

The Prevalance of Female Genital Mutilation in India

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INTRODUCTION

There are four different types of Female Genital Mutilation. Type 1 consists of the total or partial removal of the clitoris and/ or the prepuce, Type 2 consists of the partial or total removal of the clitoris and the inner labia. Furthermore, Type 3 includes narrowing of the vaginal opening, usually by stitching up the area, leaving a small opening for urination and menstruation and type 4 is usually undefined but often includes pricking, scraping and cauterizing the genital area. Over 200 million girls, in 30 countries, have been a victim to this practice in their lifetime. The exact reason for this practice to occur is highly reliant on the region in question. However, the reasoning is divided into 5 subcategories as an explanation for the occurrence of FGM. These are: Psychosexual reasons, hygiene and aesthetics, sociological or cultural, religious reasons, or socioeconomic reasons. It is practiced by the Dawoodi Bohra cultural sub-sect, concentrated in Maharashtra, in private as it does breach the Law. While the Indian government refuses to acknowledge it's existence in the country, a survey conducted in 2018 showed that 75% of Dawoodi Bohra's practice the ritual. The single largest programme working towards the elimination of FGM is the joint venture between UNICEF and UNFPA, in collaboration of the governments of many progressive and strong nations

METHODS AND MATERIALS

This study aims to discover the prevalence of Female Genital Mutilation in India as a matter of public concern rather than a practice in itself. The study aims to test whether being knowledgeable on the topic of Female Genital Mutilation instigates participants to take initiative into eradicating the practice. To conduct the required research, a pre-post survey research design used to evaluate the impact of instructional intervention, in this case, in the form of an online survey was used. The final null hypothesis stated: There would not be a significant impact on the target audience made by the FGM awareness video. The sample consisted of 103 participants from the Delhi NCR region, and ethical guidelines were followed to protect their identity and ensure their informed consent was taken. The survey contained 12 questions. 8 of these questions were in the format of a before-after design, relating to a brief video description on the current status of Female Genital Mutilation in India and also provided a brief introduction of the practice in the form of the perspective of a young girl. The purpose of this video was to make the respondents aware of the issue and explore whether their attitudes and importance towards the issue is impacted. The survey was created using google forms and distributed through social media platforms such as Instagram and Whatsapp groups.

RESULTS

Table 1 shows that the respondents were significantly better informed about FGM after viewing the video than before, depicted in the form of a paired t-test. A similar pattern was noticed in the responses when respondents were asked if they viewed the issue of high importance. Chart 1. shows when participants were asked to describe their emotions towards the practice of FGM, participants who described themselves as 'unaffected' prior to viewing the video, saw a decline to 0% after viewing the video. The majority of participants claimed they were 'furious', and this view was only strengthened post viewing the video from 39.2% to 53.9%. There was also a notable decrease in participants who felt 'slightly concerned' from 14.7% to 3.92%. In Chart 2., when asked whether the participants felt the government was handling the situation correctly, 'no' was consistently the answer of the majority both before and after viewing the video. This view was only strengthened after viewing the video as participants answering 'no' rose from 72.5% to 92%. Chart 3. shows that it was evident that the video had a significant impact on the respondents' willingness to personally contribute to eradicating the practice as people unwilling to contribute showed a decline from 28.4% to 6.9%.

DISCUSSION

The two t-test analyses of the results showed there is an evident impact made by the video on the participants, as they feel more informed about the issue after viewing the video. Furthermore, it also showed there is an evident impact made by the video on the participants, as they feel much more strongly about the matter after watching the video. As reflected above, the audience is evidently uninformed about the topics, but once made aware of the practice's harsh reality, are deeply impacted by it, deeming it important. Even in a highly globalized country such as UAE, the practice still prevails, uncriminalised, with negative associations to the health of Emirati women. A similar pattern can be observed in this study, when participants were asked about government intervention in the practice of Female Genital Mutilation. Most people agreed on the opinion that the government wasn't handling the situation properly, even before viewing the video and being majorly uninformed about the practice, which is an interesting discovery into the public views of the government. Most interestingly, a significant number of participants felt either 'furious' or 'disappointed', and this was consistent both prior to viewing the video and after. However, more notably, it shows how all participants chose words that suggested that they were affected by the video in some way or another. A probable cause of these results may have been due to the secrecy of this practice in India. For example, in 2016, Syedna Mufaddal Saifuddin, the religious head of the Bohra community, stated that "the act" must continue "discreetly for girls." (Lobo, 2021)

CONCLUSIONS

The evidence is clear: the general public, in this case, specifically residing in the Delhi NCR region, was not well informed about the practice, and thus, there must be actions taken to make information about the practice readily available and easily accessible. By encouraging the formation of more forums on social media discussing the topics, and implementing discussions about female genital mutilations in assemblies and talk at schools and colleges, awareness can be easily achieved. Future research into the topic should focus on seeing if an increase in awareness of FGM amongst the public has invoked members of the public to actively take action in campaigning against and criminalising the practice.

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ABSTRACT

Female Genital Mutilation is a deep-rooted cultural practice in several cultures in Africa, the Middle East and Asia. Although in the modern ages, through the impacts of migration and increasing social awareness, this practice is being abandoned by several, it is still a custom being practiced in secrecy by small groups of individuals across the world. This study aims to evaluate the Delhi NCR public's understanding of the practice and whether increased awareness amongst them would encourage individuals to work towards eradicating the practice. In order to measure this, a survey was carried out on 103 participants from the Delhi NCR Region containing an informative video on the basics of Female genital mutilation and participants were asked mirroring questions before and after viewing the video on their emotions towards the topic, their level of awareness and their likelihood of intervention. The results were analyzed using a paired t-test and descriptive statistics. These results were then presented in the forms of tables and charts, and the alternative hypothesis was retained stating that participants felt better informed, viewed the issue with higher importance and felt more emotionally motivated by the practice after viewing the video. The study implies that an increased level of information and awareness of the topic can lead to increased participation in eradicating the practice and showed how useful even general and basic knowledge on the practice of Female Genital Mutilation created a large impact on the participants.

Source	Before	After	t	p
	M	SD	M	SD
Level of acquaintance with the topic	2.69	1.34	4.15	0.872
			1.98	0.000

Table 1.

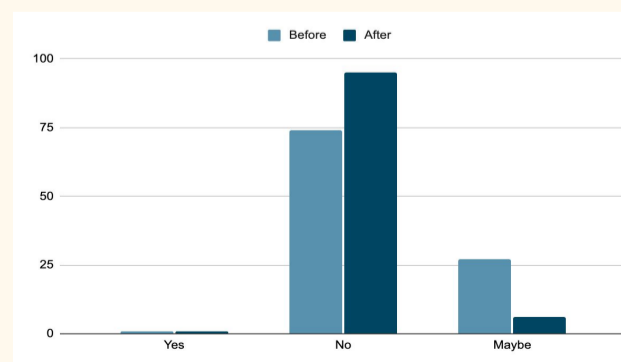


Chart 2.

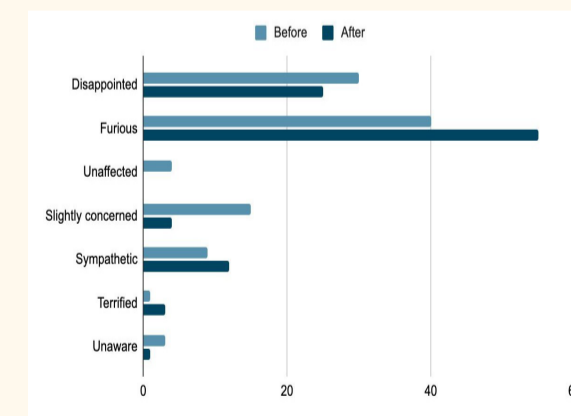


Chart 1.

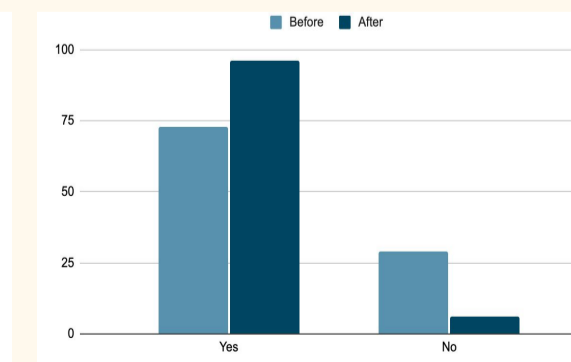


Chart 3.