



THE DARKEST'S SECRET OF INDIA - FEMALE GENITILE MUTILATION

Ms.Fowmina. C

Research Scholar (PhD), VIT School Of Law, Chennai

ABSTRACT

The Female Genital Mutilation is also called as Female genital cutting or Female circumcision where it's a ritual removal of external female genitalia almost the most sensible part of the genital organs. It is an age-old practice which is perpetuated in many communities around the world simply because it is customary. FGM forms an important part, rites of passage ceremony for some communities, marking the coming of age of the female child. It is believed that, by mutilating the female's genital organs, her sexuality will be controlled; but above all it is to ensure a woman's virginity before marriage and chastity thereafter. In fact, FGM imposes on women and the girl child a catalogue of health complications and untold psychological problems.

KEYWORDS :

ORIGIN –

The origin of FGM has not yet been established, but records show that the practice predates Christianity and Islam in practicing communities of today. In ancient Rome, metal rings were passed through the labia minora of slaves to prevent procreation; in medieval England, metal chastity belts were worn by women to prevent promiscuity during their husbands' absence; evidence from mummified bodies reveals that, in ancient Egypt, both excision and infibulations were performed, Hence pharaonic circumcision; in tsarist Russia, as well as nineteenth-century England, France and America, records indicate the practice of clitoridectomy. In England and America, FGM was performed on women as a "cure" for numerous psychological ailments.

The age at which mutilation is carried out varies from area to area. FGM is performed on infants as young as a few days old, on children from 7 to 10 years old, and on adolescents. Adult women also undergo the operation at the time of marriage. Since FGM is performed on infants as well as adults, it can no longer be seen as marking the rites of passage into adulthood, or as ensuring virginity.

Among the types of surgical operation on the female genital organs listed below, there are many variations, performed throughout Africa, Asia, the Middle East, the Arabian Peninsula, Australia and Latin America.

TYPES OF SURGICAL FORMS –

(a) **Circumcision (or) Sunna ("traditional") circumcision:** This involves the removal of the prepuce and the tip of the clitoris. This is the only operation which, medically, can be likened to male circumcision.

(b) **Excision (or) clitoridectomy:** This involves the removal of the clitoris, and often also the labia minora. It is the most common operation and is practised throughout Africa, Asia, the Middle East and the Arabian Peninsula.

(c) **Infibulation (or) Pharaonic circumcision:** This is the most severe operation, involving excision plus the removal of the labia majora and the sealing of the two sides, through stitching or natural fusion of scar tissue. What is left is a very smooth surface, and a small opening to permit urination and the passing of menstrual blood. This artificial opening is sometimes no larger than the head of a match.

Another form of mutilation which has been reported is introcision, practiced specifically by the Pitta-Patta aborigines of Australia. When a girl reaches puberty, the whole tribe—both sexes—assembles. The operator, an elderly man, enlarges the vaginal orifice by tearing it downward with three fingers bound with opossum string. In other districts, the perineum is split with a stone knife. This is usually followed by compulsory sexual intercourse with a number of young

men.

It is reported that introcision has been practised in eastern Mexico and in Brazil.

In Peru, in particular among the Conibos, a division of the Pano Indians in the north-east, an operation is performed in which, as soon as a girl reaches maturity, she is intoxicated and subjected to mutilation in front of her community. The operation is performed by an elderly woman, using a bamboo knife. She cuts around the hymen from the vaginal entrance and severs the hymen from the labia, at the same time exposing the clitoris. Medicinal herbs are applied, followed by the insertion into the vagina of a slightly moistened penis-shaped object made of clay.

Like all other harmful traditional practices, FGM is performed by women, with a few exceptions (in Egypt, men are known to perform the operation). In most rural settings throughout Africa, the operation is accompanied with celebrations and often takes place away from the community at a special hidden place. The operation is carried out by women (excisors) who have acquired their "skills" from their mothers or other female relatives; they are often also the community's traditional birth attendants. The type of operation to be performed is decided by the girl's mother or grandmother beforehand and payment is made to the excisor before, during and after the operation, to ensure the best service. This payment, partly in kind and partly in cash, is a vital source of livelihood for the excisors.

The conditions under which these operations take place are often unhygienic and the instruments used are crude and unsterilized. A kitchen knife, a razor-blade, a piece of glass or even a sharp fingernail are the tools of the trade. These instruments are used repeatedly on numerous girls, thus increasing the risk of blood-transmitted diseases, including HIV/AIDS. The operation takes between 10 and 20 minutes, depending on its nature; in most cases, anesthetic is not administered. The child is held down by three or four women while the operation is done. The wound is then treated by applying mixtures of local herbs, earth, cow-dung, ash or butter, depending on the skills of the excisor. If infibulation is performed, the child's legs are bound together to impair mobility for up to 40 days.

If the child dies from complications, the excisor is not held responsible; rather, the death is attributed to evil spirits or fate. Throughout South-East Asia and urban African communities, FGM is becoming increasingly medicalized. FGM is known to be practiced in at least 25 countries in Africa. Infibulation is practiced in Djibouti, Egypt, some parts of Ethiopia, Mali, Somalia and the northern part of the Sudan. Excision and circumcision occur in parts of Benin, Burkina Faso, Cameroon, the Central African Republic, Chad, Côte d'Ivoire, the Gambia, the northern part of Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Mauritania, Nigeria, Senegal, Sierra Leone,

Togo, Uganda and parts of the United Republic of Tanzania, Sub-urban of India. Information has revealed that the practice also exists in some European countries and Australia among immigrant communities. FGM is a custom or tradition synthesized over time from various values, especially religious and cultural values. The reasons for maintaining the practice include religion, custom, decreasing the sexual desire of women, hygiene, aesthetics, facility of sexual relations, fertility, etc. In general, it can be said that those who preserve the practice are largely women who live in traditional societies in rural areas. Most of these women follow tradition passively.

In the countries where the practice exists, most women believe that, as good Muslims, for example, they have to undergo the operation. In order to be clean and proper, fit for marriage, female circumcision is a precondition.

Among the Bambara in Mali, it is believed that, if the clitoris touches the head of a baby being born, the child will die. The clitoris is seen as the male characteristic of the woman; in order to enhance her femininity, this male part of her has to be removed. Among women in Djibouti, Ethiopia, Somalia and the Sudan, circumcision is performed to reduce sexual desire and also to maintain virginity until marriage. A circumcised woman is considered to be clean. Establishing identity and belongingness is another reason advanced for the perpetuation of the practice. For example, in Liberia and Sierra Leone, groups of girls of 12 and 13 of the indigenous population undergo an initiation rite, conducted by an older woman "Sowie". This involves education on how to be a good wife or co-wife, the use of herbal medicine and the "secrets" of female society. It also involves the ritual of circumcision.

INDIA -

Of all this open known practice of FGM, India which is or a signatory to the UN Convention on the Rights of the child as well as the Convention on the Elimination of all forms of Discrimination against women which mentions FGM, still there holds a darkest secret under the corner of Bombay and other states like Gujarat and Maharashtra. The Dawoodi Bohra's community even though the community has people with great education still they are been victimized to the practice of FGM.

According to the community Cerlic Syedna Muffadlal Maula,

"The procedure, the procedure has to happen! If it is a man, then it is right, it is openly, and if it is a woman then discreetly but it must be done. You understand what I am trying to talk about, you understand properly about. In the man it is open, in women it is secret, but the procedure must be done! Whoever it is, whoever says it"

The young children or women been taken for genital mutilation. They are been forced into a permanent physical and mental scars. The voice of the Bohra community women is been unheard. The khatna or Khitan is said to be practiced in the view that it will curb the sexual desire. Accordingly it is also believed that the clitoral head is 'Unwanted Skin' that it is a 'Source of Sin' and even referred as 'Haraam Ki boti / Immoral lump of Flesh' that will make them 'Stray' out of their marriages are reasons that lie at the heart of a practice that predates Islam amongst Bohra's. The circumcised practiced on the victims by the midwives uses untamed blades and in the dark decrepit rooms by the dingy lanes of Bhendi Bazaars.

DOES INDIA upholds the FGM (or) IS THEIR ANY LEGAL PROVISIONS:

In 2015 a group of Bohra women signed a petition and was submitted to the community High Priest Syedna Mohammed Burhanuddin to ban FGM in India. Later a spokesman for syedna advised that-

..." Bohra women should understand that our religion advocates the procedure and they should follow it without any argument."

and the petition was rejected an termed as "consigned to the dustbin". According to Art historian Habiba Insaf, a member of the community and a signatory to the petition, says:

"The practice is not sanctioned by Koran. If it was, then all Muslims in India would practice it. It continues in our community because no-one questions it"

EXISTING LEGAL PROVISIONS -

Even though India does not hold any special legal provisions but there are existing laws in which the FGM can be punishable.

According to IPC Section 360 – Grievous Hurt – Privation of any member or Joint and destruction or permanent impairing of the powers of any members or Joint. IPC Section 322 – Voluntarily causing grievous hurt can also be used against khatna. IPC Section 326 – Voluntarily causing grievous hurt by means of any instrument for shooting, stabbing or cutting can also be used for FGM. The Goa children's Act already includes "deliberately causing injury to the sexual organs of children in its definition of Grave Sexual Assault" – This law can be adopted nationally or state wise in India. According to Section 9 – Protection of children form sexual offences Act deals with aggravated sexual Assault.

India a Signatory to the UN Convention on the Rights of the child as well as the convention on the elimination of all forms of Discrimination against Women which mentions FGM. International Human Rights Law – Violates the practice of FGM, rights of the child to the Enjoyment of the highest attachable standard of health – Para 1 and 3. Article -24 of the convention on the Rights of the child.

CONCLUSION:

Even though India has existing laws, yet the practice is followed by the outskirts and the practise remain as the darkest secret's. In the recent petition, many Bohra community victims has signed the petition and has put forth in front of the government. According to the community FGM is "Not seen as Crime – but it is forced to do as the religious benefits or Purity". Internationally Australian court on June 2016 has sent Dawoodi Bohra leader shabbir Mohammedbhai to jail in attempting to conceal the FGM of two sisters in 2009 and 2012. When an International court can convict a person who practiced FGM, Why not India. It is high time India forms a special law in relation with FGM for the safety of women or using the existing laws they have to been punished. The petition from the Bohra community victims has to been seen forth and the government should take necessary actions in providing protection for girl children and women's from the pain and scar that is seen as a religious purity.