**Demystifying *khafd* in the Dawoodi Bohra community: A commentary on an Indian report**

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**Abstract**

In this commentary, we critique a recent report on female genital cutting (FGC) in the Indian Dawoodi Bohra community titled “The Clitoral Hood: A Contested Site *Khafd* or Female Genital Mutilation/Cutting (FGM/C) in India.” Published against the backdrop of possible legislation against FGC in India, the report makes good recommendations and is a useful addition to global literature on FGC. However, we argue that it does not adequately consider the other side of the coin, something which is important in academic research. We comment on specific sections of the document using relevant literature and informal conversations with the Bohra community in Pakistan, thereby highlighting both its strengths and weaknesses. We also attempt to show that criminalising *khafd* by conflating it with more drastic forms of cutting may be counterproductive. In conclusion, education and activism from within the community may be more fruitful than the imposition of a law banning *khafd*.

Background

The practice of cutting women is an ancient one, carried out in many communities around the world. The UN first looked at the phenomenon in the 1950s but an international debate on the topic really began in the 1990s, spurred on by a number of events. One of these was the publication of Alice Walker’s 1992 book *Possessing the secret of joy* in which the female protagonist escaped her fictional African country to avoid cutting and then returned to disastrous consequences. Another notable event was the acceptance in 1996 of Fauzia Kassindja’s application for asylum in the United States.[[1]](#endnote-1) In 1994, Kassindja had escaped Togo as a 17 year old to avoid being cut and married to a much older man. In the same year as Kassindja became the first person to get asylum in the US for gender-based oppression, the US passed a federal law against what was now being called female genital mutilation (FGM) and began imposing economic sanctions on countries where it is practiced.

This is the backdrop against which a global wave of activism began against female cutting. The debate on the topic has become increasingly polarized and acrimonious. From its initial focus on African countries, the debate on cutting practices has expanded to include other communities, such as certain Muslim groups who practice female genital cutting (FGC) in Asia and who have taken the practice with them to the West. According to UNICEF data, it is widely practiced in Africa and in some Muslim countries. In India and Pakistan, the Dawoodi Bohra community practice female cutting as a religious ritual.

Very often, the global debate conflates all forms of FGC despite marked differences in the severity and extent of the procedures carried out in different communities. In academic literature, and in popular imagination, female cutting is often taken as one homogeneous practice which is generally pictured as a horrendously violating event. However, WHO identifies 4 types of cutting practices that range from a prick to the clitoral hood to infibulation, a narrowing of the vaginal opening through the creation of a ‘seal.’[[2]](#endnote-2) The actual practice can lie somewhere between these descriptors or be a combination of one or more types.

In this commentary, we critique a recent report on FGC and the Dawoodi Bohra community conducted in India.[[3]](#endnote-3) All three authors of this commentary have clear positions against the practice of female cutting. However, in order to critique this report, we have attempted neutrality by including opinions from within the Pakistani Bohra community in our commentary. We have also looked at literature from both sides of the debate and have sought to present opposing viewpoints as we discuss the report in question. Throughout our commentary, we have used the term ‘cutting’ (FGC) because we see it as more neutral than either the pejorative term ‘mutilation’ or the favourable word ‘circumcision.’ We have also used the word *khafd* interchangeably with FGC, because this is the name given to the practice by the Bohra community.

We first provide a critique of the methods that the report employs, and then comment on specific sections addressed within the report, informed not only by relevant literature but also by our informal conversations with the Bohra community in Pakistan.

Critique of Methodology

We recognize the efforts undertaken to conduct this nation-level qualitative study in India. To the best of our knowledge, to date, no systematic research from Pakistan exists in this area, although national newspapers and social media forums in the country report the existence of this practice. [[4]](#endnote-4) [[5]](#endnote-5) [[6]](#endnote-6)

The methodology for this research appears well-designed. The sampling strategy is appropriate and in order to minimize bias, the research recruits participants from both positions thus allowing for varying viewpoints and perceptions. We also appreciate the group’s efforts to adequately represent the different demographic profiles associated with this practice.

While remaining cognizant of the efforts to highlight an important issue, we also believe that the report begins with a clear intent: “To build a body of evidence that would strengthen the case for ending FGM/C in India. (p.6)” This indicates that the report has a declared agenda, which although perhaps not misguided, affects neutrality, an essential value for research. We appreciate that research projects, particularly those using qualitative methods, are hardly ever value neutral, but rigour has to be maintained by ensuring that the study findings adequately represent truth value. Truth value is not established a priori but rather through exploring the multiple realities offered by participants during the research process.[[7]](#endnote-7) We believe that this was not done adequately, as evidenced by the a priori declaration of FGC as a “harmful, traditional practice” by the report.

Moreover, while we appreciate that the research report attached the data collection tool, we found some interview questions to be leading. Examples include: “Do you remember any changes in your behaviour such as eating/sleeping habits? Did it affect your school performance”, “Have you ever had feelings of sadness, anger, helplessness, anxiety, sleep changes, appetite change, low self-esteem?”, “Do you feel embarrassed when you have an OB/GYN visit?” and “Did you initially ever have difficulties trusting your partner in a physical relationship?” (p.94-102) Such questions reflect the bias we have been mentioning that appears to us as an inherent part of this report. This can also have several negative consequences during the process of data collection including tilting the responses in the direction desired by the researcher (again, affecting the rigour of the work), and sometimes even putting the respondents on the defensive, thus influencing their responses.[[8]](#endnote-8)

Furthermore, we find little evidence of reflexivity on the part of the researchers within this particular report. Reflexivity involves the “acknowledgment of our powers, biases and privileges throughout the research process”, and has been strongly emphasized in the literature on qualitative research.[[9]](#endnote-9) We know that the report comes from a group that works against FGC in India but the composition and background of the research team that actually conducted the research (such as those who designed the methodology, the data collectors and the data analysts) ought to have been mentioned. These are important considerations since the background of the research team invariably has an effect on the research outcomes and the conclusions drawn and readers need to know these facts to help in the critical analysis of what is being presented.

FGC in the Bohra Community

As mentioned earlier, there is a wide spectrum of procedures that fall under the rubric of ‘Female Genital Mutilation/Cutting’, ranging from the least invasive which may leave hardly any noticeable indication of a surgical intervention, to extremely mutilating procedures which deform the female genital anatomy and have most definitive long-term consequences.

Although we cannot ascertain the exact nature of FGC (or *khafd*) carried out in this community, drawing upon the description provided in this report, the “procedure” carried out seems to be minimal cutting of the clitoral hood which would fall under the WHO classification of FGM as a Type 1a procedure. From the purely surgical point of view, since the ritual is carried out at the age of 7 or 8 years, it seems improbable that a procedure much greater than just a nick with a surgical blade could be carried out in the genital area, with no anesthesia of any kind. Anything more extensive in this uncontrolled and unsterilized environment, carried out expeditiously, would ordinarily lead to a high incidence of surgical complications which would necessitate surgical care at a hospital.

As the clitoris is a vascular organ, even a clitoridectomy (WHO Type 1b) would need more time to perform safely. In uncontrolled and un-sanitized environments (such as private residences where these interventions inevitably take place), the lack of surgical facilities like an operating table, surgical light or diathermy to arrest bleeding would probably lead to a noticeably higher incidence of post procedure bleeding and other complications requiring surgical intervention. Reports from Egypt, where significantly more mutilating procedures are undertaken, indicate even deaths as a result of complicated FGC.[[10]](#endnote-10) [[11]](#endnote-11) In the Indian report, the occurrence of post procedure bleeding is mentioned as an occasional occurrence but not necessitating surgical intervention to arrest bleeding. Our discussions with Bohra physicians also corroborate this impression. We also spoke to a senior non-Bohra obstetrician/gynaecologist, who works in a Bohra community run hospital frequented by Bohra women. In her experience, during her intimate examinations of women presenting to this hospital, she has never seen a Bohra patient whose genitals looked noticeably different from her non-Bohra patients. According to her, despite regularly treating Bohra patients, she was unaware for a long period that FGC routinely took place almost universally among women within their community.

FGC has gained in notoriety because of, in addition to other reasons, its extensive mutilating effects. Given the secrecy surrounding the female procedure, it becomes difficult to pinpoint the exact nature of cutting generally performed within the community. The evidence provided by participants’ accounts in the Indian report is anecdotal and needs to be substantiated by further research. However, based on the descriptions provided in this report, and the interviews we have conducted ourselves, we find it likely that the practice of *khafd* in the Bohra community is far less mutilating and devastating than those described in some African and Egyptian traditions.

Box 1: A Bohra woman talks about *khafd*

One of our interviewees, a highly educated, professional Bohra woman in her forties, shed some light onto the *khafd* procedure, based on her own experiences. She related, “I was taken for the procedure by my mother.” She recalled feeling anxious but not particularly fearful. Although she could not remember how the procedure was carried out, she recalled that her mother stayed with her and comforted her. She had no remembrance of pain and was unsure if there was any bleeding. She said, “I remember my mother gave me some cotton wool to keep, but I don’t remember if there was any bleeding.”

Years later, she took her 7 year old daughter for the same procedure, accompanied by her sister-in-law whose daughter was the same age. She remembered feeling very anxious but did not think her daughter experienced any pain or bleeding. “It’s just a ‘membrane’ covering the clitoris that is removed,” she told us. “My sister-in-law still laughs at me and says, remember, you were scared to take your daughter!”

She stayed with her daughter during the short procedure, which she described as very simple, taking about three to five minutes. “It was done in a home, but it was very clean, hygienic,” she said. “It is done by women who are trained by the community, and who pass on their skill from one generation to another.”

Discussing the underlying reasons for the ritual, she narrated that her mother told her that *khafd* was performed to “keep young girls on the right path.” According to her, there was still a widespread belief among the community that *khafd* ‘dampened’ women’s sexuality and restricted their desires. One of her sisters-in-law, whose daughter had undergone the procedure, gave the same reasoning when her daughter grew older and questioned her about *khafd*. Our respondent told us that for some time she thought of herself as ‘different’ and ‘desexualised’, because of the reasoning provided by her mother. The realisation that there was no foundation for this belief helped her overcome her earlier inhibitions and fears. She reported that her sexual life was “very satisfactory.”

Our respondent’s experience with the psychological impact of *khafd* led her to candidly discuss these issues with the young girls in her family, including her own daughter, so that they do not harbour these misconceptions about the procedure. When we asked her what her own perceptions were about *khafd*, in the context of the activism against it, she referred to the religious obligation to perform the ritual, “It is recommended to us by those who have our best interests at heart.” She added, “It is a very minimal procedure which doesn’t harm anyone, so why not?”

Factors affecting prevalence of *khafd*

The report adequately highlights the possible determinants or factors that affect the prevalence of *khafd* within the Indian Bohra community including age, level of education, geographic location, economic status and personal position on *khafd*.

What we found interesting (though not surprising) was that age was a factor affecting the prevalence of *khafd*, and those who took an anti-FGC stance were primarily from the younger age group. It is noteworthy to mention that Sahiyo, a group that speaks against FGC has young Bohra women as its founding members.[[12]](#endnote-12) Interestingly, even the group WeSpeakOut that commissioned the report in question primarily has many young Bohra women as members.[[13]](#endnote-13)

As we read more accounts of those who advocate against FGC, another trend that emerged was that many of the young Bohra women advocating against *khafd* appeared to have been exposed to higher education in the West and were well-versed with the language of rights.[[14]](#footnote-1) We believe that while respondents’ level of education was explored within the report, another important influencing factor could potentially be *where* the education took place.

While we cannot establish this with certainty, an anti-FGC stance may be present among the younger age group within Pakistan also. Our informal discussions with a young, married Bohra woman in her late twenties showed that she was against *khafd* and supported the global discourse against the practice. She asserted that she would not be subjecting her own daughter to this ritual. Another of our male interviewees also related how his teenage daughter who had undergone the procedure at the age of 7 had started writing against *khafd* on social media but was later stopped by the family. Our respondent believed that she was influenced by the “global polemic against FGC.” According to him, she was referred to the religious teachings advocating the practice which eventually convinced her to accept *khafd* as religious doctrine. However, we did not speak to the daughter to corroborate this.

Despite the growing advocacy against FGC in India, it is important to note that a bipolarity of opinion exists within the Bohra community. This is illustrated by the fact that in response to the global activism against FGC, a large segment of the community has come out strongly in defence of this practice. Ironically, while women seem to be spearheading the activism against FGC in India, many of the voices defending *khafd* are also women’s. For instance, the Dawoodi Bohra Women’s Association for Religious Freedom was formed in 2017 with the objective of protecting Bohra women’s right to freely practice religious and cultural rituals (including *khafd*) that are integral to Bohra identity. According to their website, the association currently has around 69,000 members.[[15]](#endnote-14)

According to one of our interviewees, the growing movement against FGC may also be influenced by a political schism within the community following the death of the late leader, Syedna Burhanuddin in India, and a subsequent conflict about succession. Although the majority of Bohras (conformists) accepted Syedna Burhanuddin’s son as their spiritual leader, a relatively small breakaway faction chose to follow his brother as their leader. According to our respondent, many from within the Bohra community believe that the ‘reformists’ who have broken away are advocating against *khafd* to undermine the larger community and garner international support for themselves.

Reasons for practicing *Khafd* among the Bohra Community

This section in the report provided an excellent account of various motivations that lead the community to practice *khafd.* An important reason that emerged from the report was cutting as a way of promoting modesty in women (see Box 1) and pre-empting promiscuity by moderating sexual desires. This rationale for FGC also stands out most prominently in the global literature available on this practice. In the report as well, *khafd* was related to sexual control, connecting it to respondents’ perceptions about the importance of “purity” and “moral superiority” for women and the clitoris as a “sinful” appendage. Some respondents also looked at the practice as a parallel for male circumcision and necessary for hygienic purposes.

Another extremely important reason was the perpetuation of a distinct Bohra identity that differentiated the community from other Muslim groups. It was also viewed as a religious obligation and some respondents believed that *khafd* had the status of a *sunnat* (a *sunnat* is a recorded practice of the Prophet [peace be upon him]). We believe that *khafd* flourishes among the community due to the religious importance attached to this practice. Our informal interviews also suggested that in addition to religious obligation, social pressures (for instance, from family members) influence parents to have their daughters cut, even if they are ambivalent about this practice. Another emergent finding, and perhaps quite a significant one, is that for the Bohra community, the ritual appears to take on added importance because it is based on the order of their religious leader, whom they commonly address as ‘Syedna’.

As we noted, the report provides a detailed summary of the reasons for the perpetuation of this practice. However, wherever the report documents reasons provided by the respondents in support of FGC, the authors put forward their counterarguments that seek to establish participants’ beliefs as wrong or misguided. We feel that this should have been avoided, as the purpose of research is to discover the truth as perceived by participants, and not to bring data in line with preconceived ideas.

Furthermore, the report contends that the reasons given by participants for practicing *khafd* connect to arguments given by other communities world-wide, including religious beliefs and the curbing of female sexuality. While this appears to be generally true, the discussion ignores literature that records very different motives for *khafd* in select communities, for instance, Huma Hoodfar’s ethnographic work with women in Cairo which documents that female “circumcision” was practiced to *enhance* female fertility and sexuality, rather than to inhibit it. Hoodfar records conversations that clearly indicate that participants believed that their daughters would grow up ‘cold’ and disinterested in sexuality if they were not cut.[[16]](#endnote-15) We believe that the literature review done for the research could have been expanded to include some of this scholarly work that presents a different viewpoint.

Female cutting and male circumcision

As we wrote in the section above, some of the reasons given by respondents for practicing *khafd* compare FGC to male circumcision. We discuss this in a separate section because there is an ongoing discussion on this topic in academia and the popular press. The academic debate involves favourable arguments that liken FGC to male circumcision and opposing arguments that intend to show a difference between the two practices. The gist of these arguments is that opponents of FGC believe that female cutting is much more violent than the male practice, carries more medical risks, is more invasive, signifies women’s low status and is intended to control female sexuality. They argue that the male practice carries no harms and may, in fact, benefit individuals by providing protection against diseases.

On the other hand, the proponents of FGC say that both female cutting and male circumcision are intended for hygiene and aesthetic purposes, both carry similar risks and both are rituals that establish an individual’s cultural identity as part of a particular group. In the case of religious communities, both are mandated or at least approved by religious dictate. The Bohra participants of the Indian report also drew similar parallels between male circumcision (*khatna*) and female cutting (*khafd*), emphasizing that both were based on “*Shariat*” (Islamic law) and done for the sake of hygiene and cleanliness.[[17]](#footnote-2) Another important point is that participants saw both as essential steps in taking one’s place in the Bohra community.

Based on these parallels drawn with male circumcision, the debate on FGC in the context of the Dawoodi Bohra community needs to take into account the following issues: Firstly, the activism against FGC is largely based on the issue of ‘harms’ to women. But it is not yet clearly established how invasive the Bohra practice of FGC is in reality. Secondly, the discussion neglects to take into account the issues of dignity and consent: while FGC is facing worldwide condemnation as a procedure performed on female children without consent that subjects them to indignity, it is worth examining the male practice which is irreversible and is also carried out on the intimate anatomy of male children, largely at an age when they cannot give consent. Thirdly, FGC is largely criticised as a form of controlling women’s sexuality. This discussion ignores that in some classical writings similar reasoning has been provided for male circumcision as for female cutting. Maimonides (d. 1204) wrote about male circumcision, “I think that one of its objects is to limit sexual intercourse and to weaken the organ of generation as far as possible, and thus cause man to be moderate.” Many among Muslim jurists also subscribed to this opinion, including Ibn-Qayyim Al-Jawziyyah (d. 1351) who wrote about *both* male and female procedures, that lust “made man an animal” and thus “circumcision curbs this concupiscence.”[[18]](#endnote-16)

Medicalisation versus prohibition

The report discusses the medicalisation of *khafd* in the Indian context, contending that India will become a “hub” for *khafd* ‘tourism’, particularly in the wake of criminalisation of the procedure in the US and Australia. It is creditable that the report provides viewpoints from both sides of the divide in its discussion, showing that the debate once again circles around the issue of harm: the basic argument against the medicalisation of *khafd* is that this would encourage a practice that violates young girls and women and provide it greater social validation. Proponents, on the other hand, contend that the medicalisation of *khafd* would encourage the least risky and invasive forms of cutting in a sterile and safe environment. The report makes the important observation that people on both sides of the divide have the same intention: minimising harms to female children.

We are uncertain about the situation in Pakistan, but believe that there may also be a process of medicalisation of *khafd* underway in this country. Although cutting appears to be done primarily by traditional circumcisers, it seems from our conversations with members of the Dawoodi Bohra community that there is a growing number of female Bohra medical practitioners who are willing to perform the procedure. As in India, there is a likelihood that laws against FGC in Western countries will cause a corresponding increase in the procedure being carried out in Pakistan by Dawoodi Bohras living in Western countries.

However, we believe that the medicalisation of FGC is in itself secondary (but connected to) a greater concern: critically viewing *khafd* through a human rights framework in order to determine whether medical practitioners can ethically participate in this procedure. The authors of the Indian report do use a human rights approach to analyse the concerns surrounding *khafd,* contending that it is a cruel and degrading act which violates women’s bodily integrity and is discriminatory to them. However, the movement supporting *khafd* that has arisen in response from within the Dawoodi Bohra community *also* uses a human rights approach to defend female cutting, basing their arguments on the right to religious and cultural freedom.

We see a dilemma in this situation where the protection of some human rights may threaten other equally important rights, particularly because of the ambiguity surrounding the practice of FGC among Dawoodi Bohras. On the one hand, there is the possibility of medical practitioners becoming party to a practice that could be harmful in varying degrees to female children. On the other hand, there is a danger of denying a community the right to practice a religious ritual with minimal medical repercussions in a safe and clean environment. Restricting the medicalisation of FGC without forming an adequate understanding of the procedure as practiced in India will be particularly ironic, looking at the growing popularity in female cosmetic genital surgery in Western countries.

In particular, we believe that a law criminalising FGC and punishing medical practitioners that carry out the procedure could have repercussions. As a religious minority within the country, the Bohra community may consider the law as a form of oppression and discrimination. We emphasise that prohibiting a practice without sufficient evidence of its actual nature will force it underground, as the report itself concludes. Our own conversations with some members of the Pakistani Bohra community showed that they felt defensive under (what they perceived as) an unfair onslaught of attention being given to *khafd*. As was evident from our informal conversations with members of the community, the reason for the silence and secrecy surrounding this practice within the Pakistani context has also largely been because of the possible disrepute and negative publicity for the community (in addition to the secrecy that naturally surrounds any issue relating to intimate details of the female anatomy, in South Asian cultures). This can be counterproductive because in case of botched procedures, the existence of a law may lead people not to seek medical help. This has been demonstrated in the case of abortion practices in Pakistan—the stigma surrounding abortion compels women to seek treatment from unregulated midwives leading to significant complications.[[19]](#endnote-17)

Conclusion

While we believe that exploring the perceptions of the Bohra community with respect to FGC, as this report does, is a useful addition to current literature, we also emphasize that it is clear that this research had a declared agenda from the outset. The report is commissioned by an activist group, and as such can be regarded as activist research which is fundamentally different from academic research. In the latter, it is important to maintain as much neutrality as possible and to record inner conflicts, which has not been done in this report. The topic is also one in which the larger body of the community and the researchers are not united in a common effort for change. In fact, the topic is potentially stigmatizing and is of great sensitivity. In addition, a large segment of the community appears to be at odds with activist voices.

We do not disregard the important findings of this report. However, we feel that the findings should be interpreted by readers keeping in mind the particular background of the commissioning group, other literature on the subject and contrary opinions, as we have attempted to do so within this commentary. While the report presents opposing viewpoints on the experience of *khafd* by participants, we feel that more attention should be given to the actual nature of the procedure and the importance of *khafd* in establishing Bohra identity.

As we established at the outset, the authors of this commentary are, in principle, against this practice. Given the social importance of *khafd* within the community and the fact that the core reasons for this practice to flourish remain religious obligation and the desire to follow the Syedna’s orders, we put forward our recommendation that activism from within the community and petitioning the Syedna can be useful ways to abolish this practice. In this, we are in agreement with some of the recommendations of the report, particularly those regarding education and advocacy. As evidenced by the publication of this report, there is already an activist movement within the Bohra community. This movement needs to grow and gather influence. Change that is driven from within would not alienate the larger Bohra community and would ultimately bear more fruitful results.

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