

The Prevalence of Female Genital Mutilation in India

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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.

Introduction

Female genital mutilation is an ancient practice dating back to over 2000 years in ancient Egypt, and is said to be practiced on Egyptian slaves, fueled by varying motives. Since the widespread use of the practice, across nationalities and continents, the motives for the practice have reformed and multiplied. Some of the most common reasons for the practice are aesthetic reasons, purity and chastity. (Raymond, 2015)

“Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but there's no medical reason for this to be done.” as quoted by the (NHS). However, a dictionary definition fails to capture the entire severity of this cruel practice. Female genital mutilation goes far beyond a cultural practice. Not only does it lack medical benefits, but it also causes life-long negative impacts on victims such as childbirth complications, severe bleeding, cysts and even post-traumatic stress disorder. (Kaplan et al., 2011) Furthermore, Female genital mutilation is done primarily to ensure pre-marital virginity by robbing a woman of any sense of pleasure in her genitals which violates human rights and further enhances the inequality between the two genders. (WHO, 2022)

There are four defined types of FGM (WHO, 2022): 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, and sometimes the outer 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, piercing, incising, scraping and cauterizing the genital area.

The WHO has recorded a total of 200 million girls and women alive today that has undergone FGM in over 30 countries, mainly concentrated in Africa and the Middle East. (WHO, 2022) However, due to the increasing migration rates and communication in modern times, this practice has been spread throughout the world including first world countries such as the UK and the US, where it is performed behind closed doors.

While the exact origin of FGM is unknown, historians have found patterns of Female circumcisions in cultural sub-sects of Islam and Christianity, and the earliest recorded case of it was found in Egypt in the 5th century as historians observed a female mummy who seemed to be circumcised (Llamas, 2017). Traces of the practice were later found in tropical Africa, the Philippines and parts of Africa, where Arabs and Romans resided.

The exact reason for this practice to occur is highly reliant on the region in question. (Odukogbe et al., 2016) However, the reasoning is divided into 5 subcategories as an explanation for the occurrence of Female Genital Mutilation. The first is psycho-sexual reasons (when FGM is carried out as a way to control women's sexuality, "which is sometimes said to be insatiable if parts of the genitalia, especially the clitoris, are not removed); sociological or cultural reasons (when FGM is seen as part of a girl's initiation into womanhood and an intrinsic part of a community's cultural heritage); hygiene and aesthetic reasons (this may be the reason for those communities that consider the external female genitalia as ugly and dirty); religious reasons maintains that while FGM is not endorsed by Christianity or Islam, "supposed" religious doctrines may be used to justify the practice); socio-economic factors (in some communities FGM is a pre-requisite for marriage, especially in those communities where women are dependent on men economically). Source: (*UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation*, 2022)

Currently, Somalia has the highest practising rate of FGM, where 98% of females have undergone some form of FGM, however, it is slightly more common-- by almost 2%-- in women aged 45-49 as compared to women aged 15-19. This suggests that resistance against the practice has formed effectively in Somalia. (UNICEF, 2013) Nevertheless, this resistance is not present in countries such as India possibly due to the inconspicuous nature of FGM in the country.

In India, it is practised by specifically the Dawoodi Bohra subject, who perform this act behind closed doors by untrained older women of their society. A 2018 study estimated the prevalence of FGM within the Bohra community to be 75% of daughters of all respondents in the sample. However, due to the major secrecy in the community in regards to the practice, there is no official evidence or statistics on the matter. The Bohras refer to this practice as Khatna, or "circumcision", and their main reason to support this cruel practice is to ensure sexual desire is curbed, as expressed by one such victim. (Bootwala, 2019)

FGM/C also violates several rights enshrined in the Indian constitution including Article 14: Equality before the law; Article 15: Prohibition of discrimination on the grounds of sex and Article 21: Protection of Life and personal liberty (Anantnarayan et al., 2018)

The single largest programme working towards the elimination of Female Genital Mutilation is the joint venture between UNICEF and UNFPA, in collaboration of the governments of many progressive and strong governments including those of Austria, France, Iceland, Italy, Luxembourg, Norway, Spain, Sweden, the United Kingdom and the United States of America. Furthermore, the two organisations also closely work with specialised foundations and donors in order to carefully eradicate the practice. The joint programme was established in 2008 and aims to end all harmful practices by 2030. They have already managed to support and protect over 5.5 million girls in 17 countries from the risk of being cut, and have led over 1300 individuals to be arrested or face legal charges for actively participating in the traumatic practice ("*UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation*", 2014)

However, the Indian Ministry of Women and Child development told the supreme court, in response to a petition to end FGM started by Bohra women, that "At present, there is no official data or study which supports the existence of FGM in India." (Chandran, 2017) This statement was received badly by the women of the Bohra community as Masooma Ranalvi, FGM activist and founder of WeSpeakOut, an organisation dedicated to helping Dawoodi Bohra women escape or heal from female genital mutilation, said a survey she had conducted of more than 100 Bohra Women across India found that most of them were cut. (Anantnarayan et al., 2018) Furthermore, the non-

profit group Sahiyo, also dedicated to ending FGM amongst the Dawoodi Bohra sect, issued a statement saying, “*We are appalled ... survivors have been speaking out for years, and have met ministry officials, too,*” (Chandran, 2017)

The denial of the existence of the practice in India by the government itself was shocking, thus, this research study aims to explore the opinions of the Indian public residing in the Delhi NCR region between the ages of 16 years to 60 years on the matter of FGM by analysing their level of awareness and concern in regards to the matter, in the hopes that widespread awareness enlightens the public to bring forth a changed and united opinion on the matter that convinces change to be procured.. Unlike in other nations, Female Genital Mutilation is one of India’s best-kept secrets. The subject is strictly taboo, only discussed by the elder women of the Bohra community in private. The young, naive girls are then lured into the houses of these wise, elderly women with the promises of sweets and gifts in the name of “celebrating her girlhood”

Methodology

Aim of Study

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.

Research Design

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.

Hypothesis

Null Hypothesis: There would be no significant impact on the target audience made by the FGM awareness video

Alternative Hypothesis: There would be a significant impact on the target audience made by the FGM awareness video

Consent and Ethical Issues

Since the data collected was through a digital survey, the informed consent of the participants was taken before collecting data. The survey was shared with a short message which intended to warn the participants about the triggers which were included in the survey and video and was also included at the beginning of the survey.

Furthermore, the identity of the participants was protected through the use of anonymity which promotes the greater disclosure of sensitive or stigmatizing information and ensures the correct and ethical use of their responses strictly for research purposes.

In conclusion, ethical guidelines of research were followed.

Sample

The sample consisted of 103 respondents belonging to the urban areas of Delhi-NCR, India region and included all participants above the age of 15, with at least a 10th-grade pass, and ranged all the way to participants above the age of 50. The majority of the participants were females between the age group of 15 and 18 years old.

Tools used

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.

An e-survey was conducted using google forms and was shared to the target audience through social media platforms such as Instagram and WhatsApp. The survey consisted of 15 questions, including a question relating to general feedback on the survey and the included video. There were 3 different types of questions included in the survey:

1. Yes, No and Maybe questions
2. 1-5 scale questions
3. Choose the word that best describes your emotions towards the topic

The survey was accepting responses for only 48 hours in order to improve the authenticity and validity of the responses acquired.

Data Collection Procedure

A google form was formulated and convenient sampling was used to circulate using social media platforms such as Instagram and WhatsApp group chats. The form consisted of an informative video on the topic of Female Genital Mutilation, and the participants views on the topic were recorded before and after viewing the video. The questions aimed to gain the participants perspective on the importance of the issue to themselves, and to the government, and furthermore, gathered information on the emotional impact learning about Female Genital Mutilation had on them.

Results

A survey was carried out on an online platform and a paired sample t-test was carried out and descriptive statistics were gathered and analyzed.

Table 1: Summary of Paired T-test Analysis on respondents before and after viewing the short video on female genital mutilation and answering the question: On a scale of 1-5, how well informed were you on the topic of FGM before/after viewing the video?

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

Note. *p < 0.05

It can be depicted from the table that AFTER viewing the video (M= 4.15, SD= 0.872) respondents were significantly more well informed on the topic of Female Genital Mutilation in India than BEFORE viewing the video (M=2.69 SD= 1.34, t(2)= 1.98, p< .05 (Table 1).

Table 2: Summary of Paired T-test Analysis on respondents before and after viewing the short video on female genital mutilation and answering the question: On a scale of 1-5, how important do you think this issue is in India

Source	Before		After		t	p
	M	SD	M	SD		
Importance of issue	4.38	0.856	4.80	0.508	1.98	0.000

Note. *p < .05

AFTER viewing the video (M= 4.80, SD= 0.508) respondents deemed the issue to be slightly more important than BEFORE viewing the video (M=4.38 SD= 0.856, t(2)= 1.98, p< .05 (Table 2).

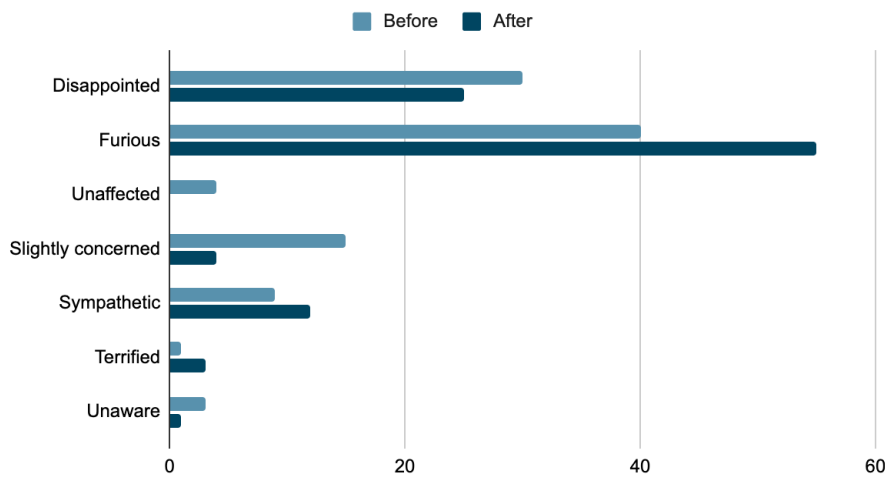


Figure 1: Bar chart depicting the results of the question: Choose the word that best describes your emotions towards FGM in India before/after viewing the video

The chart 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%. (Figure 1)

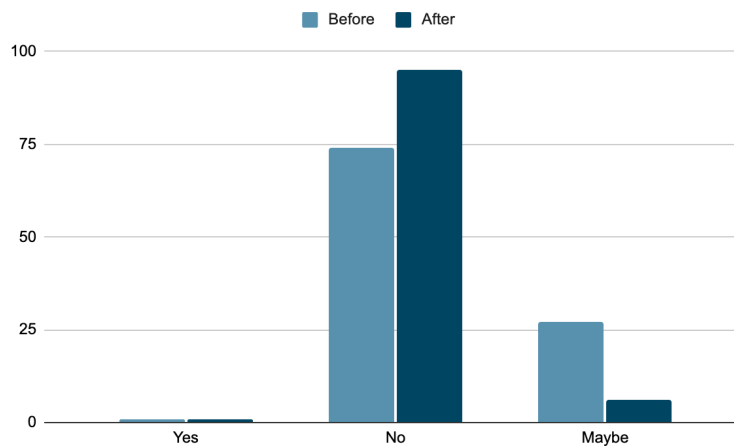


Figure 2: A bar chart showing the participants' opinion on the question: Do you think the government is handling the situation correctly before/after watching the video?

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%. Only 1 participant said yes, and this number was consistent before and after viewing the video. 27 (26.5%) participants said 'maybe' prior to viewing the video, and this number saw a sharp decline to 6 (5.88%) participants after the video. (Figure 2)

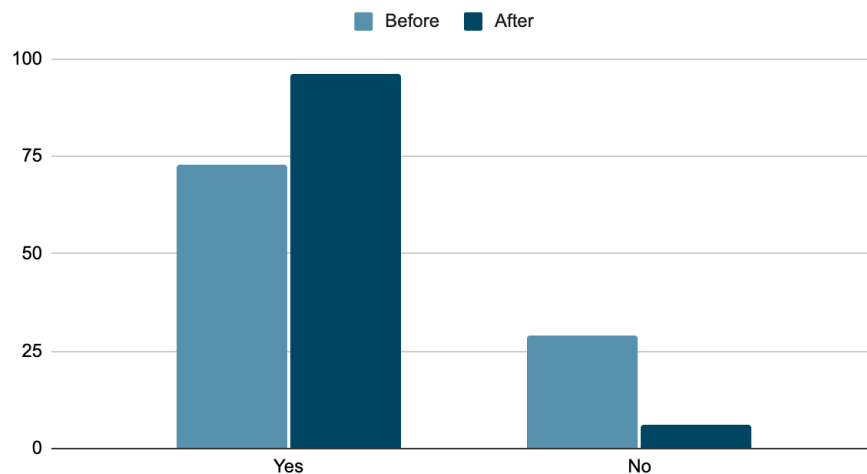


Figure 3: A bar chart showing the participants' opinion on the question: Do you feel personally compelled to help eradicate this practice before/after watching the video?

This chart 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%. While the majority of the participants, 71.6%, said they would want to personally contribute, this response was even more significant post viewing the video, rising to be the answer of 94.1% of the participants.

Discussion

An interesting piece of literature- *Saving Safa by Warris Dirie* focusing on the personal and intimate story of a Female Genital Mutilation Survivor shows just how deeply embedded the stigma of FGM is in practicing cultures. It begins with a letter from seven year-old Safa to the FGM activist and survivor, Warris Dirie, about the harmful comments made by the young girl's peers, she wrote: "When we play on the street, the children run away and curse and say bad things. They say I stink, but that's not true at all. Maman and Papa also argue because of me and Maman cries a lot. Safa is a disgrace, she is not circumcised!" (Dirie & Lutschinger, 2015).

Female Genital Mutilation has become a mixture of toxic religious, cultural and social interpretation that leaves scarring impacts on the wellbeing of the victims. The stories of young girls such as Safa is what drives Dirie on her constant fight to end Female Genital Mutilation, and it is exposing that very toxic mindset and practice that this research study aims to achieve.

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. Hypothesis 1 stated that participants would feel more well-informed on the topic of Female Genital Mutilation after viewing the informative video provided on it. This large association is scientifically interesting and it shows how less information is readily and easily accessible to the local public of New Delhi NCR, India on Female Genital Mutilation. Hence, the null hypothesis is rejected, and the alternative hypothesis is retained. Hypothesis 2 stated that participants would view the issue to be increasingly important after viewing the video, hence the null hypothesis is rejected, and the alternative hypothesis is retained. 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. On the similar lines the UAE government has failed to criminalise the practice of Female Genital Mutilation. They have, however, banned the practice in state hospitals and clinics. Although, due to the conservative nature of UAE society, the practice is not openly discussed, and thus, no legal action has been taken to prevent it from occurring in tribes and on private property (ICFUAE, 2017). However, a study done on members of the UAE public showed that while 69% of the participants believed it was a custom, 72.8 % of them were still against the practice. Furthermore, the study found that 41.4% of the participants were victims of the practice. (Awar et al., 2020) This goes to show that even in a highly globalized country such as UAE, the practice still prevails, 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.

When asked whether the participants felt the government was handling the situation correctly, 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. Furthermore, the results showed how the group of participants that were unsure about the government's approach to ending the practice, were majorly satisfied by the video and concluded with a definitive answer of no, as the number of participants saying yes was consistently at 1. The organization WeSpeakOut, in a partnership with the organisation Sahiyo, launched a petition campaign in 2017, prior to the publication of their research and this petition was taken to the Supreme Court, where the Ministry of Women and Child development reported that "there is no official data or study which supports the existence of Female Genital Mutilation in India". However, even after the publication of the data by WeSpeakOut, no government action was taken. Furthermore, The treaty monitoring bodies of the United Nations have interpreted FGM to be a human rights violation, and therefore breach treaties such as the *Convention in the Elimination of All Forms of Discrimination Against Women; the Convention on the Rights of the Child; the International Covenant on Civil and Political Rights; the International Covenant on Economic, Social and Cultural Rights, and the Convention against Torture*.

Moreover, the results showed how the majority of the participants felt compelled to personally help eradicate this practice, even whilst being majorly uninformed on the topic. This reaction could possibly be due to the severity

of the practice expressed in its name itself: Female Genital Mutilation. This shows how the video compelled the majority of the participants who didn't feel responsible to have to contribute to the eradication of this practice want to help and how participants simply needed enough information about the practice to be concerned about it, thus showing the lack of public information provided on female genital mutilation in India.

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. Furthermore, all participants that felt 'unaffected' by the practice prior to the video, chose a different word to describe their emotions after viewing the video. The most common answer was 'Furious' both before and after viewing the video which shows how strongly the participants disagreed with the practice. Hence, the results support the alternative hypothesis that there would be a significant impact on the target audience made by the FGM awareness video, as the respondents were evidently impacted by the video, and felt more impacted and aware of the topic. 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)

There has not been a feasible amount of research on Female Genital Mutilation in India. This study was one of the few to gather data on the general public of the Delhi NCR region's opinions and awareness on the matter of FGM. On similar lines, WeSpeakOut (2018) conducted a study on 94 participants, who were all members of the Bohra Community. This study aimed to understand the extent of dominance of Female Genital Mutilation in the Bohra community and document the physical, mental and sexual impacts of the practice. The study found that 75% of all daughters of the sample were subject to the practice. The study has repercussions to formulate awareness campaigns and programmes amongst the individuals in India through Social Media pages, narratives dictated by survivors and informative documentaries based on the lives of women who were once victims of Female Genital Mutilation.

Conclusion

The research study aimed to spread awareness of the Indian Public residing in Delhi NCR on the matter of Female Genital Mutilation in order to instigate active participation to eradicate the practice. 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. The study also found that after being briefly educated on the topic of FGM, participants were much more emotionally aroused, and instigated to actively participate in eradicating the practice. 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 the practice, and in favour of implementing laws to make the practice illegal.

Limitations

The major limitations of the study included the narrow age range of the respondents as 66.7% of all respondents were between the ages of 15 and 18. This limits the insight received on the issue through a variety of generations. Another major limitation of the study also lay in the sample as 85.3% of the respondents were females. While females would have a more personal connection to this issue, and would therefore be able to provide a much more substantial response to questions relating to the subject, the research lacks significant insight from males which would offer an important secondary perspective in the issue and could have been more prominent if there were more male respondents.

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