

Abstract

Haraam ki Boti, the title is inspired from the metaphorical understanding of the impious pinch of skin of a female's clitoris which is sliced out at an early age of a girl child. This is a traditional practice in various communities across the world, which is widely understood as Female Genital Mutilation/Cutting (FGM(C)). The paper is set in the context of the practice of FGM to understand it deeper from the lenses of tradition and unveiling the layers of customary grip upon the practice. Identifying this, the aim of the paper is to collate some interventions which have been done to tackle FGM in communities, as a ray of hope.

"I had been robbed of my basic feminine rights to sensuality, sexuality, and forever deprived of any clitoral sexual stimulation", a respondent (Taher, 2017). Having read such a statement of anger and pain, I could not resist digging deeper on the issue of Female Genital Mutilation (FGM), a practice persistent globally in several local communities. This paper has been written to analyse the practice in terms of its meaning; origin; cultural connotations and beliefs; the need for intervention; contemporary and possible interventions; and, how long do we have to wait for this practice to die? In the course of writing this paper, there occurred an exploratory engagement with the subject of 'beliefs, women and patriarchy', as the rationales (discussed below) produced around FGM which are highly suppressive, male-cum-community centric and engages two types of women: i) women who not only comply with the traditional reasons, but are active in carrying forward the practice, ii) women who do not associate with the practice but are actively or passively forced to abide by the tradition. Some of the second type of women were either able to escape from becoming the victim or at least could save their daughters from experiencing the trauma. This paper thus also looks into the journey of collectives of such women as hope and fighters for changing the future.

Sariya Ali is a final-year student of M. A. Development at Azim Premji University. She holds a Bachelors in Philosophy from Miranda House, University of Delhi. She believes in independent thought and writing. She has keen interest in the domains of philosophy, sociology, human rights and education.

What is Female Genital Mutilation and where does it come from?

World Health Organization describes, “Female Genital Mutilation (FGM) refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons” (WHO, 2018) . According to the World Health Organization’s latest update, over 200 million girls and women alive today have been cut in the Middle East, Africa and Asia (Ismail, et al., 2017). There are four types of FGM according to the ways it has been conducted.

“ In type 1, the prepuce (clitoral hood) is removed, sometimes along with part or all of the clitoris. In type 2, both the prepuce and the clitoris and part or all of the labia minora (inner vaginal lips) are removed. Type 3 (infibulation) involves the complete removal of the clitoris and labia minora, together with the inner surface of the labia majora. In this the raw edges of labia majora are stitched with leaving a small opening, by the insertion of a foreign body, to allow the passage of urine and menstrual blood. In the type 4, there are other practices like pricking, piercing, or incision of the clitoris and/or labia, etc.” (Dorkenoo, 1999). The prevalence of different types varies with regions and beliefs. The variation though does not hold significance, as it is the idea behind the practice which needs to be understood and dealt with.

The idea behind the practice comes from an origin which is not known in absolute terms. But it is widely acknowledged that it predates both Christianity and Islam (Black & DeBelle, 1995) cited in (TaHER, 2017, p. 14). As per the literature, the ancient emergence of the practice held the contentions of reducing sexual pleasure by controlling the sexual behaviour of women; in some historicity it was done as a mark of maintaining virginity (TaHER, 2017, p. 13), and there are several more justifications which are evidently female oppressive. The practice in many communities is believed to be a religious one, in fact compulsion, but no religious text propagates this. The historical basis holds a strong ‘communitarian validation’ of the custom which has survived over a long period of eras. With such a validation being built and legitimised, breaking it must be done in a convincing manner, in a way where the hammer hits the practice without offending the practitioners. But before getting into bringing it down, it is important to understand why there is a need to do so?

What is the need for intervention and what are some attempts made?

A 2008 United Nations interagency statement defines FGM as a violation of human rights, a form of discrimination on the basis of gender, and a form of violence against girls (Williams-Breault, 2018). If the practice is analysed from a broader perspective, then it is beyond human rights violation. This

does not mean that the gravity of human rights violation is less, but this act holds a strong historical and philosophical perspective. As a procedure it is a 5-minute act of pinning down the body of a girl child, removing her underpants and slicing off the clitoris skin. This process can be looked at from multiple perspectives. FGM is an absolute act of child abuse which involves attacking the private part of the body and forcing the child into pain. In a documentary made by Priya Goswami “A Pinch of Skin”, women of Bohra community (a small Gujarati Muslim community which practices FGM) are captured, who have shared some grave childhood memories of undergoing the procedure. A lot of women still remember the pain of their little selves of 7 years old. It evidently is a traumatic experience, after which in many cases urination becomes a painful and fearful act (Goswami, 2012). Interestingly if seen from Michel Foucault’s perspective of “disciplining of the body” (Federici, 2004), then FGM is an actor in reducing the female body to merely a piece of flesh. The ideologies held for FGM have a strong element of eliminating sexual ambiguity and is seen as “purification” of female body for marriage and childbirth. The justifications are also to an extent of FGM as an act of making the body completely feminine, which then comfortably places women in a subordinate position to male, giving the men the exclusive power of supremacy. This is symbolised by cutting the clitoris, which is believed to be the equivalent of penis (Andro & Lesclingand, 2016, p.g 221). If seen from finer lenses, the details of these ideologies speak volumes of patriarchy. The objective of alienating the women from her right to experience herself wholly reduces her merely to a body meant to provide sexual leverage to the husband and produce children. From the view of critics of capitalism FGM fits fine into Barbara’s description “*Her vagina, used for his pleasures, was the gateway to the womb, which was his place of capital investment – the capital investment being the sex-act and the resulting child – the accumulated surplus*” (Federici, 2004, p. 61).

The perspectives vary regionally and culturally but the core argument remains that the practice is highly dehumanising for the fact of treating the body of a human being as a mere piece of flesh. It is undeniable that the whole practice nowhere involves ‘consent’. FGM is a violation of right to health, one’s right over its own body and also of right to life. All the communitarian justifications are medically irrelevant and can be challenged from multiple perspectives. However, no matter how important it is to abolish this global practice, it is equally crucial to remember about the social credibility it holds. The fact that it is carried by the elder women of the community only reflects the strong acceptance of FGM. Thus, scraping out the activity cannot be done by any forcible implementation but has to be driven socially from within the community. There have been attempts of medicalisation of the procedure

in few communities but in 1993 the World Medical Association along with International Federation of Gynaecology and Obstetrics strongly disapproved of medicalisation (Taher, 2017, p. 16). This is very sensible because of the fact that medicalisation is not a solution to the debilitating ideologies the practice holds. Such resistance was upheld with the fact that medicalisation may turn the procedure to be done under professional assistance and is safe medically. But this doesn't hit the rod at the right place, as the intentionality of curbing the sexuality of a woman would not be even nearly challenged.

An intervention done in Sudan hypothesised changing social norms as a key step in behaviour change. The model of the intervention holds a strong reliance on social dialogue and providing role models showing that uncut girls are socially acceptable. The name of the intervention is 'Saleema' which is a title to be held by every uncut girl, which refers to being 'whole and God given.' The intervention done has some consistent aims of tracing the change in social norms and the knowledge and impact of Saleema. All of this is done by collecting people's responses about Saleema in different regions of Sudan. This expands awareness about the dark sides of FGM and mobilises support towards abandoning the practice (Evans et al., 2019).

The intervention evidently attempts to bring about a change from within the community which is a slow process in itself, but important is the fact that a voice against the practice has been intended. A similar intervention exists in India, which has a similar philosophy of bringing the change from within the community.

The Indian Story

The ideological Indian story behind FGM is very much identical to the reasons stated above. It is practiced knowingly in a small Shia Muslim community of Gujarat named the Bohra community. This is a close-knit community which has its own principles of beliefs and faiths and has a community head titled 'Sayyedna'. The Sayyedna is no less than a lord for all the community members and each and everything is done only after his allowance. Geographically, the members of the Bohra community are spread across the globe, but a high concentration is found in Gujarat. The roots of Bohras are found back to Egypt, Yemen and the Indian Subcontinent ("The Dawoodi Bohras: About the Bohras", n.d.). The Bohras are well known for their discipline and principles and their focus and dedication towards their professional commitments. In fact, the community members have attained a lot of significant positions in international networks. But the community even after being quite progressive holds an infamous tradition which carries a strong cultural hold and validation from the Sayyedna. Probably, this is the only community in India which actively practices FGM. The pinch

of skin which is sliced is generally believed to be '*Haraam ki Boti*' (impious piece of skin) (Goswami, 2012). The community ingrains the faith in Islamic teachings, however, FGM does not come through Quranic revelations. The reasons and explanations for the ritual are in the similar line to the ones stated above. FGM in India can be charged under various laws like IPC section 326 (causing grievous hurt); under section 3 of Protection of Children from Sexual Offences Act, 2012 (POCSO Act) that addresses penetrative sexual assault by any person on any child, *inter alia* defines it as insertion of any object into the vagina of the girl; National Policy for Children, 2013; and The Goa Children's Act, 2003 ("LCWRI & Speak Out on FGM", n. d). Regardless of all these, the community does not reflect upon the tradition in terms of law, as the essence lies in their cultural belief.

Sahiyo, an organisation born in 2015 with five women coming together who discovered concerns in the ritual. The group includes a social worker, a researcher, two filmmakers, and a journalist ("Sahiyo: History", 2018). Sahiyo has made a conscious effort in building a dialogue around FGM. The intervention aims at eradicating the practice of FGM from the community, but the plan has an understanding that it is a slow process. Even though violence against women must be met at priority basis, but the organisation understands the essentiality of having a multi-sectoral intervention, coordinated at both grassroots and political level, for having a successful intervention. Taking up this approach, the intervention attempts to incorporate cultural, religious, human rights and health perspectives. It is only after understanding the in-depth association the community holds with a ritual, can awareness be spread against it. Sahiyo has been able to mobilise and involve women from within the community to come out with their experiences and thoughts about FGM. One of the most consistent activities which the organisation conducts every year since 2017 on a bi-monthly or quarterly basis is '*Thaal pe Charcha*', which involves men and women of the community coming together and sharing lunch while discussing their stories and views around the practice. This has built confidence in the members and has extended their support to the work of the organisation in a way that more community members, especially women, have identified a comfortable space to come out and share. This sharing is important as otherwise, the survivors keep shut in the name of culture and tradition. After almost more than three years of Sahiyo's work, sincere efforts have been made toward building a "collaborative, coordinated movement that prioritise education and outreach on FGM, and engages faith leaders, survivor, community members, teachers, service providers and law enforcement." (Taher, 2017).

How do I see it?

From an outsider's view, reading about the practice has been painful for me and has left me outraged. For the depth of reduction of women to just a piece of body is a disturbing thought. The two interventions mentioned in the paper are highly reflective of the importance of the change which can't be enforced and must come from within the community. As it is rightly said, "It is important to understand how people involved in a program understand the program and its outcomes," (Krishnamurty, 2012, p. 75) and for the same reason consistency and patience are very important for any intervention working around FGM. An encouraging tone which the two interventions hold is the fact that they have been able to identify people from the community who do not agree with the practice. This determined tracing and bringing along the women and men of the communities to talk about and against the practice has been a significant discourse in creating a platform cum safe space for more and more people to join the battle and propose a stringent stand against the practice. Sahiyo has even proposed an aimed petition of eradicating the practice by 2030 (Sahiyo, 2018) joining hands with the global aim of eradicating the practice by 2030 as a part of UN SDGs. But such an assured change can only be promised by the members of the community, thus, interventions as discussed above and many others across the globe hit the iron with the tool of community building. The intervention requires the energy of the people to come together, have a sensitive and engaging dialogue and mobilise more and more members to join in the solidarity.

Eradication of FGM practically is way longer a journey than just theorising about it. Also, the effectiveness cannot be profoundly judged because it is a practice which takes place behind the curtains. Thus, it is only when the community feels intrinsically against the practice, can there be an end to it. Although there are collectives like *Lawyers Collective Women's Rights Initiative*, *Speak Out on FGM*, etc., which are actively working towards bringing the practice under strict jurisdiction which intend to provide an active response to the reportage of FGM cases. However, all the legal framework can only be effective when there is conscious outcry from within the community.

In conclusion, having read the social and cultural aspects, the interventions and the legalities, we see that the practice, though it doesn't have a rational weight, yet has its tentacles encapsulated amongst the practitioners deeply. It is definitely a matter of several years to see this practice die out. It is to be appreciated that quite a number of women of the practicing communities have started speaking out as well as standing against it. Till then, it is a journey down a long way, till we see all women liberated from the inhuman practice of female genital mutilation.

References

- Andro, A & Lesclingand, M (2016) 'Female Genital Mutilation: Overview and Current Knowledge', *Population (English Edition, 2000)*, Vol. 71, No. 2, pp. 216-273, 275, 277-296, Institut National d'Etudes Démographiques
- Black, J.A, Debelles G.D (1995) Female Genital Mutilation in Britain. *BMJ*, 310:1590.
- Dorkenoo, E. (1999). Combating Female Genital Mutilation: An Agenda for the Next Decade. *Women's Studies Quarterly*, Vol. 27, No. 1/2, 87-97.
- Evans WD, Donahue C, Snider J, Bedri N, Elhoussein TA, Elamin SA (2019) The Saleema initiative in Sudan to abandon female genital mutilation: Outcomes and dose response effects *PLoS One* 14(3): e0213380. <https://doi.org/10.1371/journal.pone.0213380>
- Federici, S. (2004). *Caliban and the Witch*. USA: Autonomedia.
- Goswami, P. (Director). (2012). *A Pinch of Skin* [Motion Picture]. Available at : <https://vimeo.com/154202003> (accessed 17th April 2019)
- Ismail, S.A, Abbas, A.M, Habib, D, Morsy, H, Saleh, M.A & Bahloul, M (2017) 'Effect of female genital mutilation/cutting; types I and II on sexual function: case- controlled study' *Reproductive Health*, 14:108, pg. 1-6
- Krishnamurty, L. (2012). Scenes from and Expanding Universe: Personal Journeys. In *Cartographies of Empowerment: The story of Mahila Samakhiya* (pp. 75-104). Edited by Ramachandran, V & Jandhyala, K, New Delhi: Zubaan.
- LCWRI & Speak Out on FGM (n. d.) Female Genital Mutilation: Guide to Eliminating the FGM practice in India. Retrieved from: <https://docplayer.net/63556067-Female-genital-mutilation.html>
- Sahiyo. (2018). Retrieved from Sahiyo: <https://sahiyo.com/> (accessed 5th May 2019)
- Taher, M. (2017). *Understanding Female Genital Cutting in the Dawoodi Bohra Community: An Exploratory Survey*. Sahiyo. Retrieved from https://sahiyo.files.wordpress.com/2019/05/sahiyo_report_final-5.21.19.pdf (accessed on 13th April 2020)
- The Dawoodi Bohras: About the Bohras. (n.d.). Retrieved from The Dawoodi Bohras: <https://www.thedawoodibohras.com/> (accessed 5th May 2019)
- WHO. (2018, January 31). *Female Genital Mutilation*. Retrieved from World Health Organization: <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>
- Williams-Breault, B. D. (2018). Eradicating Female Genital Mutilation/Cutting: Human Rights-Based Approaches of Legislation, Education and Community based Empowerment. *Health and Human Rights*, Vol. 20, No. 2, Special Section: Human Rights and The Social Determinants of Health, 223-234.