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Female Genital Mutilation/Cutting/Circumcision (FGM/C) (A Heinous Crime against Women)

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ABSTRACT

Female genital mutilation is a terminology used to describe a wide variety of cultural and traditional practices that involves partial or overall elimination of outside female genital for cultural, spiritual and social motives. This cultural exercise is a violation of rights of females as a gender. This article presses over the socio-legal standpoint on Female Genital Mutilation and argues against the practice of FGM/C. Therefore this research paper is divides itself into 3 parts. The first part shall discuss about the basic concept of FGM/C, the history, background and origin of FGM. The second division of the paper shall discuss about the rationale behind the practice and dynamics of the bohra community, further the idea that FGM/C is not a communal issue rather a human rights issue, shall be discussed. Further the socio legal aspect shall be put to a standpoint, throwing light on the law prevailing domestically and globally. The third element i.e. the third part of the research paper, will analyses the human rights of teenage girls and women also covering the ambit of the right health, the right equality and sexual and physical integrity. Finally, the paper will give up via the concluding remarks of the writer.

Keywords: FGM/C, Legal aspect, need of modified law, International perspective, Indian perspective.

I. INTRODUCTION: THE CONCEPTUALIZATION OF FGM/C

Female genital mutilation is a term used to describe all the procedures or any such procedure that involves partial or complete removal of the external female genitalia or any other kind of injury to the genital organ of a female for non-medical reason. This process is generally conducted on teenage girls between 1-15 years, apart from them many married and adult women are also subjected to such brutality. It is generally conducted by traditional practitioners, often known as traditional circumcisers. In many cases the procedure is conducted by health care providers. This procedure is globally recognized as human rights

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violation. FGM/C violates a women's right to life, health, security and physical integrity.

(A) A JOINT STATEMENT OF UNFPA/WHO/UNICEF HAS CLASSIFIED VARIOUS TYPES OF FGM/C PROCEDURES²:

| S.no. | Type 1 | Type 2 | Type 3 | Type 4 |
|-------|---|---|---|--|
| 1.) | Removal of the prepuce, with or without the removal of part or all of the clitoris. | Removal of the clitoris with the partial or total excision of the labia minora. | Removal of part or all of the labia minora and/or labia majora and stitching and narrowing of the vagina. | All types of harmful procedures performed on female private parts for non-medical reasons. |

This practice is common in approx. 30 countries around the globe, it is spread across Asia and in countries of Africa, Latin America.³ The procedure has been conducted over 200 million women and girls around the globe. In India this procedure commonly known as “Khatna or Khafz/khafd”. Mainly it is performed by the “Mullanis” also known as traditional cutters. This procedure is also performed by the trained doctors.⁴

As per an online survey conducted amongst the Bohra community by *Sahyio*, an NGO, it is suggested that approximately 80% women amongst 400 respondents have been through the agony and pain of this procedure conducted on them unknowingly.⁵ There are various Socio-cultural reasons for FGM/C, mainly cleansing the women and curbing the women's sexuality.

II. BACKGROUND/HISTORY

The practice of female genital mutilation is suggested to be dated back in 2000 BC. The practice was first found in Egypt in the Bohra community. **The idea behind conducting this procedure is “the sexual desire of a women is viewed something which needs protection”,** this assumed responsibility of the community has perceived the protection of women to the protection of whole families reputation.⁶ There is a belief in the community that the clitoral

² ‘Female Genital Mutilation: A Joint WHO/UNICEF/UNFPA Statement’, 1997. Available at: <http://apps.who.int/iris/bitstream>

³ UNFPA, ‘Implementation of the International and Regional Human Rights Framework for the Elimination of Female Genital Mutilation’, November 2014, at p. 16

⁴ R. Ghadially, ‘All for ‘Izzat’: The Practice of Female Circumcision among Bohra Muslims’, *Manushi*, No.66, September- October 1991

⁵ See <https://sahyio.com/> dated April 13, 2016

⁶ Norman K, Joanne H, Hussein E, Oyortey, ‘FGM is Always With Us: Experiences, Perceptions and Beliefs of

head is “unwanted skin” in other words it is a “source of sin”

Now who are Bohra’s? Let us understand the dynamics of this community. Basically the Bohras are part of the Muslim community belonging to the Shia sect, the Bohras have always maintained reputation of being extremely successful business people. They have a concrete focus on education. The women who belong to this community are highly educated. However, unfortunately this is the only Muslim sect in India that follows the practice of Khatna or clitoral unhooding on teenage girls and adult women.

This practice in India has been rooted from Egypt and Yemen. There are different sects in the bohra community as well, i.e. the community is further divided into **Sulemani** and **Alvi Bohras**, the largest sect being the **Dawoodi Bohras**. While the holy book of Quran does not sanction anything about the FGM/ Khatna, there is a religious book followed by the Bohra Community namely; **Daimul Islam**, the text of the book promotes the practice of FGM/C.

The book endorses the custom of practice on girls after they reach the age of 7 to control the sexual urges of the women and make her a devout. Other reasons stated are hygiene and enhancement of women complication. Over 200 million women girls and infants are effected all around the world, they have undergone either FGM or FGC.

The scenario in India is such that khatna involves cutting the tip of girl’s clitoris when she is 6-7 years old. There are different types of this practice which differ from region to region, however deep down is rooted discrimination against women and girls. There are ample of justifications for FGM/C which include:

- a) Religious Dicta
- b) Reduction of female sexuality
- c) Maintain female hygiene
- d) Purifying the women
- e) Protecting women
- f) Protecting the reputation of the family.
- g) Ritual marking that come from age and initiation to womanhood.

III. SHORT/LONG-TERM EFFECTS OF FGM/C ON FEMALE HEALTH⁷

- **Severe Pain:** Since anesthesia is rarely used on the victim before mutilating or cutting the severity directly corresponds to the harms inflicted.

Women

Affected by FGM in London’, Centre for Development Studies (Swansea)

⁷ <https://www.who.int/sexual-and-reproductive-health/health-risks-of-female-genital-mutilation>

- **Excessive Bleeding:** Short term health risks are swelling of the private part, excessive amount of bleeding, various infections, inflammation of the private part and urinary disorder, in extreme cases death as well.
- **Infections:** The long term effects are recurring UTI Infections, huge complications during pregnancy, genital infection, PTSD etc.
- **Human Immunodeficiency virus:** The direct association between FGM and HIV remains unconfirmed, although the cutting of genital tissues with the same surgical instrument without sterilization could increase the risk for transmission of HIV between girls who undergo female genital mutilation together
- **Urination Problem:** These may include urinary retention and pain passing urine. This may be due to tissue swelling, pain or injury to the urethra.
- **Impaired wound healing:** Can lead to pain, infections and abnormal scarring.
- **Death:** Death can result from infections, including tetanus, as well as haemorrhage that can lead to shock.
- **Mental Health Problems:** he pain, shock and the use of physical force during the event, as well as a sense of betrayal when family members condone and/or organize the practice, are reasons why many women describe FGM as a traumatic event.
- **Chronic genital infection:** With consequent chronic pain, and vaginal discharge and itching. Cysts, abscesses and genital ulcers may also appear.
- **Chronic reproductive tract infection:** If not treated, such infections can ascend to the kidneys, potentially resulting in renal failure, septicaemia and death. An increased risk of repeated urinary tract infections is well documented in both girls and adult women who have undergone FGM.
- **Excessive Scar Tissue:** Excessive scar tissue can form at the site of the cutting

IV. INTERNATIONAL LEGAL FRAMEWORK

| S.No | International Law and Conventions framed for FGM/C | Article | Fundamental/human rights guaranteed |
|------|--|------------------------|---|
| 1.) | Universal declaration of human rights | Article 3 ⁸ | Right to life and physical integrity |

⁸ Article 3, UDHR: "Everyone has the right to life, liberty and security of person." Full text of UDHR available at: <http://www.ohchr.org/EN/UDHR/> .

Also Article 6(1), ICCPR: "1. Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life." Full text of ICCPR available at: <https://treaties.un.org/doc/publication>

| | | | |
|-----|--|--------------------------|---|
| 2.) | Universal declaration of human right | Article 25 ⁹ | Right to the highest attainable standard of physical and mental health. |
| 3.) | The International Covenant on Economic, Social and Cultural Rights | Article 12 ¹⁰ | Right to health |
| 4.) | International Covenant of Civil and Political Rights | Article 7 ¹¹ | Right to freedom from torture, cruel and unusual treatment, and violence |
| 5.) | Convention on the Elimination of all Forms of Discrimination Against Women | Article 1 ¹² | Right to be free from gender discrimination |
| 6.) | The United Nations Convention on the Rights of the Child | Article 6 ¹³ | Violation of guarantee of non-discrimination. |

V. STEPS TAKEN TO ERADICATE AND ELIMINATE FGM/C (GLOBALLY)

- The **Declaration on Elimination of Violence against women** defines, “ Violence against women” under Article 2¹⁴
- **Article 2 of the CEDAW** mentions that all states are required to pursue a policy of eradicating and eliminating discrimination against women.it includes appropriate measures for modification and abolition of certain customs, practices and regulations.¹⁵

⁹ Article 25, UDHR: “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family”

¹⁰ 4 Article 12, ICESCR: “1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:
(a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;

(b) The improvement of all aspects of environmental and industrial hygiene;

(c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;

(d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.”

¹¹ Article 7, ICCPR: “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.”

¹² Article 1, CEDAW. Full text of CEDAW available at: <http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm#article1>

¹³ Article 6, UNCRC: “States Parties recognize that every child has the inherent right to life” “States Parties shall ensure to the maximum extent possible the survival and development of the child”

¹⁴ “Violence against women shall be understood to encompass, but not be limited to, the following:

(a) Physical, sexual and psychological violencedowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, nonspousal violence and violence related to exploitation;

(b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;

(c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.”

¹⁵ Article 5(a) thereunder requires States Parties to take “all appropriate measures” to “modify the social and

- **General Recommendation Number 19 of the CEDAW Committee** talks about gender based violation against women, which intern nullifies the whole idea of enjoyment by women of the fundamental freedom granted to every human under the international law and various human rights conventions.
- **General recommendation number 14 of the CEDAW Committee** (based on female circumcision): This recommendation calls upon the state to appropriate measures for the elimination the practice.
- **General recommendation number 31 Of the committee of elimination of discrimination against women and the general recommendation number 18 of the committee on rights of child** implicates the duty of the every state by ensuring and protecting the human/fundamental rights of the citizens.
- **General Comment Number 25 of the CEDAW** committee has verbatim imposed the following obligations on the state:

“Firstly, States Parties’ obligation is to ensure that there is no direct or indirect discrimination against women in their laws and that women are protected against discrimination — committed by public authorities, the judiciary, organisations, enterprises or private individuals — in the public as well as the private spheres by competent tribunals as well as sanctions and other remedies. Secondly, States Parties’ obligation is to improve the de facto position of women through concrete and effective policies and programmes. Thirdly, States Parties’ obligation is to address prevailing gender relations and the persistence of gender- based stereotypes that affect women not only through individual acts by individuals but also in law, and legal and societal structures and institutions.”“States Parties are reminded that temporary special measures should be adopted to accelerate the modification and elimination of cultural practices and stereotypical attitudes and behaviour that discriminate against or are disadvantageous for women.”

VI. ADDRESSING FGM/C IN INDIA

In order to discuss female genital mutilation in India, there are certain topics which needs to be taken into consideration, as mentioned below:

(A) IMPORTANT CONSIDERATIONS

cultural patterns of conduct of men and women” in an effort to eliminate practices that “are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women”

- The definition of FGM/C should be comprehensive enough, i.e “all procedures that involve partial total removal of the external female genitalia, or other injury to the female genital organs for non-medical issues”
- Mandatory reporting of the incident
- There is no specific law determining the illegality of FGM/C, in fact FGM/C is not defined anywhere in the Indian law.
- It’s a gender specific crime and in most of the cases the victims are young teenage females
- Being an illegal act, the practice is mostly carried out behind the doors
- The role of all the people involved in the act needs to be examined, i.e. the traditional practitioner, various religious committee leaders and medical professionals as well.
- All the people administering the procedure should be held liable and responsible including the parents.
- Defining the time limit within which a women can approach the court of law
- Disadvantages of justifying the whole practice as a religious practice
- There is need of awareness amongst the young girls regarding this illegal act, by addressing the issue at various schools just like mensuration related programs at various institutions.
- Support to the victims and survivors

VII. EXITING INDIAN LEGAL FRAMEWORK

| S.No. | ACT/STATUTE | SECTION | OFFENCE |
|-------|---|---|---|
| 1. | The Protection Of Children From Sexual Offences Act, 2012 (POCSO Act) | Section 3(b) ¹⁶ of POCSO | Penetrative sexual assault |
| 2. | The Indian Penal Code, 1860 | Section 319- 326 <ul style="list-style-type: none"> • Section 324 • Section 326 | 1. Section (319-326) discusses varying degrees of hurt and grievous hurt. |

¹⁶ Section 3(b) of POCSO: “Penetrative sexual assault.- A person is said to commit “penetrative sexual assault” if- (b) he inserts, to any extent, any object or a part of the body, not being the penis, into the vagina, the urethra or anus of the child or makes the child to do so with him or any other person”

| | | | |
|----|--|-------------------------------|--|
| | | | 2. Sec 324 ¹⁷ : Voluntarily causing hurt by dangerous weapons or means. 3. Sec 326 ¹⁸ : “Voluntarily causing grievous hurt by dangerous weapons or means. |
| 3. | The Goa Children’s Act, 2003 and Rules | Section 2(y)(i) ¹⁹ | Sexual Assault |

VIII. EXITING POLICY AND SCHEME IN INDIA FOR ERADICATION OF FGM/C

(A) NATIONAL POLICY FOR CHILDREN, 2013

This policy affirms that “*the State is committed to taking affirmative measures - legislative, policy or otherwise - to promote and safeguard the right of all children to live and grow with equity, dignity, security and freedom, especially those marginalized or disadvantaged; to ensure that all children have equal opportunities; and that no custom, tradition, cultural or religious practice is allowed to violate or restrict or prevent children from enjoying their rights.*”

(B) INTEGRATED CHILD PROTECTION SCHEME, 2009:

This scheme aims at creating a proactive system for vulnerable children. The main motive of the scheme is to institutionalize and integrate essential services. These services include counselling services, support services and community based care.

¹⁷ Section 324 of IPC: “Voluntarily causing hurt by dangerous weapons or means.-- Whoever, except in the case provided for by section 334, voluntarily causes hurt by means of any instrument for shooting, stabbing or cutting, or any instrument which, used as a weapon of offence, is likely to cause death, or by means of fire or any heated substance, or by means of any poison or any corrosive substance, or by means of any explosive substance or by means of any substance which it is deleterious to the human body to inhale, to swallow, or to receive into the blood, or by means of any animal, shall be punished with imprisonment of either description for a term which may extend to three years, or with fine, or with both.”

¹⁸ Section 326 of IPC: “Voluntarily causing grievous hurt by dangerous weapons or means.--Whoever, except in the case provided for by section 335, voluntarily causes grievous hurt by means of any instrument for shooting, stabbing or cutting, or any instrument which, used as a weapon of offence, is likely to cause death, or by means of fire or any heated substance, or by means of any poison or any corrosive substance, or by means of any explosive substance, or by means of any substance which it is deleterious to the human body to inhale, to swallow, or to receive into the blood, or by means of any animal, shall be punished with imprisonment for life, or with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine.”

¹⁹ Sexual offences ‘for the purposes of awarding appropriate punitive action means and includes,—

(i) —Grave Sexual Assault which covers different types of intercourse; vaginal or oral or anal, use of objects with children, forcing minors to have sex with each other, deliberately causing injury to the sexual organs of children, making children pose for pornographic photos or films, and also includes rape.

IX. NEED OF COMPREHENSIVE DEFINITION FOR FGM/C IN INDIA

- As per **Section 1 of United Kingdom’s Female Genital Mutilation Act, 2003**, a person is guilty of the offence of female genital mutilation/cutting “*if he excises, infibulates or otherwise mutilates the whole or any part of a girl’s labia majora, labia minora or clitoris*”.
- As per **Section 3 of Australia’s Crimes (Female Genital Mutilation) Act, 1996** defines FGM as “*all or any of the following— (a) infibulation; (b) the excision or mutilation of the whole or a part of the clitoris; (c) the excision or mutilation of the whole or a part of the labia minora or labia majora; (d) any procedure to narrow or close the vaginal opening; (e) the sealing or suturing together of the labia minora or labia majora; (f) the removal of the clitoral hood*”.
- As per the Indian legislation, FGM/C only includes Type 1 and Type 4 category offence as identified by the WHO/UNICEF/UNEP. The ambit of the definition needs to be wider in the sense that it must include Type 2 and Type 3 category of offence as well. It should include all procedures that involve partial or total removal of the external female genitalia, or any other injury to the female genital organs for non-medical reasons”

X. PARTIES WHO MAY BE PENALIZED

As already discussed earlier Khatna is either performed by “Mullanis” or traditional cutters, basically women who have religious standing in the society. It is also performed by the professional doctors. Let’s discuss further who may be penalized:

(A) THOSE WHO PARTICIPATE AND PERFORM:

Various countries around the globe consider attempting to subject a female to FGM/C as a criminal offence. Mostly the law prevailing punishes the perpetrators and the accomplice both. In Nigeria, **The Violence Against Persons Act²⁰**, 2015 penalizes anyone who participates or performs the procedure. Section 6(2) and 6(3) implicates that anyone who abets, aids or

²⁰ “**Section 6 of the Violence against Persons (Prohibition) Act, 2015:** “(1) The Circumcision or genital mutilation of the girl child or women is hereby prohibited. (2) A person who performs female circumcision or genital mutilation or engages another to carry out such circumcision or mutilation commits an offence and is liable on conviction to a term of imprisonment not exceeding 4 years or to a fine not exceeding N 200,000.00 or both (3) A person who attempts to commit the offence provided for in subsection (2) of this section commits an offence and is liable on conviction to a term of imprisonment not exceeding 2 years or to a fine not exceeding N 100,000.00 or both (4) A person who incites, aids, abets or counsels another person to commit the offence provided for in sub section (2) of this section commits an offence and is liable on conviction to a term of imprisonment not exceeding 2 years or to a fine not exceeding N 100,000.00 or both.”

counsels in the performance of the procedure shall attract criminal penalty.

In UK, **the female genital mutilation act, 2003** was enacted for those aiding, abetting, and procuring the process and those performing the process.²¹ Therefore, as per the author of this research paper the recommendation is to penalize those who engage in this practice directly or indirectly, for remuneration purpose or religious purpose, in any manner possible. Basically those who promote the practice by propagating, promoting or coercing any person shall be held liable.

(B) THOSE WHO PROPAGATE

In a country like India, where marriages depend on the certain terms and conditions of societal pressure, there are situation where suitability of marriage is based on the factor that the female is mutilated or not. The pressure to circumscribe or cut is implicated as passing down from generations. Therefore for FGM/C the propagating factors is mainly the family. Hence once the practice is criminalized, it is mandatory to prevent the propagation of the practice in any manner whatsoever.

XI. THE TIME PERIOD OF REPORTING

The females are too young, i.e. they are minors to comprehend the impact of the act on their lives, and they do not understand that their right to integrity has been violated. The women are not cable of understanding that the procedure involves the mutilation of a healthy body part. Therefore as per the author's recommendation a reasonable time period after the commission of the offence must be assigned to report the offence. The recommended time period should be 3 year minimum.

XII. MANDATORY REPORTING (DUTY TO REPORT)

There must be a duty to report, it should be the duty of the health professions, social workers and teachers to report the issue, in various countries like Austria, Finland, Italy etc. this duty has been assigned to one or the other professional. In many countries even the citizens have a

²¹ **Section 1 of UK FGM Act, 2003:** "Offence of female genital mutilation - (1) A person is guilty of an offence if he excises, infibulates or otherwise mutilates the whole or any part of a girl's labia majora, labia minora or clitoris."

Section 2 of UK FGM Act, 2003: "Offence of assisting a girl to mutilate her own genitalia - A person is guilty of an offence if he aids, abets, counsels or procures a girl to excise, infibulate or otherwise mutilate the whole or any part of her own labia majora, labia minora or clitoris."

Section 3 of UK FGM Act, 2003: "Offence of assisting a non-UK person to mutilate overseas a girl's genitalia - (1) A person is guilty of an offence if he aids, abets, counsels or procures a person who is not a United Kingdom national or permanent United Kingdom resident to do a relevant act of female genital mutilation outside the United Kingdom."

duty to report this crime. In the United Kingdom, the Female Genital Mutilation Act, 2003, as amended by Section 74 of the Serious Crime Act, 2015²²

XIII. FGM/C CANNOT BE JUSTIFIED AS A “RELIGIOUS PRACTICE”

“Morality” in both Articles 25 and 26 refers to “constitutional morality”. The Supreme Court in **Manoj Narula v. Union of India**²³ has interpreted “constitutional morality” as follows: *“The Constitution of India is a living instrument with capabilities of enormous dynamism. It is a Constitution made for a progressive society... “Constitutional morality is not a natural sentiment. It has to be cultivated. We must realize that our people are yet to learn it. Democracy in India is only a top-dressing on an Indian soil, which is essentially undemocratic... The principle of constitutional morality basically means to bow down to the norms of the Constitution and not to act in a manner which would become violative of the rule of law or reflectible of action in an arbitrary manner. It actually works at the fulcrum and guides as a laser beam in institution building. The traditions and conventions have to grow to sustain the value of such a morality... Commitment to the Constitution is a facet of constitutional morality.”*

²² Section 74 of Serious Crime Act, 2015: “Duty to notify police of female genital mutilation - After section 5A of the Female Genital Mutilation Act 2003 (inserted by section 73 above) insert—

“Section 5B Duty to notify police of female genital mutilation

(1) A person who works in a regulated profession in England and Wales must make a notification under this section (an “FGM notification”) if, in the course of his or her work in the profession, the person discovers that an act of female genital mutilation appears to have been carried out on a girl who is aged under 18

(2) For the purposes of this section—

(a) a person works in a “regulated profession” if the person is—

(i) a healthcare professional,

(ii) a teacher, or

(iii) a social care worker in Wales;

(b) a person “discovers” that an act of female genital mutilation appears to have been carried out on a girl in either of the following two cases.

(3) The first case is where the girl informs the person that an act of female genital mutilation (however described) has been carried out on her.

(4) The second case is where—

(a) the person observes physical signs on the girl appearing to show that an act of female genital mutilation has been carried out on her, and

(b) The person has no reason to believe that the act was, or was part of, a surgical operation within section 1(2)(a) or (b). (5) An FGM notification—

(a) is to be made to the chief officer of police for the area in which the girl resides; (b) must identify the girl and explain why the notification is made;

(c) must be made before the end of one month from the time when the person making the notification first discovers that an act of female genital mutilation appears to have been carried out on the girl;

(d) may be made orally or in writing

(6)

(7) A disclosure made in an FGM notification does not breach—

(a) any obligation of confidence owed by the person making the disclosure, or

(b) any other restriction on the disclosure of information.”

²³ 2014 (9) SCC 1

XIV. PREVENTING FGM/C IN INDIA

The existing preventive measures are: **Integrated Child Protection Scheme** which aimed toward rehabilitative services and the **Juvenile Justice (Care and Protection of Children) Act, 2015** which is aimed for children who are in need of care and protection and children in conflict. These measure are not enough to curb the practice of FGM/C, there is need for ChildLine emergency phone outreach and Foster care specifically designed for FGM/C victims.

The foster care as described in the ICPS, *"fostering is an arrangement whereby a child lives, usually on a temporary basis, with an extended or unrelated family member. Such an arrangement ensures that the birth parents do not lose any of their parental rights or responsibilities. This arrangement shall cater to children who are not legally free for adoption, and whose parents are unable to care for them due to illness, death, desertion by one parent or any other crisis. The aim is to eventually re-unite the child with his/her own family when the family circumstances improve, and thus prevent institutionalization of children in difficult circumstances."*

As per the author's recommendation, the aim of the legal system should be to priorities upon the preventive measures to protect females of different age groups, along with this, the law should be made widely available and should be translated into various local languages of the states.

XV. SUPPORT AND REHABILITATION MEASURES FOR VICTIM/SURVIVORS

- In addition to sensitizing the front line professionals and creating awareness, it needs to be ensured that the female have a robust system of protection.
- The obligation of the wrong doing party to redress the wrong done to the victim is called the right to remedy and respirations, the state needs to ensure that the victim is rehabilitated.
- The state must be held responsible for ensuring that the victim of human rights violation must enjoy an individual right to reparation.
- The female who's a victim of FGM/C, should be given a right to counselling by registered counselors.
- The victim might need shelter home once a compliant is submitted by her as violence might take place at home because she urged a compliant.

- A full-fledged mechanism needs to be devised that shall hand-hold the survivors through every stage investigation, trial and post award compensation, so that the money awarded is used in the best interest of the victim.
- A One Stop Crises Centers needs to establish by the ministry of women and child development.

XVI. RECOMMENDATIONS

1. It is strongly recommended that the definition as provided through a joint statement of UNICEF/WHO/UNFPA be adopted in India, as the ambit of the Indian FGM/C definition is not comprehensive enough
2. All the first category perpetrators must be held accountable; mostly the parents, the second category being the “traditional cutters” and the third category is the medical professional involved in the act.
3. Any individual who aid/abets/ counsels any female to carry out such a procedure should be punished and strict penalties shall be implicated on such person this shall also include all the category of individuals who promote or permit such act within any part of the country.
4. Any individual shall be given the liberty to inform about such act to the related authority if he/she by any means is having prior knowledge of such act being committed, so that the related authority with civil liberties can obtain injunction over the commission of act from the court of law by bringing civil actions.
5. On whatsoever ground, those who promote or glorify this practice should be penalized.
6. Specific modification and amendments to the Indian Medical Counsel Regulations should be done, stating the fact that the practice of FGM is prohibited and shall not be conducted, if caught; disciplinary proceedings shall be conducted against such individual.
7. A duty must be cast on the professional working on the front foot including the doctors, teachers, and social workers etc. to report the act.
8. The Victim of FGM/C should be granted at least 2 years minimum time after commission of the act, so as to come forward and report the crime.
9. It is strongly recommended that there must be programs organized at various academic intuition to spread the awareness about the FGM/C procedure.

XVII. CONCLUSION

As per the law prevailing in India, the practice of FGM/C is not protected within the ambit of the Indian Constitution. This practice targets young female, apart from the physical health the

mental health of the girls is also hindered. The main reason of this practice being curbing the sexual desires of a female, which is intern looking at the female as an object with sexual desires. As if having sexual desires is a crime.

This practice not only violates the right to life but the right to have a physical autonomy. FGM/C is crime against humanity. Eliminating FGM/C will have a huge impact on the advancement of the Bohra community nationwide.
