers, aunts, and/or mothers. Several mothers who had decided or were forced to decide to cut their daughters did mention they could not bear to see their daughters go through the pain of the procedure and therefore did not accompany them or left the room during the procedure.

Role of Men

When participants were generally asked if they thought men had a role to play in *Khafd*, many respondents said *“No, men don’t have a role to play.”* But on further examination, details did reveal that men also played a role at the personal level in a substantial number of girls’ *Khafd*. At the minimum, they are informed prior to the procedure in many families. In a few instances, participants reported that their fathers/ brothers transported them to the place where FGM/C was performed, or gave the mother money for the procedure. There is also a generational change, as increasing numbers of younger men are playing a more active role in their daughters’ *Khafd*. Their active participation in the decision-making is a recent trend as older men were not so involved. This change could be because younger educated men play a more active role in child rearing and care giving today. It may also be because of their awareness of the health risks of FGM/C and lastly it coincides with shifting dynamics in communication between couples, where women feel the need for involvement of the male partner in girls’ *Khafd*.

Men’s voices

“I did know that this practice exists in our community. I knew it very well. We talk about it amongst men friends, and it comes up in conversations here and there.”

- Taher, a 50-year-old Bohra man

“Sometimes we learn things when it comes into your life. So, when my daughter was around 7 years old no, in fact when my daughter was born I learnt that just like male circumcision there is something called female Khatna that is known as Khafd. That was the general discussion between me and my wife, that’s all.”

- Hussain, 41-year-old Bohra man

Men informed about *Khafd* but passive

"I encountered the issue of Khatna for the first time when my sister had to undergo the procedure. I was very young at that time and I never had the courage to actually ask any details to my mother or grandmother about it."

- Moiz, 34-year-old Bohra man

"When my daughters became of that age where they were taken for their Khatna, I came to know of it soon after it was done but even then I could not clearly take a stand that it should not be done."

- Shoheb, 55-year-old Bohra man

"Men are informed about their daughter's Khatna and do not oppose it since it is compulsory in our community."

- Masooma, 19-year-old young girl

"Yes my father knew about my Khatna. That's such a sad thing because my father was a dental surgeon himself."

- Dr. Fatima, 48-years-old

"I told my husband before taking my daughter for Khatna, so he knew about it. There was never any issue of them refusing to do the Khatna because they have also seen these practices happening in their own homes."

- Bilkis, 60-years-old

Men in active roles regarding *Khafd*

"No, it wasn't carried out at home that time. Mother and brother used to take us to that place (circumciser's house). That was the system during those days."

Interviewer: Did your father know about your *Khafd*?

Yes, he did. Also my husband knew about my daughters."

- Zainab, 48-year-old Bohra woman

"My father didn't know much about it but he took us on the bike (to circumciser's home)."

- Sarah, 19-year-old girl from a big city

"Yeah...he (father) was informed because...my mother said that you go home and we don't discuss it with Papa...and then once or twice, I just jokingly told her that I will tell Papa, and then I knew that my dad knew about it...because at that time, this money thing and everything...Fathers give the money and obviously he asked her also, "Was it okay?" He didn't talk to me about it. Neither did I."

- Dr. Aarefa, 34-year-old woman from a medium city

"My husband was of the opinion that whatever your mum says should be okay. Just go ahead and do it. He came with me both the times. He was like the chauffeur driving us."

- Arwa, 45-year-old woman from a medium city

Men as joint decision-makers in *Khafd*

"I must say that I really thought about this before I did this for my daughters and my husband and I had a lot of conversations, which again is very unusual, because husbands are not involved in this at all. It was a decision made jointly by us. And I felt that they might grow up and say, "you didn't do this for us"... The decision was mine, but if he (husband) was not convinced there was no way we would have gone ahead with this. To that extent, it was a joint decision."

- Zehra, 48-year-old woman from a big city

"I took his (my husband's) permission. They are his daughters so I took his permission."

- Farzana, 33-year-old

"The men in the family are also involved in making this decision. My mother had informed my father before she took me for my Khatna, and I had consulted my husband before I took my daughters for theirs."

- Tahera, 52-year-old woman from a medium city

*"Everyone told me not to tell my husband (about my daughters' *Khafd*). I said no. I will not do it in secrecy... So I asked my husband if it is okay if I did it. And he said okay."*

- Razia, 35-year-old woman from a medium city

"Everybody knows in the house. Even the males are involved. They know that this is the day and this is the age for the child to get Khatna."

- Asmaa, 44-year-old woman from a medium city

Reasons given to children

Khafd appears in the life of a Bohra girl abruptly. Many respondents (when they were children) were not prepared for their *Khafd* with any relevant explanations prior to the procedure. Instead, the trip to the traditional circumciser was introduced as a trip to purchase sweets, as a day out with grandma, as an outing to a party or to resolve a medical issue. These excuses were explained to ensure that children do not put up resistance.

It is remarkable that so many respondents remembered the exact reason given to them on the day of their *Khafd*, despite the fact that the reasons had nothing to do with *Khafd*. Owing to the secrecy surrounding FGM/C, it is common for women not to use the words "*Khatna*" or "*Khafd*" per se while referring to FGM/C. They would refer to the procedure instead as "it," or "that." A few mothers also used euphemisms to explain what was about to happen to the child.

"My mother told me that we were going to get a small pocket stitched in my underwear. She added that I would then be able to hide anything I wanted in my underwear."

"They told me that they wanted to take us somewhere to remove a worm."

"My grandmother told me there would be a gathering."

"My aunt took me and my friend saying, 'I will buy you a dress.'"

"My mom took me to her friend's house telling me that we were going to buy toys."

"We were told that you have a small boil in the area from where you are peeing and so this aunty will go in and check it."

"I told my daughter, 'Let's go for ice cream or something like that.'"

Euphemisms

"They call it 'Naak Vindavanu' (Nose piercing) for some reason. So I thought they were actually going to pierce my nose."

"I was told that, we will have to go to Bhindi bazaar, to some aunt's house... 'Chakli udavwa'" to set a sparrow free."

Only a handful of respondents were given/gave truthful or partially truthful explanations before *Khafd*. Very few girls were told it was *Sunnat*, and a religious requirement.

When asked why mothers had hesitated to tell their daughters the truth, several women said they knew their daughters would resist or refuse to go for the procedure.

A few mothers also said the children are too young when they are seven years old to understand the procedure anyway and they did not want to frighten them. Only a few women recalled being told by their mothers the reason for their visit ahead. As mothers, women who had undergone *Khafd* as children used the same tactics as their mothers did with them, when it came to the *Khafd* of their daughters.

"Mom told us Khatna is being done."

"I had told them that we are going to a doctor but I had not told them for what reason."

"Nothing will happen to you my child. There is a small part of skin, they will cut over it and it is important."

"My mother explained it to me saying it was for hygienic purposes."

"My mother just told me that they are removing the 'haraam ni chaamri' (forbidden skin)."

"My mother said, 'It is something private and it is required by Islam and this is done because little Muslim girls have to go through it.'"

After FGM/C care

Since Bohras are a relatively educated and affluent community, they are comparatively well informed about health and hygiene. Additionally, Bohras have a religious hygiene/washing routine called *Istinja*, which also helps keep the area surrounding the *Khafd* clean. Consequently, many women expressed that mothers were diligent about after-FGM/C care. This may be one reason for the low incidents of reported infections immediately following *Khafd*. Of all the respondents only two spoke of relatives who had post-*Khafd* infections.

"I called that person (traditional circumciser) home. I never took my daughters there. I was sitting with my children. Then I used to ask her to clean all the required instruments like blade etc. with Dettol and I asked her to clean it in front of me. First I made her wash her hands properly and then I held the legs."

- Zainab, 47-year-old from a medium town

Materials used after *Khafd* as recalled by women

Talcum powder, Ash, Turmeric, Dettol, White antiseptic powder, Soframycin, Boric powder, Ether/Spirit, Tincher Benzoine, Pain killers, Black Ointment, Red Ointment, Cotton, Diaper cloth.

Conclusion

Despite the methodological problems posed by the adult recall of the FGM/C, the narratives of women in this study leave no doubt that the experience of FGM/C for Bohra women is anchored in childhood memories of being taken for *Khafd* by a trusted family member, feeling physical pain and discomfort, and emotions of bewilderment during the seventh year or eighth year of a Bohra girl's life. Women in our study, often described *Khafd* as a "woman's affair" where mothers played a role. Grandmothers and other female relatives were the other major decision-makers who often insisted and accompanied girls. Contrary to popular belief, men *did* play a role in *Khafd* even at the personal level, at times passively and many a times actively. Most girls were kept in the dark and *Khafd* was explained away using euphemisms. Majority of the women had neither knowledge of the type of their own FGM/C nor that of their daughter. This lack of knowledge coupled with the secretive nature of *Khafd* may be one explanation for why women lacked detailed information and spoke of their *Khafd* experience using terms such as a 'nick', or 'pinch'.

By God's will, I have done many many Khatnas and there is just no end to it.

Hawwa, 80-year-old traditional circumciser from a small town

"I was five years old when my father brought me from Singapore to India. My mother was Singaporean (Chinese). I could never return back to Singapore thereafter. My father had two families one in India and one in Singapore. I did not even know the language of this country when I came. I used to speak Chinese. I underwent my Khatna after a couple of years of coming from Singapore.

I was around 20 or 25 years when I started doing Khatna for others along with my mother-in-law. I would watch my mother-in-law and gradually I learnt the art of cutting. I would also stitch clothes of people and take classes where I taught others how to stitch. My husband used to work as a cook in Mumbai. He lived in Mumbai while I lived here. We had four sons and three daughters.

It requires some courage. It is done only amongst the Bohras and I do it only for Bohras. I used to always use a scissor while cutting the skin and not a blade. I cut the skin, the size of a wheat grain. There were others who used to circumcise but my mother-in-law was quite well known.

I was never trained by anybody from the religious institution. My mother-in-law used to live near the Janaab (religious priest) and that time she was asked by them if she would do all the Dai's (midwife) work along with Khatna. She would also deliver babies, massage the baby and the mother, etc. At that time, they were very poor and so she was given the permission by the religious body.

Girls should undergo Khatna because we are part of the Shariat. If we don't do the Khatna, the person will be called "haram." Otherwise we will be called a "momeen". Then one

would not even drink water at your hands. It is a sin not to do it. It is necessary to get it done at the age of seven years. Earlier they used to do it before even one became seven years old.

It's a secret matter, kept very private by people. Nobody needs to publicize it at all. The Bensaab (priest's wife) had also come to ask me everything - how I cut, what I did, how to heal the skin later, etc. She was very happy with my work and the fact that I also went for a pilgrimage to Karbala with the money that I earned through this process.

By God's will, I have done many many Khatnas and there is just no end to it. Even the Bensaab asked me but I don't know the count. I must have done innumerable in my lifetime. My work was very good and I was extremely successful. Many people from the neighboring villages also came to me for doing Khatna. Every week I used to get one or two. Every month I would do at least eight to ten Khatnas when I did it regularly and I have been doing Khatna for the last 50 years, (approximately 4800 to 6000 girls circumcised in a period of 50 years).

Many people have come to meet me and learn from me how to cut. I tell them it's not so easy to explain and there is a risk involved in the process. It's not as easy as you lift a scissor and start cutting yourself. Not everybody and anybody can do this.

It is dangerous because somebody may end up cutting more of the skin or what if it starts bleeding? So, one has to be very careful. That's the reason, I don't try to teach anybody or tell anybody how to do it."

Type of FGM/C Practiced in India

Abstract: In this chapter, we decipher the Type of FGM/C practiced by Bohras based on the WHO's classification of FGM/C types. Women's accounts of the instruments used during their own *Khafd*, along with descriptions by traditional circumcisers about the procedure they perform, and opinions of medical professionals (OB-GYNs) based on observations of 20 Bohra women patients was used to infer the Types of FGM/C practiced in India.

Type of FGM/C practiced by Bohras

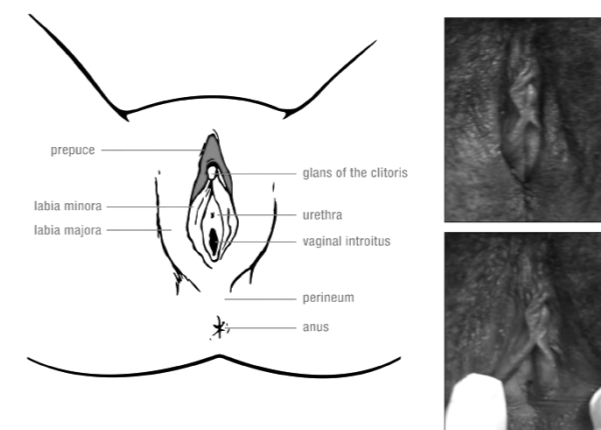
The World Health Organization (WHO) classifies FGM/C into 4 Types²⁰. Type 1 is the partial or total removal of the clitoris and/or clitoral hood/prepuce (Clitoridectomy), Type 2 or Excision is the partial or total removal of the clitoris and labia minora, with or without the labia majora, Type 3 or Infibulation is the removal of the labia minora, labia majora and sewing of the vaginal opening with or without removal of the clitoris, Type 4 includes all other medically unnecessary procedures like nicking, pricking, piercing and cauterization of the female genitalia. Of relevance to this discussion on FGM/C amongst Bohras are the WHO's Type 1 and Type 4 FGM/C classifications.

Type I — Partial or total removal of the clitoris and/or the prepuce (clitoridectomy). When it is important to distinguish between the major variations of Type I mutilation, the following subdivisions are proposed:

Type Ia²¹, removal of the clitoral hood or prepuce only;

Type I : Partial or total removal of the clitoris and/or the prepuce (clitoridectomy)

Type Ia: Removal of the clitoral hood or prepuce only



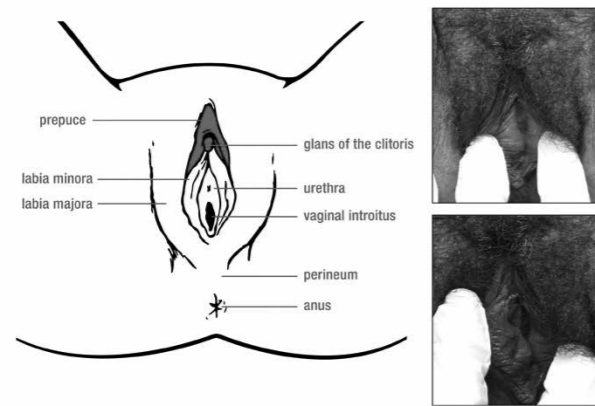
20 WHO website: <http://www.who.int/reproductivehealth/topics/fgm/overview/en/> As accessed on November 26, 2017

21 Female Genital Mutilation: A Visual Reference & Learning Tool for Healthcare Professionals <https://www.youtube.com/watch?v=XRid7jUzMY>; Accessed on November 25, 2017

Type 1b, removal of the clitoris with the prepuce.

Type I : Partial or total removal of the clitoris and/or the prepuce (clitoridectomy)

Type Ib: Removal of the clitoris with the prepuce



Type IV — All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

Knowledge of type of FGM/C

When asked about what they thought was done to them in terms of the procedure, most women in the study said they didn't know. But when asked to explain the sensory feeling during their *Khafd*, many women said they remember it as a prick or piercing like that of a needle or injection. A majority of women said it was painful. A few pro-FGM/C respondents asserted that what the Bohras practice is not Female Genital Mutilation as defined by the WHO at all, but that it is "just a nick", "something minor" and not severe and "is not dangerous."

"When an anti-FGM/C activist says that it (Khafd) was to curb the sexual instinct of the female, Islam doesn't say anywhere like this. United Nations is saying this. May be FGM/C which is practiced in the African countries where they are completely removing the clitoral part may be that is dangerous because UN also classifies FGM/C 1, 2, 3, and 4 categories. That may be dangerous but this is not dangerous."
- Hussain, 41-year-old, supports the practice of *Khafd*

"What I've understood is that it is just an incision. A slight nick... a slight incision maybe you know something, which is the prepuce and the clitoris is not touched – not injured... I went through the WHO nomenclature as well you know about the types and all. But what we are doing is Type 1a, probably the least injurious one which is happening with us."
- Dr. Rukaiya, 47-year-old, supports the practice of *Khafd*

Despite this assertion by pro-FGM/C participants, it is important to acknowledge that *Khafd*, as practiced by Bohras on girls and women, regardless of whether it is a nick or the removal of prepuce and/or removal of clitoris, clearly qualifies as FGM/C as is internationally defined and accepted. It is misleading to suggest "female circumcision" as performed by the Bohras is in any way different from FGM/C. It is not. If the female "circumcision" involves even a ritual nick of the clitoral hood as suggested by a few respondents who support *Khafd*, then it is medically unnecessary and therefore a type of FGM/C.

As to the precise Type of FGM/C practiced amongst Bohras, this research relied on testimonies from two medical practitioners (OB-GYN), three traditional circumcisers, two mothers of girls who were cut by medical doctors, two young women who were cut by medical doctors, and a few respondents who consulted with OB-GYN about their own *Khafd* to understand what exactly is done.

Instruments used during *Khafd* as recalled by women

Forceps, Curved scissor, Scissor, Blade, Serrated Knife, Scalpel, Snap Blade

"So when I got myself checked the gynecologist said there is nothing to worry there is just a little bit of the hood cut off. I think she was just saying that to make me feel better."
- Lubaina, 23-year-old from a big city

"In Bohras it is only a cut; you don't find much difference, because what we do in Dawoodi Bohras, FGM/C is only a cut, the clitoris is never removed. So, it is not a clitoridectomy or labial removal or things like that. They are only cutting the clitoral hood without removing the clitoris."
- Dr. Sakina, 76-year-old M.D., OB-GYN

Medical Observations of Dr. Sujaat Vali, M.D., OB-GYN, 57-year-old

“Following media reports and activism surrounding FGM/C in India, I felt that there was an urgent need for a systematic medical analysis to understand what Type of FGM/C is practiced by the Bohras. Such an analysis could aid our understanding of the possible health impacts of Khatna on women and girls. I, therefore observed the Khatna status of over 20 female Bohra patients (mostly from small towns), and here are the findings:

The clitoris is very small and there is a very small region between the skin and the clitoris. Only a specialist with a lot of experience can maybe separate the two and be able to cut only the skin/hood/prepuce. So, in most cases the clitoris does get affected.

Shahira, 23 year-old

“From looking at my own anatomy, you can see a very visible cut in the clitoris. I don’t know what happened to me when my Khatna was done. It is very visible that it has been cut, the clitoris is missing a tip.”

Dr. Sakina, M.D., OB-GYN, 76-year-old

“It is difficult to only remove a part of the prepuce especially when you are not given anesthesia and the person is kicking. When you are doing it on a seven or nine-year-old child, the child is quite strong and naturally resists.”

Given that most girls are cut at age seven, without anesthesia, by traditional cutters, and the procedure happens in a minute or two, the operator cannot get enough separation between the clitoris and the skin surrounding the clitoris. So, usually they end up cutting the clitoris along with the skin covering the clitoris.

In most of the cases, therefore, I noticed the cutting of the clitoris along with the prepuce. Usually in those who have undergone the procedure, the size of the clitoris is small and the surrounding skin is also very small.”

Traditional Circumcisers’ descriptions of procedures they perform

Hawwa, 80-year-old circumciser living in a small town

“I cut the skin, the size of a wheat grain. (Circumciser who has practiced Khafd for 50 years and estimates to have cut 4800 to 6000 girls).”

Zubeda, 50-year-old (Circumciser)

“There is a part down there which opens up and there is some skin that comes out from the part. That skin which comes out is cut a little bit. I cut with a medical cutting scissor. After applying the medicine a little bit of the skin is cut off. A very small tip of the skin is cut. I can make out if someone has undergone Khatna because the tip of the skin is cut. So, the next time I see someone we can then see the beej (seed).”

Hasina, 47-year-old circumciser living in a small town

“I take the skin in the center near the place where one passes urine from and would cut a small bit of it. It has to be exactly that much only. It should be as much as the nails that we cut. If the person is heavy in the body, then sometimes we cut a little more otherwise it’s really tiny. Then I put a little boric powder on top. Then I would just place a cotton swab and press to stop the bleeding. I would change the cotton maybe twice or thrice depending on how much it bled. I never used any anesthetic or any such thing. For the pain, I would apply some ghee and that helped. I usually take the piece of skin to the riverside and bury it out there.”

Insiya, 26-year-old

I don’t remember what device it was – a blade or a knife or something.

She brought whatever it was and I was cut and of course I was in a lot of pain. She cut my skin and she showed it to me, after cutting a bit of my flesh. Having told me, “this is the manifestation of the devil” and we have got that out. She said “Shehthaan che. Tamara mathi kaado che.”

Traditional Circumcisers

Most, if not all parents looking to perform *Khafd* on their daughters in small towns continue to use traditional circumcisers. Our study includes data from three traditional circumcisers – diverse in terms of age, experience, geographical location, and their standing vis-à-vis the larger Bohra community.

Almost all women in the study viewed the knowledge of the traditional circumcisers as a trade being passed down through generations, often within families. Not necessarily passed down from mother to daughter, circumcision may be learnt by women from aunts and mothers-in-law as well. While this is largely true for older circumcisers, one younger circumciser was additionally trained by a doctor who previously performed *Khafd* and by a wife of the clergy. Another traditional circumciser also reported receiving a certificate and official approval from the local religious body that recognized her as the approved cutter for Bohra women in her locality.

“I first started doing small odd jobs in the medical line under the guidance of a doctor (DGO) who taught me few things. Then one Bensaab (wife of the clergy) at Saifee Mahal trained me on how to do Khatna for children. I have been doing this since 20 years.”

- Zubeda, 58-year-old, Traditional Circumciser

The narratives of the circumcisers suggest that circumcision is usually taken up by women in difficult socio-economic situations (i.e. single mothers, lower income, large families, low education, immigrants, etc.). In most cities, circumcisers come from the practicing community itself. For example, Dawoodi Bohra circumcisers cut Dawoodi Bohra girls, Alvi Bohra circumcisers cut Alvi Bohra girls, etc. However, this may not be universally true. The narrative of one of the circumcisers suggests that in some areas, Sunni Muslim women and men (belonging to the Barber caste) may perform *Khafd* of girls and *Khatna* of boys respectively. This was the case in Kerala as well, where women from the barber community performed FGM/C. The narratives of the women participants suggested a difference in status and respect given to Bohra circumcisers by the community as compared with the mistreatment received by the Sunni Muslim circumciser.

Since the community is small and money from circumcision is less, traditional circumcisers usually depend on other income generating activities like delivering children, massaging new-born babies and their mothers, tailoring or working as nurses. Some women also equated the performance of *Khafd* to other traditional activities performed by the women of certain families, like the washing of dead bodies in the mosque and/or cleaning the mosque.

The performance of *Khafd* confers on traditional circumcisers a sense of performing a community service and an opportunity to develop good reputation in the Bohra community and to earn “*sawaab*” (goodwill or doing good deeds). Many participants who support *Khafd* also expressed similar sentiments emphasizing the ‘community service’ of the traditional circumcisers.

Narratives of mothers who got their daughters’ *Khafd* done by medical doctors

“She is a famous doctor for doing it (Khafd)... She said, don’t worry...It is only a cut and it is just a superficial cut and there is not going to be a problem... She said it’s just the skin. There is nothing that I will cut or take out... there will be no parts that will be removed. It is just a very superficial cut... and now this is what I have believed till now... She told me that I have been doing this for many years. You don’t worry. I’ll handle it. I am used to it.”

- Arwa, Medium city

“This doctor charges Rs. 1200/-. There are also other traditional cutters who charge Rs. 500/- Usually the doctor makes the child lie down and then two people from the child’s family hold the child down and then she cuts the thin skin layer which is right on top. I am not sure what they do with the skin that is cut. Usually the child is crying at the end, and so there is hardly any time to do anything.”

- Munira, Medium city

“When I did it for my daughters it was very simple actually. The gynecologist showed me this is your vagina, this is your clitoris, this is your hood, this is what I am going to take off, and I was like “okay but I really don’t want to know.” It is the hood, but not all of it. It’s not like de-hooding surgery in the West... They are just supposed to put a nick in the prepuce/hood. But I think some people do take off this thing, the Dais I am pretty sure do. The doctors don’t because they have been instructed.”

- Zehra, Big city

Medicalization of FGM/C

While traditional circumcisers historically performed FGM/C in India, this is slowly changing. Several respondents in the study who support *Khafd* want to move away from traditional circumcisers to medical practitioners, citing concerns of safety and hygiene. Many such respondents who support FGM/C came from big cities. All the FGM/C procedures done in medical facilities were performed by Bohra doctors.

All narratives justifying the need to medicalize FGM/C in India come from a perspective that focuses only on reducing immediate pain and infection as a result of FGM/C. This perspective fails to recognize the deep psychological and sexual harm the procedure could cause in the long-term and the underlying gender-based discriminatory ideology behind the practice.

A few respondents from small towns where traditional circumcisers are central to the continuation of FGM/C noted that medicalization may make *Khafd* “invisible.” In these close-knit Bohra communities, traditional circumcisers were the gatekeepers of the practice. They knew all members of the community personally and ensured that all daughters were cut. Some respondents now fear that the involvement of medical doctors means families may no longer know the FGM/C status of Bohra girls.

As an aftermath of the legal FGM/C cases against Bohras in Australia and the USA, there is a palpable hesitance from doctors who perform FGM/C in India to talk about it publicly. As a result, **all the Bohra medical practitioners who were contacted for comment and who are known to perform FGM/C declined to participate.**

“Before the cutting of my daughter, the doctor cutter also got a form filled stating that I am getting my daughter’s Khatna done as per my own will and wishes. My husband had to sign this form. On hearing this he signed the form and agreed to come along with us.”

- Munira, 39-year-old

“I think it is time that it has to be done in a proper way. I didn’t go through any psychological trauma but I would hate it if any other child would go through psychological trauma for Khatna. So some kind of work definitely needs to be done about this. Maybe we can have the procedure in a better way and have the preparation of girls in a proper way. And a time when they can be told about it and prepared. Then the Dais can also be trained is what I see.”

- Dr. Rukaiya, 47-year-old woman from a big city

“This practice has to improve. We have to move to doctors and if it’s performed under anesthetic conditions I don’t think that there will be pain or mental trauma or remembrance of that event in life.”

- Hussain 41-year-old man in medium city

Conclusion

As the above descriptions clearly indicate, there is no consistency or uniformity in the practice of girls *Khafd* in India. **Accounts indicate that Types 1a, 1b, and Type 4 FGM/C are practiced by Bohras in India.** The procedures include cutting of the clitoral hood and/or part or all of the clitoris and ‘nicking’ of the clitoral hood although there is no clear medical definition of what a ‘nick’ entails.

Descriptions of procedures conducted by MDs or OB-GYNs, as shared by mothers of girls who were cut by doctors and one traditional circumciser (trained by a doctor), indicate that **doctors may be performing, either Type 4 or Type 1a FGM/C, with or without anesthesia.**

Based on descriptions of traditional circumcisers, women’s descriptions of their own anatomy, and analysis of 20 patients by a doctor in a small town, it is safe to infer that **traditional circumcisers perform Types 1a and 1b FGM/C in India.**

Given that 92.5% of 81 respondents (n=75) in the study were cut by traditional circumcisers, and given that all accounts indicate that traditional circumcisers perform Type 1 FGM/C it is then safe to say that **Type 1 FGM/C is the predominant type of FGM/C amongst Bohras.**

There is however, an urgent need for further medical examination and larger scale studies of women who have undergone FGM/C to gain further clarity on the extent of each - Types 1a, 1b and Type 4 FGM/C in India.

“I got her back from the hands of death”

Durraiya, 41-year-old mother living in a medium city

“My daughter is eight years old. In May 2017 I had her Khatna done. I had taken her to a traditional cutter. Once back home I made her sleep on the bed. After some time, around 4:00 p.m. I took her to the bathroom, she was bleeding as if she had started her menses. It seemed like she was urinating blood. I was worried so I called the circumciser. She said sometimes some kids bleed a little more but it will soon stop. She had kept some cotton and had used the blade just like the doctors do.

By 6:00 p.m. my daughter had been bleeding so heavily, the blood had soaked three bed sheets and I was very worried. The circumciser kept saying apply some Soframycin. I called my friend. The next day was a Sunday and my husband and son were not at home. What would I do? And my daughter was quiet and she also kept asking me if she will be fine.

By 8:00 p.m. I was getting really worried. There were clots of blood that were falling out and I didn’t know what to do. Then I told my husband and he also assured me that things will be fine. The previous day I had told him that I would get her Khatna done.

I began to worry that my daughter may just bleed herself to death during the night. I felt as if I had put my own daughter in danger by doing this procedure. My husband also started getting worried. Then I told my friend to call up the circumciser and come along with us to the doctor since her bleeding would just not stop.

I was sure that it would be made into a police case. I told the circumciser to come

with me to Burhani hospital. Then we took my daughter to the hospital at 12:00 a.m. in the night. They did her dressing and then gave me some medicine to give her that would stop the bleeding. They assured me that she would become fine after the medicine. We gave her the medicine twice after an interval of four hours but the blood still did not stop.

It was 8:00 a.m. the next morning. I now felt that we will have to take her to a bigger hospital and a surgeon. I was completely shattered. We then contacted a family friend who knew a surgeon who could help us.

The circumciser also went with us to the hospital because she now accepted that maybe my girl must have moved a little and so a little more of her part had been cut. She said that in her experience of 35 years, this was the first case that had been spoilt. My friend had recommended this woman to me because she had taken some five or six other persons to her and there had never been an issue.

Then we took our child to a second hospital. Once the doctor came he started the treatment. He first tried to fix the skin together with some kind of an instrument but that was extremely painful and it was burning her and it just didn’t work. She bore all the pain. Finally they had to stitch her in that place. Then they made her sleep for a while and finally her bleeding stopped.

She has healed now. She struggles with a deep fear of injections and doctors and is terrified of hospitals since the incident.

Impacts of *Khafd* (Type 1a, 1b, & Type 4 FGM/C)

We are seeking help from a child psychologist. Now that I have lived through this, I will always tell others to think before doing Khatna. These mistakes can also happen by doctors. Even if there is one case in a thousand girls who has to go through this I think it is dangerous and unwarranted.

I had no memories about my own Khatna and I did not even see what was done to my daughter. I just thought it was an old tradition that had been happening for years, a kind of Sunnat, and so, "let me just get it done for my daughter." I almost felt as if I got her back from the hands of death. We decided not to make a police complaint. I don't want to blame the circumciser. My husband feels it will bring our daughter a bad name. The doctor who treated my child was absolutely nervous to take our case because it felt to him like a rape case. The doctor had no knowledge that this practice exists amongst Bohra girls.

I fear and worry whether my daughter's sexuality has been completely affected. Will she have a normal sex life? Even if she is normal, what if having sex brings back bad memories for her? Then her life will be destroyed. I will feel I spoiled my daughter's life. Sexual pleasure is important in life and then if she cannot have a normal sex life I would feel very bad. I just feel scared that this incident should not scar her life forever.

A child usually trusts the mother and I am responsible to have instilled this fear in her by doing what I have done to her. I feel very responsible for what has happened to her and feel like I will do my best to get her out of this situation."

Note: The above story of Durraiya, a mother whose seven-year old daughter was hemorrhaging and in critical condition after her Khafd, is one of the most extreme cases that was documented during this study.

"It's a very vascular structure. So there is a very good blood supply over there. There will be bleeding time and clotting time. There will be clotting of blood over there. It may not get infected but one more problem can happen if a child has a bleeding diathesis where the bleeding time, clotting time is not proper, thrombocytopenia (difficulties forming clots) or something like that, where the platelet count is less, the child can bleed to death also. And such incidences may not come to our notice it may be in remote villages this could occur. We don't know, we really don't know. People from there may not talk to you also."

- Dr. Fatima, 48-year-old

"I have heard of one complication around 11 years back in the civil hospital. A young girl had been brought after such a procedure. After excessive bleeding, she was transfused one unit of blood. Sometimes even during surgery if there is any cyst arresting the bleeding is much more difficult because the area is very vascular."

- Dr. Sujaat Vali, M.D., OB-GYN, from a small town

Abstract: This chapter collates the impacts of *Khafd* based on the narratives collected from 79 women and girls. Overall, there were four kinds of impacts: physical, sexual, psychological, and no impact. The impacts are inter-connected and not water tight, and women who said they experienced one may also have experienced others.

This section is noteworthy as it is one of the few studies globally that tries to document impacts of Type 1 FGM/C specifically. Numerous women highlighted how they see Type 1 FGM/C affect their sexual life negatively. There certainly were several common themes, and affirmations that strengthen the assertion that Type 1 FGM/C does impact sexual pleasure.

As stated in the earlier chapter the actual procedure of *Khafd* may range from a 'nick' to the removal of the entire clitoris and the people who perform FGM/C also are trained differently with different degrees of skill/ knowledge. Hence, it follows that the impact of *Khafd* may range anywhere from mild to egregious. FGM/C in India is mired in silence and results in under-reporting of the negative consequences of *Khafd*. Despite the general assertion of the 'harmless' nature of FGM/C by many mothers in our study, several women shared their deeply personal accounts of the complications they believe is a result of their *Khafd*.

| Type of impact of FGM/C | Number of respondents |
|---------------------------|-----------------------|
| Physical Impact | |
| Immediate Physical Impact | 60 |
| Long-term Physical Impact | 7 |
| Sexual Impact | 24 |
| Psychological Impact | 17 |
| No Impact | 2 |
| No Memory | 17 |

Physical Impact²²

"After my Khatna, I had a burning sensation while urinating for a day or so, as it is salty over there. It is just like the burning sensation while urinating after delivery. However, my daughter faced problem because she moved during her Khatna. She kicked a leg. There was a swelling. Then we used warm water with turmeric for her and it gradually got cured."

- Banu, 59-year-old from a small town

²² Also refer to chapter on Personal Experiences of *Khafd*, p.27

Two main types of physical impact can be discerned from the narratives – immediate physical and long-term physical impact. As the terms imply, immediate physical impact refers to the physical consequences that women experience immediately after the FGM/C procedure and a few days following the procedure. Long-term physical impact refers to physical consequences that the women experience into their adult life.

Immediate Physical Impact

In our study, 78% (n=62) of the women remembered their *Khafd*, 22% (n=17) had no memory of it. Many respondents remembered their *Khafd* as a painful experience (97%, n=60). There is a clear causal connection between *Khafd* and its immediate physical impact. A majority of girls who undergo either Type 1 or Type 4 FGM/C (regardless of whether they are cut by a Traditional circumciser or Medical doctor) are likely to experience some or all of these immediate impacts. Physically, girls reported excruciating pain, bleeding, difficulty walking, burning during urination, fear and anxiety prior to urinating after *Khafd*. These discomforts lasted anywhere between a few hours to over a month.

“My mum took me out, under the pretext that we are going to hang out. I just remember that I ended up at a clinic and she introduced me to this doctor. The doctor (OB-GYN) was really nice and they both didn’t tell me anything about what was going to happen. Maybe it was a fear that I might cry or some such. I was just asked to remove my undergarment. My mum was there with me always and was holding my hand and all. For a little child, you have only been naked in front of your parents and so it felt a bit weird. And though there was nothing wrong with me, yet I was taken to a clinic. So, there was this anxious build up. The doctor was good, she asked me to remain still. Next thing, I just felt some piercing pain. If I were to rate it on a scale of 1 to 10, the intensity of this pain was up to 50. I will never forget this at all. I cried a lot and kept crying. I was wondering if I had done something wrong and why was I being punished? My mum was holding my lower part.”

- Alifiya, 29-year-old

“I did have a lot of difficulty. I would walk slowly for almost a month. I was scared as to what had been done to me.”

- Mariam, 50-year-old

Long-term Physical Impact

Urinary Tract Infections (UTIs) are listed as one of the long-term health risks of FGM/C by the WHO.

According to the WHO²³, “an increased risk for repeated UTIs is well documented in both girls and adult women” who have been subjected to FGM/C. While we were unable to locate any studies that looked at the link between Type 1 FGM/C and recurring UTIs, close to 10% of the women who had undergone the procedure in the current study specifically mentioned problems related to urinary problems, recurring UTIs, burning and incontinence. In addition, one of the study participants reported bleeding of the clitoral hood area due to irritation.

“Definitely one thing I would like to say is bladder control. I have heard about bladder control and even I have issues with it. So I feel it’s related to that (Khafd).”

- Jamila, 43-year-old expat

“I was having a burning problem every time and I asked my mom, “Mamma why does it burn while passing urine?” When we went for a sonography they said there are crystals/stones, this is why. Since the Khatna, I still have it in the summer if water intake is very less. I have a burning sensation in that part. I myself made the connection between my Khatna and the burning sensation. I never asked my OB-GYN if it’s related to the Khatna.”

- Tasneem, 34-year-old from a big city

“I had a lot of trouble. For the initial two to three days (after Khafd), I felt a burning sensation while passing urine. Even after, I kept getting urinary infections all the time right from after my first delivery. I used to also have pus in my urine. I didn’t know that it was due to Khatna but now that I have heard about these impacts of Khatna from the doctor, I realize that these urine infections are because of my Khatna.”

- Amina, 48-year-old from a small town

“From when I had my Khatna until now, whenever I go to the bathroom to urinate, I feel a burning sensation. I suddenly get a fever. I get urinary infections and then I have to take medicine. Even on touching the area that was cut during Khatna I feel a burning sensation. I am not sure this problem is because of Khatna, it has been there ever since or even before my marriage. During sexual intimacy that area would burn a lot. I have never discussed this with my doctors as we don’t really discuss such things openly in our community. Nor have I discussed this with my husband. I now do doubt that maybe this has started after my Khatna was done.”

- Mehfuza, 42-year-old from a medium city

“Wearing sanitary napkins has always been a problem. I don’t wear them anymore. It is probably when there was too much rubbing there. But I remember that once it started bleeding, that portion. So it was the Khatna cut that opened up there. This happened probably four or five years ago (at the age of 21 or so). I did not go to a doctor. Clearly it was the point where the Khatna was done.”

- Jumana, 26-year-old from a big city

23 http://www.who.int/reproductivehealth/topics/fgm/health_consequences_fgm/en/, Accessed on November 28, 2017

“I don’t remember my Khatna, but my body remembers”

Nisreen, 47-year-old

Survivor experiencing psycho-sexual impact due to Khafd

“I believe that I have undergone Khatna but I don’t have any memories for the same. I would have been around seven years old when I had my Khatna. My older sister has undergone Khatna. She too does not remember it. Our mother died at 38 years of age when I was 11 years old and so we have no way of knowing the details.

I first learned about Khatna about three and a half years ago. And that is when I started getting nightmares that it is happening to me. And I thought that maybe because I am reading too much about the issue I am having these nightmares. But a part of me was saying, I don’t think so. A part of me that understands about Body Memory²⁴.

Then I had to go to the gynecologist for a minor problem... After this visit, I was extremely hysterical and walking down the street, sobbing, dissociating and I was completely inconsolable. That’s when I thought there is some kind of trauma housed in my body.

What we know about a lot of trauma is that it is not encoded in memory. Because of its nature, trauma is often more felt than remembered exactly. Which is why we often have these fears and phobias, etc. which we cannot explain at all.

On a visit to the gynecologist I told her that my community practices this (Khafd) and I asked her, can you see something different

down there and she said, “there is some scarring that is visible on the hood of your clitoris.” And I couldn’t say 100% where that could have come from. That was another piece of the puzzle coming through.

I also started having a lot of difficulty with sex at around that time. This must have been around a year back. I started having a kind of aversion to sex. I would get very scared in the middle of sex. I have lived in a kind of queer community where people talk about sex positively, and I feel I am very empowered about these issues. And suddenly I was dis-associating in the middle of sex and all of that. Then I went to my therapist to figure out what’s wrong with me. I didn’t care if Khatna happened to me or not but I didn’t want my sex life to be ruined. She gave me some techniques that me and my partner could use together and that helped me a lot. These techniques were such as when you feel scared you non-judgmentally acknowledge the fear, don’t despair about it, then just wait and let your fear pass on. So, your partner needs to be very positive and help you pass through the phase. At that point, you are feeling like a loser and your partner has to be really positive and very understanding. So, we have been using these techniques for the last year and I am seeing that I am facing fewer and fewer of those responses.

But every so often I find myself triggered by all of this. Like when the Detroit case happened, when I read this quote by Dr. Jumana Nagarwala where she said, “Yes I did it but it is not FGM/C and I was doing what was required.” There was something in her denial that made me very angry. Theoretically there is all this stored emotion and pain that did not have any opportunity for care and so it arises now.

The psycho-sexual impact of Khatna on me has been more recent because the body memory just happened. It has made me more inhibited. There is something in my mind that says, “what if this thing pops up?” I would have earlier called myself uninhibited.

I never had an orgasm with any of my early partners. I learnt to orgasm first on my own at around 21. The first time I had an orgasm with my partner was when I led the process. When I think back to it I feel I had to work hard on it. It didn’t come easy to me. I wondered why I took so long to orgasm. But I never ever connected it to my Khatna status.

I don’t have anything to soften the blow if the body memory comes up again. The healing takes a lot of time and energy. I spoke to my older sister and she has this memory of being in India and lying down

and having her hands on her genitals. She has this memory and it does not bother her. She has not had any of these responses like I have had.

As I talk about it, I feel a kind of a pain in my genitals. I sometimes wonder if it would have helped me to have a specific memory rather than having a body memory. The worst thing I fear is that I feel other people will not believe me because I myself did not believe what I felt.”

24 Body Memory refers to a physical manifestation of trauma when there is no psychological memory of the traumatic incident. van der Kolk BA, The Body Keeps the Score, 2014

Sexual Impact

A large-scale review of quantitative studies conducted by the Norwegian Knowledge Center for the Health Services in 2010 found that “women with FGM/C experience pain and reduction in sexual satisfaction and desire compared to women without FGM/C ²⁵.” One of the goals of this research study is an initial exploration of whether women who have undergone *Khafd* and their partners view it as affecting their sexual life and if so in what ways. Research studies on the impact of FGM/C on women’s health have largely documented Types 2 and 3 FGM/C (Excision and Infibulation respectively). Given the challenges with data collection due to cultural taboos surrounding public discussions on women’s sexuality and sexual health, the current study is one of the few studies globally, to explore the specific sexual problems women survivors of Type 1 FGM/C face. This section examines in detail some of the problems articulated by 67 sexually active respondents in relation to their sexual lives, which they connect (directly or indirectly) with *Khafd*.

In our study, 22 women or 32.8% of sexually active study participants (n=67) reported that *Khafd* had negatively impacted their sexual life. This does not automatically signify that *Khafd* had not affected the sexual life of the remaining respondents. We believe hesitance to talk about one’s sexuality because of social taboos about sex, awkwardness, and lack of knowledge to speak about sex, sexual pleasure, and sexual problems especially to strangers, greatly influenced the data collected here. The 22 respondents who reported problems with their sexual health included divorced, married, and single women, heterosexual and queer women, women from urban and semi-urban areas, and young and older women. We also included the responses of a few men who had felt *Khafd* had negatively impacted their sexual lives.

While it would be an over-simplification to suggest a causal connection between *Khafd* and problems with sexual health solely based on this cross-sectional exploratory study, the compelling data collected here from diverse respondents does strongly confirm the urgent need for a multi-disciplinary study to analyze the impact of *Khafd* (Type 1 FGM/C or Clitoridectomy) on women’s sexual health and pleasure, the sexual lives of couples, and sexual experiences of male partners of women subjected to Type 1 FGM/C. Such feminist research may need expertise in fields including sexual rights, sexology, psychology, urology, and gynecology among other disciplines.

“Khatna makes you disempowered. When somebody does something forcefully to your body, it takes away the sense of control that one should have on one’s body. If you take that feeling of loss of control and when you are with your partner what happens more often than not in our case is that, my husband has to initiate sex. I can’t initiate it. Because I feel that I don’t have that kind of control over my body. It becomes such that when I am asked for it I will do it.”

- Nazima, 43-year-old

The narratives identify sexual impact as having physical (experiencing sexual problems, oversensitivity/lack of sensitivity in the clitoral area, sexual pleasure, sexual intimacy between couples) and emotional (feelings of inadequacy, disturbing thoughts during sex) dimensions.

25 Berg R.C., Denison E., & Fretheim A. (2010). Psychological, social and sexual consequences of female genital mutilation/cutting (FGM/C): A systematic review of quantitative studies. Report from Kunnsapsenteret no. 13–2010. Oslo: Norwegian Knowledge for the Health Services.

Sexual problems

Some of the recurring issues as reported by the study participants related to sexual health include low sex drive and disinterest in initiating sex. A few women who had sexual problems did say that they were sometimes able to experience pleasure but this did not mitigate the fact that they also faced problems and that *Khafd* had affected their sexual life adversely. Delayed arousal, problems trusting the partner and difficulty reaching an orgasm were also constantly reported. Other issues included dryness, lack of lubrication, pain during sex and difficulty masturbating. For many women, this was the first time that they verbalized their fears of sexual intercourse or their negative experience of sexual activity. While a few women have been to doctors or gynecologists, most others have not yet seen a doctor since sex is seen as a private matter and they were not sure if their problems would be understood by doctors at all.

“Sexually speaking, I wonder if some of my sexual issues and problems are connected to that experience of lack of trust and betrayal (from the Khafd). Sex requires an inordinate amount of trust. And the ability to enjoy and relax. That is an issue for me. Trust and letting go and all of that. In sexual matters, I have had these difficulties with my partner right from the beginning. I always dreaded the first time I was going to have sexual intercourse... I have to say frankly I am still not very interested in it or comfortable with it.”

- Mehtab, 58-year-old expat

“The reason I went to the gynecologist is because I have been trying to have sex with someone, but it’s just not been possible for the both of us and I kept feeling that there is something wrong with me because it’s been happening for a long time. I just couldn’t perform. It came to a point where now I just don’t like it at all. I don’t even want to get intimate with someone. So, I went to the gynecologist to find out whether I am okay and what’s wrong with me? She said there is this thing called Vaginismus, which is when the vagina contracts in case of sexual interaction and that happens to me and that happened to me when she was checking me as well. It’s always been bloody painful. I spoke with her after that for some time and she did say that sometimes trauma does lead to it. In the sense that if you’ve faced some trauma it can cause it. I didn’t immediately connect the clenching with Khatna. I don’t know at what point I connected it. But it did happen.”

- Insiya, 26-year-old from a big city

“I do feel uncomfortable when I touch where I have been cut. I feel that I do not get lubricated enough before/during the sexual act, which is why sex becomes very painful and I am waiting for the man to finish and get off me. My skin is so dry that I feel immense pain and want the act to get over as soon as possible.”

- Munira, 39-year-old from a medium city

“I don’t think I have masturbated. It has been a half act. If I try to explore myself, I felt a rejection. I did not want to do it because I couldn’t come to a climax on my own. So that I can say I would probably blame on Khatna. May be that is the reason.”

- Rashida, 50-year-old from a big city

“I think may be sexually I am more withdrawn because I have had my Khatna. I don’t feel like having sex or initiating sexual contact. Sexually Khatna does harm you to some extent. I am not very sure how Khatna scientifically affects you.”

- Salma, 60-year-old from a medium city

"I feel okay about my sexual life but I also feel that the skin (clitoral area) does not get proper contact (is not stimulated adequately) while having sex. When the skin comes in contact only then can sex be enjoyed. I realize that if the part had not been cut, I would have reached orgasm immediately. When there is tactile stimulation there, only then we can feel satisfied."

- Mehfuza, 42-year-old from a medium city

Over-sensitivity or lack of sensitivity in the area surrounding clitoral hood

Several women reported a variety of feelings ranging from no sensation, over-sensitivity, unpleasantness, and/or painful irritation (even resulting in bleeding in one instance) upon clitoral stimulation or tactile contact in the area where *Khafd* had been performed. Some reported thickening of skin or formation of scar tissue leading to physical discomfort. At the same time, a few women reported pleasure upon tactile contact in the clitoral hood area.

"Any type of oral sex it's been very difficult to orgasm. I don't know if it's my fault or whether it has anything to do with Khatna. When you masturbate - I have never used any kind of insertion so it's basically clitoral stimulation. But if you rub the clitoris and sometimes it begins to bleed, it's obviously very difficult to do. Not every time but if you rub vigorously yes it bleeds. It's bad. It's very difficult to orgasm. If I am doing it I know when to not do it or stop. It's easier when it's on your own. But to orgasm when somebody else is stimulating is the most difficult thing ever. EVER."

- Jumana, 26-year-old from a big city

"I do know this that when we are having sex and my husband is trying to stimulate me and when he touches that part where it has been cut, I feel uncomfortable (painful sensation) because I feel over sensitive due to immense friction... When that part is touched, when there is more rubbing or such, I feel a kind of a shooting pain or friction over it and I have to tell him to stop when that happens. It happens exactly where the hood used to be."

- Farida, 44-year-old expat

"The place where I am cut, I feel like my skin has gone dead. What was earlier sensitive is now no longer sensitive. When I touch there, it is scarred and I have just no sensation at all."

- Shahina, 47-year-old woman who underwent Khafd as an adult

"In the place where I have been cut, I still feel irritation. I don't touch there often because if I do I shudder. It is uncomfortable and disturbing. So we women do not get complete satisfaction after the sexual contact the way men get satisfied and become quiet after the act. It always feels incomplete. When I touch there, I have a lot of irritation. That part also itches a lot."

- Amina, 48-year-old woman from a small town

"The area where the clitoris is, I feel that is my useless area because that part has been cut. So I always rely for my sexual stimulation on the area around the vagina. I don't feel any sensation at all in the clitoral area. I don't think there are any sensations there at all. I am sure that must have happened for most of us. That the whole thing is removed."

- Dr. Fatima, 48-year-old doctor from a medium city

"When my daughter was born, I noticed that that part was cut for me. It was much smaller for me. A small part of the skin has been taken out. If that part is touched I do not feel any pleasure. Khatna does affect a woman's sexual life. It takes a lot of time for a woman to reach orgasm."

- Salma, 60-year-old from a medium city

"I am sexually active. I have experienced clitoral orgasms. I had a problem with exposing that area to my partner knowing that mine was different. I had a lot of trouble trying to open up about it because it is extremely weird to go and explain it to your partner who doesn't know about this procedure or anything like that... I do feel that my clitoral orgasms are slightly uncomfortable because when there is a lot of pressure put I do feel pain and I do feel discomfort. So in a way yes, I do feel that my clitoral orgasms could come faster. I think it would have been different if I had not undergone Khatna."

- Shahira, 23-year-old girl from a big city

"On touching the area that was cut during Khatna I feel a burning sensation. During sexual intimacy that area would burn a lot."

- Mehfuza, 42-year-old from a medium city

Impact on Intimacy and Male Partners' Sexual Life

Since the study primarily focused on women's experiences of *Khafd*, only a few men were part of the entire sample. Three men specifically spoke about how women's *Khafd* also affects men's sexual life. A few women in the study who connected *Khafd* to their low sex drive also spoke of the resulting pressure on their relationships with their male partners. Consequently, we believe that a study on the impact of girls' *Khafd* on male sexual life could be very useful for future advocacy.

"Yes of course I have been affected because my own wife also faces a severe problem after she underwent her Khatna. We as men feel the impact because when we get involved in sex our women take longer time to get aroused. Whereas women belonging to other religions or communities maybe do not take so much longer to get aroused."

- Shabbir, 45-year-old man from a medium city

"Married life gets spoilt due to this practice. One would feel that married life should run smoothly but that gets completely shattered due to this. When pressure (resistance to sex) develops from the opposite side, then one has to just close down. Yes, it does affect the sexual life of couples. When there is a limit from the opposite person, then all activity just stops."

- Nasir, 53-year-old man from a medium city

"But now when my elder son wanted to marry, he says I don't want to marry a Bohri girl. I asked, "Why?" He was smiling. He said most of them are circumcised and they would not be so good at sex."

- Zohra, 62-year-old woman from a big city

“When it actually hit me was when my husband mentioned it. When we had sex and I wasn’t able to give my 100%. He would say I would want you to come before I did. So he’d try his best. I would just go dry. I would be excited, you’d reach a certain height and I would just turn dry and it would take him a lot of effort to actually make me experience an orgasm. And then he would just turn around and say I blame your father for this. He would say it in a joking way. Because he expected that the man would know that if a girl goes through Khatna... probably all women go through this experience of not being able to have good sex because they have had Khatna, because we were told that this is why we were cut, so we would not be promiscuous. Or maybe I was cut more and it wasn’t taken care of.”

- Rashida, 50-year-old from a big city

“I think for a good deal of time I blamed myself for not being able to satisfy my husband. Over a period of time I let go, and said (to him), “Okay you can do what you want, probably even go out and do what you want because I can’t give you what you want.” I let him go in a way. So yes that did affect my marital life a lot.”

- Rashida, 50-year-old from a big city

Disturbing thoughts of *Khafd* during intercourse

A few women reported being affected by thoughts about *Khafd* during sexual intercourse. Two participants who had no memory of their *Khafd* from childhood but had recently learned that they had been cut, expressed that their sex life was affected after they had learned of their own *Khafd*.

*“The first time I spoke to somebody about it was horrible. With this person that I was seeing and we were trying to get intimate and somewhere in between that whole thing I started howling like a baby. That was the first time I actually told somebody that I remember it (*Khafd*) and this is what I went through. I was howling through half the night and all he was doing was consoling me. We started to get intimate and we were in between and I started howling.”*

- Insiya, 26-year-old from a big city

With every sexual experience I would wonder, “Did I have trouble because of Khatna? Do I need a particular type of stimulation because of the Khatna or was that how I was before?”

- Saba, 47-year-old

Feelings of inadequacy or remorse

Given the cultural pressure for women to perform, and fulfill male sexual desire, comments made by several women who faced problems in their sexual lives indicate feelings of inadequacy, helplessness, and/or remorse.

“If I had not undergone Khatna I do feel that I would have had a better sex life. This is because when I go out with my non-Bohra friends they talk about their sex life and their desires and sometimes I wonder why I don’t feel the same way? So I wonder if I am a normal person or is it because of Khatna that I am this way. The practice of doing Khatna on Bohra girls is in a way an injustice to your partner as well. Girls desire for sex has diminished. However boys have desires. Normally it’s always a mutual understanding. For example,

many times I tell my husband no but I don’t feel good to tell him no every time. It is not something I like doing, telling him no. At times I do it just because he is having a desire to have sex. But even this is an injustice.”

- Firoza, 30-year-old from a medium city

*“If a wife can’t support a husband in a (sexual) relationship, then naturally he will go outside (to fulfill it) then ultimately the woman is blamed for not being able to satisfy her husband. So when this thought comes in mind, then I realize that it (*Khafd*) is wrong.”*

- Zainab, 47-year-old from a medium city

*“Constantly people have told you that this is to curtail your sexual desire. And then we all know that the male libido is higher than the female libido. So you always feel that you are not able to match up because this (*Khafd*) happened. How much it really has affected that’s a different story all together. But your mind has been told your subconscious is thinking that you are slightly physically less compatible to do this thing. So it affects, it affects.”*

- Dr. Fatima, 48-year-old doctor from a medium city

“Khatna has affected me emotionally. Even when I do have new partners or anything like that it’s very difficult for me to open up about it and to start getting sexually active. And to just be okay with showing that I have been cut here and this is different than what you may normally see. I feel that whatever was done to me and to other women was not right. Yes there is a level of anxiety before I get sexually active with a partner. I think that there is some amount of low self-esteem before I completely start being sexually active. Like there is something weird in my body and that its extremely awful and sad to show it to someone who may not understand the procedure or who doesn’t understand what my culture does to women and to have to explain it, that this is what happened to me and this is something that’s been going on in our culture for a long time.”

- Shahira, 23-year-old from a big city

Suffering in silence

Khafd is steeped in a culture of silence. Most of the women in the study had never spoken about it openly with others, either in the family or with friends. Additionally, public articulation of women’s sexuality is taboo in the South Asian region. Given this context, many women who thought *Khafd* had affected their sexual life had not felt comfortable to discuss the problems they were facing sexually, even with their intimate partners. Several also expressed apprehension that no one would believe them if they spoke out about the issues they were facing and their thoughts on how *Khafd* had affected their sexuality. They, therefore, kept silent for fear of being judged or dismissed.

“I will just tell you very frankly if a husband and wife make a relationship and when you go to the extreme point, when you both are going to orgasm, at that point I just tell my husband, “enough, you stop it now here.” I don’t allow myself to climax. I always just tell him, “You go away from my side.” He shouts at me and says, “Why? Every time you reach that point you make a weird face or you do something weird.” I also don’t know why I do it. Maybe I am trying to control myself because I think things are going uneasy... I first did not make the connection between this and my Khatna. But as friends we discussed about the impact on sexuality, and I thought “this could also be because of Khatna.”

Interviewer: Did you talk about your *Khafd* and these issues to your husband?

"No, he never asked me and I never told him about this thing. I thought he would say something like this cannot happen, it can't happen. So it's better I kept it with myself."

- Tasneem, 34-year-old from a big city

"I haven't discussed this with my friends because it is too personal a topic. I think, "What will they think of me?" I haven't even discussed this with my mother. I have not met any doctor regarding this."

- Masooma, 19-year-old unmarried girl from a small town

"I have never discussed this with my doctors as we don't really discuss such things openly in our community. Nor have I discussed this with my husband."

- Mehfuza, 42-year-old from a medium city

"I have not gone to an OB-GYN about it. The reason I didn't go was because I thought it would be very weird to explain it, because of the shame I even never had the inclination."

- Shahira, 23-year-old from a big city

The persistent "What if" question

Several women in the study wondered about how their sexual life and experiences would have been different had they not undergone *Khafd*. While some women were frequently haunted by this thought, some others reconciled with the fact that they would have no way of knowing what "normal" is since they had been cut before they were sexually active and therefore, they just needed to move on and engage in activism to end FGM/C.

"I will never know what (my sexuality) could have been, had it (Khafd) not been done. That's a very strong feeling I have you know? Had it not been done I don't know what the feeling would have been. That is always there. But what can you do about it now?"

- Jamila, 43-year-old, Expat

"I wonder if Khatna affected my own sexuality. I still continue to wonder about it... you know it's hard not to think about it. I don't give it a tremendous amount of thought anymore because there is no value to it at this point. I might as well put my energies into fighting it for other people rather than myself because it's not going to change anything."

- Saba, 47-year-old, Expat

"People told me that if you have the whole clitoris, then it gives you great stimulation. I don't know. They might be better off in their sex life and I may not. I don't know because I don't know otherwise. There are so many fine nerves which have so many sensations on the clitoris and if you cut it then I may not have many of these sensations and so I'm sure my friends are better off than I am."

- Farida, 44-year-old expat

"I still have that question in my mind that if I had not undergone Khatna would I be able to feel more of the orgasm. So there is no reference point that I can refer to and compare."

- Firoza, 30-year-old from a medium city

Impact of activism

A large portion of respondents (pro and anti-FGM/C) did unanimously acknowledge that media reports and/or anti-FGM/C activism helped them break the silence about their own *Khafd* and created the space to talk about it. Amongst the 22 respondents who related *Khafd* to problems in their sex life, there was a keen intention to break the taboo of silence surrounding *Khafd* and their sexuality. These respondents were very willing and open to share intimate details about their sexual life, if it was to help the larger community understand the harmful impact of *Khafd* on sexual health.

I think it's important for this information to go out and for people to know that it's not fair we shouldn't have to go through this – no one should.

- Insiya, 26-year-old from a big city

Lack of sex education and safe spaces

All the respondents in the study voiced the lack of sex education within the family. A few respondents did mention perfunctory sex education in school, which was not practical or informative. The main sources of sex education for young women was through friends, books, or pornography. Barring a few, most respondents had poor knowledge of women's sexual anatomy and sexual pleasure and were unfamiliar with accurate language to speak about their body. Several women had unanswered questions about *Khafd* and its impact on women's sexual health, women's sexual pleasure and the anatomical structure. A majority of women did not know what was done to their body during their *Khafd*. It was clear that women (from both big and medium sized cities) wanted a non-judgmental, safe, and private space to talk and learn about women's sexuality. Several women respondents who did experience challenges in their sexual lives because of *Khafd* expressed an urgent need for a closed safe group of survivors who face sexual problems related to their *Khafd*.

Psychological Impact

Psychologically, women reported being bewildered, angry and feeling cheated/betrayed after their *Khafd*. As Baasher²⁶ noted, "it is quite obvious that the mere notion of surgical interference in highly sensitive genital organs constitutes a serious threat to the child and that the painful operation is a source of major physical as well as psychological trauma."

"They were all... saying congratulations, she has been circumcised now." But I was feeling shamed... I was feeling horrible, it was horrendous for me. I didn't like it at all. I was ashamed."

- Maleka, 25-year-old woman from a medium city

"It wasn't very painful for me but it was very violating because I was taken there. She was a female doctor and she told me to remove my nickers and I was very shy at that age. So I didn't want to show my private parts to a stranger. So even though there was a bit of discomfort the experience wasn't physically painful, but I knew it was violating even at that age."

- Sarah, 19-year-old young woman from a big city

26 Baasher T. *Psychological aspects of female circumcision in traditional practice affecting the health of woman*; 1979. Report of a seminar WHO/EMRO Publication, No. 2.

Forgetting *Khafd*

Loss of memory has been reported as one of the psychological consequences of FGM/C in several international studies²⁷. People, who support *Khafd*, often use forgetting the incident as an indicator of the harmlessness of the procedure. They argue, “it is so minor that you don’t even remember it.” While this could be the case in some instances, several women spoke about their need to put the memory behind them, and they actively resisted remembering the incident. Some women spoke about triggers that not only brought back memories of the incident but also the emotions they associated with it.

“It is difficult to say, how many have been affected psychologically. If you ask them they will say nothing is there. Something that has hurt you so much, that was done against you, you try to erase from your memory.”

- Dr. Sakina, 76-year-old, M.D., OB-GYN

“It never even struck me to ever talk about this thing with anybody else such as my cousins or friends or anybody. It was also that I wanted to just forget about the whole episode. It was really painful and I thought that I had committed a major sin and I felt that my mum was punishing me for something. I felt like I had some major disease and I had to go to the doctor and so this was necessary and stuff like that.”

- Alifiya, 29-year-old expat

“Surely the memory did come back in between... and over a period of time there was a conscious effort not to think about it. Obviously when I started reading about it I remembered it again and there was that resistance that I don’t want to think about it. Reading about this stuff and discussing it is making me think about it and I don’t want to think about it.”

- Insiya, 26-year-old from a big city

Triggers & Reminders

“Sometimes it happens...it is an imagination or an illusion. I remember a lady... she had covered her head with a *Dupatta* and while talking she just pulled it out (performed *Khafd*). I don’t even remember...but sometimes I do get those images in my mind... where she is just talking to me and I just feel it and then after that I don’t remember.”

“I remember my *Khatna* sometimes when I cross the street where it happened. My *Masi* lives right opposite the house where I got it done. So when I visit her, I am reminded of the incident. I feel awkward and scared when I remember the experience. I pray I never have to go into that house again.”

“During my *Khatna*, the lady made me sit inside a room. It was just her and me in the inner room, and my mom was watching through an opened door. Being blindfolded still triggers those feelings...”

“After my *Khatna* it was very traumatic to go to that area. Even now I remember that *galli* and that house and it was very traumatic to go over there and it triggered that memory every time.”

“Yes, I remember it every time I pass by that route. It’s near the bazaar area (*Jhapa* bazaar), so every time I go that side it brings back this memory. I just feel uncomfortable. I was held tightly by my aunt that odd feeling still remains.”

“I have absolutely no memory of it at all... It’s frightening.”

Saba, 47-year-old expat, subjected to FGM/C during vacation

*“I don’t remember anything. I have absolutely no memory of it at all. So basically, I didn’t even know that *Khatna* happened in the Bohra community. No one talked about it. I only found out four years ago when I saw a video of my cousin talking about having *Khatna* done and saying that every girl in the community had it done. So, I was very angry. I talked to my mom and she said, yes, I had, had it done. We had gone to India when I was seven years old. And I realized that it was timed so that I would be the right age to have *Khatna* done. It was during my vacation. I remember little bits of the vacation because it was my uncle’s wedding, but I don’t remember the whole thing. And I don’t at all remember the *Khatna*. And so, I assumed that it didn’t really happen but my mom said that my aunt did take me. And I confirmed with my aunt and she said it was done.*

It’s frightening! It’s weird when you know that something has happened to you and you don’t have any recollection! I have spent a couple of years denying it. I mean it CAN’T have happened. If I have absolutely no memory of it, it can’t have happened. But I talked to a couple of psychologists and they said that that certainly can happen. And I don’t think I want to work hard to restore that memory to tell you the truth.

It’s funny cause I have a picture from the wedding and it’s a picture of my two brothers with me in the middle and I looked miserable. And I thought that was really weird because my brothers are smiling, and I looked miserable. And that’s a bit strange to me because I used to smile all the time. Maybe I am reading too much into it because it’s one photograph but you know...”

²⁷ World Health Organization (2008). *Eliminating female genital mutilation: an interagency statement UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCHR, UNICEF, UNIFEM, WHO*. Geneva: World Health Organization.

Trauma

According to DSM-IV²⁸, FGM/C represents “a violation of someone’s physical intactness, and can be classified as a psychological trauma and a potential cause of post-traumatic stress disorder (PTSD)²⁹.” As is commonly noted in several research studies about the psychological impact of FGM/C³⁰, many respondents in the study reported feeling fear, anxiety, shame, anger, depression, low self-esteem and betrayal of trust as some of the psychological fallouts that they associated with their *Khafd*. While this by itself is not enough to establish a causal connection between FGM/C and these psychological issues, it definitely, indicates the need for further study in the area.

“Even though it was not very painful it was traumatic in the emotional sense. When the same people who are supposed to take care of you put you through something involuntary like this then your general levels of trust towards society go down. And your relationship with society changes to that extent and it can never go back to the same level of trust. Sense of security is gone. Your natural happy state is definitely affected.”

- Nazima, 43-year-old from a big city

“Generally, I think my Khatna experience made me paranoid. In the night, I am very scared. I get up with nightmares and I also have many phobias. I get scared about my children being kidnapped or them getting harmed in some way or they are getting lost in the trains. For me, I don’t have any trust issues with my life partner but it has affected how I feel for my children with regard to strangers. I don’t want to leave my children with anybody else, men or women. I don’t trust people that way.”

- Farida, 44-year-old woman

“Yes Khatna has affected me. Psychologically it has affected me I know I recognize it. I feel all the more angry and pissed about it after having known why it’s done. It’s a bad memory so it pulls you down in several ways. I don’t want to get into a very detailed way into how it affects me psychologically. Suffice it to say that the memory comes back and it pulls you down and you would live or experience a particular situation normally. But you sort of start remembering these things and you are in a completely different zone. And you can’t be in that moment or that experience at that point in time. For instance when I was in an intimate space with somebody it came back to me... I couldn’t go ahead with it.”

- Insiya, 26-year-old woman from a big city

28 Diagnostic and Statistical Manual of Mental Disorders

29 Behrendt & Morris (2005). Posttraumatic Stress Disorder and Memory Problems After Female Genital Mutilation, *American Journal of Psychiatry*, 16 (5): 1000 - 1002.

30 Abdel-Azim, S. (2013). Psychosocial and Sexual Aspects of Female Circumcision, *African Journal of Urology*, 19 (3): 141-142.

Anger

I felt molested. And then, I was just crying. I didn’t talk to my grandmother. I came here and I didn’t even see my mother’s face.

No one has the right to touch my body without my consent.

I do look at it as mutilation. I think all along I felt violated and that it was a violent act.

I love my mom but I also hate her for what she has done to me, ever since my *Khatna* was done to me. I am very angry with her even still.

My daughter also was very angry with me eventually after it was done for her.

I feel really angry that it happened to me and my family who is otherwise very lax on religion had to follow that particular ritual

Fear

I think a sense of fear did creep in at the fact that something like this could happen to you by someone so close to you.

There was some fear, which I felt and I also wondered, “What had happened to me?” I had not seen my own and neither did I go for my daughter’s *Khatna*. Since I was cut and it burnt and all of that, I had gotten very scared.

No actually at that time (when the *Khatna* was happening), I was so terribly scared that I was kind of numb and did not even realize what was happening to me.

I don’t remember, but I was very scared. I remember that clearly. After coming back home I wasn’t going to the bathroom because I had also seen some blood.

Betrayal

It is something done to your private parts which remains with you for life. Usually the kids will always remember the way they were cheated and taken to be cut.

I felt angry. I felt betrayed by my mother and my aunt. Like I was tricked into something. I feel very violated and betrayed. Betrayal is the thing that has affected me a lot and trust has probably been a big thing in my life.

My father knew about my *Khatna*. I told him that I was really disappointed when I found out about my *Khatna* and that he knew. That given how close we were, we had this kind of special bond, that you would do that to me.

I came home feeling very cheated that something was done to me, which was never told to me.

Helplessness

My aunt took me over there and then she asked me to lie down and she said, “we are just doing a measurement of your waist for your underwear.” I was uncomfortable and unsure and they kept saying, “No, no, no, it’s nothing. They are just doing a measurement. Nothing.” And then they took out my underwear. There were two or three ladies. And at some point I knew that ... I felt at that time there was something wrong and something was not quite right and I began to feel a little helpless. I was distrustful. And then I saw the blade.

Another thing which hit all of us together was a sense of helplessness – that what the hell. Why did this have to happen to us? Why couldn’t this have been stopped? We became victims of a tradition.

No long-term Impact

Only two of the 79 respondents who had undergone *Khafd* felt they had not experienced any negative immediate or long-term impact due to *Khafd*. Although most respondents suffered pain immediately after *Khafd*, several women asserted that *Khafd* does not adversely affect sexual experience. A few women believed *Khafd* enhances sexual pleasure, radiance and aids in maintaining hygiene related to sex. A few women expressing support for FGM/C downplayed the importance of sex in Bohra women's life. For these women, Bohra women's roles as caregivers was more important than any other aspect. Curbing women's sexuality was positively regarded and FGM/C was viewed as a way to mark moral difference/superiority between Bohra women and non-circumcised women in other communities.

"When we talk of trauma I didn't perceive it so much. I felt that it is okay because you never wanted injections or vaccinations as a child and you remember your mother taking you and your leg being held and you being given a shot and so it was something of that sort. Okay, it is just over. I never thought of it as, 'oh my god, it is something so big.'"

- Dr. Aarefa, 34-year-old from a medium city

"It has no major benefit but neither does it have any limitations you know. 'Agar fayda nahi hai to nukasan bhi nahi hua hai na?'" There is no physical impact, either immediate or long term, due to the practice of Khafd. None of my daughters or granddaughters have had any issues at all."

- Akilaben, 70-year-old

"It is like removing 'waste skin.' It doesn't affect any other part of the body. We haven't experienced any problems or pain in our sexual lives because of Khafd either. Sexual drive doesn't increase or decrease through Khafd, but maybe infections caused by residual sexual fluids are reduced. It doesn't affect sexual urge at all, as far as my knowledge goes."

- Kubra, 65-year-old from a medium city

"And this is a fact; the women in the Dawoodi Bohra community aren't very sexual. Women in our community are generally caught up in and satisfied with familial issues and bringing up their children. In other communities, women are used as call-girls, and have affairs with many men. Those women are only satisfied by sex, which is of prime importance in these communities."

- Tahera, 52-year-old from a medium city

"I don't know. I am quite a normal woman I feel. I mean every Bohra lady is a normal woman. I mean they live with their husbands the same way. They have their own sexual relationships. I don't think they are very seductive or they are less seductive also."

- Asma, 44-year-old from a medium city

Some supporters of *Khafd* have equated the practice with hoodectomy, and other forms of plastic surgeries intended to trim the clitoral hood and/or labia. Firstly, the requirement for these procedures has been highly disputed within the medical community. Secondly, it is in extremely rare cases that doctors prescribe the procedure for women with excessive growth in the clitoral area, to try and enhance pleasure. Thirdly, the predominant reason behind these procedures has been cosmetic enhancement. Fourthly, it is never performed on children and is only opted for by adult women. While a few respondents in the study did equate *Khafd* to hoodectomy, a couple of respondents who had suffered discomfort with clitoral stimulation reacted angrily to pro-FGM/C claims that *Khafd* enhances female sexual pleasure.

Conclusion

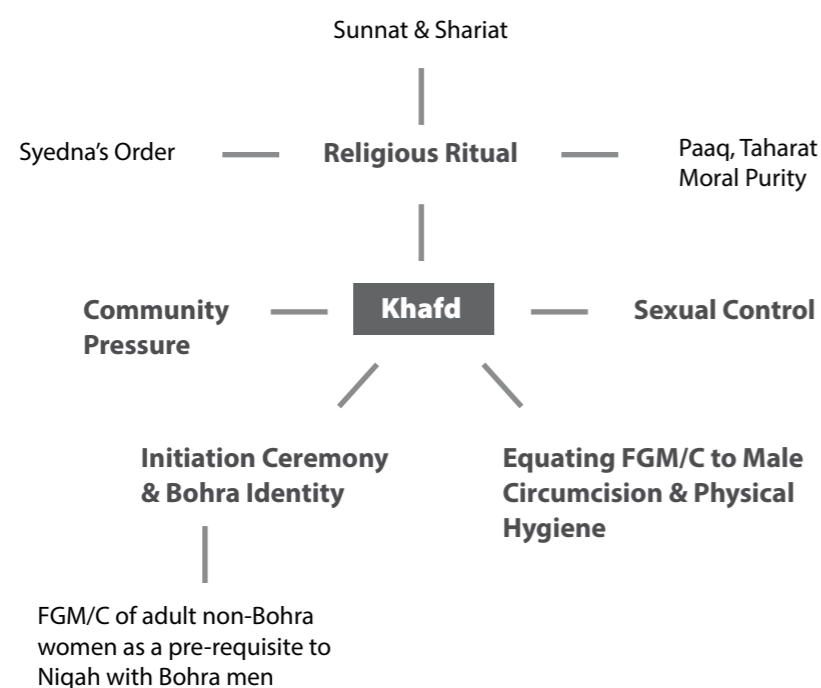
Khafd is not just about childhood harm but one that has a lasting impact on Bohra girls and women. The narratives in our study highlight the physical, sexual, and psychological consequences, which have also been documented extensively in global studies of FGM/C. Those supporting FGM/C often highlighted their short-term recovery and did not report any long-term consequences. On the other hand, the numerous accounts of women suffering from recurrent urinary tract infections, and psycho-sexual problems merits greater public attention. These impacts point towards future steps that need to be taken to address not just the existence and the continuation of FGM/C but also to lend support to the survivors of FGM/C. These may range from programmatic approaches such as increasing sexual awareness and creating safe spaces for adult women survivors to activism efforts to end FGM/C in India.

Reasons for Practicing *Khafd*

Abstract: The reasons for the practice of *Khafd* amongst Bohras echo many of the reasons behind FGM/C that are stated throughout the world. Amongst interviewees' responses, *Khafd* as a religious ritual stood out as the most prominent, followed closely by *Khafd* to control women and girls' sexual behavior, promote modesty, and prevent promiscuity. Several respondents acknowledged the pressure from community members, including family, acquaintances and religious community, to ensure that girls are subjected to *Khafd* and lastly some believed *Khafd* is one of the many ways Bohras maintain their distinct identity from other Muslim groups in India. In this chapter, we discuss these varied but inter-connected reasons. "Purity" for instance is seen from a spiritual, physical, as well as sexual perspective. And for many respondents, there was not just one reason, but an intermingling of the above reasons for the performance and continuation of *Khafd*.

"It (Khafd) is also a clean thing, it's a nice thing – for cleanliness, for hygiene. It was linked to purity. That the child becomes pure and doesn't get swayed. Of course, it's related to identity and religion. It is a religious thing, and our religion says that a female child should be pure and should not get swayed and that is why we do it."

- Dr. Fatima, 48-year-old



Khafd and religion

Religious obligation was the most often reported reason for *Khafd* in this study. Most respondents were told about this by elder women in the family, or through other community members, including friends and/or members associated with the religious institution (*Aamil/ Aamil's wives*). Almost all respondents were unsure about the exact religious citations that require Bohras to perform *Khafd*. Only three respondents produced a copy of a religious text that they thought mentions *Khafd*.

"I did not want to do something wrong. If it is in the Shariat we will definitely do it. I will only do it if it is really in the Shariat."

Interviewer: Have you read the texts?

No I have never read the texts. I just saw it on the internet and facebook."

- Razia, 36-year-old

"I don't know why Khatna is done. We have never discussed or learnt about it. We believe in the Shariat and Khatna has been done since Rasulallah's time, so we have to follow it. It might be written in the Sahifa, but I have never read it. Khatna is definitely related to religion, but I don't know if other Muslim sects practice it since I have never brought this up with them. In Dawoodi Bohras, it is compulsory."

- Bilkis, 64-year-old

Khafd as Sunnat

Most respondents said they believe *Khafd* is "Sunnat." Amongst the people who associated *Khafd* with *Sunnat*, two features are worth mentioning - first, most thought of it as compulsory and second, several were afraid of sinning or committing 'Haraam' or negative repercussions, had they chosen not to do the procedure. Both these misconceptions are signs that the term *Sunnat* is misunderstood. This may be due to the confusion in language as the word *Sunnat* has several meanings one of which is circumcision itself. *Sunnat* is also wrongly understood as "Farizat" which means compulsory.

Khafd is an optional act, which if not performed, the person will not have sinned or be harmed.

"I did not have any knowledge at all. I did not know that it is Sunnat, which means it is optional. I thought that this must be compulsory (Farizat) but it was not so. So, we did not bother asking anyone else about it since we thought it must be Farizat."

- Amina, 48-year-old

The word *Sunnat* has different meanings:

1. The way of life of the Prophet
2. An **optional act** that is recommended, and if performed the person would be rewarded, and if not performed, the person will not **have sinned or be harmed**.
3. A synonym for circumcision

"I think Khatna is practiced more as a tradition and that it should be done because it has been prescribed by the religion. Maybe (mother) felt that it will be a sin of sorts if we do not follow what should be done as a tradition."

- Yasmin, 47-year-old

Khafd in Hadith

Three respondents mentioned that *Khafd* is recommended in *ahadith*³¹. These respondents narrated the gist of religious stories that they believed were indications that *Khafd* was a religious requirement. None of the respondents cited the specificities of the *Hadith* in terms of authorship or exact language. In most cases the credibility of a *Hadith* can only be debated based on authorship and language usage/ interpretation.

"Islamic literature has two parts one is the Quran, which there is no doubt we don't question it... And the other is the sayings of the Prophet... And saying of the Prophets are something, which we can question, based on the authenticity of the narrator or the book. So whatever I am saying now is from the sayings of the Prophet. So we can definitely question whether this saying is right or wrong because it's being only practiced in the Fatemi Dawat, that is the Bohra sect..."

One of the sayings of the Prophet in the Sunni books says that there is a bath, purification from ritual impurity. That is generally the male and female have to bathe after they have sex. So when is that compulsory? The Prophet says that when the two circumcised persons touch each other this bath is compulsory. This gives us the interpretation that okay, the female is also circumcised."

- Hussain, 41-year-old man from medium city

Islamic scholars' critique of the above religious argument

While the exact *Hadith* on which the *Daim-ul-Islam* and *Sahifa* are based on or quote to promote *Khafd* is unclear, we highlight here some critiques by Islamic scholars of similar stories as those that were shared by participants in the study.

In the *Hadith* of Aisha, the Prophet said, "if the two circumcisions (*al-khitaanani*) meet, then it is obligatory to take *ghusl* (ritual bath)³²." Scholars have disputed this saying firstly, it is a *Hadith* about *Tahaarat/Tohara* and not about circumcision per se. Secondly, the word *Khitaan* refers to male circumcision. The Arabic word for female circumcision is *Khifaad*. In this *Hadith*, proponents of FGM/C extrapolate *Khitaan* to include both male and female circumcision. Scholars dispute this extrapolation saying, "In fact, in the Arabic language two things or persons may be given one quality or name that belongs only to one of them because that quality or name is more famous, stronger, more able, more prominent." This is seen in several other usages of such dualism like, "The name *Al Omaran* (the two Omars) refers to Abu Bakr and Omar; *Al Qamaran* (the two moons) and *Al Nayran* (the two fires) to the sun and the moon; *Al Isha'an* (the two evenings) to the *Maghreb* (sunset) and *Isha* (evening) prayers³³." Therefore this *Hadith* could well mean *ghusl* is obligatory when a circumcised male and an uncircumcised female's parts meet. "This is further strengthened by the fact that there is no evidence of FGM/C from the household of the Prophet³⁴."

31 *Ahadith* is the plural of *Hadith* (meaning story), which is a record of oral accounts of the sayings of the Prophet. *Hadith* is considered the main source of *Sunnah*.

32 De-linking FGM from Islam, USAID & Population Council, 2008

33 Al-Awa, M.S. (n.d.) *FGM in the context of Islam*. Cairo, Egypt: The National Council for Childhood and Motherhood.

34 De-linking FGM from Islam, USAID & Population Council, 2008

Another story put forth by a couple of participants was that *Khafd* was one of five requirements of all Muslims. As this story goes:

"When Ibrahim Nabim (Prophet Ibrahim) brought Islam, God told him, he said "Become Pure" so cut your hair, cut your nails, shave your under arms, shave your body hair, and he said finally you must do Khatna. God said now you are clean enough to be the receptacle of my religion. What the books don't say is that the same thing applies to women too. You are also supposed to keep your hair neat, you are supposed to cut your nails, you do your underarms, you know whatever. It's not that the books don't say it. Everything about women is Maqfi, which is in Purdah. So you may not say it out in public. But the same rights, privileges, duties, that are incumbent on males are also incumbent on women essentially and that is what Khatna is."

- Zehra, 48-year-old woman from big city

The *Hadith* of Abu Hureira is one cited source for the above story. This *Hadith* lists male circumcision as one of five acts of natural disposition: "*Khitaan* (male circumcision), removal of pubic hair, shaving of moustache, cutting of fingernails, and plucking of armpit hair." Extending the application of "*Khitaan*" in this *Hadith* to include FGM/C has been disputed on three grounds³⁵:

- This *Hadith* includes some tasks specific only for men. Just as shaving of moustache is not applicable to women, so is male circumcision not applicable to women.
- *Khitaan*, in this instance refers only to male circumcision as is supported by the Quran (16:123) where Prophet Mohammad was asked to follow the *milat* (religion) of *Ibrahim* who had been circumcised at age 80. It does not include women or refer to FGM/C.
- Prophet Mohamed himself did not observe FGM/C; therefore, he could not have imposed this on all Muslims.

Almost all respondents who support *Khafd* were unquestioning and displayed implicit trust in their faith and religious leaders. Many who did not know the religious basis for the requirement of *Khafd* also said they didn't feel the need to know specifics as Islam or the Syedna would not recommend anything that would harm them. A few also mentioned that it is just a matter of time before science reveals the benefits of *Khafd* to the world.

"Most of the things recommended by the Prophet are proven to be quite scientific and well thought out eventually. Just like Namaz is also considered the best form of exercise these days. So, we also feel that since Khatna too is mentioned in the Shariat, then eventually it will be proved as an excellent practice with some good reason."

- Zakiya, 66-year-old from a small town

"It's may be whatever the faith. It is what Rasulallah... it has been going down through the generations and Shariat. And if Mohammed Rasulallah has advocated anything then till now I don't think anything is wrong. Islam has never been wrong. Per se I don't think Rasulallah would have advocated anything that would have been harmful."

- Dr. Rukaiya, 47-year-old from a big city

35 De-linking FGM from Islam, USAID & Population Council, 2008

Clitoris as sinful or an appendage

A few respondents said *Khafd* is part of *Tahaarat* (ritual purification). In the physical sense, this translates to *Khafd* being equated with other grooming rituals practiced by the Bohras. When spoken about in this context the clitoral hood is mistakenly equated with hair and nails (dead protein), and that the prepuce has no specific function. The notion of *Khafd* as *Tahaarat* may also be a reason why it is mistakenly seen as a hygienic practice by some. Numerous respondents who support *Khafd* believed that the clitoral hood was insignificant and dispensable.

“Doing anything to the prepuce is not going to hurt or affect your sexual life, sexual pleasure, anything. Because it’s like an irrelevant appendage basically.”

- Zehra, 48-year-old woman from big city

“Actually I did not know that there is a part called clitoris in my body so I never felt the importance of this part. It is almost like it is not a useful part of the body. And that’s what I had been told by my mother.”

- Parveen, 29-year-old, Sunni Muslim

A majority of the women who supported *Khafd* were not aware that the function of the clitoris is solely to provide pleasure. These respondents did not know the accurate language to describe the clitoris, they called it “skin”, “flesh”, “it” or “that”. Sometimes the language used to describe the clitoris and the clitoral hood connoted sin and that it was something to be ashamed of.

“We just cut a little skin on the clitoris, and they say that it is ‘haraam ni boti’ (forbidden skin) and they also say that it decreases your sexual desire... and all the others who have not gone through it become promiscuous because of that thing.”

- Sana, 49-year-old

“They feel it should be done because it is considered Sunnat. It is said that that skin is not good. It is considered “haram ki chamdi/boti” and therefore it should be cut and thrown away.”

- Zeba, 61-year-old

This notion of the clitoral hood being redundant is erroneous and dangerous. A more accurate comparison of the clitoral hood to another body part would be the eyelids.

The clitoral hood is a protective tissue that serves a very important role in safeguarding an extremely sensitive body part, the clitoris, from physical damage and/or infection. The clitoral hood is a tissue, which may be of immunological importance, and aside from protecting the Glans Clitoris it is an erogenous tissue itself^{36a}.

“The prepuce is an integral, normal part of the external genitalia that forms the anatomical covering of the glans penis and clitoris. The outer epithelium has the protective function of internalizing the glans (clitoris and penis), and the inner preputial epithelium, thus decreasing external irritation or contamination. The prepuce is a specialized junctional mucocutaneous tissue which marks the boundary between mucosa and skin; it is similar to the eyelids, labia minora, anus and lips^{36b}.”

36a Fahmy, M. (2014). *Rare Congenital Genitourinary Anomalies: An Illustrated Reference Guide*. USA: Springer Publications.

36b Ibid

Khafd because of Syedna’s order

When asked why they perform *Khafd*, a few respondents mentioned that it was an order by the Syedna, the religious head of the Dawoodi Bohras. Amongst Conformists, members generally adhere to the orders of the Syedna with unquestioning trust.

June 2016, Syedna Mufaddal Saifuddin, Religious Head of Dawoodi Bohras

“Male and female circumcision (called Khatna and Khafd respectively) are religious rites that have been practiced by the Dawoodi Bohras throughout history. Religious books written over thousand years ago, specify the requirements for both males and females as acts of religious purity.”

“The procedure, the procedure, the procedure has to happen! If it is a man, then it is right, it is openly, and if it is a woman then discreetly but it must be done. You understand what I am trying to talk about, you understand properly about. In the man it is open, in women it is secret, but the procedure must be done! Whoever it is, whoever says it.”

“It was the Syednas order and our identity as a Bohra is maintained by the differentiating practice of Khatna.”

- Kubra, 65-year-old

“Normally it is said if it is Moula’s (Syedna’s) instruction then it has to be done.”

- Majida, 20-year-old

“Our Mulla/Maulvi spoke about it. They told us there is this practice and it needs to be done. It’s in one way of becoming Muslim.”

- Khozema, 52-year-old

Inconsistencies in the position of the religious institution on FGM/C

Bohras quote both the *Daim-al-Islam* and *Sahifa* as sources for the practice of FGM/C. In fact, these documents are worded to suggest that “*Khatna*” is compulsory for all children as though it is obligatory.

Following the legal cases against the Bohra *Aamil* in Australia and the three Bohra doctors in the USA, various *Jamaats* in various cities around the world (where FGM/C is banned) issued letters stating, “All parents and guardians are hereby directed in the strictest terms not to carry out *Khafd* under any circumstances.” In these instances, they list a *Hadith*, “*Hubbul watan minal imaan*” (love for the land of abode is part of faith) as superseding their position on FGM/C. This raises questions about their framing of *Khafd* as compulsory in the first place. This move also hints at a flexibility in the institutional position on *Khafd*. If the *Hadith* on ‘the love for the land of abode’ could supersede the need to cut, then surely proof of the harm caused by *Khafd* along with the fact that the Quran does not mention *Khafd* and in fact *Khafd* violates several of the Quran’s prohibitions on causing harm to the family should be enough to supersede any requirement of *Khafd*.

Prohibition of Harm in the Quran

"My Lord has forbidden all atrocities, whether overt or disguised, and harm (ithm). (7:33)."

"Abandon all harm (ithm) whether committed openly or in secret. (6:120)"

"No mother shall expose her own child to harm, nor shall any father expose his child to harm. (2:33)"

Khafd as Paaq/ moral purity

Khafd is closely associated with concepts of purity, piety and cleanliness in the spiritual sense as well.

It is about "being a pure Bohra. More for purity. It is the idea that it (Khafd) completes your religion... It is more like you are dirty if you have not got it done. Dirty in both senses physically in terms of hygiene and morally. You are not pure."

- Mehtab, 58-year-old

"Paaq means from a theological/spiritual angle is that the body has to be clean in order for the soul to be clean. So if your body is sorted then you are going to rise up in the realm of spirituality. Then you get more open to receiving the... whatever basically. Everybody always tells me that there are studies that prove that men's circumcision is for hygiene as well, may be. But it did not come from a hygiene point of view. It came from a point of belief. Later on science went to prove it."

- Zehra, 48-year-old

Equating FGM/C with male circumcision and therefore physical hygiene

Several respondents equated FGM/C to male circumcision. In fact, the word *Khatna* is technically used to denote male circumcision. The precise word for FGM/C is *Khafd*. Stemming from the popular understanding that male circumcision is performed for hygienic reasons, several respondents extended the analogy for women as well, suggesting that FGM/C is performed for reasons of physical hygiene.

"(Mother) said it is hygienic. The same argument you would probably give for male circumcision she gave for FGM/C and as far as I know my mom I am sure she believed that, which is why she got it done."

- Lubaina, 23-year-old

"I convinced myself that it was necessary to keep the area clean as I had heard before, that in males it was necessary as it prevented urine infection. So, I assumed that in women also it will mean the same."

- Batul, 51-year-old

"As far as I know, the science behind the practice is that the removal of certain parts reduces the chances of infection due to residual urine and blood."

- Kubra, 65 year-old

"It is also linked to cleanliness, just like it is for the boys."

- Zakiya, 66-year-old

"Had I not got my Khatna done, I may not have been allowed to marry the Bohra way."

Shahina, 47-year-old woman subjected to Khafd as an adult

"While converting to become a Bohra, I had to undergo the procedure of Khatna. I was a bit scared. The lady made me lie down and she did the cutting. Within five minutes it was over. Actually at that time, I was so terribly scared that I was kind of numb and did not even realize what was happening to me. It pierced like a needle. Then I placed some cotton on coming back home. I had no problem during urination, or any burning sensation. But the place where I am cut, I feel like my skin has gone dead. What was earlier sensitive is now no longer sensitive. When I touch there, it is scarred and the sensitivity is not there."

I had never heard about Khatna before my marriage. Actually, since I was a Hindu girl marrying a Bohra man, I had expected to make some compromises and so when I was told about Khatna, I took it like that. My father-in-law had first told me that I need to undergo Khatna before I can get married to his son. Me and my husband had got married in the court right at the start. But then we were told that before we have any kids, we should get married the Bohra way... I was told by the family members that without getting married in this way, our children will be considered illegitimate children. (Agar aapke bohri tarike se shaadi nahi hogi, to aapke bacche hoge to haram ke kehlayege.) Had I not got my Khatna done, I may not have been allowed to marry the Bohra way at all. I could not have just said that I got it done without having done it since the in-laws made it a point to take

me along with them so that it was ensured that the Khatna got done in front of the women of the household.

My husband and me follow Shia practices much more and we came to know much later that this needn't be done at all. It was told to him by a Maulana of the Shia sect after I had already undergone the procedure. Now looking back there is nothing much we can do about it. So, I don't regret having undergone Khatna. But had I known it earlier maybe I would not have done it at all."

Khafd as an initiation ceremony and part of Bohra identity

FGM/C in several communities around the world is a Rite of Passage, performed as a maturity ritual symbolizing a girl's entry into puberty/adulthood. Amongst the Bohras however, *Misaaq* is the clear Rite of Passage, which is a public celebration for a girl, once she reaches puberty and begins menstruation. It is after the *Misaaq* that the girl is seen as an adult, she can wear the *Ridah* and do *Namaaz* in the mosque.

Inferring from the accounts of respondents, Bohras have a continuum of Initiation Ceremonies and *Khafd* is the first step in that continuum, followed by *Misaaq* and then *Niqah*. In most accounts, *Khafd* is kept highly private/secret and holds little significance as a public ritual. It is followed by a *Mithi Sithabi* only in certain geographic regions³⁷ and not in most others. Even in the instance that *Khafd* is followed by a *Mithi Sithabi*, it is not announced as such, and is just inferred by guests if the girl is around seven years of age. Some participants who discussed having attended or organized *Mithi Sithabi* functions for their daughters said that this ritual can be positive for their daughters – a happy memory linked to their *Khafd*. A few participants underscored that the distribution of sweets among immediate family was a way to signal that *Khafd* had been performed. This was not universally true across the different research sites.

Given that girls are only seven years old and pre-pubescent during the highly secretive procedure, which is mainly associated with a) sexual control, b) "purity," and c) becoming Bohra, little relevant information about such reasons for the practice is shared with children immediately following *Khafd* because they are too young. It is thus of little significance as an initiation for the child at seven or eight years, personally as well.

The main significance of *Khafd* as was expressed by a few respondents was that, not performing it on a child would bar her from undergoing *Misaaq* and/or *Niqah* or nullify them, which is again highly debatable, given that the *Khafd* status of a Bohra woman is never made public or checked. However, for non-Bohra women who wish to marry Bohra men in a traditional *Niqah* ceremony, *Khafd* becomes necessary. Some respondents who were related to such adult women (i.e., who had to undergo *Khafd* in order to marry into the community) attested to such a practice. Some other respondents said that they knew of non-Bohra women marrying into the community who did not go through the procedure. The pressure to undergo *Khafd* as an adult for a non-Bohra woman came down to the marital family and/or the *Aamil* conducting the *Niqah*.

"Because it is a matter of completion of a Shariat, like we take Misaaq also, there are steps, we get married. So it's a kind of a ceremony. When a boy also gets circumcised we distribute sweets so we do it for girls also at least within the family. And we congratulate everyone."
- Kubra, 65-year-old

"It is just said in the Shariat that it should be done by all Dawoodi Bohras. If the Khatna is not done, women cannot go to the mosque and then the Namaz that they perform is not valid."
- Asma, 44-year-old

"Another thing that I have heard recently which I had never heard before – we take Misaaq an oath when we are 13-14. They say if you don't undergo Khatna, the Misaaq is nullified and doesn't matter."
- Jamila, 43-year-old

"If a girl has not undergone Khatna, she is viewed with a lot of suspicion and distrust. Khatna is considered a kind of Pakeezgi or purifying ritual, so girls who haven't had it done are thought of as impure. People think, 'If she hasn't even taken the first step, how will she take her Misaaq? How will she become a Bohra?'"
- Masooma, 19-year-old

Khafd to ensure sexual control

Regardless of their support or resistance to FGM/C, most study participants believed that control of women's desires and sexual behavior is one of the reasons for *Khafd*. A clear majority of women (both who support and those who oppose FGM/C) affirmed that sex is for both pleasure as well as reproduction. There was a fundamental difference however in the way each of these groups saw women's sexual pleasure. While the women opposing FGM/C saw sexual pleasure as an individual woman's right, most women supporting FGM/C indicated that women's sexual pleasure is primarily linked to the satisfaction of the husband's pleasure and that it comes with a woman's marital responsibility of maintaining monogamy. Consequently, the women opposing FGM/C tended to see *Khafd* as detrimental to women's sexual pleasure, while most women who supported *Khafd* said that *Khafd* helped women control their sexual urge such that they will not be attracted or they will be able to control their sexual desires towards men other than their husbands. Many women who supported *Khafd* also said they felt they had fulfilled sexual lives with their husbands and they didn't think *Khafd* had affected their sexual drive. Upon further inquiry into how *Khafd* helps women control their sexual urge selectively, none of these respondents were able to answer satisfactorily. Promiscuity and sexual activity outside of marriage were seen by most pro-FGM/C respondents as a sin and judged heavily.

"Khatna was performed on girls for safety reasons. The main reason for it is to reduce desire in girls. Earlier when husbands would go to war, the reason Khatna was performed was so that the women do not get attracted to other men."
- Firoza, 30-year-old

"They said the sex is kept under control for us women, if not there would be no control. One girl had become pregnant (before marriage). So it made me think that may be her Khatna was not done. This is why she was not able to control herself and she did all this."
- Razia, 36-year-old

"I heard this from my friends and we were discussing it during our Menege group. We were all talking about how a woman may get involved with ten different men if they have not undergone Khatna. Sex can go to their head."
- Munira, 39-year-old

"People especially men very often talk loosely about women who have many sexual relations saying that she must not have been cut or had her Khatna, 'Woh aurat to bina Khatna ki hogi!'"
- Shoheb, 56-year-old

37 Surat, Pune, and Mumbai

Control and Balance

Women's ability to curb their sexual urge or "control" was constantly seen as a virtuous trait associated with maturity, responsibility, and morally correct behavior by a majority of those who support *Khafd*.

"Khatna is done to 'control' girls sexual urge so that girls don't go off in some wrong path."

- Mariya, 17-year-old

"I just thought that this thing (sexual urge) should be 'controlled.' We only become pregnant after the wedding. We are afraid that our daughters will go the wrong way and may become pregnant before then. If this controls the sexual urge then I would first prefer that we absolutely must do it (Khafd)."

- Razia, 36-year-old

"If your husband is travelling a lot, six months away, that is the time when woman can live without sex, men can't stay. May be this is the only benefit. You don't feel so desperate, for that, you need another man in your life. If your husband is not with you, you can still bear and not go astray wanting to have a sex life with other men."

- Zohra, 62-year-old

"They said "So that the girls/women will be disciplined... that they will stay in 'control,' "Sayyam ma rahe." So that she doesn't get swayed especially with pre-marital sex."

- Dr. Fatima, 48-year-old

Moral Superiority

The heavy moral expectation of Bohra women to not be sexually active outside marriage, is also seen as a core identity trait of women from the community, making them distinct and in some ways morally superior.

"I think performing Khatna is right. See, girls from Bohra community are never involved in any wrong doings. Like there are no Bohra call girls. You can observe it anywhere like you will never find any Bohra girl in brothels, they aren't into it. Why is there a custom of Iddat in our community? It is followed for four to four and-a-half months, when she should be able to control herself. So, it (Khatna) is beneficial because a person can have control over one's self. That is how feeling/urge of having sex is over. Additionally I think Bohra women are protected from AIDS since their Khatna is done. I personally have enjoyed sex. I haven't faced any problems because of Khatna."

- Shabana, 57-year-old

"Then once I got older, my mom explained that it reduces sexual urges in women. The other sects or religious groups which do not get it done have too much sex, whereas in our community, Khatna lowers sexual drive. And this is a fact; the women in the Dawoodi Bohra community aren't very sexual. Women in our community are generally caught up in and satisfied with familial issues and bringing up their children. In other communities, women are used as call-girls, and have affairs with many men. Those women are only satisfied by sex, which is of prime importance in these communities."

- Tahera, 52-year-old

"My mother-in-law was alive when I had to get my daughter's Khatna done and she convinced me saying that according to the Shariat, one should do the Khatna of kids. The logic being that children will not go astray. She had explained saying that while the Hindu girl may get excited when a boy passes by; the Bohra girl will not and this is because she has undergone Khatna. That is because her part has been cut."

- Mariam, 50-year-old

Community pressure

Several mothers who were undecided about whether they should subject their daughters to *Khafd* spoke about the pressure from the family, community members, neighbors, friends, and religious acquaintances who inquired about their *Khafd* plans as soon as the daughters turned six years old or so. A few mothers who oppose *Khafd*, also shared that they chose not to publicly announce their decision to not cut their daughters owing to fear of social isolation. Although *Khafd* is still not known as grounds for social boycott and ostracism from the community, the fear of isolation and being judged was palpable and enough to stop people from even critiquing the practice publicly.

"There is a trend where any random person comes and enquires whether a 10 or 12 year-old girl has undergone Khatna. This has taken place with me also. So now I am mentally prepared to answer people if they come to ask about my girls. So I will not explain to them why I have not done Khatna of my girls but just to avoid problems I will tell them yes."

- Firoza, 30-year-old, young mother

"I have to tell ten people, "Oh we also got Khatna done." For example when my sister was six years old there was a Mithi Sitabi after a Khatna. When they were celebrating it my sister was not invited because her Khatna was not done. If those are the only friends she has eventually in life they are going to distance themselves from her."

- Jumana, 26-year-old

"Recently I spoke out about FGM/C and it caused a lot of backlash for my aunt, she is really tied up in the community. The Kothar's people called her up about what I was doing. My aunt called my mother. My mother was also very furious because she doesn't want to get ostracized. You can't do anything if no one is talking to you when we go to the mosque. My mom is not religious but she is in the community for a sense of community."

- Sarah, 19-year-old

“There is so much pressure from all around that you do end up doing FGM/C on your daughter...”

Munira, 39-year-old mother from a medium city

“When my daughter became six years old, my mother started calling me up to remind me that I must get her Khatna done. She called me twice or thrice. I was scared to get it done but finally I knew I had a healthy child and the more I delay it she is going to have more of a difficulty in healing as she grows up. So finally, I thought let me just go ahead and get her Khatna done.

There is so much pressure from all around that you do end up doing FGM/C on your daughter. Your friends and parents keep telling you to get your daughter’s Khatna and that acts as a pressure on us. Even if a woman walks out of her home without a Ridah, people around start talking about those women. My own husband insists that I must wear a Ridah every time I go outside home. We are also living in all Bohra societies and so people around act as watch dogs for everyone and keep a watch as to who wears a Ridah and who doesn’t.”

Conclusion

To see the existence and the continued practice of FGM/C as only a traditional or religious practice is to ignore the diverse and inter-connected rationales behind why the practice continues amongst Bohras. As a religious practice, the justification for *Khafd* is hinged on notions of purity, and the control of women’s sexual desire is viewed as a way to instill purity and piety in women. The control of sexual desire is also tied to the notions of Bohra identity. Several participants alluded to conversations where FGM/C was viewed as a way to establish a separate cultural and a morally superior identity from other religious communities. The fact that many participants thought that FGM/C is a compulsory religious ritual points to the key role that the Bohra religious authority plays in propagating and reinforcing this idea. The blind faith in the Syedna also provides impetus to firmly establish FGM/C as a social norm. As a social practice, FGM/C manifests because of familial and community level pressure to undergo *Khafd*. This is especially true in medium cities and small towns compared to the big cities.

FGM/C (*Sunnath Kalyanam*) in Kerala

Bohras are not the only community to practice FGM/C in India. FGM/C is also practiced in different parts of Kerala amongst different sects of Muslims and is referred to as female *Sunnath Kalyanam* there. According to a FGM/C survivor from Kerala interviewed for this study, unlike Bohras, it is not done so universally amongst all the people belonging to any particular sect in Kerala. It is just practiced in certain families from certain locations, and the prevalence is reported to be higher amongst Muslims from the Malabar region. Like Bohras, FGM/C is practiced as an ancient ancestral tradition in Kerala too and most elder women do not know the exact reason behind it. There are no cultural rituals that are followed after the procedure is done and the mosque doesn't play any role in the propagation of the practice.

FGM/C is performed along with the hair removal ceremony (*Mudigalaya*) by "Ozhatis", women belonging to the barber community. Usually the clitoral hood or the prepuce is cut as part of this procedure (Type 1 FGM/C). However, since the practice is many a times done when the child is really small (three to six months old), there remains a risk of cutting off the entire clitoris itself because the organs are not fully developed at that young age. Like it is amongst Bohras, boys' *Sunnath* is celebrated publicly while FGM/C is done extremely secretly.

The first time this issue was discussed publicly was by E. A. Jabbar in the Freethinkers forum organized by Yukthiwad Sangam in March 2015. In 2017 a survivor of FGM/C from Kerala also wrote an article about her own story in a Malayalam magazine talking about her experience of FGM/C and the impacts it had on her physical and sexual health. In August 2017, Sahiyo conducted an investigation on a clinic in Kozhikode, (Calicut) that has been performing FGM/C on patients who demand it. According to this story, this clinic was performing "Sunnath" on both boys and girls. It was reported that they performed FGM/C on all ages ranging from babies to adult women.

It is speculated that Arab traders who traveled to the coastal regions of Kerala may have brought FGM/C to the area. It is also heard that some Christian nuns practice this procedure in Kerala but there is no confirmed evidence for the same. All this indicates that FGM/C may be more widely practiced in India than we currently imagine.

"I was 22 years old when I first realized that I didn't have a clitoris."

Parveen, 29-year-old, Sunni Muslim woman from Kerala subjected to FGM/C

"When I went for my post-graduate degree, there was a doctor who came to talk to us about the sexual orientation course and he mentioned that there is a part called the clitoris in our body. He explained that there is a projection, which feels like a rosebud when you touch and so I tried looking for and feeling it but I couldn't feel any such part in my body. I was quite embarrassed and so I didn't try to see it with a mirror. And then I just forgot about it. Later when I saw my cousin's daughter's hair removal ceremony followed by her Sunnath Kalyanam, my mother said that the same thing had also been done to me.

My mother said Sunnath Kalyanam also happens in my father's family. The problem is it happens secretly. Only my mother's mother, my mother and my father's mother knew about it. My father also did not know that this practice exists in his family. In my case, when my mother delivered four of us, she was at her mother's house and my father used to work in Saudi Arabia and so maybe he never came to know about this happening to us. I have never spoken about this to any of my sisters. They have all undergone FGM/C. There is no awareness about female body parts and so we don't know anything about this.

It was only after my marriage when I had a lot of pain during my first sexual intercourse, my husband told me that I am feeling this pain because I don't have this part (clitoris) in my body and therefore I can't feel pleasure while having sex. For almost one year, it was very painful and I was afraid to have sex. That's when I felt that if my clitoris

was intact, my sexual life would have been more pleasurable. I read that it is a part that has 8000 nerve endings and it gives a lot of pleasure and I came to know that since I don't have it I feel a lot of pain. Usually, the top part, the clitoral head is removed but in my case, there is nothing. When I touch it out there, I don't have any sexual feelings at all. It is just like touching any other part of the skin. I don't have a problem of lubrication but we need a lot more time for foreplay.

I was very sad and I told my partner, "I can't feel pleasure with you like that." He said fine and we will take time and the encouragement and support he gave me is tremendous. In the case of other women, the men also don't know about it and if the women are not showing sexual interest then a lot of issues come up. So, in their sexual life, they are not happy."

Trends in FGM/C in India

Just as the world is increasingly becoming more polarized, people's positions on FGM/C in India are also becoming polarized. We are witnessing a slow abandonment of the practice on the one hand, and on the other is an increasing religious orthodoxy. The last five years have seen a dramatic break in silence and increase in public debates on FGM/C amongst Bohras. The two international legal cases in Australia in 2012 and USA in 2017 have brought the issue of FGM/C amongst Bohras into the limelight.

The anti-FGM/C movement, specifically *WeSpeakOut* and *Sahiyo*, shattered Bohra women's silence surrounding *Khafd*, politicizing it, and pulling it out of the heavily guarded realm of "privacy." In response to these concerted efforts, we are beginning to witness a public retaliation from the more staunch Bohra religious leaders and followers, who are beginning to organize a pro-FGM/C movement under the umbrella of the Dawoodi Bohra Women for Religious Freedom.

Growing Conservatism

Study participants both older and younger reflected upon the changes in the imposition of certain community norms over the years. For instance, the *Ridah* which is the traditional attire amongst the Bohras was never seen as a compulsory attire for Bohra women. However, today in some areas, there is a new orthodoxy regarding wearing *Ridah* – almost akin to the wearing of Burkha in other Muslim communities.

"Ridah is compulsory in our community whenever we go outside. Seventeen and eighteen-year old girls over here can't go outside without wearing Ridah even near home and it is not that mothers force them to do so. My cousin sister has daughters. She never asks them to wear the Ridah but they themselves wear it. They go to a Bohra school, it might be the culture over there or I don't know. But family never forces them to do it. It (Conformism) has increased a lot. When I was young, it wasn't the same. We used to go out wearing dresses now I feel like I am the only one who wears dresses, no one goes out wearing only a dress."

- Shehnaz, 25-year-old

"The younger generation is more conservative because often they study in all Bohra schools and they hardly have any contacts with people outside."

- Sultana, 65-year-old

"I also think that when I was growing up 30 odd years ago people were not just tied to other Bohra people. Whereas I think now there are a lot of people in the US who only have Bohra friends. And that's certainly something that's prescribed by the leadership. To stay within your community. And it's interesting that there is so much going on at the Masjid all the time. Social events, and there's a sports day coming up. Then there is the religious stuff, the birthdays of every Syedna and the death anniversary of every Syedna. There is something going on so often and you are kind of expected to go on all of these events. And you can understand why and how you will not have friends in other cultures because you are so entrenched in the Bohra community that you don't have time for anyone else."

- Saba, 47-year-old expat

Signs of Abandonment of FGM/C

The study clearly revealed a generational difference in the opposition to *Khafd*. More younger women were vocal about their opposition to the practice and their intention to end it. There were clear geographic differences between those who support *Khafd* and those who oppose it. Younger people from big cities were more likely to be aware of the anti-FGM/C movement, the international legal cases, and media attention on FGM/C. This coupled with their exposure to diverse communities has influenced young urban women's position on FGM/C. In comparison, older Bohra women from small towns were more staunch supporters of *Khafd*. In a majority of cases respondents were likely to revise their position on FGM/C based on proof of the health consequences of the practice.

"My sister-in-law is well read in Islam and yet she strongly feels that she does not want to get it done for her daughter."

- Dr. Kulsum, 57-year-old

"One thing is very very true. There are a lot of people in the community. Like I know a lot of my school friends who were cut and who seem very religious, they have husbands with beards and Bohri topis, but they have vowed never to get it done to their daughters."

- Jumana, 26-year-old

Increased Medicalization of FGM/C

One sentiment that echoes consistently in our study is that both people who support *Khafd* and those who oppose it are concerned about the safety and well-being of the girl children subjected to the practice. While those who oppose *Khafd* believe in harm elimination and want an end to the practice in its entirety, once and for all, those who support *Khafd* want to reduce the harm involved. To this end, several of those who support *Khafd* expressed the need to make it more hygienic and minimize risks by shifting the procedure from traditional circumcisers to medical facilities. Judging from the responses, it is safe to expect that FGM/C will increasingly and rapidly be medicalized in India (starting from bigger cities) and will be performed largely in medical hospitals and clinics by medical professionals (doctors and/or nurses).

"Many doctors also practice it. And some 20-25 women practitioners also are available in Mumbai. People do go more to doctors rather than the traditional practitioners."

- Zubeda, 58-year-old Traditional Circumciser

India as a hub for *Khafd* of expat girl children

Given the context of the two international legal cases highlighting FGM/C in the community in Australia and the USA, the expat Bohra community has become increasingly cautious about performing FGM/C in foreign countries where it is illegal. Several respondents mentioned that family members living abroad now speak of bringing girls to India to perform the procedure. Until India bans the procedure, the country will serve as a hub and witness an increase in numbers of expat girls being brought in to be subjected to FGM/C.

"So there was one situation in Ramzaan last year, that would have been in June last year – the visiting Aamil (they move the Aamils a lot during Ramzaan), he was overheard encouraging a grandfather, because the grandfather had approached the Aamil to say, "my granddaughter is going to be 7 soon. How do I get Khatna done? Because I can't do it here (USA)." And the Aamil said, "Oh no just take them to India it's no problem at all." But of course, it's illegal to do that too. So that's bad advice already."

- Saba, 47-year-old expat

"I have not spoken to a Gynecologist here (in India)... but I know someone who was practicing in the US, she was telling me that she has to do it (Khatna) hiding...because of the laws over there. It is a very scary thing because her license may be taken and everything. She had also stopped... "Now, I have stopped because it is risky because of my license." And then I asked, "What do the girls over there do?" and so she said that they prefer to go to India and the mothers get it done for them."

- Dr. Aarefa, 34-year-old

"Whoever from my family is in USA, I mean all my in-laws' members are in USA; (almost 14-15 families from my in-laws' side) they get it done after coming to India. They do get it done but in India only. All of them are at different places like New Jersey, New York. But they get it done."

- Shabana, 57-year-old

FGM/C will go underground in India

With all the increase in public attention regarding *Khafd* amongst Bohras, the community of people who support the practice feel increasingly marginalized, targeted, and/or judged. Circumcisers, religious representatives, and doctors who perform FGM/C are wary of speaking to third parties about the procedure or drawing any public attention to themselves that would associate them with the practice publicly. This secrecy is only expected to increase in the future driving the practice further underground.

FGM/C in India: A Human Rights Issue

Abstract: *Khafd* or FGM/C as currently practiced by Bohras in India violates numerous rights enshrined in the Indian constitution. It is also a flagrant violation of India's commitments under numerous international treaties that it is party to. Building on the work of the anti-FGM/C movement in India, efforts to eliminate the harmful traditional practice in the country will require multiple interventions: legal, legislative, religious, and community mobilization.

Khafd violates the following human rights of women and girls:

- Right to be free from all forms of discrimination
- Right to life and physical integrity
- Right to be free from violence
- Right to health
- Right to be free from cruel, inhuman and degrading treatment

Legal arguments

FGM/C, right from a "nick" of the clitoral hood to infibulation constitutes violence against women and is a form of gender-based discrimination. FGM/C violates numerous rights that are enshrined in several international human rights treaties that India is party to and therefore has an obligation to protect³⁸.

Treaties that India is party to that FGM/C violates:

- Convention on the Rights of the Child (CRC)
- Convention on the Elimination of All forms of Discrimination Against Women (CEDAW)
- International Covenant on Civil and Political Rights (ICCPR)
- International Covenant on Economic, Social, and Cultural Rights (ICESCR)
- Convention Against Torture (India is a signatory, not yet ratified)

38 http://nhrc.nic.in/documents/india_ratification_status.pdf

FGM/C also violates several rights enshrined in the Indian constitution³⁹:

- Article 14: Equality before the law
- Article 15: Prohibition of discrimination on the grounds of sex
- Article 21: Protection of Life and personal liberty

Towards a law that targets providers of FGM/C in India

It is imperative that the Indian government pass a law banning FGM/C. Such a law, we believe should pay specific attention to criminalize the act of performing FGM/C and primarily target medical practitioners and circumcisers who perform the procedure. It would be similar to the campaign to end sex selective abortions where the Pre-Conception and Pre-Natal Diagnostics Technique (PCPNDT) Act⁴⁰ goes after the supply side, the medical professionals who profit from pre-natal sex determination. It does not target the mothers in sex determination and sex selective abortion cases, as it recognized that these women are themselves victims of a patriarchal tradition.

The narratives of a vast majority of the respondents who underwent FGM/C in this research revealed that they do not believe their mothers intended harm when they subjected them to FGM/C. Most of these respondents said they understood the compulsions and pressure faced by their mothers, and therefore *Khafd* did not leave a lasting negative impact on their relationships with their mothers. Most of the mothers who subjected their daughters to FGM/C were meticulous about after FGM/C care so that the child would not be infected. This is an extremely crucial detail to keep in mind while drafting a law against FGM/C and in determining who is primarily culpable for the offense under such a law.

"I was bewildered, I was wondering what was it (Khatna) and I didn't understand anything much. But maybe as I grew up I learnt that my mom has never been wrong, my mom wouldn't do anything to harm me, my parents wouldn't do anything to harm me."

- Dr. Rukaiya, 47-year-old

"No I did not have any hard feelings for my aunt or my mom. My mother had cried since she couldn't see my pain."

- Majida, 20-year-old

"I don't know if it (Khatna) has affected me sexually or not because I have not had sexual intercourse. But when I read about it, and the kinds of things it can do I obviously had a huge fight with my mother, my mother apologized. But eventually I realized she probably had no role to play because she herself was cut. As a kid since my mother had never deceived me or made me believe something else instead of Khatna, as long as you think your mother is doing what is right by you it is fine... It would never affect my relationship with my mother because that is different."

- Jumana, 26-year-old

39 <http://www.lawyerscollective.org/wp-content/uploads/2012/07/Female-Genital-Mutilation-A-guide-to-eliminating-the-FGM-practice-in-India.pdf>, accessed on December 7, 2017

40 <http://pndt.gov.in/writereaddata/mainlinkFile/File50.pdf>, accessed on December 7, 2017

Right to be free from Violence vs. the Individual Right to Religious Freedom

Most supporters of *Khafd* argue that it is their right to religious freedom to practice FGM/C and therefore the practice must continue. The individual right to religious freedom is guaranteed under Article 25 of the Indian Constitution. However, this right is not without conditions and is contingent upon the fulfillment of other rights. The Lawyer's Collective clarifies that in India, the right to religious freedom is subject to the fundamental right of equality and non-discrimination based on sex (Articles 14 and 15 of the Indian Constitution)⁴¹.

Conclusion

It is clear that FGM/C violates several provisions in the Indian constitution as well as India's commitments to several treaty bodies. Therefore the Indian government must pass an anti-FGM/C law banning the practice in India. Learning from the experiences of anti-FGM/C activism around the world, this practice will never be abandoned without mass mobilization and awareness-raising within communities. Educating parents about the harms of *Khafd* is key to ending this harmful traditional practice.

41 <http://www.lawyerscollective.org/wp-content/uploads/2012/07/Female-Genital-Mutilation-A-guide-to-eliminating-the-FGM-practice-in-India.pdf>, accessed on December 7, 2017

Conclusion and Recommendations

When it comes down to it finally, the FGM/C battle in India (like every other country where FGM/C is practiced) is a battle against a centuries old tradition that almost always is tied to a “religious identity” in the popular imagination. When in fact FGM/C is an ancient practice, like most other ancient patriarchal practices, solely devised with the intent to control women’s unique capacity to reproduce. Infibulation (Type 3 FGM/C) is a clear indication of this intent. Control women’s sexual behavior and you control reproduction.

Khafd in India, as we studied it, in most cases is Clitoridectomy (Type 1 FGM/C) and in very few instances it is reported as a “nick” (Type 4 FGM/C). With Clitoridectomy the original intent behind FGM/C transformed a little. Reduce women’s sexual pleasure, control their sexual urge, and you control reproduction. Obliterating the clitoris and limiting the source of women’s pleasure to vaginal penetration as a means to ensure heterosexuality is evident in Ahmadu’s research on circumcision in the Gambia and Sierra Leone. She points to, “the construction of heterosexual marriage and intercourse” as a way to understand excision/circumcision. She states, “heterosexual intercourse (rather than the presence of an external clitoris) is seen as key to women’s most intense, vaginally induced orgasms⁴².”

The current research revealed very powerful and moving accounts by over 30% of women who strongly felt *Khafd* had affected their sexual life. For all we know, more women suffer in silence owing to the stigma surrounding women talking about their sexuality. In addition are the women and girls who shared their experience of long-term psychological and physical harm from FGM/C. It is safe to say that *Khafd* in India is risky and harmful.

Grassroots organizing by WeSpeakOut and Sahiyo and the work of survivors of FGM/C in sharing their experience and concerns in the last five years have definitely taken the issue of FGM/C in India, from obscurity and made it a public political issue that merits national and global attention. Until now some of the key strategies calling for an end to the practice have included:

1. Petitioning the Syedna to ban FGM/C⁴³
2. Petitioning the Indian government to pass a law banning FGM/C⁴⁴
3. Petitioning the UN to recognize India as a country, which practices FGM/C⁴⁵
4. Filing a Public Interest Litigation case in the Supreme Court⁴⁶
5. Holding conversations with members of the Bohra community and raising awareness in the media, social media, and conferences.

42 Fuambai S. A. & Richard A. S. (2009). Disputing the myth of the sexual dysfunction of circumcised women: An interview with Fuambai S. Ahmadu by Richard A. Shweder, *Anthropology Today*, 25 (6), 14-17.

43 <https://www.change.org/p/stop-the-barbaric-genital-mutilation-of-young-girls-ladkiyon-par-khatna>, Accessed on December 12, 2017

44 <https://www.change.org/p/end-female-genital-mutilation-in-india>, Accessed on December 12, 2017

45 <https://www.change.org/p/unfpa-female-genital-mutilation-must-end-in-india-united-nations-please-hear-our-pleas>, Accessed on December 12, 2017

46 https://sabrangindia.in/sites/default/files/pil_on_khatna.pdf?362 Accessed on December 12, 2017

Any endeavor to end FGM/C in India must be cognizant of the current Indian administration’s track record on women’s rights, minority rights, and Muslim women’s rights in particular. The lessons from the decades old anti-FGM/C grassroots activism across Africa and especially Egypt is of precious value to the anti-FGM/C movement in India given that the Bohras have strong connections to Egypt.

In terms of taking the movement forward, the research study revealed some more strategic entry points for activism to build on the above.

- Many mothers who cut their daughters shared that they were worried for the safety of their daughters in the days after *Khafd* and worried about how their daughters would handle the immediate pain. It was clear that none of them intended harm. This is a big point of entry for dialogue on the impacts of *Khafd* with mothers.
- Most of the women (old and young) had numerous questions and clarifications about women’s bodies, sexual pleasure, sexuality, and *Khafd*’s impact on the same. These unanswered questions are again an opening for dialogue.
- Although they were open to receiving information, almost all the younger women (19 years -30 years) in semi-urban and small towns said they had not heard about the anti-FGM/C movement, nor the two international legal cases in Australia and the USA. A more targeted, grassroots level outreach program needs to be implemented in small towns with higher concentrations of Bohras. It would need to be in Gujarati and Hindi.
- While FGM/C has historically been practiced by both Conformist and Reformist Dawoodi Bohras, a disproportionate number of Reformists are beginning to abandon the practice. Consecutively working to raise awareness about FGM/C amongst Reformists (especially women) could be strategic to build quick support.
- Several women respondents who did experience challenges in their sexual lives because of *Khafd* expressed an urgent need for a closed safe group of survivors to share experiences and build a support network.
- A point of significance was that most male respondents who are now publicly anti-FGM/C had immediate female relatives (daughters and/or sisters) who had been subjected to FGM/C. Also, the research found that a large number of fathers are involved in their daughter’s *Khafd*, either passively or actively. It is therefore important to work with men, especially young men, and formalize a space to politicize their role in stopping FGM/C.
- Awareness-raising activities need to be developed targeting medical doctors who serve Bohra patients. Non-Bohra doctors serving Bohras need to be educated about FGM/C as their awareness of the practice is very poor. Anti-FGM/C doctors especially pediatricians must be trained to also counsel Bohra patients (parents of 5-year-old to 6-year-old year girls) about the health consequences and risks of FGM/C.
- Considering the increasing tendency and interest in medicalizing FGM/C in India, the Indian Medical Association needs to be called on to issue a zero tolerance policy on FGM/C. FGM/C violates a fundamental code of medical ethics, which is “First do no harm.”
- Most traditional cutters perform FGM/C out of economic necessity. Exploring alternative income generating activities that are more remunerative for traditional cutters, while educating them about the harms of FGM/C, organizing “laying down the knife” ceremonies, and positioning them as leaders in the anti-FGM/C movement could be explored as strategies. These were strategies used by some of the African partners of Equality Now’s fund for grassroots activism to end FGM/C.
- International funding agencies and organizations need to support more research especially on Type 1 FGM/C and its impact and for community organizing in the smaller towns.

- The anti-FGM/C movement may need different strategies for small towns when compared with large cities. In small towns mothers may be against FGM/C and not cut their daughters, but they enjoy low degrees of freedom from the community to be able to go public about it. Therefore the strategies to abandon the practice, and expectations from anti-FGM/C partners will need to be different. Also the need for clarification that Islamic texts do not promote *Khafd* may be more significant in small towns.

Even if (as people who support *Khafd* shared) FGM/C is moved to hospitals, is “sanitized” and is restricted to the “milder” form of a “nick,” the questions remain: Why is it performed? Why do the majority of Islamic countries in the world not practice FGM/C? Why does the Organization of Islamic Cooperation (with 57 member countries) oppose FGM/C? Most importantly, of what contemporary relevance is a practice that stems from an ancient need to control women’s sexual pleasure?

People who support *Khafd*, are moving away from “sexual control” as the stated reason to religious “ritual purity” as the reason to continue with *Khafd*. In light of all the evidence available, the risks and harms of *Khafd* far outweigh any benefits. In fact there are no medical benefits from the procedure.

This research also revealed that most daughters believed their mothers did not intend harm when they subjected them to FGM/C. This shared intent to safeguard the wellbeing of daughters may be the starting point for a dialogue between those who want to end FGM/C and those who support it. Parents who support FGM/C in India need to understand that while they may not intend harm, harm is exactly what they risk when they subject their daughters to FGM/C. Therefore, now may be a very good time for us to reimagine ritual purification ceremonies that celebrate Bohra girls, their identity, health and well-being, devoid of *Khafd*.

Annex 1

Bibliography

1. Abdel-Azim, S. (2013). Psychological and sexual aspects of female circumcision, *African Journal of Urology*, 19, (3): 141-142.
2. Abdi, M.S. & Askew, I. (2009). *A religious oriented approach to addressing female genital mutilation/cutting among the Somali community of Wajir, Kenya*. Population Council/USAID.
3. Ako, M. A. & Akweongo, P. (2009). The limited effectiveness of legislation against female genital mutilation and the role of community beliefs in Upper East Region, Ghana, *Reproductive Health Matters*, 17 (34), 47-54.
4. Al-Awa, M.S. (n.d.) *FGM in the context of Islam*. Cairo, Egypt: The National Council for Childhood and Motherhood.
5. Ali, C. & Strøm, A. (2012). “It is important to know that before, there was no lawalawa.” Working to stop female genital mutilation in Tanzania, *Reproductive Health Matters*, 20 (40), 69-75.
6. Almroth, L., Bedri, H. El Musharaf, S., Satti, A., Idris, T., Hashim, M.S.K, Suliman, G. I., Bergström, S. (2005). Urogenital complications among girls with genital mutilation: A hospital-based study in Khartoum, *African Journal of Reproductive Health*, 9 (2), 118-124.
7. Althaus, F. A. (1997). Female circumcision: Rite of passage or violation of rights? *International Family Planning Perspectives*, 23 (3), 130-133.
8. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
9. Askew, I. (2005). Methodological issues in measuring the impact of interventions against female genital cutting, *Culture, Health & Sexuality*, 7 (5), 463-477.
10. Asmani, I. L. & Abdi, M. S. (2008). *De-linking female genital mutilation /cutting from Islam*. Washington, D.C.: Population Council.
11. Baasher, T. (1979). Psychological aspects of female circumcision in traditional practice affecting the health of woman: Report of a seminar WHO/EMRO Publication No. 2.
12. Behrendt, A. & Morris, S. (2005). Posttraumatic Stress Disorder and memory problems after female genital mutilation, *American Journal of Psychiatry*, 16 (5): 1000 - 1002.
13. Bell, K. (2005). Genital cutting and western discourses on sexuality, *Medical Anthropology Quarterly*, 19 (2), 125-148.
14. Berer, M. (2010). Labia reduction for non-therapeutic reasons vs. female genital mutilation: contradictions in law and practice in Britain, *Reproductive Health Matters*, 18 (35), 106-110.
15. Berg, R.C. & Denison, E. (2012). Effectiveness of interventions designed to prevent female genital mutilation/cutting: A systematic review, *Studies in Family Planning*, 43 (2), 135-146.
16. Berg R.C., Denison E., & Fretheim A. (2010). *Psychological, social and sexual consequences of female genital mutilation/cutting (FGM/C): A systematic review of quantitative studies*. Report from Kunnskapsenteret no. 13–2010. Oslo: Norwegian Knowledge for the Health Services.

17. Berkey, J. (2008). Circumcision circumscribed: Female excision and cultural accommodation in the medieval near East, *International Journal of Middle East Studies*, 40 (4), 535-540.
18. Boddy, J. (2007). Clash of selves: Gender, personhood, and human rights discourse in colonial Sudan, *Canadian Journal of African Studies*, 41 (3), 402-426.
19. Bjälkande, O., Bjälkander, O., Leigh, B., Harman, G., Bergström, S. & Almroth, L. (2012). Female genital mutilation in Sierra Leone: Who are the decision makers? *African Journal of Reproductive Health*, 16 (4), 119-131.
20. Boyle, E. H. & Preves, S. E. (2000). National politics as international process: The case of anti-female-genital-cutting laws, *Law & Society Review*, 34 (3), 703-737.
21. Boyle, E. H., Songora, F., & Foss, G. (2001). International discourse and local politics: Anti-female-genital-cutting laws in Egypt, Tanzania, and the United States, *Social Problems*, 48 (4), 524-544.
22. Catania L., Abdulcadir O., Puppo V., et al. (2007). Pleasure and orgasm in women with female genital mutilation/cutting (FGM/C), *Journal of Sexual Medicine*, 4(6): 1666-78.
23. Christoffersen-Deb, A. (2005). "Taming tradition": Medicalized female genital practices in western Kenya, *Medical Anthropology Quarterly*, 19 (4), 402-418.
24. Cook, R. J. (2008). Ethical Concerns in Female Genital Cutting, *African Journal of Reproductive Health*, 12 (1), 7-16.
25. Coren, C. (2003). Genital cutting may alter, rather than eliminate women's sexual sensations, *International Family Planning Perspectives*, 29 (1), 51.
26. Cresswell, J. W. (2003). *Research Design: Qualitative, quantitative and mixed-methods approaches*. Thousand Oaks, CA: Sage Publications.
27. Creswell J.W. (2007). *Qualitative inquiry and research design: Choosing among five approaches*: International Student Edition.
28. Corbin J., & Morse J.M. (2003). The unstructured interactive interview: Issues of reciprocity and risks when dealing with sensitive topics. *Qual Inq*. 9,335-54.
29. Daftary, F. (2010). *A Modern History of the Ismailis: Continuity and Change in a Muslim Community*. London: I.B.Tauris & Co. Ltd.
30. Darby, R. & Svoboda, J. S. (2007). A rose by any other name? Rethinking the similarities and differences between male and female genital cutting, *Medical Anthropology Quarterly*, 21 (3), 301-323.
31. Diop, N. J. & Askew, I. (2009). The effectiveness of a community-based education program on abandoning female genital mutilation/cutting in Senegal, *Studies in Family Planning*, 40 (4), 307-318.
32. DiCicco-Bloom B., & Crabtree B.F. (2006). The qualitative research interview. *Med Educ*.40, 314-21.
33. Easton, P., Monkman, R., & Miles, R. (2003). Social policy from the bottom up: Abandoning FGC in sub-Saharan Africa, *Development in Practice*, 13 (5), 445-458.
34. Engineer. A.A. (1980). *The Bohras*. Mumbai: Central Board of Dawoodi Bohra Community.
35. Equality Now. (2012). *Female genital mutilation: Report of a research methodological workshop on estimating the prevalence of FGM in England and Wales*, London: Equality Now.
36. Fahmy, A., El-Mouelhy, M. T., & Ragab, A. R. (2010). Female genital mutilation/cutting and issues of sexuality in Egypt, *Reproductive Health Matters*, 18 (36), 181-190.
37. Fahmy, M. (2014). *Rare Congenital Genitourinary Anomalies: An Illustrated Reference Guide*. USA: Springer Publications.
38. Finke, E. (2006). Genital mutilation as an expression of power structures: Ending FGM through education, empowerment of women and removal of taboos, *African Journal of Reproductive Health*, 10 (2), 13-17.
39. Fuambai S. A. & Richard A. S. (2009). Disputing the myth of the sexual dysfunction of circumcised women: An interview with Fuambai S. Ahmadu by Richard A. Shweder, *Anthropology Today*, 25 (6), 14-17.
40. Ghadially, R. (1991). All for 'izzat': The practice of female circumcision among Bohra Muslims, *Manushi*, 66.
41. Giladi, A. (1997). Normative Islam versus local tradition: Some observations on female circumcision with special reference to Egypt, *Arabica*, 44 (2), 254-267.
42. Gordon, N. (1997). "Tonguing the body": Placing female circumcision within African feminist discourse, *Issue: A Journal of Opinion*, 25 (2), 24-27.
43. Government of India. (1994). Pre-Conception & Pre-Natal Diagnostic Techniques Act, 1994. Available at : <http://pndt.gov.in/writereaddata/mainlinkFile/File50.pdf>, accessed on December 7, 2017.
44. Gruenbaum, E. (2005). Socio-cultural dynamics of female genital cutting: Research findings, gaps, and directions, *Culture, Health & Sexuality*, 7 (5), 429-441.
45. Halim, A. M. A. (2007). From Bagdadji to Abu Hashim: New approaches to combat female circumcision, *Review of African Political Economy*, 34 (114), 719-725.
46. Hayford, S. R. & Trinitapoli, J. (2011). Religious differences in female genital cutting: A case study from Burkina Faso, *Journal for the Scientific Study of Religion*, 50 (2), 252-271.
47. Hernlund, Y. & Shell-Duncan, B. (2007). Contingency, context, and change: Negotiating female genital cutting in the Gambia and Senegal, *Africa Today*, 53 (4), 43-57.
48. Harvard Law Review. (1993). What's culture got to do with It? Excising the harmful tradition of female circumcision, *Harvard Law Review*, 106 (8), 1944-1961.
49. Jackson, E. F., Akweongo, P., Sakeah, E., Hodgson, A., Asuru, R., & Phillips, J. F. (2003). Inconsistent reporting of female genital cutting status in northern Ghana: Explanatory factors and analytical consequences, *Studies in Family Planning*, 34 (3), 200-210.
50. Jirovsky, E. (2010). Views of women and men in Bobo-Dioulasso, Burkina Faso, on three forms of female genital modification, *Reproductive Health Matters*, 18 (35), 84-93.
51. Johnson, O. E., & Okon, R. D. (2012). Perception and practice of female genital cutting in a rural community in southern Nigeria, *African Journal of Reproductive Health*, 16 (4), 132-139.
52. Johnsdotter, S. & Essén, B. (2010). Genitals and ethnicity: The politics of genital modifications, *Reproductive Health Matters*, 18 (3), 9-37.
53. Lane, S. D. & Rubinstein, R. A. (1996). Judging the Other: Responding to Traditional Female Genital Surgeries, *The Hastings Center Report*, 26 (3), 31-40.
54. Lawyer's Collective & Speak Out on FGM (2017). *Female genital mutilation: A guide to eliminating practice of FGM in India*. New Delhi: Lawyer's Collective.
55. McIntosh, M. J. & Morse, J. M. (2015). Situating and constructing diversity in semi-structured interviews. *Global Qualitative Nursing Research*, 2, 1- 12.

56. Monagan, S. L. (2010). Patriarchy: Perpetuating the practice of female genital mutilation, *Journal of Alternative Perspectives in the Social Sciences*, 2 (1), 160-181.
57. Morsy, S. A. (1991). Safeguarding women's bodies: The white man's burden medicalized, *Medical Anthropology Quarterly*, 5 (1), 19-23.
58. Muteshi, J. K., Miller, S., & Belizán, J. M. (2016). The ongoing violence against women: Female genital mutilation/cutting, *Reproductive Health*, 13, 44-48.
59. National Human Rights Commission of India. Core International Human Rights Treaties, Optional Protocols & Core ILO Conventions Ratified by India. Available at: http://nhrc.nic.in/documents/india_ratification_status.pdf
60. Newman, W. L. (2011). *Social research methods: Qualitative and quantitative approaches*. Boston, MA: Allyn & Bacon.
61. Obermeyer, C. M. & Reynolds, R. F. (1999). Female Genital Surgeries, Reproductive Health and Sexuality: A Review of the Evidence, *Reproductive Health Matters*, 7 (13), 112-120.
62. Obermeyer, C. M. (2005). The consequences of female circumcision for health and sexuality: An update on the evidence, *Culture, Health & Sexuality*, 7 (5), 443-461.
63. Parekh, B. (1996). Minority practices and principles of toleration, *The International Migration Review*, 30 (1), 251-284
64. Pepper, C. & Wildy, H. (2009). Using narratives as a research strategy. *Qualitative Research Journal*, 9 (2), 18-26.
65. Rahlenbeck, S. I. & Mekonnen, W. (2009). Growing rejection of female genital cutting among women of reproductive age in Amhara, Ethiopia, *Culture, Health & Sexuality*, 11 (4), 443-452.
66. Raymond, L., Weldon, S. L., Kelly, D., Arriaga, X. B. & Clark, A. (2014). Making change: Norm-based strategies for institutional change to address intractable problems, *Political Research Quarterly*, 67 (1), 197-211.
67. Schweder, R. A. (2000). What about "Female Genital Mutilation"? And why understanding culture matters in the first place, *Daedalus*, 129 (4), 209-232.
68. Shah, F. (2008). A qualitative study of FGM/FGC among Dawoodi Bohra Community.
69. Shell-Duncan, B. & Hernlund, Y. (2006). Are there "stages of change" in the practice of female genital cutting? Qualitative research findings from Senegal and the Gambia, *African Journal of Reproductive Health*, 10 (2), 57-71.
70. Shell-Duncan, B. (2008). From health to human rights: Female genital cutting and the politics of intervention, *American Anthropologist*, 110 (2), 225-236.
71. Shell-Duncan, B., Wander, K., Hernlund, Y. & Moreau, A. (2013). Legislating change? Responses to criminalizing female genital cutting in Senegal, *Law & Society Review*, 47 (4), 803-835.
72. Smith, C. (2011). Who defines "mutilation"? Challenging imperialism in the discourse of female genital cutting, *Feminist Formations*, 23 (1), 25-46.
73. Sulkin, C. D. L. (2009). Anthropology, liberalism and female genital cutting, *Anthropology Today*, 25 (6), 17-19.
74. Taher, M. (2017). *Understanding female genital cutting in the Dawoodi Bohra community: An exploratory survey*. Mumbai, India: Sahiyo.
75. United Nation's Children's Fund. (2013). *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*, New York: UNCF.
76. UNFPA-UNICEF joint programme on female genital mutilation/cutting. (2016). *Accelerating change by the numbers: Annual report of the UNFPA-UNICEF joint programme on female genital mutilation/cutting*. New York: UNFPA-UNICEF.
77. van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York: Viking.
78. qWade, L. (2011). The politics of acculturation female genital cutting and the challenge of building multicultural democracies, *Social Problems*, 58 (4), 518-537.
79. Walley, C. J. (1997). Searching for "voices": Feminism, anthropology, and the global debate over female genital operations, *Cultural Anthropology*, 12 (3), 405-438.
80. Williams, L. & Sobieszcyk, T. (1997). Attitudes surrounding the continuation of female circumcision in the Sudan: Passing the tradition to the next generation, *Journal of Marriage and Family*, 59 (4), 966-981.
81. Winterbottom, A., Koomen, J., & Burford, G. (2009). Female genital cutting: Cultural rights and rites of defiance in northern Tanzania, *African Studies Review*, 52 (1), 47-71.
82. World Health Organization (WHO). (2006). Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries, *Lancet*, 367(9525):1835-1841.
83. World Health Organization (2008). *Eliminating female genital mutilation: an interagency statement UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCHR, UNICEF, UNIFEM, WHO*. Geneva: World Health Organization.
84. Yoder, P.S, Wang, S. & Johansen, E. (2013). Estimates of female genital mutilation/cutting in 27 countries and Yemen, *Studies in Family Planning*, 44 (2), 189-204.
85. Yount, K. M. (2002). Like mother, like daughter? Female genital cutting in Minia, Egypt, *Journal of Health and Social Behavior*, 43 (3), 336-358.
86. HH Syedna: Stop the barbaric genital mutilation of young girls (Ladkiyon par khatna). Available at: <https://www.change.org/p/stop-the-barbaric-genital-mutilation-of-young-girls-ladkiyon-par-khatna>, Accessed on December 12, 2017
87. End female genital mutilation in India. Available at: <https://www.change.org/p/end-female-genital-mutilation-in-india>, Accessed on December 12, 2017
88. Female Genital Mutilation must end in India. United Nations please hear our pleas. Available at <https://www.change.org/p/unfpa-female-genital-mutilation-must-end-in-india-united-nations-please-hear-our-pleas>, Accessed on December 12, 2017
89. Public Interest Litigation on FGM. Available at: https://sabrangindia.in/sites/default/files/pil_on_khatna.pdf?362 Accessed on December 12, 2017

Research Tools

Interview Guide and Probes (Profile Women)

1. Identity Related:

- What is your educational background?
- What do you/ husband/parents do for work?
- How do you identify yourself culturally?
- Do you participate in the activities organized by the mosque?
 - How frequently do you participate in them?
 - In what capacity?
- Do you send your children to a Bohra school? Why? Why not?
- Is your family doctor a Bohra or non-Bohra?
 - Is your OB-GYN a Bohra or a non-Bohra?
- Do you mostly socialize with Bohra families? Or Are there any non-Bohra families in your social network?

IF PART OF MENEGE GROUPS: probe further regarding

- How frequently does your menege group meet?
- How many members are there in your menege group?
- What sorts of activities does your menege group engage in?
 - In what way do you think these activities are different from the ones organized by the mosque? Or are they different?

2. Experience, Knowledge and Attitudes regarding FGM/C (“Khatna”):

a. Personal Experience:

- How old were you when you had undergone *Khatna*?
- Who else in your household has undergone *Khatna*?

INFORMATION CHART OF CIRCUMCISED WOMEN IN YOUR CLOSE FAMILY:

| Name | Age | Relation | Education | Occupation | <i>Khatna</i> done by traditional/OBG/GYN |
|------|-----|----------|-----------|------------|---|
| | | | | | |

- What is your earliest memory of the event?
- Does anything trigger or bring back this memory back to you? Such as specific smells, or places, or people, etc.
- How was it explained to you?
 - Who accompanied you to the circumcision? Who consoled you?
 - Was your father consulted in the decision of your *Khatna*? If yes, in what way was he involved?
- Do you know what was done as part of the circumcision?
- Do you remember bleeding or pain during urination in the days following the *Khatna*?
- In the days immediately following the *Khatna*, do you remember any changes in your behavior such eating/sleeping habits, or your relationships with your mother, friends, siblings, etc. Did it affect your school performance?
- Can you describe your personality as a child? (introverted/extroverted/questioning/curious/rebellious)
- Did you personality change after the *Khatna* and if yes, how?
- Was it done in the summer holidays or any holidays or during school?
- When did you realize that you had undergone FGM/C? How did you find out what was done to you? [Finding out from family or a medical professional or media]
- At the time of your marriage, did your in laws inquire about the *Khatna* status? Do you need to prove that you have undergone *Khatna*?
- Are there specific occasions when such evidence is important?

b. Psycho-Social Impacts:

- As an adult Bohra woman, looking back on your *Khatna* experience, what do you feel?
- Do you feel that *Khatna* has affected you?
 - In what way? In your relationships?
- Have you had positive feelings associated with your *Khatna* or negative? Can you explain?
- Have you ever had feelings of sadness, anger, helplessness, anxiety, sleep changes, appetite changes, low self-esteem?
- If you have struggled with any of these do you think it has any connection with your *Khatna*?
- If at any time you had these feelings how did you manage or cope with them?
 - What resources did you use to get over these feelings?
 - Do you still sometimes have these feelings?
- How are you feeling as you speak about your *Khatna* experience to me/us?
- Are there moments when you remember the time of circumcision or is it a distant memory that you have no memory or faint memory of?
- After your experience of *Khatna*, did you feel any different from your non-Bohra friends?
 - Did you become self-conscious of your body? [Directly to young women]

- Do you feel embarrassed when you have an OB-GYN visit? Why?
- Have you spoken about this experience to anyone?
 - To any other women friends or family members? Why? Why not?
 - To your partner? If yes what were their reactions?

c. Women's sexuality:

- What are your thoughts on sex? Is it for pleasure or reproduction?
- Did anyone speak with you about sex when you were a young woman?
- Did you have to find out about sex on your own with your partner?
- How did you feel and what were your thoughts about your first sexual experience the days just before it happened?
- Did thinking of sexual contact invoke feelings of anxiety, fear, happiness, curiosity, positive or negative thoughts or both?
- Did you initially ever have difficulties trusting your partner in a physical relationship?
- If yes, did you ever associate it with your *Khatna*?
- What do you feel when you touch the part of your body where you have been subjected to *Khatna*? Describe the feeling?
- Were you ever curious if your sexual experience would have been different had you not undergone *Khatna*?
- Have you ever suffered from any of the following problems:
 - menstrual problems (such as excessive bleeding or irregular menses)
 - Pain during urination
 - Recurrent urinary tract infections
 - Pain during sex
- Have you consulted an OB-GYN for the problems mentioned above?
- Did she/he explain why you suffer from these problems?
- Do you think there is a link between *Khatna* and these?
- Have you ever had any conversations with close female relatives/friends about women's role related to sex?
- What do you think are the cultural expectations of Bohra women in terms of sexual behavior? How does it get communicated to you?
- Do you think women have the right to enjoy sex same as men?
- Do you think *Khatna* is in anyway associated with women's sexual behavior or women's sexuality?
- Do you think *Khatna* affects women's sexual pleasure in anyway?
- In the community how does one look at sex before or outside marriage?
- What do you feel about it?
- Do you think norms/rules/expectations about sexual behavior are different for Bohra men from Bohra women. If so how? Can you explain?

d. Cultural Rituals:

- Are there any cultural rituals (MithiSithabi) that follow *Khatna*? If so, do you recall or remember witnessing any of these following your own *Khatna*?
 - Did your family organize any ceremony after the *Khatna*?
 - Can you describe the details of the same? How many people came? Children & adults? Men and Women, Boys and Girls?
 - How did you feel during the ceremony? Did it make you feel special in any way?
 - Do you remember attending many MithiSithabi's associated with *Khatna* of your friends as a child?
 - If yes, how did you know the girl had undergone *Khatna*?
 - Do you have any memory of discussing your friends MithiSithabi's after their *Khatna*?
- What in your opinion is the significance of the MithiSithabi after the *Khatna*? Why do people do it?
- When you got your first period, did your family organize a Misak for you?
- How in your opinion is the Misak different from the MithiSithabi after *Khatna*? How are they connected?

e. Cutters – OB-GYN/Traditional:

- How do you identify people who can perform the ritual?
 - Is it by word of mouth?
 - Are the cutters traditional or medical doctors?
- When it comes time to do *Khatna*, would you prefer to go to a medical professional or a traditional circumciser?
- Why? Why not?
- How much do they charge generally? Traditional and OB-GYN
- Are they authorized by the religious institution? (Syedna/Kothar)
- How are they trained?
- Is there a special status given to circumcisers by the community?
- Roughly in each city how many cutters – T and OB-GYN will be there?
- Are they always women?

f. Attitudes / Beliefs surrounding *Khatna*

- Can you tell me why *Khatna* is practiced in the Bohra community?
- Do you believe that *Khatna* is required by religion?
- Do you believe that *Khatna* is an important rite of passage/ initiation ceremony for Bohra girls? Can you explain why?
- Do you think Bohra girls' modesty/purity is associated with *Khatna*?
- Does *Khatna* affect the marriage prospects of girls? Can you explain how?
- Do you agree with the reasons provided as a justification for *Khatna*? Why? Why not?

- In the community if it comes out that a Bohra girl has not undergone *Khatna*, is she seen differently? If yes, how?

g. Decision-making

- Who takes the decision about *Khatna* in the family? Community?
- Do you believe that decisions regarding *Khatna* are best left to women?
 - Do men have a say in the matter?
- Would you in the future consult with your husband if you ever decide to do *Khatna* for your daughter?

h. Resistance to *Khatna* / Options for Activism

- Are there any Bohra families you know who have refused to get their daughters circumcised? Were there any repercussions?
- Have you heard of any opposition to the practice of *Khatna*?
 - Are you aware of any anti-FGM/C campaigns in the Bohra community?
 - If yes, can you tell us the main reasons for the opposition?
 - Do you agree with this view point?
 - If not, can you elaborate why?
 - Have you heard that the practice has been banned in certain countries such as Australia, USA, UK and few others and accepted even by the *jamaat* of those countries?
- If tomorrow, the Syedna in India were to ban this practice, how would you feel about it?
- Do you think that such a ban would be followed by Bohras or is *Khatna* a matter best decided by families.

Additional questions for mothers with daughters who have been subjected to *Khafd*

1. When did you think about cutting your daughters?
2. Why did you think of doing the *Khatna*?
3. Was there pressure? If yes, from whom?
4. Was it a traditional cutter or OB-GYN and why did you choose the same?
5. How did you find the circumciser?
6. How did you plan it?
7. Did you consult your husband for the circumcision?
8. How did you explain it to your daughter?
9. Daughters' personal experiences – physical healing, psychological coping
10. How was your daughter's temperament as a child? Did the *Khatna* affect their personality?
11. Did it affect their School performance, friendships, appetite, sleep patterns?

12. Did it affect your relationship with her?
13. Did you organize a ritual after? Details
14. How many people were invited? Did they know it was in celebration of your daughter's *Khatna*?
15. Have you spoken to your daughter about it ever since? Explain
16. How has your daughter reacted to that experience?
17. Has it affected the way you think about *Khatna*?
18. Given a choice would you do it for your granddaughters?

Questions for men

1. Educational background
2. Occupational background
3. Are you aware of the practice of *Khatna* amongst the Bohra girls/women?
4. When did you first learn about it?
5. What do you think is the purpose for/of the same?
6. Who all in your family have undergone *Khatna*? Have you heard of any issues or any problems that they may have had?
7. Were you involved or consulted in the process of taking the decision of doing the *Khatna* of your own daughter? (wherever applicable)
8. Have any rituals been performed after the *Khatna*?
9. Who were the cutters? Were they traditional or doctors? Any other details?
10. Did you feel responsible in any way while taking the decision?
11. Has the process of *Khatna* amongst Bohra women affected you and your life in any way at all?

Questions for traditional circumcisers

1. What kind of work do you do?
2. Are you single or married?
3. How many earning members in the family?
4. Annual family income
5. Since when have you been performing *Khatna* on girls?
6. Do you also perform *Khatna* on boys?
7. Could you please explain the girls *Khatna* procedure - what exactly do you cut? Do you remove a part of the clitoral hood/skin? Does a piece come off when you do the procedure? Do you ever do piercing, scraping or scratching? Do you apply some ointment/turmeric/ash etc?
8. Why do you think *Khatna* needs to be performed on girls?

9. Did your mother or any other older female relative in your family perform *Khatna* on girls?
10. How much do you charge for the procedure?
11. What are your tools?
12. How would you compare male circumcision to female circumcision? Do you see any similarities for the reasons why each is practiced or are they practiced for very different reasons?
13. Approximately how many girls have you circumcised in your time?
14. How did you learn to perform *Khatna*?
15. Did you get approval from religious authorities to perform *Khatna*?
16. In your time, have you seen any increase in the number of people going to doctors and medical facilities for *Khatna*?
17. Why did you take up performing *Khatna*?
18. Do you think the community members respect you more because you perform *Khatna*?
19. Have you heard of the Australian case where the cricumciser was arrested? Who told you about it and how do you feel about it?
20. Do you perform *Khatna* on girls from abroad as well?

Questions for OB-GYN

1. What exactly is the procedure of *Khatna* as you know it?
2. Have you seen a difference between Bohra women and other women who have not been through *Khatna*?
3. How many cases? What do you think is the prevalence rate?
4. Have you seen any complications as a result of *Khatna*?
5. How many cases?
6. If the prepuce is removed or altered what are the impacts?
7. There are some women who suffer trauma, excessive bleeding, over sensitivity in the region surrounding the prepuce. Do you think these are related to *Khatna*?
8. Some women say it enhances sexual pleasure. Is this accurate?

Respondent and household preliminary information sheet

(to be filled over the phone)

RESPONDENT NUMBER / DATE OF CALL: _____

1. Name of the Participant
(First name, Last name) _____
2. Date of Birth (Date/Month/Year) _____
3. Geographical area of residence
(including City and State): _____
4. How long have you been staying at this
current address? (in years) _____
5. Cell number (Mobile): _____
6. Marital Status: (Are you married or single?)
Married (1) / Unmarried (2) / Separated (3) /
Divorced (4) / Widowed (5) _____
7. Education _____
8. Occupation _____
9. Do you have children? If yes, how many? _____
10. Age and Sex of Children
If there are daughters, have they undergone
Khatna _____
11. Do you own a house in the city? Yes(1)/No, _____
12. In which school do they study? _____

13. Have you ever been abroad?
Where and when? Yes(1)/No, _____
14. How would you identify yourself culturally? _____
15. Which community do you belong to?
Non practicing/ Practicing (1) / Sunni Muslim (2) /
Dawoodi Bohra (3) / Other Shia sect (4) (specify)..... _____
16. How often do you go to the Mosque? _____
17. When did you last go to the mosque? _____
18. What is your native town? _____
19. How often do you visit your native town? _____
20. Do you have a Bohra E-card? _____
21. Since when have you had the Bohra E-card? _____
22. Have you undergone Khatna yourself? _____
23. How many women that you know have
undergone Khatna? (Specify count) _____
24. Are you a part of any menege group(s)?
If yes, how many members Yes(1)/No, _____
25. How old were you when you had undergone
your Khatna? (in person) _____ Years
26. Who else in your household has undergone
Khatna? (in person) _____

27. INFORMATION CHART OF CIRCUMCISED WOMEN IN YOUR CLOSE FAMILY: (fill out chart in person)

| Name | Age | Relation | Education | Occupation | Khatna done by traditional/OBG/GYN |
|------|-----|----------|-----------|------------|---------------------------------------|
| | | | | | |

Information Sheet for Participants

I am [*name of researcher*], part of a three-member research team undertaking a study on *Bohra* women from a sociological and health perspective. We would like to speak with you in-depth regarding the practice of *Khatna* and your personal experience and your views on *Khatna*. We are trying to understand the reasons the practice continues, from people who support and those who oppose the practice.

We take confidentiality very seriously. All the information you provide us will be confidential. Your identity will be protected. Any information we publish will be anonymous and no identifying information will be available to the general public. The information collected will only be used for research purposes.

We are speaking with other Bohra women like you to help us understand the impact of *Khatna* on their lives and the lives of their daughters. The interview will take 90 minutes and will be conducted at a time and place that is convenient to you. We hope to use the information you share with us to create programs to better serve the needs of the women and girls in the Bohra community. You can refuse to answer any question you feel uncomfortable with. You can also terminate the interview at any time.

Given the sensitive nature of the inquiry, each participant will be given the contact information of health care professionals who will be available to provide psychosocial support and care if such need arises during and after the data collection phase.

Will you face any specific risks if you participate in our study? Please tell us if we should be careful about anything or anyone specifically.

Do you have any questions?

Thank you for taking the time to speak with me. If you know of any other person who may be interested in being a part of this study, do let us know. In case you face any problem or have any more questions, you can get in touch with us

Our contact number for future reference is as follows: (*Telephone number*)

In case you need any help or psychological support after the interview you can also get in touch with Dr. Shirisha Sathe (*Telephone number*) who has agreed to provide the necessary support if so required.

Declaration by Researcher

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1. In-depth personal information will be collected which will be used only for research purposes alone
2. Complete anonymity of the person will be kept and confidentiality of data maintained
3. Audio recordings of the discussion/interviews will be done for research and review only

I confirm that the participant has been given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily. I shall also be available for the respondent should s/he require any sort of help after the interview, especially that related to the interview.

Print Name of Researcher/person taking the consent: _____

Signature of Researcher /person taking the consent: _____

Date: _____

Certificate of Consent by Participant

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I had, have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print Name of Participant: _____

Signature of Participant: _____

Date: _____

"This extremely vital and ground breaking research shares irrefutable evidence of FGM/C in India. It provides insights into the nature of the practice and for the first-time recounts experiences of damage and harm to women and children. The report goes beyond documenting survivors' stories of trauma and outlines clear cut suggestions and prescriptions to prevent this grievous human rights abuse. I sincerely hope that this report will accelerate our movement towards the elimination of FGM/C from the country."

Masooma Ranalvi,
Founder, WeSpeakOut

"This study has revealed quite a significant amount of information about FGM in the Bohra community unknown previously. It brings out the extent to which parents are putting their daughters in harm's way in the name of culture, religion, or due to fear of exclusion. There is an urgent need to protect Bohra girls from this inhuman practice that is imposed on them at the tender age of 7 to 8 years. Their human rights are being violated and the Indian State has a national and an international obligation to protect them including ones set under goal 5 of the Sustainable Development Goals."

Faiza Jama Mohamed,
Director, Africa Office of Equality Now

"The exemplary research undertaken by 'WeSpeakOut' on the practice of female genital cutting of the clitoral hood (khafd) is remarkable in many ways. Their detailed review of the historical and contemporary context of this practice provides valuable insights to the growing campaign against a violation of human rights of children and women, mistakenly in the name of culture and religion. The researchers have painstakingly gathered credible evidence from different parts of India to unearth the nexus between family, community, clergy, and trained and untrained service providers in propagating a blatant patriarchal practice that mutilates a child's body in order to curb her sexuality. This research has further strengthened my belief that a secular and feminist approach carries within it the strong potential to protect and nurture the rights of women, including those from minority religions, in our country."

Dr. Manisha Gupte,
Founder, MASUM

"FGM in India, is not a practice for 'tradition' but an abhorrent non-consensual violation of the woman's body to fetter her sexuality. It is time 'WeSpeakOut' to stop relegating FGM to the realm of a religious ritual. The government of India should come in consultation with the women of WeSpeakOut and bring laws to stop this violence, a violence that has been carefully covered up through history in the name of tradition."

Hasina Khan,
Founder, Bebaak Collective

"This is a very powerful and timely study that brings out the voices of Bohra women on the practice of FGM. It details out the experiences of women and the wide-ranging impacts on different aspects of their lives in a nuanced manner. While women's voices show the anger, they also show how much they have come to accept this as the 'new normal' thereby making the demand for a ban a difficult one. It is a timely study as it helps build much-needed evidence, which hopefully would bring back the recent petition filed in the Supreme Court demanding banning of the practice. The report should be widely read and discussed."

Seema Kulkarni,
Founding Member, SOPPECOM