

Protecting the girl child

The courage of a group of Dawoodi Bohra women, who were subject to female genital mutilation (FGM) and recently began speaking about it publicly, has “shone a light” upon the often debilitating, secretive process in India, like never before.

Two important developments have followed in the wake of this community coming forward with their personal stories: a broader and more intense dialogue against the practice has evolved, and the most committed followers of the practice from the community have retaliated.

A newly formed association of women from the community who believe in the practice describe it as *khatna*, *khafz*, or female circumcision. They consider it to be a harmless cultural and religious practice of over 1,400 years that involves a tiny excision of the prepuce, which is the fold of skin surrounding the clitoris. *Khatna* is carried out on girls as young as seven years of age. These women insist that female circumcision and FGM are different things: while followers of the tradition say that the purpose is to achieve *taharat* or religious purity, those who do not subscribe to the practice believe that it is meant to curb the sexual urges of a woman.

These assertions notwithstanding, every aspect of the practice, including the nomenclature used, has now become contested. Anti-*khatna* activists equate the practice to FGM. They point out that the “tiny excision” fits into the World Health Organisation’s definition of Type 1a FGM, which is the removal of the clitoral hood or prepuce only. Further, new research in India suggests that much more damage is caused than a tiny excision. Besides excessive bleeding, infections and painful sex, psychological trauma, anxiety and fear are the less recognised side effects of FGM.

Early this month, MP Shashi Tharoor released a study called ‘The Clitoral Hood: A Contested Site,’ on the occasion of International Day of Zero Tolerance for FGM on February 6. The study noted that *khatna* is often done by the traditional cutters, some of whom have performed several thousands of procedures, a fact that would be consistent with the number of known cases of botched procedures.

One mitigatory approach that anti-*khatna* activists demand is for traditional cutters to be educated about the harms of genital cutting, and be trained in alternative income-generating activities. Given that there are attempts to medicalise the procedure, activists have also called for the Indian Medical Association to emphasise that female genital cutting violates a fundamental code of medical ethics, which is to do no harm. On the one hand, these activists have engaged with the community and the clergy in a bid to bring the practice to an end in a reasonable manner. Simultaneously they have filed intervention applications as part of a public interest litigation in the Supreme Court.

This marks the first instance of an FGM case being lodged in the highest court of India, with hope that it may follow in the steps of Australia, where individuals have been convicted for FGM.

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