

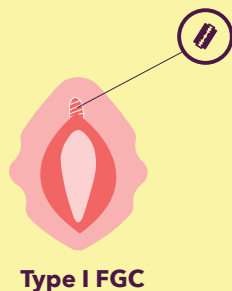
Khatna, Khafz or Female Genital Cutting:

An Informational Brochure

WHAT is Female Genital Cutting?

Female Genital Cutting (FGC), also known as Female Genital Mutilation (FGM), is the practice of removing parts of a woman’s external genitalia for non-medical purposes. The procedure can range from cutting the tip of the clitoris to removing the inner and outer labia.

“Khatna”, or “Khafz”, is a form of FGC practiced by the Dawoodi Bohra community, a Muslim minority community originating in India with diaspora populations around the world, as well as other Bohra sub-sects like the Alavis and the Suleimanis. Typically, FGC is carried out as a pre-pubescent coming of age ceremony and involves the removal of the prepuce from the clitoris of young girls between the ages of six and seven. It is classified as Type 1 FGC by the World Health Organization.



HOW is Female Genital Cutting performed?

Amongst Bohras, FGC may be performed by a traditional cutter, also known as a ‘mullani,’ with equipment like a disposable razor blades or surgical blades. In many cities and towns, it is now increasingly performed by health professionals in more hygienic environments.

The World Health Organization (WHO) classifies FGC as a violation of human rights of girls and women. According to WHO, FGC reflects a deep-rooted inequality between the sexes and constitutes an extreme discrimination against women.

WHY is Female Genital Cutting performed?

Various forms of FGC are known to be practiced around the globe. Bohras form a large, rich and flourishing ethno-religious group comprising about 1 to 2 million followers across the globe. The sect is governed by the Fatimid School of Muslim law and practices unique traditions that maintain their strong sense of community consciousness and religious identity.

FGC is performed within the Bohra community as well as other communities under the pretext of cultural and religious tradition. A 2016 study released by Sahiyo found that “**culture/ religion/ tradition**” was the most common reason given by Dawoodi Bohra women for performing FGC. The second most common reason given was “**moderating/ curbing sexual desire**” to ensure the woman’s chastity. Some of the other less-common reasons given for practicing FGC included **hygiene, health** and even “**enhancing sexual pleasure**”.

Among Dawoodi Bohras, the religious leaders and clergy have also recommended and endorsed the practice. Families may continue the tradition out of fear that they would incur disapproval from religious leaders if they abandoned it. FGC may be more strongly connected to the need for culture-based social inclusion rather than any religious doctrine.

TYPE OF FGC	DEFENITION
Type 1 (Clitoridectomy)	Cutting of the clitoral hood or prepuce, or the partial or complete cutting of the clitoris
Type 2 (Excision)	The partial or total removal of the inner labia, which could include removal of the clitoris and a part of the outer labia
Type 3 (Infibulation)	Cutting away the inner and/or outer labia, which may or may not include the clitoris, and then sewing up the wound to leave just a small hole for urinating and menstruating.
Type 4 (All other forms)	Includes all other harmful practices performed on a woman’s genitalia, such as piercing, incising, burning the genitals or even inserting substances into the vagina to tighten it.

HOW does FGC impact health?



The World Health Organization estimates that 90% of cases include Type 1, Type 2 or Type 4 FGC, and about 10% are Type 3 (most severe). Type 1 FGC involves a cutting of the clitoral hood and of the clitoris and poses a range of physical and emotional consequences such as infections, excessive bleeding, burning sensations while urinating, etc. The practice can adversely affect mental health as well, as many young girls feel personally betrayed, helpless and confused. The child can also experience fear of sexual intimacy and mistrust of community members later in life as a result of trauma. Sahiyo's study found that about half of the participants who had undergone FGC stated that their FGC had left an emotional impact on them.

The study also found that 81% of survey respondents (all from the Bohra community) did not want FGC to continue onto the next generation, indicating again that FGC is a deeply ingrained social norm continued out of a misbelief that it must be continued, when in fact many Bohras do want FGC to be discontinued. For more information from Sahiyo's study, visit sahiyo.com.

WHAT is the law on FGC?



Since 2012, the Bohra community has been involved in at least two major legal cases in connection with FGC. In Australia, three people were charged with performing FGC on two young girls in 2012. This became Australia's first FGC court case even though FGC has been a criminal offence in the country since 1997. In response to this court case, the Dawoodi Bohra religious order issued letters to jamaats (congregations) around the world to advise their constituents to not engage in "Khatna" as it could be defined by the country they resided in as FGC. These

letters were issued in jamaats only in countries where existing legislation criminalizing FGC were already in place, such as Australia, United States, Canada, etc. Bohras in countries such as India or Sri Lanka, with no governmental laws banning FGC, did not receive any such letter.

In 2017, the first federal prosecution for FGC in the U.S. occurred in Detroit, Michigan, under a 1997 federal law (18. U.S.C. 116). An emergency room doctor and seven others were arrested for performing FGC on two young girls. Soon, it was revealed that the defendants may have performed "Khatna" on at least 100 girls in the United States in the past 12 years. In 2018, a Michigan district court judge described the practice of FGC as "despicable", but dismissed the charges on the grounds that the U.S. Federal law against FGC was unconstitutional. The judge ruled that FGC, like domestic violence or sexual assault, must be under state control rather than federal control. While Congress works on revising the federal law to address these concerns, 35 states in the U.S. now have a law banning FGC.

Although FGC is prevalent within India, the country does not yet have a specific law against it. In 2017, in the midst of a growing movement to end FGC within the Bohra community, a Delhi-based advocate named Sunita Tiwari filed a Public Interest Litigation in the Indian Supreme Court demanding a legal ban on the practice of FGC. As of 2019, the case has been referred to a larger, 7-judge constitutional bench of the Supreme Court. India is also a signatory to a 2012 United Nations resolution which bans the practice.

WHY should we end FGC?



Female Genital Cutting is a complicated custom, and although 81% of community members in the 2015 Sahiyo study reported that they did not want FGC to continue in the Bohra community, several factors contribute to its continuation. Many in the community believe that the

type of FGC performed in the Dawoodi Bohra community is in no way related to "FGM" as recognized by the World Health Organization. And because of the discrete and secretive manner in which FGC is performed, many women are afraid to speak out in fear of social boycott by the community. Those who have undergone FGC or who are aware of others involved in carrying out FGC may fear speaking to authorities because of uncertainty around laws and what could be seen as punishable.

FGC is done without consent and brings up questions about human rights violations and women's rights over their own bodies. FGC, performed on children without their informed consent, denies girls and women their fundamental right over their own bodies. FGC is born out of a social structure that privileges men over women, and the practice is rooted in the belief that women's bodies and their sexuality are a dangerous, negative influence on society. FGC, then, is a symbol of misogyny and systemic gender inequality.

HOW can FGC end?



FGC is a social norm within practicing communities. Thus, ending this harmful practice demands a multisectoral, coordinated effort at both the grassroots and political level. In other words, we must seek to create a collaborative, coordinated movement that prioritizes education and outreach on FGC, and seeks to bring all members of the community -- faith leaders, survivors, community members, teachers, service providers, law enforcement, government, health professionals, social workers -- together in efforts to more effectively defend the rights of girls and women at risk of the practice.

If you would like to get involved in working towards preventing FGC from continuing to the next generation, email us at info@sahiyo.com.