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AN UNDERSTANDING OF FGM (FEMALE GENITAL MUTILATION): WOMEN OF THE 'BOHRA COMMUNITY' WHO ARE CIRCUMCISED AND IT'S SOCIO-SEXUAL EFFECTS

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Abstract

The strive for women's emancipation and equal rights recently emerged as a topic of major concern within the socio-cultural arena of developing countries, such as Pakistan. Lack of awareness and cultural conditioning fosters an unsafe environment towards young girls and women. They are marginalized to challenges of honour killing, forced marriages and 'Female Genital Mutilation (FGM)'. The latter, remains a widely unknown and overlooked issue within Pakistani society. This paper critically analyzes FGM/C as a physically invasive procedure practiced amongst women, that belong to a tight-knit community of "Dawoodi Bohra Muslims", in Pakistan. They are considered a sub-sect of Shi'ite Muslims whose roots are thought to be tracked back to regions of Yemen or Egypt, it is also suggested that some of their ancestors might have belonged to African origins. An insider versus outsider approach will explore how FGM/C is not a normalized practice in outsider communities and is seen as a clear violation of human rights by the United Nations. Comparative investigation includes surface revision of quantitative

and qualitative data to understand social, psychological and sexual after-effects. Furthermore, collection of primary source surveys and semi-structured interviews enunciate reasons as to why the community practices this ritual. To better tackle themes of gender discrimination, it is imperative to pursue in-depth studies of the religious removal or alteration of clitoris and/or labia from the female anatomy and how it curbs sexual pleasure of women. This topic scrutinizes that a mixed methodology approach allows tolerant comprehension of female circumcision, yet does not nullify acknowledgment of its patriarchal roots and violent nature. Lastly, it will emphasize that cultural male domination can control and morph a woman's sexual identity. This research topic could contribute towards humanitarian information and approaches which could improve the situation of women that undergo FGM/C.

Keywords

Female Genital Mutilation/Circumcision (FGM/C), Dawoodi Bohra Muslim, Cultural Identity, Sexual, Patriarchy, Gender Discrimination.

1. Introduction

Developing regions are known to experience some of the highest levels of gender discrimination and violence, this might be one of the reasons that Pakistan is ranked the 'fourth worst country for women'. According to 'Women Peace and Security Index (WPS)', it carries one of the 'lowest rankings for financial inclusion and highest levels of discrimination' ("Pakistan", 2019), thereby making it a hub spot for disadvantageous practices such as; honour killing, child marriages and FGM/C. The latter remains a challenging humanitarian predicament to overcome due to its deep-rooted sexist nature. It is seen as a 'normalized' cultural and religious practice amongst selective communities, more specifically *Dawoodi Bohra Muslims* in Pakistan.

World Health Organization (WHO) defines FGM/C as "procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons". This involves different types of alterations, some entail partial or complete removal of the clitoris, whilst others focus on readjustment of labia minora/majora for vaginal opening, it primarily depends on typologies of mutilation ("Factsheet", 2018). They are classified as acts that 'intentionally alter or cause injury to the female genital organs' and are mostly "carried out on young girls between infancy and age 15", hence presenting itself as a violation of children's rights. The WHO Factsheet includes the following typologies:

Type 1: Often referred to as clitoridectomy, this is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals), and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris). Type 2: Often referred to as excision, this is the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva). Type 3: Often referred to as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris (clitoridectomy). Type 4: This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

‘Social Identity Theory’ supports that people categorize themselves in groups based on similar norms and practices that make them feel like insiders within a community. This *insider* approach is reflected through cultural practices such as FGM/C which is seen as an acceptable norm within many ethnic communities, such as Dawoodi *Bohras*. When a group of people adopt similar norms and practices, they can create a sense of social identity which collectively forms an *ethnic* or *religious* community, while those who do not abide by them are categorized as *outsiders*. This resonates with a study (Shell-Duncan, Moreau, Wander & Smith, 2018) carried out in Senegal and Gambia, which highlights the cultural norm of FGM/C and its role in forming social identity of older and younger women. The authors mention that, “change to the body is justified as a valued cultural practice because it signifies and reaffirms one’s social identity”. This suggests that FGM/C holds a significant position within practicing communities and instills a sense of cultural unity and identity. There is scholarly consensus on how culture affects the identity of members within a community, however there is still very limited knowledge and understanding of how the practice of FGM/C affects the sexual identity of women in the *Dawoodi Bohra* community, particularly those of *Pakistani* origin. This research gap can be further explored by understanding conducive elements that support *female circumcision*, and analysing its socio-sexual effects on women.

2. Independent Research Study and Further Comparisons

An independent research study was conducted for this research paper over a span of two months (May, June 2019), to better comprehend the issue of FGM/C within Pakistan. It was carefully measured through quantitative and qualitative means, which included formatted survey

and semi-structured interviews. Quantitative research involved 27 respondents who answered an online survey that was created to measure the culture of gender discrimination in society. Two participants, namely A and B were used for the collection of qualitative data and in-depth details regarding FGM/C.

Methodology: The quantitative methodology was employed in order to ask a series of questions that dealt with themes of gender discrimination and its general perception by individuals; this was done to better understand the influence of patriarchy in regions such as Pakistan, that still practice FGM/C. The questionnaires were filled through an online link sent from a survey software whereby the participants remain anonymous. It was challenging to find individuals willing to answer questions that dealt with issues of a sensitive nature in *Pakistani* society. But this study is still open to criticism since the number of participants was very limited and this might have prevented a more objective or generalised outcome. On the other hand, qualitative data was collected through telephonic means. Very few women were willing to talk about *female circumcision* and most refused to speak about their own personal experiences. Even though the interviews are not in close correlation with the surveys, they are equally important in understanding the ritual and its hidden existence. The interviews revealed a lot more about the procedure and views of women who were circumcised themselves. The questionnaires were unable to accumulate this kind of personalised information; hence we must not discredit these two isolated interviews.

Table 1: *Number of Respondents for Survey Questionnaire*

Group	Category	Number
A	No. of Bohra Community Members	7
B	No. of Non-Bohra Community	20
	No. of Total Respondents	27

Online questionnaires were completed through snowball sampling technique and purposive targeting. Twenty-six of the respondents had a Pakistani background, except one who identified as an Indian. It listed 17 questions that focused on whether respondents belonged to the Bohra community, and what their overall views were regarding gender discrimination and patriarchy in society. The questionnaire survey was conducted through Survey Monkey software, online.

This data examines whether cultural patriarchy contributes towards questionable traditions such as, FGM/C. The survey analysis confirmed that almost 97 per cent out of 27 respondents thought that culture gives more power and dominance to men in Pakistani society. This kind of data supports the argument that patriarchal and misogynistic environments breed practices that endanger women's physical and social well-being.

Table 2: Details of Participants in Semi-structured Interviews

Participant	Age	Status	Profession	Supporter of FGM/C
A	23	Unmarried	Digital Marketer	No
B	35	Married	House-woman	Yes

Qualitative segment compiled two interviews with women who belonged to the Bohra community. Participant A stated her status and age as unmarried and 23 years old. Meanwhile, Participant B identified as a married woman of 35 years old. The former was a working professional, whilst the latter designated herself as a house woman. Both participants seem to come from different backgrounds and their marital status could also be an unequal factor in measurement and comparison of data. However, it is essential to recognize that women in *Pakistan* do not openly engage in verbal discussions about their sexuality and these two participants were the only source of understanding inner workings of *female circumcision*. Within conservative societies like *Pakistan*, a married woman usually represents a sexually active female whilst the perception of unmarried women is that they are not experienced or less sexually experienced. There was no measurement of their sexual activity and no medical verification of this sort was made, hence we should not use this value as a sole factor in determining their responses.

Both women had strikingly different opinions regarding the practice and its continuation. The younger participant voiced that female circumcision should not be implemented for future generations. However, the married lady with two daughters felt that girls should be circumcised because it is important to curb sexual desires through this practice. She claimed to be sexually satisfied and believed that her sexual identity was unharmed. It must be reminded that both women had different marital statuses hence this may or may not affect their responses. This does not need

to be constituted as a value of measurement and their individual experiences and knowledge regarding *female circumcision* should not be overshadowed by this.

In comparison to this opinion, participant A conveyed that she was ‘annoyed’ by the practice and understood that many women are unable to fully orgasm through penetration. She emphasized that the option to orgasm through clitoral nerve endings has “been taken away from us”, explicitly narrating that the sexual experience of women is manipulated through circumcision. It rendered her incapable to physically experience sensations that an uncircumcised woman can feel, hence she stressed there was “nothing to compare it with”. This notion explains the difficulty of fully realizing whether the sexual identity and experiences of young girls and women are impacted, especially if they are used to experiencing sexual and physical consciousness through a circumcised body, only.

Participants’ procedures took place within residential premises, not inside clinical or hospital locations. These details further correlate with data collection by *Sahiyo*, (an organization which focuses on Bohra Muslim women in India who go through Female Genital Cutting, to create an awareness platform to eliminate this practice), that claimed 100 percent of survey participants in Pakistan were circumcised in ‘private residence’ (Taher, 2017). This *Explanatory Survey report* asserts that FGM/C is treated as an insider practice which requires discretion and according to the author ‘should be kept an absolute secret’. The community is mindful to keep it safe from outsider criticism or the public eye. Participant B explained that female circumcision is considered *Manfi* (Urdu language word that usually means to minimize or negatively discard), which in this context refers to no disclosure or minimal discourse about it.

Both participants were the young age of 6-7 years old during circumcision. This resonates with *Sahiyo* survey report which confirmed that 66 per cent out of 309 survey respondents were circumcised between ages of 6-7 years. The target group of ‘Bohra Muslims seems’ to be a similarity between both research studies. Even though, the independent research study lacks variability of survey data and has less respondents in comparison, it supports the idea that FGM/C usually happens when girls are young and pre-pubescent.

The quantitative study and qualitative interviews should be considered separately, and it is best not to conclude any comparative correlations between both methodologies. Two methodologies were acquired to gather maximum data in a short time span under conservative circumstances and suitability of participants.

It will be shown that FGM/C clearly breaches safety of children and women, moreover it reinforces the social concept that women's sexual organs can be altered or controlled; for purposes of female subservience and cultural patriarchy. The international community has tried to garner attention towards this issue, but elimination of FGM/C is particularly difficult in such communities due to inherent acceptance of it. The data above and comparative analysis suggests that cultural patriarchy and gender discrimination in society triggers practices such as FGM/C.

3. International Efforts

The UN General Assembly expressed its concern through '*Resolution 67/146*' whereby FGM/C was deemed as a "degrading practice that does serious harm to women's physical and moral integrity". The draft resolution is a political indicator towards the ongoing efforts of international community, to gradually cease a practice that is still seen as a remnant of patriarchal control. Many resolutions (A/RES/53/117, A/RES/56/128, A/RES/67/146, A/RES/69/150, A/RES/71/168) have been passed in the span of twenty years; and they all focus on 'intensifying global efforts for the elimination of female genital mutilation'.

In retrospect, Report A/73/266 narrates the same agenda and declares the significance of 2030 Sustainable Development Goal 5 to end "harmful practices" like FGM/C (United Nations Report of the Secretary General, 2018). This applies to the 'Bohra' community of Pakistan as well, however the government or media have not been actively involved in this regard. It is evident from this piece of information:

"According to the Institute of Social Justice in Pakistan there are no laws to stop the practice. In fact, it is neither mentioned nor recognized by any law. The National Plan of Action for Children, which was introduced in 2006, finally included the goal of eradicating the practice by 2010. It is the only government document that mentions the issue. The implementation of the Plan however, is another story. As a result, Pakistan has not reported the practice in its obligatory report to the UN Committee on the Rights of the Child, nor to the UN Convention on the Elimination of Discrimination against Women (CEDAW)" (Baig, 2015).

With better understanding of its causes and socio-sexual effects, effective measures could be taken to raise awareness about women's bodies and inculcate gender equality amongst the masses. To tackle this issue at root level, it would require diplomatic and safe relations with the

community, and feasible partnerships with non-profit organizations, donors and medical health experts.

The UN report, indicates that the “desire to control female sexuality” and limit bodily autonomy are factors that fuel this customary ritual. This showcases how women’s sexuality can be manipulated through social customs and invasive procedures; despite being a violation of bodily autonomy. To collectively tackle this issue, it is imperative to summarize the driving forces and factors behind it. This requires in-depth appreciation of cultural familiarity and dichotomous criticism of its socio-sexual implications.

4. Causes and Socio-sexual Effects

There is scholarly consensus on the notion that FGM/C is heavily influenced by cultural perception and religious responsibility. Kwame Anthony Appiah, observes the paradigm of cultural relativism within his book (*Cosmopolitanism: Ethics in a World of Strangers*) and draws comparisons of religious practices which might seem unfamiliar and immoral to outsiders of the community, but not the insiders.

Chandra T. Mohanty demonstrates that male dominance and female dependence are reductionist ideas used by white feminists to describe problems faced by women of the third world region. She does not deny problematic practices within regions such as South Asia, however strongly believes they are interpreted through a Eurocentric perspective, and require more cross-cultural examination that is not a by-product of Western translation. This falls in line with Appiah’s ideology of comprehending contextualized cultural practices beyond the outsider perspective. He mentions that FGM/C is perceived as a ‘disgusting mutilation’ and deprivation of women’s ‘sexual experience’ by outsiders; however insiders of the community do not mean to inflict malicious harm, and instead justify it as measures to beautify sexual organs for visual pleasure of husbands. Such practices should be understood within their cultural context, or else it could push communities into further secrecy and isolation.

The Hosken Report: Genital and Sexual Mutilation of Females (1979), illustrates the difficulties inherent in examining a practice outside the researcher’s cultural norms, it caught the attention of WHO; but failed to balance an insider perspective. Critics believe that in her attempt

to raise awareness, Fran Hosken adopted an “intolerant and insensitive¹” approach, thereby polarizing the gap between insiders and outsiders of this questionable practice (Lane & Rubinstein, 1996). It is important not to widen this gap since Islamic societies prioritize *Haya*, (an Arabic and Urdu language word which translates to ‘modesty’), as a focal concept, and express social disapproval for discussion or acts related to sex or sexuality.

‘Cultural identity’ (Appiah, 2007) is complementary to such practices, which are morphed through social conditioning whereby concepts like female subservience are normalized. Misogynistic impressions are further verified through authentic studies (Behrendt & Moritz, 2005) that explore how FGM/C leads to long-lasting psychological trauma and psychiatric illness. Women circumcised at young ages are known to experience high levels of anxiety, emotional disturbance and intense fear. The research extensively observes prevalence of PTSD amongst circumcised Senegalese women and revealed that “80%...met criteria for affective or anxiety disorders”.

Also from a strictly medical perspective, FGM/C is known to cause complications such as ‘chronic pain, inability of clitoral sensation’ (O’Dey, 2019), trauma, bleeding and infections (Reisel & Creighton, 2015). This resonates with details shared by participants A and B, they revealed that blade like equipment was used to carry out the procedure. It resulted in immediate bleeding and physical discomfort for 3-5 days. Other medical studies, (Kaplan, Hechavarría, Martín & Bonhoure, 2011) in Gambia signify that various typologies of FGM/C cause “high levels of complications, especially infections”, hence confirming that this practice has medical implications of a serious nature. In the long run, it reinforces socially ingrained gender discrimination and fortifies cyclical cultural submission by defining sexual limitations through partial removal of genitalia.

Semi-structured interviews with participants A and B indicated that girls are usually taken for circumcision by their mother or trusted female family members. Participant B shared that post-circumcision, there ensued a long period of doubtful questions regarding the practice. She later discovered it to be a community norm with religious justification to stay clean and ‘submissive’ as a woman. This deliberates on the issue of psycho-sexual personality, and suggests that circumcised women may feel the inherent need to downplay their role as a sexual individual due

to religious and cultural expectations. Consequentially, many circumcised women confess to experiencing 'dyspareunia' and 'reduced sexual satisfaction' (Foldès, Cuzin, & Andro, 2012).

Lane and Rubenstein (1996) outline few of the reasons for FGM/C, which are reduced to exclusively calming 'women's sexual needs' for the sake of 'virginity, marriageability and the husband's sexual pleasure'. The Bohra community believes it has religious roots within the peripheral of 'Sunna', (traditional customs and practices that are Islamically recommended through the legacy and actions of Prophet Muhammad). It ensures chastity of women before getting married, and entails their loyalty towards the husband. This jeopardizes the autonomous sexual identity of young girls and women, henceforth exposing the manipulation of female body for convenience and objectification of men. It is also known to affect the sex lives of women, around 87 per cent respondents complained of this in *Sahiyo* report. This underpins an indicative hypothesis, that FGM/C influences women's socio-sexual status to present a tapered and less individualistic version of sexuality.

5. Conclusion and Improvements

Culturally ingrained concepts of gender discrimination in Pakistan and many other countries enable practices such as FGM/C. Patriarchal influence in society has compromised the safety of many young girls and women, and this must be countered through awareness and in-depth understanding of cultural practices. We must also understand if female circumcision is a sustainable practice and whether it should be safeguarded for the sake of cultural sensitivity or criticised as a violation of bodily autonomy; or both. The quantitative study carried out could be criticised as being a selective research that has few participants and should have more questions that deal with subjective ideas and thoughts of individual. For future reference, researchers could replicate the survey format and include more participants over a longer period to collect a wide range of responses. It would also be beneficial to conduct surveys that specifically target the *Bohra* community and carry questions that require subjective responses regarding FGM/C. Individual answers could allow detailed insight into the practice and lead to better understanding. It is recommended that more qualitative data regarding FGM/C should be collected through group interviews. This could provide additional knowledge regarding *female circumcision* and how it is culturally perceived by men and women of the *Bohra* community. With more emphasis and

improvements in research methodologies, it will be possible to gather extensive data that could explore the relationship between FGM/C and cultural identity of women.

It would be a wise and non-threatening gesture to integrate with Bohra community, and carry out mobilization drives that encompass awareness on the medical, psychological and socio-sexual implications of FGM/C. Teams of medical professionals, women activists and cultural experts could help strengthen alternative concepts of bodily autonomy without being culturally insensitive. Non-profit agencies and donors should be redirected towards this issue, so that funding can be gathered for educational campaigns that instill a sense of choice when it comes to FGM/C.

It is unlikely that an archaic cultural tradition can be eliminated overnight, instead tactful awareness campaigns regarding sexism and socio-sexual independence could be more effective in the long run. Insiders and outsiders of the Bohra community could also benefit from consensual involvement of think tanks and academic specialists to study the customary procedure of FGM/C.

In turn, this could improve pre-existing sanitary and medical conditions faced by circumcised girls, hence allowing medical advocacy regarding the procedure itself and the healing of genitalia. Therapy clinics should also be provided as an obligatory step for young girls who are circumcised. Governmental involvement is crucial in this regard, but until that happens community integration through friendly means could help in the execution or initial proposal of these recommendations.

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