
Female Genital Mutilation: A Detailed Analysis

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Abstract

Humans frequently assume complete responsibility for actions taken in the name of religion and, more crucially, conventions. A closer examination reveals several shades of ancient customs deeply embedded in our culture and people's minds. Whichever custom or habit that is determined to be in violation of human rights is no longer identified with such a country, but rather becomes a worldwide issue.

Female Genital Mutilation (hereafter referred to as FGM) is one such issue that has been kept hidden in the name of custom or tradition, and has been a common circumciser practise across Africa, the Middle East, and Asia. The treatment entails removing the external female genitalia through part or whole or causing excessive harm to the genital organs due to non-medical reasons. This tradition is not territorial in character; it transcends borders; and some immigrants in the United States and Western Europe continue to practise it by sending their daughters back to their homeland to have this treatment. FGM has been practised in India for millennia as "khatna" or "khafz" in the Bohra Muslim community.

The UN considers the Act to be a violation of human rights, despite the fact that no laws within India prohibiting it. WHO acknowledged FGM as a prime concern and released a joint declaration condemning the practise with the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA). Several workshops and seminars have been held in order to hasten its demise. Each and every generation has experienced diverse folds of humanity evolving over time, particularly in the range of practises closely tied to complicated social structures and customary standards of behaviour.

Several harmful behaviours have already been gradually abandoned during this shift, but others, such as FGM, continue to exist. The author wishes to shed light on the existent causes that push humanity to still believe in and succumb to this barbaric act of female circumcision, particularly in this day of modern technological growth and information, through the means of this paper.

Keywords: Gender equality, Human rights, Gender discrimination, Gender equity, Female genital cutting, Female genital mutilation, Gender norms, Female circumcision, Violence against women, Gender-based violence, Harmful traditional practices.

CHAPTER- I: INTRODUCTION

Female genital mutilation refers to several procedures on women and young girls that entail partial or whole removal of the outer genital and is regarded as customary practice in several African communities. Nevertheless, it appears to be a flagrant violation of girls' and women's human rights. Female genital mutilation is estimated to have violated the human rights of 130 million children and women today. For cultural or non-therapeutic reasons, the practice injures female genital organs. This destructive practice affects not only girls and women in Africa and the Middle East, where it has traditionally occurred, but also girls and women living in migrant communities in industrialised countries. Despite extensive lobbying efforts in recent decades generating widespread commitment to ending this practice, success in eradicating FGM has been limited, with some notable exceptions.

This study's primary goal is to determine why women who have undergone FGM wish to continue the procedure for their daughters. As per WHO, this procedure harms female genital organs and yet is done for cultural rather than medical purposes. It is one of the most serious social issues impacting women and girls, particularly in Somalia. Furthermore, due to the sensitivity of the problem, few studies and articles on FGM are undertaken on an international basis, covering Africa as a whole.

1.1 STUDY AREA:

For the majority of the study, the researcher has selected India where FGM is a rising issue. Other than India FGM/C is prevalent in Somalia, Kenya, and Sudan mainly. People in these countries are very defensive of their customs and some aspects of their culture. FGM is carried out in the guise of one of the traditions, and many people are concerned about it. Due to human migration, the practice has expanded to other parts of the world, making it a worldwide concern.

1.2 AIMS AND OBJECTIVES OF THE STUDY:

The goal of this study paper is to expose FGM to the realm of social services and work as a societal issue affecting young girls and women from poor countries. As a result, the project intends to make community development experts aware of the effects of FGM and to address diverse concerns affecting children and young people. Furthermore, experts must be prepared to interfere anywhere at any time because this custom violates the rights of the girls and women in the framework of women's rights and child protection. The study includes memories from the practice of female genital mutilation, which is practised in their communities. The problems arise both before and after the procedure. Especially, how cultural dimensions influence the continuance of the practice, how other religious groups think of the practice, and whether or not they have taken action to stop it. If anything has been done to assist the girls and women who have been forced to endure this heinous operation, and finally, how the practice violates the rights of women and children.

1.3 RESEARCH QUESTIONS :

By researching the existing subject, the researcher hopes to obtain answers to the following questions.

- Legal Provisions of FGM/C
- What kinds of FGM experiences do women have?
- What are the different reasons for FGM?
- How does FGM violate women's and children's rights?

CHAPTER- II : FEMALE GENDER MUTILATION IN INDIA

2.1 WHO PRACTICES IT?

Female genital mutilation is practised by the Dawoodi Bohra Muslim¹ community in India, as well as other minor Bohra sub-sects such as the Suleimani and Alavi Bohras. This community's ancestors and ideologies can be traced back to 10th and 11th century Egypt and Yemen. While this is a minor group in India, it has a population of over 500,000 Indians. In fact, according to a Sahiyo study, 80 percent of girls in this village had undergone FGM. Furthermore, 66% of them were aged 6 to 7. Most khatna procedures were carried out by traditional cutters, also known as "mullanis" (female Muslim religious leaders). However, FGM was also performed by healthcare professionals.

2.2 ILL-EFFECTS OF FGM/C:

FGM has both short and long-term negative repercussions on the victims' health and psychological well-being. The degree of the cutting/mutilation immediately correlates to the extent of the injury. As anaesthetic is rarely used on the sufferer during in the process, the sufferer is in excruciating pain. Excessive bleeding, edoema and inflammation in the vaginal area, infection, urinary difficulties, and even death are further short-term health hazards. Chronic genital infections, repetitive urinary tract infections, painful sexual intercourse, complications during pregnancy, labour and delivery of the child, prenatal risks, and debilitating psychological implications such as post traumatic stress disorder (ptsd) and depression are among the long-term repercussions. FGM has a negative impact on the health and social development of girls and women.

2.3 HUMAN RIGHTS VIOLATION AND FGM/C:

Human rights are the fundamental, inherent birth rights of every human on the planet, and are regarded as one of the most important for their development and well-being. They are applicable to all humans, irrespective of race, colour, gender, place of residence, caste, or religion. Such fundamental rights are founded on common values such as dignity, equality,

¹ Dawoodi Bohra Muslim Community

fairness, and respect. Human rights pertain to everyone, not just those who have been abused. They are implemented in our daily actions, such as our right to express ourselves, our right to education, our right to family, our right to water and food, and many other fundamental rights that are essential to our survival.

FGM is generally conducted among girls aged one to fifteen years. As a result, the global community has universally condemned FGM as an infringement of children's rights. The UNCRC sets the ultimate duty for guaranteeing that children's fundamental rights are acknowledged and safeguarded on the government. The UNCRC's guiding standard outlined in Article 3 is "the best interests of the child." Cultural methods are particularly included in UNCRC Article 24, which states that "States Parties should adopt all necessary and reasonable measures with a view to eradicating traditional practises injurious to the health of children."

There are no definitive sources or origins that can be tracked to establish when the practise first emerged, however it is often assumed to have begun in Egypt around 2000 B.C. The practise gained some seriousness in the 1970s, and many began to accept it as a violation of human rights, prior to that, it was not a universal issue. It is still thought to be performed throughout Africa, portions of India, and the Middle East. Every year, between 100 and 140 million newborns, girls, and women are operated on. Unskilled midwives use blades, razors, and even broken glass in isolated village communities. The issue is not where this custom originated from or what the stats suggest. Existence is a chronic and silent ongoing violation of human rights.

The rationales behind this gruesome and cruel practice can vary depending on the cultural, ethnic or religious background. The first justification states that communities practicing it can see it as a pre-requisite of marriage or transition into adulthood or for child bearing. In third world countries marriage is not a choice but a requisite for survival and economic security. Female genital mutilation is a pre-condition to marital status. Psychosexual reason is another justification for the practice. Uncircumcised girls are considered to be loose, immoral and supposedly bring shame to the family. They apparently run wild and are considered unable to control their sexual desire. There are religious justifications attached with it too, like it is necessary to keep the girl spiritually clean and pure. It is also believed that in order to curb masturbation, cure hysteria and some psychiatric condition the practice is continued. Lastly, we have aesthetic and hygienic justifications that state the need to remove the female genitals as they are dirty and removing them would protect the woman from illness and promote an aesthetic appeal.

CHAPTER- III: LEGAL ASPECTS ABOUT FGM/C IN INDIA

In May 2017, a petition² was filed with the Supreme Court of India demanding a comprehensive ban on FGM/C and a declaration that the practise is illegal and

² Sunita Tiwari vs Union Of India on 24 September, 2018

unconstitutional. Following that, the case was referred to a bigger constitutional bench³ without an interim injunction being issued, and it is currently waiting⁴.

The Dawoodi Bohra community, along with the Dawoodi Bohra Women's Association for Religious Freedom (DBWRF), has challenged this petition, stating that a legislative prohibition on FGM/C would infringe their basic right to religious freedom established in the Indian Constitution. The right to religious freedom is protected in Articles 25 and 26 of the Indian Constitution, however it is not absolute and is subject to certain restrictions including such public order, morality, and health.

FGM/C also violates a number of fundamental rights, including Article 14, which advocates for the right to equality, Article 15, which outlaws discrimination based on gender, religion, race, and other factors, and Article 21, which advocates for the right to life and personal liberty.

3.1. WAYS OF PREVENTION

Steps in India which may be pertinent to preventing the practise of FGM include the Integrated Child Protection Scheme (ICPS), which is focused on providing treatment and prevention services to "children in need of care and safeguards and children in conflict" as defined by the Juvenile Justice (Care and Protection of Children) Act, 2015, as well as children who come into contact with the law, either as a victim or a witness, or due to any other circumstance." Girls who have had or are at risk of undergoing FGM fall under the category of "children in need of care and protection" under the Juvenile Justice Act. As a result, they are ICPS beneficiaries. The ICPS also envisions expert assessment of an individualized treatment plan, which include the specialised and essential services under the system for the child. Given the particular and diverse requirements of a girl who has had FGM or is at risk of FGM, it is critical that the following ICPS services be made accessible:

- **Childline emergency phone outreach:**

Any girl in distress, or an adult acting on her behalf, should be able to call the national crisis toll-free number (1098) to seek emergency and long-term rehabilitation assistance. Child line operators should be educated and trained on the topic of FGM so that they can provide appropriate advice and guidance to callers. It should include, where appropriate, rescuing services, presenting the child to the Child Welfare Committee (CWC), cooperating with the CWCs, increasing awareness in communities, and other efforts deemed required.

- **Foster care:**

According to the ICPS, "fostering is an arrangement whereby a child lives, usually on a temporary basis, with an extended or unrelated family member. Such an arrangement ensures that birth parents do not lose any of their parental rights or responsibilities. This arrangement shall cater to children who are not legally free for adoption, and whose parents are unable to

³ FGM/C petition pending before Supreme Court

⁴ 2 million additional cases of female genital mutilation likely to occur over next decade due to COVID-19

care for them due to illness, death, desertion by one parent or any other crisis. The aim is to eventually reunite the child with his/her own family when the family circumstances improve and thus prevent institutionalization of children in difficult circumstances.” It is suggested that such a plan be made accessible to the youngster. It is critical that the foster family be identified in conjunction with the child. The Specialised Adoption Agency is in charge of finding vulnerable children and families in need of foster care, developing individual care plans, and proposing cases to the CWC. It is also in charge of keeping track of the child and progress reporting to the CWC.

● **Awareness generation and sensitisation:**

In scenarios such as FGM/C, the conditions make it impossible for the youngster to consider filing a complaint with the appropriate authorities. It is also critical that frontline workers responsible with processing such complaints, such as law enforcement officers, healthcare experts, school instructors, nurses, and counsellors, are made aware of the situation and sensitised to it. Awareness and sensitization should not be limited to staff processing grievances or schoolteachers, but should be extended to the entire population through the incorporation of FGM in education curriculum and the production of street plays. Ward committees, Panchayats, and civil society organisations should work together efficiently to raise awareness within the Bohra community and conduct safety inspection.

CHAPTER- IV: CONCLUSION

Female genital mutilation is a severe phenomenon that is occurring all throughout the world, as does sex inequity, and the empowerment of girls is critical to eliminating it. This problem affects women's human rights and the right to life in general in India. However no rigorous regulations have been enacted in India to combat this threat, international statements and United Nations views on the subject are still on the way to reducing this threat. Empowering girls sufficiently to allow them to make decisions regarding their health and physiological matters may alleviate this problem to some extent. However, the most effective strategy to minimise female genital mutilation is to expand sex education and make legislative changes. However, the most effective strategy to prevent female genital mutilation is to expand sex education and alter social norms with the assistance of older generations.

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