

Female Mutilation: An Analysis

Author

Mrs. Richa Tiwari

Research Scholar

Nims University, Rajasthan (Jaipur)

Co - Author

Mr. Pravej Alam

Research Scholar

Nims University, Rajasthan (Jaipur)

ABSTRACT

India is an increasing nation with strong religious, philosophical, spiritual, and superstitious foundations. Every society has its own traditions and practises that follow its laws. "Genital Mutilation" is one of these practises. While male circumcision offers some health benefits, such as lowering the risk of catching a sexually transmitted illness, the same couldn't be said for women. Yet, it is conducted in the Muslim community in accordance with their culture, and people in other countries also do the same.

Yet, women who belong to the Dawoodi Bohra Islam (a Shia subsect) are forced to undergo female genital mutilation (FGM). The practise is known as "Khatna" or "Khafz." The idea is that clitoris is a "immoral lump of skin" that must be removed in order to control one's impulses to sex. Girl children are harmed irreparably by the practise, which should be outlawed. This practise has been outlawed in some nations, including the United States, the United Kingdom, Australia, and about 27 African nations. It won't pass the legality test to simply subjugate women to their husbands, because doing so is against their right to privacy. Any religious activity that compromises the integrity of a woman's bodily part is opposed. Both article 21 and article 15 of the constitution are broken by it. Yet, aside from POCS and IPC, there is no new legislation that addresses this behaviour. This study paper intends to address many elements of FGM, its issues, and to offer solutions. It also involves doctrinal research.

Keyword:- Genital , Woman, Mutilation, Female, Practice

INTRODUCTION

Maiming or hurtful (from the Latin: mutilus) is defined as "the cutting off or harm to a person's bodily part such that the portion of the body is permanently injured, separated, or deformed." Certain ancient Chinese practises, such as lingchi and foot binding, constitute acts of mutilation. One kind of injury is the "long-neck" population, a semi of the Karen called as that of the Padaung where women used it to put metal rings around their neck. Tattooing is also seen as a sort of self-mutilation in certain cultural traditions, such as Christianity. The United Nations and a number of other international organisations issued a united statement condemning female circumcision as just a kind of mutilation. Maiming, or mutilation, is a common practice form of physical sanction that includes the loss of, or inability to use, a natural body member. It is and has been practised by the many societies with various cultural and religious importance, as well as a standard practice form of physical sanction, particularly when tried to apply on the concept of an eye for an eye. Wounding is a punishable crime; madness, an Anglo-French variant version of the word, was the traditional legal language for a specific occurrence of maiming of humans.

TERMINOLOGY

FGM was recognised as female circumcision in English until the 1980s. The Kenya Missionary Council refers to it as female genital mutilation beginning in 1929. Rose Oldfield Hayes, an American anthropologist, coined the phrase lady venereal mutilation in the title of a study published in *American Ethnologist* in 1975, while Fran Hosken, an Austrian- In her landmark book, American feminist writer labelled it mutilation. The Hosken Report: Lady Venereal and Lustful damage. In 1990, the Inter-African Committee on Conventional Process Meaningful the Health of Women and Children coined the term "womanly private parts damage," and the World Health Organization (WHO) adopted the term in 1991. Alternative English terminology used by practitioners included female genital mutilation (FGC) and female mutilation/cutting (FGM/C). genital ¹

METHODS

Traditional circumciser (cutter) often conducts the process at girl's house with or without anaesthetic. In most cases, the trimmer is an elderly lady, although in certain areas, it is a male barber. Traditional cutters such as knives, razors, scissors, glass, and fingernails often employ non-sterile instruments.

TYPES

A more thorough typology was developed by the World Health Organization (a UN agency): There aren't such items as free start. Type III corresponds to the UNICEF category "stitched closed," whereas Type IV specifies a variety of methods, including symbolic nicking. " Type I is "partially or entire excision of the clitoral hood and/or the prepuce". Just the clitoral hood is removed in type Ia. All these is rarely performed individually.. The most typical treatment is Category Ib (clitoridectomy), which involves the elimination of the clitoral gland entirely or partially.clitoral hood and genital area (the exposed tip of the clitoris). "The circumciser uses her index and thumb to pull the clitoral glans and cut it off."²

Type II (excision) involves the removal of the inner foreskin completely or partially, as well as the loss of the perineal genital area and outer labia. The inner labia are removed in Type IIa: Type IIb clitoral glans and inner

¹ Chisholm, Hugh, ed. (1911). "Mutilation" *Encyclopaedia Britannica*. 19 (11th ed.). Cambridge University Press, pp. 99-100. 3 Eliminating Female genital mutilation - An interagency statement (pdf). World Health

Organization. ISBN 978-92-4-159644-2

Hayes, Rose Oldfield (17 June 1975) *Female Genital Mutilation, Fertility Control, Women's Roles, and the Patrilineage in Modern Sudan: A Functional Analysis*". *American Ethnologist*. 2(4): 617- 633. doi:10.1525/we.1975.2.4.02KE30. 151OR 643328

² Hosken. Fran (1994) [1979]. *The Hosken Report: Genital and Sexual Mutilation of Females*. Lexington: Women's International Network.

UNICEF 2013, 6-7

WHO 2008, 4, 22

WHO 2008, 4, 23-28: Abdulcadir et al. (2016) One WHO report refers to Type Ia as circumcision

labia removal; and Type IIc clitoral genital area, inner and outer labia removal. In French, excision may refer to any kind of FGM. "

The "sewn closed" category, Type III (vaginal tearing or pharaonic circumcision), includes the elimination of a genital area and fusion of the incision. Surgical internal and/or external labia are removed, with or without the clitoral glans. Type III is mostly prevalent in northeast Africa, including Djibouti, Eritrea, Ethiopia, Somalia, and Sudan (although not in South Sudan). According to one estimate from 2008, nearly eight million African women are subjected to Type III FGM. In 2010, the UNFPA reported. Infibulation has been performed on 20% of FGM women. "In Somalia, the kid is instructed to kneel on some kind of chair as well as mats towards a circumciser once at height that allows her an excellent view of the portions to be handled. ... adult assistance hold and pull apart the girl's legs.... If available, the topical anesthetic would be applied at this time."

The term "virtual reality" refers to the process of creating a virtual reality experience.

Pricking, piercing, incising, scraping, and cauterization are all examples of Type IV. The clitoris is nicked (symbolic circumcision), the genitals are burned or scarred, and drugs are introduced through into vaginal to tighten it. Type IV Labia Stretching is also frequent in southern and eastern Africa.³

INDIA

Certain Islamic organisations perform female genital mutilation (FGM) in India. It is usually done when ever a girl stands seven years old and includes the whole or partial excision of the clitoral hood. FGM is performed by Dawoodi Bohra tribe, a Shia Muslim group with the one million subscribers in India. Al-Dai-al-Mutlaq spiritual head. Syedna Mufaddal Saifuddin considers male and female genital mutilation (khamma and khafz, respectively) to be "acts of religious purity." Some Bohra sects such as the Sulemani Bohras and the Alavi Bohras as well as specific Sunni community members in Kerala, are practising FGM

The word for the day is "Boston". In response, she was told that Bohra women should realise that our faith supports the treatment and that they should adhere to it without question.

In an online poll of Bohra women. Sahiyo discovered that khara had been done upon 80percentage points of participants, with the majority having been cut when they were six to seven years old: 81% wanted the practise to end.

In December 2016, Dawoodi Bohra women challenged the United Nations to identify India as a nation wherein female genital mutilation (FGM) or female genital cutting (FGC) is common. The subject of FGM in India was

³ "WHO 2008, 4.

"Susan Izett and Nahid Toubia (WHO, 1998) "Frequently Asked Questions on Female Genital Mutilation Cutting". United Nations Population Fund. April

2010 Ismail, Edna Adan (2016). "Female genital mutilation survey in Somaliland" (PDF). Edna Adan University Hospital.

discussed for the first time at the United Nations in September 2017, at the 36th session held of such United Nations Council on Human Rights (UNHRC), when a written submission on FGM in India was delivered alongside the event.

THE REASONS Why FGM (FEMALE GENITAL MUTILATION)

1. Rural Areas- It has been noticed that persons in rural regions, rather than the richest households, are more likely to practise FGM.
2. To boost male sexual pleasure- The primary goal of FGM is to fulfil its genital temptation of the male (husband), and it is seen as a sign of a woman's virginity, attractiveness, and cleanliness.
3. Education- A lack of education leads to such an individual or family believing this. In Somalia and Sudan, for example, moms who have the opportunity to attend college force young girls to go under the knife.
4. Religion- It's also followed by pride since many believe that doing this method is a part of their faith because it is a sort of purity.
5. Humanitarian Obligation- Families do FGM because they feel it is a societal requirement or obligation to force their girls to undergo the procedure, or else society would shun themselves and their daughter. There are other more variables that contribute to the problem for female genital mutilation.

CONSEQUENCES/COMPLICATIONS

Inflammatory, swelling, profuse bleeding, discomfort, infected wound, and urine incontinence are all common short-term consequences. It also involves deadly haemorrhage and a lack of Anemia of red blood cells, infection in the urine, septic, gangrene (flesh-eating disease). tetanus. Since difficulties may not be recorded, it is unknown how several females (girls and women) pass away because of the prevalent practise. The use of shared equipment by practitioners contributes to the spread of HIV, Hepatitis B, and Hepatitis C.

According to Dr. Meghana Reddy J., a gynaecologist, khama may cause issues later in life such as difficult births and urinary infections. In one instance, a child suffered sepsis after receiving khabia, and it took considerable effort to resuscitate her.

Dr Sujaat Vali, an ophthalmologist and urologist, said that a consultant would only be able to detach and cut its perineal hood without also cutting the clitoris, and she evaluated that the clitoris had been severed in most instances tested. It is also said that half of them have some irritation, while the remaining 30% experience difficulty when walking or peeing or who have decreased sensitivity in that region. There are no recognised health advantages to this practise. The problems are determined by the kind of FGM chosen. It may also create scars and keloids, which can lead to blockages and strictures, as well as infected epidermoid cysts and the development the nerve tissue that feeds clitoris. Urine may gather behind the scar, keeping the area moist and causing inflammation and the production of small stones. Painful periods are prevalent as a result of menstrual flow restriction and blood stagnation in the vagina and uterus. It might cause the abdomen to expand owing to

fluid accumulation, increasing the possibility of pregnancy. In 1979, a Sudanese physician called Asma El Dareer alleged that her relatives murdered her in the identical circumstances described above.⁴

Women who have been infibulated may attempt to make delivery easier by eating less throughout their pregnancy to lower the size of the baby, which is contrary to doctor's advise to eat healthily when people feel like eating so that an appropriate quantity of food is accessible to the foetus and the mother. Infibulated women are more likely to need a caesarean section for these disorders.

According to a 2013 meta-analysis of 15 research comprising 12.671 women from seven countries, women who had FGM were twice as likely to have no sexual desire.

Dyspareunia is reported by 52% more people (painful sexual intercourse). One-third of those polled reported decreased sexual sensations.

JUDICIAL VIEWPOINT

The bench, which included Chief Judge Dipak Misra, Justice AM Khanwilkar, and Justice DY Chandrachud, said that FGM violates Article 21 of the Constitution since it subjected a female infant to a trauma suffering female genital mutilation. Such religious practise is prohibited under the POCSO Act, that explicitly specifies any contacting the genitals of a female under the age of 18 is a crime. In this respect, the bench issued notices to Kochi and Telangana, Maharashtra, Gujarat, Rajasthan, and Delhi. Essentially, the Court believes that the IPC (Indian Criminal Code, 1860) and the POCSO Act, 2012 (Protection of Children from Sexual Offences Act) are self-sufficient in dealing with this situation and that no further legislation is necessary.

CONCLUSION

While there is some existing legal structure of Indian law allowing criminal action against types of harm (Section 319-326 IPC), there is no particular reference of FGM in our legislation, hence it passes unreported. Moreover, the United Kingdom has a legislation on FGM, the Female Genital Mutilation Act of 2003, to deal particularly with the topic; India, like other countries, may establish a law on FGM. As a result, a distinct legislation on FGM is required to highlight the issues and treat it as a damaging criminal activity rather than an acceptable religious ritual or process.

RECOMMENDATIONS EDUCATION

Backward and illiterate individuals ought to be notified through making announcements and conducting camps in various regions, mostly on the boundaries of each state. A better education may open their eyes.

Religious Institutions' Role

Such institutions must be properly warned not to use religion as a tool of propaganda to justify such unethical behaviour.

⁴ Ravishanker, Reshma (8 February 2018). "Curbing women's sexual desire through genital mutilation: Reality of 'khatna' in India." Retrieved 9 November 2018

Dominance of Males

Males should not believe that girls and women are just created to satisfy their sexual urges and wants and to propagate offspring on the basis on humanity and moral conscience. The purpose of wedlock is to preserve not just the dignity of men along with the integrity of a female spouse.

Dominate of Parents

Families must recognise their child's holiness and innocence. Parents should instead be kind and loving in order to prevent their children from participating in this habit. The most common motive for such acts is family coercion. The child merely places his confidence in his parents, and parents should not be punished for it. for this kind of surgery. It should be penalised for such family members in whom the youngster places his or her trust.

The Media's Role

Since children and teens are constantly exposed to media, it may be utilised to teach them about the true facts behind such rituals rather than accepting these as just a portion of their faith and mindlessly following them as a matter of pride.

