A RESOURCE GUIDE TO BEST PRACTICE FOR SENSITIVE AND EFFECTIVE REPORTING ON FGC/M:

With special reference to Khatna in the Dawoodi Bohra community

PRESENTED BY
sahiyo
United Against **Female Genital Cutting**

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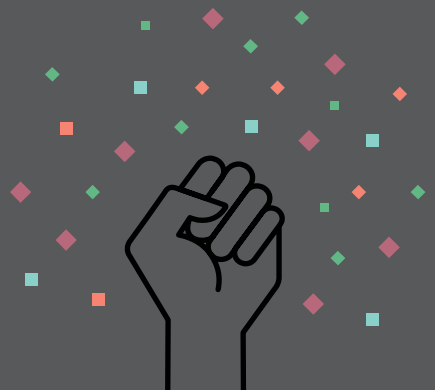
OBJECTIVE

The media has often played the role of one of the greatest agents of social change. By providing exposure and facilitating dialogue in what otherwise is considered a hushed cultural norm, the media has helped shed light on the practice of Female Genital Cutting/Mutilation in many corners of the world. It has also played a key role in amplifying the voice of people who have spoken against the practice, providing momentum for things to change.

This resource guide acknowledges the role of the media and organizations working to shed light on FGC/M and highlights best practices involved in reporting and writing on the subject.

By offering an insider's perspective on reporting and writing, our objective is to guide the media on how to create awareness in a sensitive manner that promotes social change about 'Khatna' or 'Female Genital Cutting' prevalent in the Dawoodi Bohra community in India and its diaspora worldwide.

We hope that this toolkit will serve as a resource for journalists, writers, bloggers, filmmakers, designers and other organisations who want to understand how to effectively and sensitively talk about the practice of Khatna.



SUMMARY OF CONTENTS

This document is divided into four broad sections: an introduction to Female Genital Cutting/Mutilation, 'Khatna' as a social norm and the role of key terminologies, impact of visuals in influencing the readers and best practices for effective reporting.

FGC/M is a complex subject involving many socio-cultural factors. These guidelines are intended to ensure that all media actors reporting on FGC/M are aware of these factors and are able to prioritize the ethical considerations that preserve the safety, confidentiality and dignity of survivors, their families, their communities, and those who are trying to help them such as NGOs like Sahiyo.

The Guardian in the United Kingdom has conducted similar media workshops related to training journalists on FGC/M. Learnings and feedback received from the training suggests the importance of journalists (and organizations working on FGC/M) to have in-depth understanding of FGC/M (i.e. medical effects, myths and misconceptions, religious and legal implications). The better informed they are, the more they would be able to report, educate and even become activists or campaigners - as has been the case in both Gambia and Nigeria.

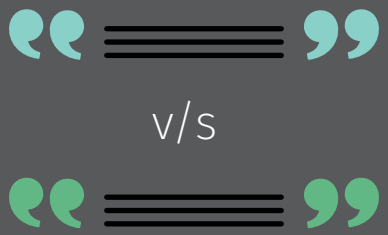


A SHORT NOTE ON TERMINOLOGY

At Sahiyo we acknowledge Female Genital Cutting in the Dawoodi Bohra community to be a gender-based violence as well a violation of a child's rights on her body. However, since the community is known to practice Type 1 FGC/M (the complete or partial removal of the clitoris or the clitoral hood), the term 'mutilation' could alienate the community.

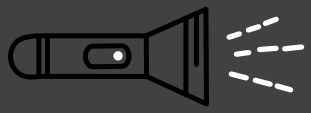
In our outreach and advocacy, we have often heard the 'Us versus Them' discourse, as some people who have undergone Khatna or are from the community dissociate with the strong terminology and mistakenly believe that 'mutilation' happens in Africa or in other communities where more extreme forms of genital cutting occur.

In order to engage in dialogue on the topic, we have found it is more effective to use the word 'cutting', as this form is more inclusive of all form of Female Genital Cutting. We also recognize that the word, 'mutilation' implies an 'intent' to harm, and in this practice, often, mothers are not intending to harm their daughters. Best practices in research on the subject matter also support the use of 'FGC' as it is considered a less judgement laden term."



However, Sahiyo also respects the terminology used by the community and/or survivors. In our interactions with the them, we mirror the terminology they use to discuss the practice. For example, if they use the term 'Khatna', we use the term 'Khatna'. For the media too, it is important to mirror the term your interviewees use, to respect the point of view of the person you are interviewing.

An Introduction to Female Genital Cutting/Mutilation



This segment introduces Female Genital Cutting by introducing different types of cutting/mutilation prevalent across the world.

It highlights the nuances of the custom of ‘Khatna’ or Female Circumcision or Genital Cutting prevalent in the Dawoodi Bohra community of India.

FEMALE GENITAL CUTTING IS DEFINED AS

partial modification or total removal of the external female genitalia or any other injury to the female genital organs for non-medical reasons.

Source: Definition by WHO (World Health Organization)

IT IS CRUCIAL TO UNDERSTAND THE FEMALE ANATOMY TO UNDERSTAND FEMALE GENITAL CUTTING.

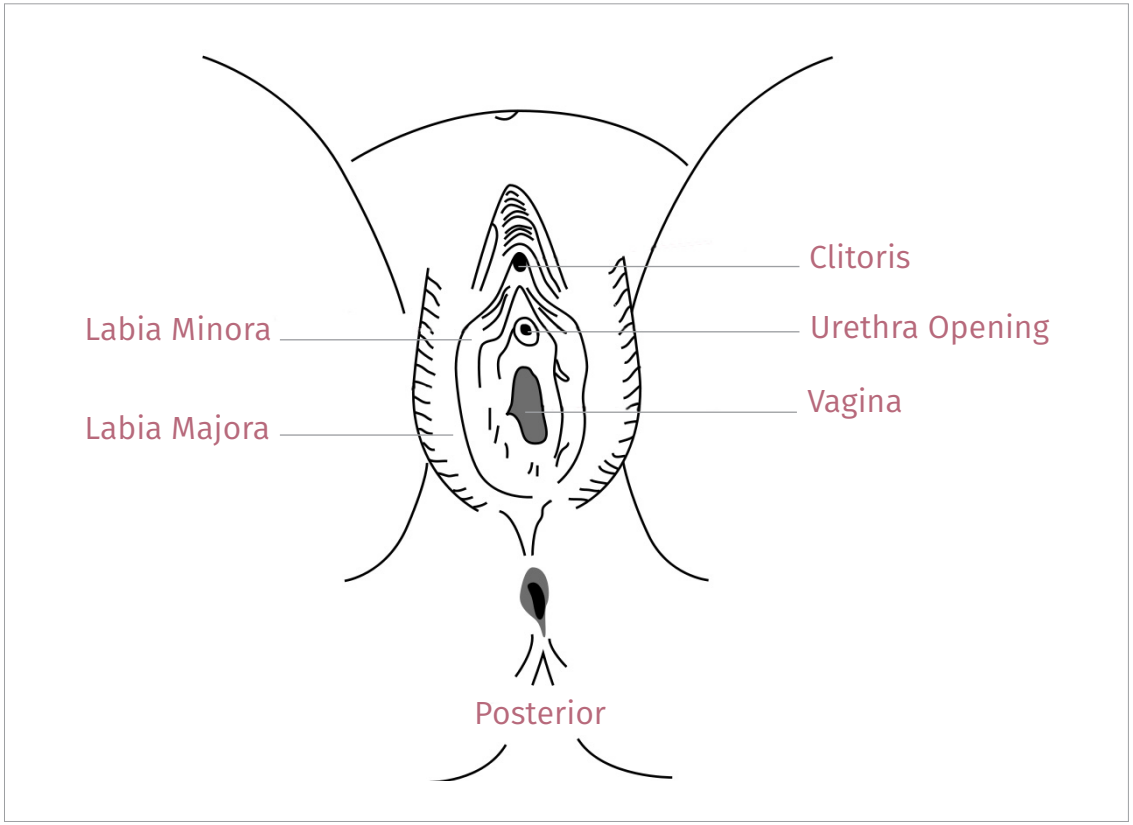
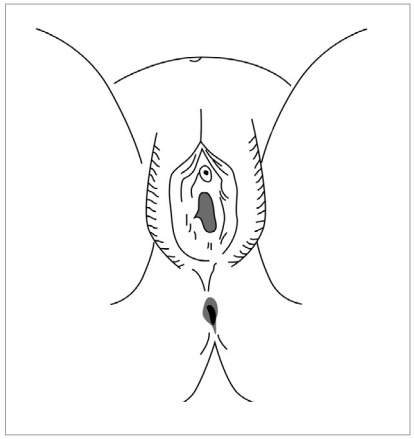


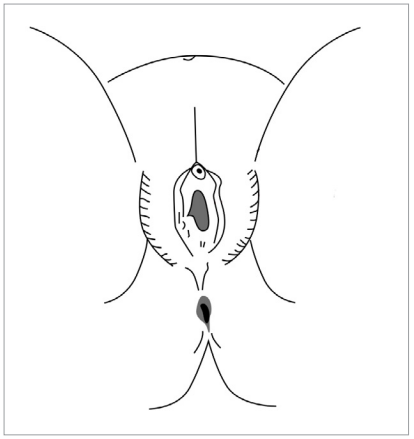
Image Credits: https://upload.wikimedia.org/wikipedia/commons/thumb/f/ff/FGC_Types.svg/2000px-FGC_Types.svg.png

MULTIPLE FORMS OF FEMALE GENITAL CUTTING

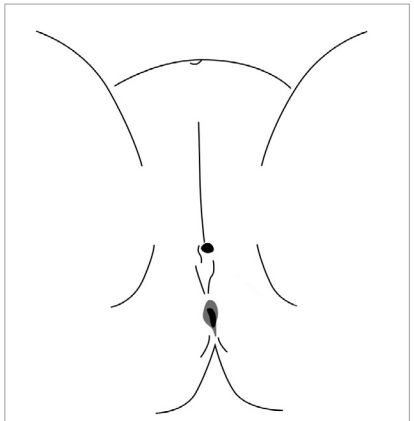
These are the various forms and extent of Female Genital Cutting practised across the world.



TYPE I
A. Prepuce removal only or
B. prepuce removal and partial or total removal of clitoris.



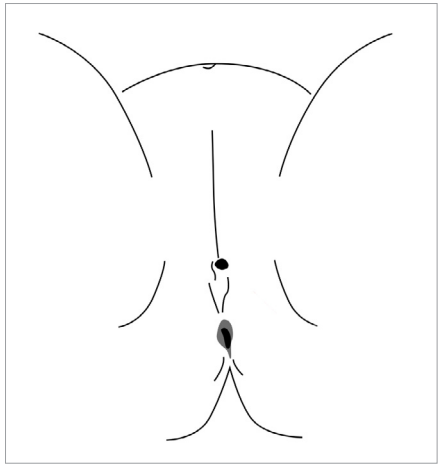
TYPE II
Removal of the clitoris plus part or all of the labia minora.



TYPE III
Removal of part or all of the labia minora, with the labia majora sewn together, covering the urethra and vagina and leaving a small hole for urine and menstrual fluid.

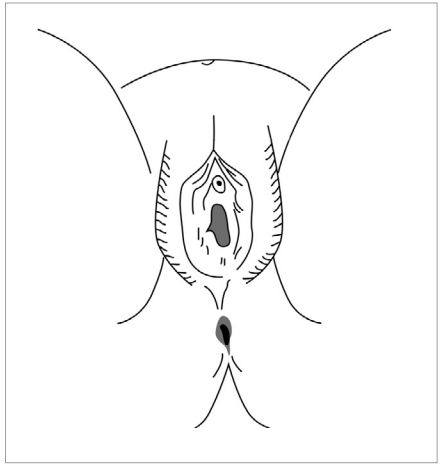
Image Credits: https://upload.wikimedia.org/wikipedia/commons/thumb/f/ff/FGC_Types.svg/2000px-FGC_Types.svg.png

FGC/M MOST RELEVANT TO INDIA IS TYPE I AS PRACTISED AMONG DAWOODI BOHRA MUSLIMS IN INDIA



Type III is the most extreme.
It involves removal of the inner and/or outer labia, which may or may not include the clitoris and then sewing up the wound to leave just a small hole for urination and menstrual flow.

Complications as a result of the extreme forms; Infibulation and excision results in developing of keloid scars, difficulties in childbirth and may even lead to death of both infant and mother.



Type I is the most commonly heard about practice in India as practiced amongst the Dawoodi Bohras Muslims in India and other diaspora communities across the world.

This form of Female Genital Cutting includes the removal of the clitoral hood, prepuce and the partial or total removal of the clitoris itself.

Image Credits: https://upload.wikimedia.org/wikipedia/commons/thumb/f/ff/FGC_Types.svg/2000px-FGC_Types.svg.png

Type I & II and IV accounts for 90% of FGC/M around the globe.

The type of procedure performed varies according to the community. Current estimates (from surveys of women older than 15 years old) indicate that around...

90% → of FGC/M cases include either Type I (mainly clitoridectomy), Type II (excision) or Type IV ("nicking" without flesh removed).

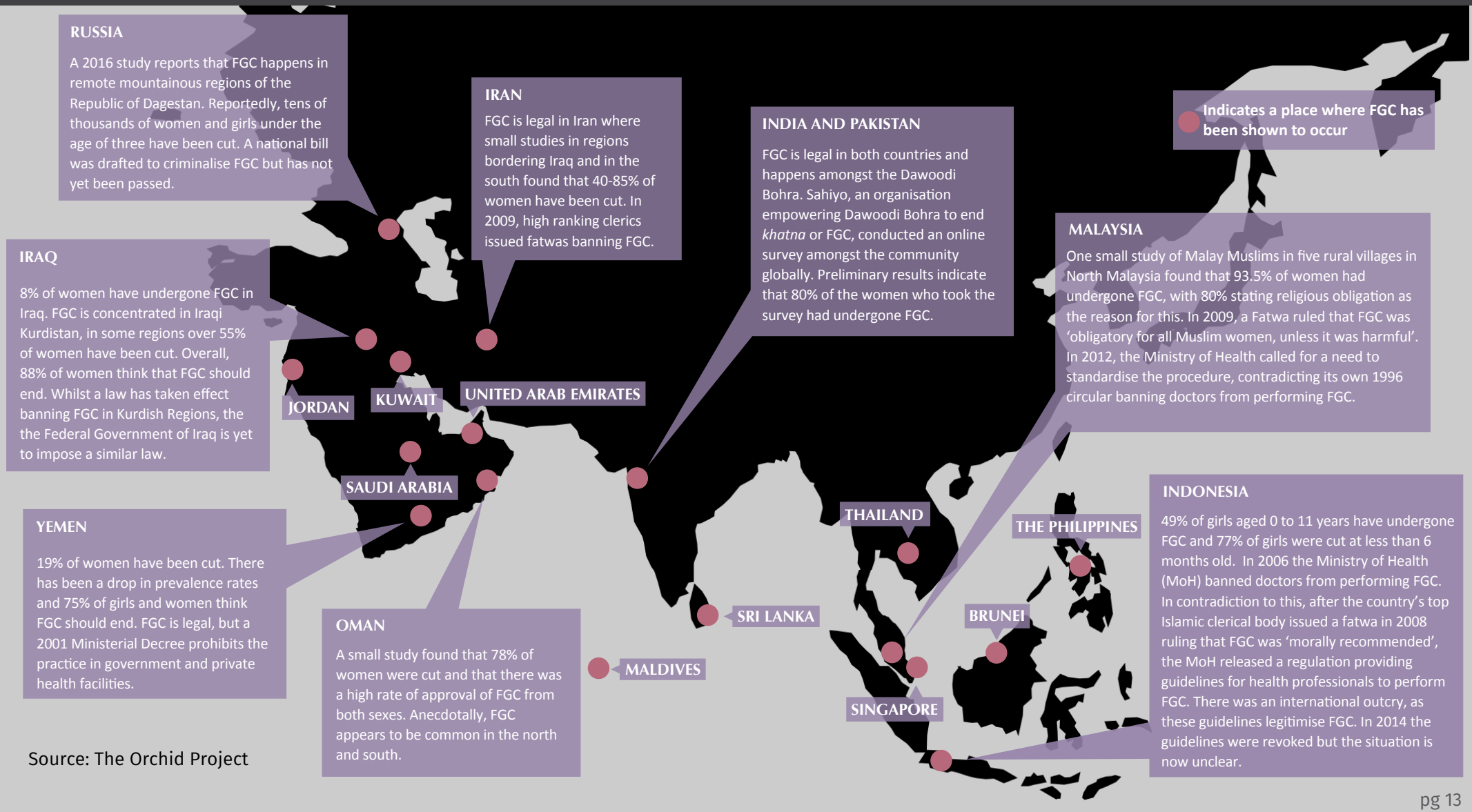
10% → and about 10% (over 8 million women) are Type III (infibulation).

http://www.who.int/reproductivehealth/topics/fgm/prevalence/en/

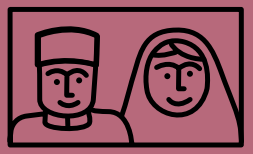
FGM/C HAS NO GEOGRAPHIC LIMITS AND IS A WORLD-WIDE PHENOMENON

FGC/M has a prevalence of more than 50% in parts of North Africa, where it is practiced amongst the whole population. In other countries where it is rarely practiced it is restricted to certain communities like the Dawoodi Bohras and the Kurds in Iraq/Iran.

Immigration of communities known to practice FGC/M has lead to the practice being spread out to Europe, North America, Australia and New Zealand.



Source: The Orchid Project



INTRODUCTION TO DAWOODI BOHRAS

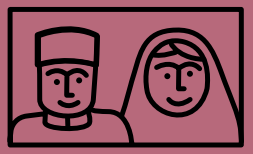
The Dawoodi Bohra follow Shi'ite Islam as propagated by the Fatimid Imamate in medieval Egypt.



The Fatimids claimed descent from Fatimah, daughter of Muhammad. The community follows the Fatimid school of law. Al-Qadi Abu Hanifa al-Nu'man is generally considered the founder and greatest exponent of Ismaili jurisprudence.

The community traces their ancestry to Yemen in the Middle East. In or around the 16th century, the Dawoodi Bohras travelled from Yemen and landed on the Western coastal regions of India from where they spread to the rest of India.

In addition to the local languages, the main language of the Dawoodi Bohra community is '**Lisan al-Dawat**', a unique dialect of Gujarati with inclusions from Arabic, Urdu and other languages.



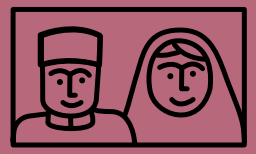
INTRODUCTION TO DAWOODI BOHRAS

Dawoodi Bohras are an affluent minority with a dense population in the western belt of India and a large diaspora population worldwide.



The word Bohra comes from the Gujarati word vehru (“trade”), in reference to their traditional profession. They are a well-integrated trader community with a high literacy rate. A large number of women from the community pursue postgraduate and doctoral studies. There are many Dawoodi Bohras in the medical fraternity, along with lawyers, professors and scientists.

Image Credits: Documentary, A Pinch of Skin. Director: Priya Goswami



INTRODUCTION TO DAWOODI BOHRAS

The Dawoodi Bohra are a religiously structured community with a dress protocol that makes them easily identifiable. Men sport a white ‘topi’ and women wear colourful ‘Ridas’.





The head of the community is the ‘Syedna’.

He is given the official title of ‘**Da’i-ul-Mutlaq**’ and other honorific terms given to him by the community are ‘Maulana’ or ‘Aqa maula’. He oversees religious and community affairs through a centralized hierarchical structure known as the ‘dawat’. The seat of the religious priesthood is in India and the Dai lives in Mumbai.

Image Credits: LHS-Getty Images, RHS-India Today

The Dawoodi Bohra community is known to practice Type 1 of Female Genital Cutting.

- The World Health Organization (WHO) classifies FGC/M as a violation of the human rights of girls and women. According to WHO, FGC/M reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women.

- It is nearly always carried out on minors and is a violation of the rights of children.



DECLARATIONS & CONVENTIONS AGAINST FGC/M

This practice also known as ‘Khatna’ by the community and is condemned under:

- Universal Declaration of Human Rights (1948)
- The International Covenant of Civil & Political Rights (1966)
- International Covenant on Economic, Social and Cultural Rights (1966)
- UN Convention of Elimination of all form of Discrimination Against Women (1979) [India signed the Convention on 30 July. 1980 and ratified it on 9 July 1993 with certain reservations]
- UN Convention on Rights of a Child (1989) [India signed and ratified the convention in 1992]
- Declaration of UN General Assembly on Elimination of Violence Against Women (1993)
- Declaration and Action Programme of the UN Conference on Population and Development (Cairo,1994)
- Cairo Declaration on the Elimination of FGM (2003)

All of these declarations and conventions protect the following:

The right to life and physical integrity, including freedom from violence

The right to health

The right to be freefrom all forms of discrimination against women

The rights of a child

UN DECLARATION OF HUMAN RIGHTS STATES THAT:

"Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex."

HERE ARE A FEW QUICK FACTS ABOUT KHATNA AMONG DAWOODI BOHRAS

Coming of age ceremony

It is a pre-pubescent coming-of-age ceremony that is typically carried out when the female child is 7 years old. **It may also be carried out at a later age up to 12 years old, especially on adult women who are not born Bohra and who are marrying into a Dawoodi Bohra family**.

Carried out by Mullanis

It is most often carried out by traditional practitioners called 'Mullanis'. Today, it is also done by qualified doctors who may provide 'certificates'. **This is known as the medicalization of Khatna, and is condemned by the World Health Organisation.**

Clandestine Activity

It is mostly done in a clandestine, secretive manner and **girls are often told never to speak of it to anyone.**

Physical Complications

Sahiyo's 2015-16 study indicates that some women experience bleeding, screaming, being unable to walk, sit on the toilet, pain during urination, and blacking out due to the experience.

HERE ARE A FEW QUICK FACTS ABOUT KHATNA AMONG DAWOODI BOHRAS

Though not as severe in cut as Type II & Type III FGC/M, physical complications have been heard of, particularly if the procedure is performed incorrectly.

Khatna can be traumatic, for some.
Long-term physical trauma can cause pain during intercourse, leading to a lack of interest in the act of intercourse.

It can affect one's sense of identity and self-image, and influence one's emotional and interpersonal relationships

Some women can also suffer severe psychological trauma, including feelings of betrayal and resentment, anger, PTSD, depression, anxiety, memory loss and nightmares after being subjected to Khatna.



REASONS FOR KHATNA

Multiple explanations were given as to why FGC/M continued in the community.

Participants were able to mark all of the explanations they had heard for the continuation of FGC/M.

The most common answer was that FGC/M was continued for religious purposes.

Breakdown of percentages of survey participants marking each explanation listed below:

56% **For religious purposes** 222

45% **To decrease sexual arousal** 178

42% **To maintain traditions and customs:** 161

27% **For reasons of physical hygiene and cleanliness** 103

9% **To gain respect from the community** 32

9% **As a necessary requirement for a good marriage** 36

2% **To increase sexual arousal** 8

Those who marked “other” indicated that they had heard no explanation for FGC/M 12

Some lesser quoted reasons are:

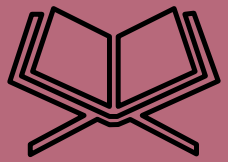
to ensure cleanliness and purity i.e. ‘taharat’, and to aid religious piety

to discourage promiscuity by reducing a woman’s illicit desire for sexual intercourse, and thereby ensuring fidelity within the marriage

to discourage masturbation by clitoral stimulation

to enhance a woman’s sexual pleasure and enjoyment within the context of marriage.

Source: Sahiyo Khatna survey 2015



KHATNA IN BOOKS

Khatna does not find any reference in the most holy book of Islam - the Quran

Daim al-Islam is a Mustaali Ismaili Shi'a Muslim book of Jurisprudence.
This book is written by Al-Qadi al-Nu'man. He served as Da'i of four Imams (from Ismaili 11th Imam Mehdi to 14th Imam Aziz the first 4 Fatimd Caliphs of Egypt). The book emphasises what importance Islam has given to manners and etiquette along with ibadat, the worship of God, citing references of Fatemid first four Imams

Sahifo is a similar book to guide Dawoodi Bohras in their daily life, as well as instruct on namaaz/salat etc.
Sahifa is Published by ALJAMEA-TUS-SAIFIYAH – Academy of 52nd al-DAI-AL-MUTLAQ.
These are editions in 9th Print: August 2013 (Eid ul Fitr – 1434H). Three (3) volumes.

Amongst the Dawoodi Bohras, FGC/M is considered a religious practice and religious authorities claim that Khatna or Female Genital Cutting is sanctioned by religious texts followed by the community, such as Daim al-Islam, a 10th century text of Islamic jurisprudence.



FGC/M IS AT TIMES ERRONEOUSLY ASSOCIATED WITH MUSLIMS AS IT IS PRACTICED IN SOME COMMUNITIES WHERE ISLAM PREDOMINATES

Some Muslims consider that Islam demands the practice to ensure spiritual purity, however, many Islamic scholars disagree as FGC/M is not mentioned in the Holy Quran.

It is a practice that predates the Prophet Mohammed (PBUH) and the religion of Islam.

Other faiths, Christians, Jews, Animist, and others have also been reported to practice it.

Within the Dawoodi Bohra community it is a cultural norm.

- Social Pressure by community members often leads to the continuation of the practice, as there is a belief that khatna is done to safeguard cultural and religious identity.

- Fear of excommunication and other sanctions often leads to silence on the practice.



KHATNA IS A WOMAN'S RITUAL, PASSED DOWN THE GENERATIONS THROUGH THE FEMALES.

Passing it down

Women's role in patriarchy is to imbibe and pass it down, to maintain the status quo - whereas the men in power are the ones who define and design the status quo.

No discussion with men

There is a belief that FGC/M is not spoken about with men. However, Sahiyo's study shows that most respondents believe men are aware of the practice.

Within the last few years that topic of Khatna has come up widely within the Media, this may indicate a shift in men's awareness on the issue."

Secrecy

The very fact that the religion or culture requires that the practice be kept secret on the grounds of women's modesty is a manifestation of patriarchy.

THE ROLE OF MEDIA IN SOCIAL CHANGE



WHY IS THE MEDIA IMPORTANT TO ENDING GENDER BASED VIOLENCE?

Facilitate Advocacy and Fundraising

The media reporting on all forms of gender-based violence (GBV) can help facilitate advocacy with decision makers and communities to ensure protection for vulnerable groups, as well as fundraising for comprehensive GBV programs.

Counter Myths and Outdated Attitudes

Female Genital Cutting (FGC) is a form of gender violence, and the media plays a critical role in not only raising awareness of FGC but also in countering myths and outdated attitudes that may persist on the issue.

Draw Attention to Positive Stories

By drawing attention to positive stories of empowerment and resilience, the media can help illustrate how survivors often act as advocates and agents of change.

HOW CAN THE MEDIA BE HARMFUL?

Before understanding how the media can be helpful to social change, let's note how the media can be harmful.

THE MEDIA OFTEN DISTORTS DOMESTIC VIOLENCE, STUDY FINDS

A report published by Our Watch and Australia's National Research Organisation for Women's Safety (Anrows), found there were widely established patterns of reporting in Australia and internationally that were overly simplistic, distorted and inadequate, which increased the public's confusion on the topic of domestic violence.

Media often distort domestic violence, study finds

Report from Our Watch says stories about 'salacious aspects of violence against women' give the public a provocative but not representative perspective



Source: https://www.theguardian.com/society/2015/nov/25/media-often-sensationalise-domestic-violence-reporting-study-finds



THE REPORT HIGHLIGHTED THE FOLLOWING:

- Despite the rarity of these events, female perpetrators of violence, including sexual and physical forms of violence, accounted for a high proportion of the total volume of media reports on violence.

- Newspapers focused on the method of the murder instead of the perpetrator's history of violence, inferring that it is more important for the reader to know how but not why violence continues or the social context in which violence can continue.

- Many reports shifted blame from the male perpetrators to their female victims.

- Stories about women being attacked by strangers were over-represented. This cultivated fear in the community and confusion about who was really at risk.

The report's findings suggest that the media's reporting on violence against women reinforced dangerous and inaccurate cultural and social norms about gender, rather than challenging them.

Looking at the role of social norms in perpetuating violence

WHAT IS A SOCIAL NORM?

A social norm is what people in a certain community believe to be normal in the group, that is, believe to be a typical action, an appropriate action, or both.

It is held in place by the reciprocal expectation of the people within that community.

Because expectation of the social norm and action of the social norm are interdependent with each other, social norms can be stiffly resistant to change. (Paluck and Ball 2010)

Source: http://www.unicef.org/protection/files/4_09_30_Whole_What_are_Social_Norms.pdf



ANOTHER WAY TO THINK ABOUT SOCIAL NORMS

Social norms include the following elements:

Social Expectations

A social norm is constructed by one's beliefs about what others do, and by one's beliefs about what others think one should do.

Reference Groups

The relevant others we call a Reference Group (and different norms may be relative to different reference groups); group members tend to hold the expectations of one another.

Social Influence

A social norm is maintained by Social Influence: approval, including positive sanctions, or disapproval, including negative sanctions; or by one's belief in the legitimacy of others' expectations; among enough members of the reference group.

SOCIAL NORM EXAMPLES:



How you greet someone

Think about how you would greet someone you know, a friend or colleague, if you were to run into them on the street.

If you were in the United States, you would go up to them and shake their hand or hug them. This might also be true in India.

However, also in India, you might greet someone who is older than you by formally calling them “Sir”, “Mam”, “Uncle”, “Auntie”. If you do not greet them in this manner, it could be perceived as being rude or informal.

The expectation of the other party in regards to how you would greet them is considered a social norm. By not greeting them in a certain, expected way, you break the social norm and may be viewed disfavorably.



How you enter religious spaces

Think about what you would do before you entered a mosque or a temple, you would obviously remove your shoes before going inside.

What would happen if you did not remove your footwear before entering the religious sanctuary?

Mosque and Temple are considered sacred spaces and by not removing your footwear, you would be be disrespecting the purity of the religious buildings.

Everyone would expect you to remove your shoes and by not doing so, you would be viewed as disrespectful. By not removing your shoes, you would be breaking a social norm.



FGC IS A SOCIAL NORM

Understanding what constitutes a social norm makes it easier to understand how FGC has continued down the generations.

FGC is a social norm, a social expectation, and among the Dawoodi Bohras, it has been given a religious justification.

Those in the community who practice it believe that everyone is continuing to practice it because it is a required expectation.



HOW CAN THE MEDIA USE SOCIAL NORM THEORY TO INFLUENCE SOCIAL CHANGE?

For a survivor of FGC, opening up to the media about this social norm involves a considerable amount of risk.

It is thus important for journalists, other media professionals as well as organisations like Sahiyo to proceed with care when sharing their story.

Concretely, this involves prioritizing survivors' rights to dignity, privacy, confidentiality, safety, security and protection from harm or retribution, and considering if and how a story could potentially violate any of these core principles.



HOW TO SERVE A SURVIVOR'S BEST INTERESTS?

Avoid judgemental language by being sensitive with the vocabulary used when reporting.

For instance, the terminology used when labeling the practice can have a significant impact on whether or not an FGC-practicing community will take interest in the article.

For example, various names have been given to the practice:

Female Genital Mutilation (FGM)
Female Genital Cutting (FGC)
Female Genital Mutilation/Cutting (FGM/C)
Female Circumcision
Female Genital Surgeries

Note: See page 5 - A note on terminology

EXAMPLES OF JUDGEMENTAL LANGUAGE

The following headlines have appeared in the media reports on FGC. While thinking about social norm theory, let's examine how each headline could be harmful to survivors who have undergone FGC, while also alienating the FGC-practicing community:

Female Genital Mutilation – Know About This Barbaric Practice Existing In India And Worldwide



Can Brutality be God's Will? Bohra Cleric Syedna Favours FGM

↓

Terms like "Brutal" or "Barbaric" unintentionally label the entire community and place them in a negative light.

This does not help create social change within the community; instead, it puts them on the defensive and might cause the practice to go even more underground.

Additionally, not all members of the community view FGC as barbaric, even if they may not agree with the practice.

Battle Within Tiny Indian Muslim Sect On Circumcising Girls

↓

The use of the word "battle" suggests that there is a sharp divide within the community and pits one side against the other.

Such terms do not reflect the fact that members of the community are looking to better the overall well-being of the Dawoodi Bohras by working to end Khatna.

EXAMPLES OF JUDGEMENTAL LANGUAGE

> Girls may be subjected to FGM when they are a few days old, or during childhood, at the time of puberty, before wedding, during first pregnancy or after the birth of first child. The usual range is between 0 and 15 years. Yes, subjected to this practice at that tender an age, and that, too, in a gruesome manner, with their bodies held down by others.

↓

The image conveyed suggests that all girls are pinned down in “gruesome” manner, yet we know that survivors’ experience of FGC varies from person to person. This example leads to the misconception that FGC in the Bohra community is always done in this manner, which might unintentionally cause people to believe that medicalization of FGC is not harmful then because it is not done in a “gruesome” manner.

> This is not the first time the women in the community have spoken up against *khatna*. In 2011, a woman, using a pseudonym, started a petition to stop the practice, aimed at the religious head. People could be counted as supporters without giving their name to avoid backlash. But it didn't amount to anything.

↓

This line indicates that no change came about regarding the petition, but that isn’t true. Many survivors began feeling they could discuss the issue of FGC. The report however, suggests that his was a futile attempt, and failed to recognize the internal change that was happening within the community to talk about the practice in a public manner.

CHANGING THE NARRATIVE GIVEN BY THE MEDIA

The media has a responsibility to not only report the news, but to do so accurately and safely, in a manner that facilitates social change:

When interviewing survivors, their families and others helping them, take into account ethical and safety principles.

Never report details that could put survivors at further risk – name, location, other identifying details.

THINK ABOUT "PLURALISTIC IGNORANCE" WHEN DECIDING WHAT TO REPORT ON IN REGARDS TO FGC

The media can help change perception. One way in which it can do that is by thinking about how "pluralistic ignorance" influences the continuation of a social norm such as FGC.

In social psychology, pluralistic ignorance is a situation in which a majority of group members privately rejects a norm, but incorrectly assumes that most others accept it, and therefore go along with it.

This is also described as "no one believes, but everyone thinks that everyone believes".





AN EXAMPLE OF PLURALISTIC IGNORANCE

The example below demonstrates that there are people who have chosen NOT to continue FGC, yet they never spoke of that choice publicly, hence, their narrative of choosing not to continue the practice was never heard and never recognized as an option for FGC-practicing communities.

Excerpt from Sahiyo co-founder Mariya Taher's article:

"My aunt told me that she was speaking to my other aunt (her sister) on the phone just a few days prior to my visit, and that they both admitted to each other that they did not have khatna done to their daughters. It was the first time they had spoken about this with one another.

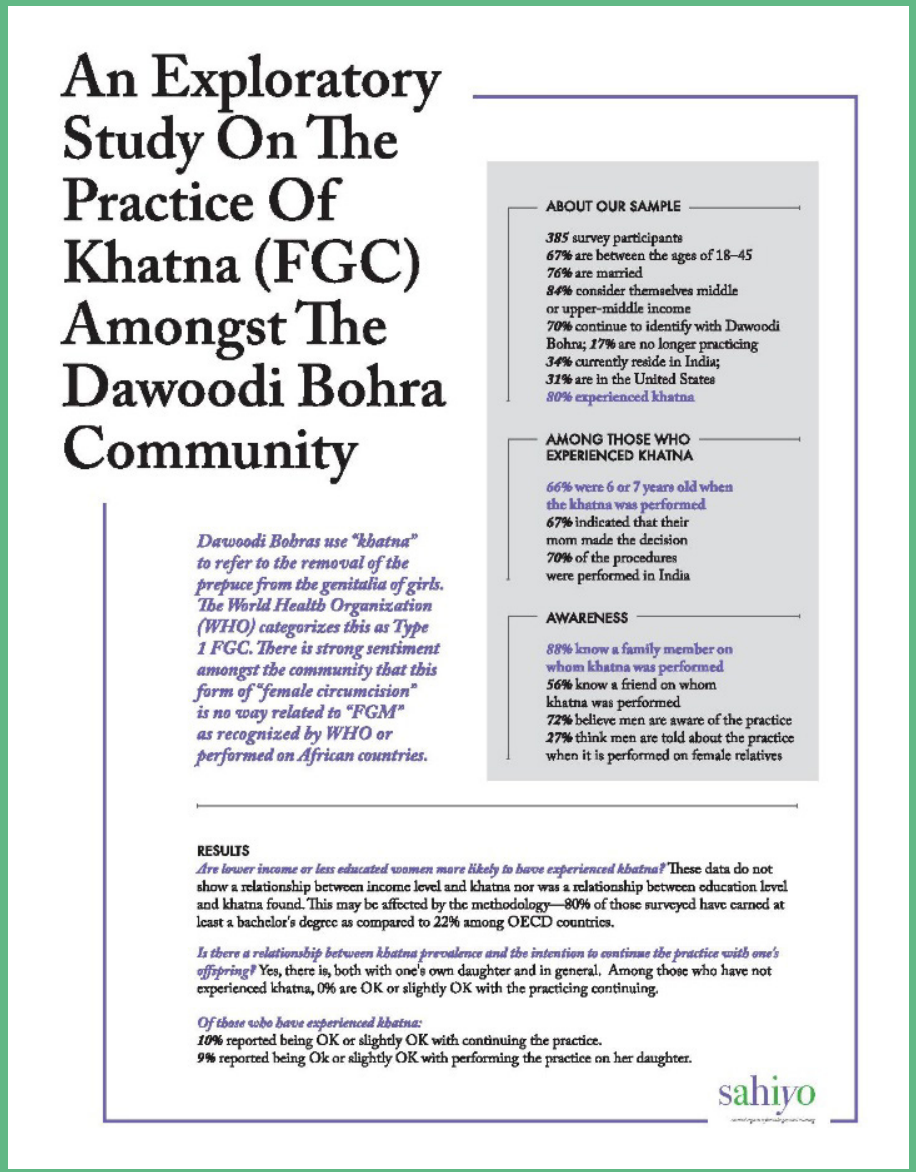
I realized that there is a silence even amongst those who don't continue the tradition with their daughters. They do not carry out the practice on their daughters, but they choose to remain silent about not having done it, for fear of what others may say or do.

That silence needs to be broken as we make it clear that those individuals are not alone, that there is a growing movement to abandon the practice of khatna or FGC."

To read more about Pluralistic Ignorance, check:
http://www.tostan.org/blog/interview-mariya-taher-sahiyo-reflections-her-experience-ttc

In social norm theory,
studies show that if you only
focus on the negative,
you risk reinforcing the norm.

SHARING POSITIVE INFORMATION REGARDING ABANDONMENT OF FGC



An Exploratory Study On The Practice Of Khatna (FGC) Amongst The Dawoodi Bohra Community

Dawoodi Bohras use "khatna" to refer to the removal of the prepuce from the genitalia of girls. The World Health Organization (WHO) categorizes this as Type 1 FGC. There is strong sentiment amongst the community that this form of "female circumcision" is no way related to "FGM" as recognized by WHO or performed on African countries.

ABOUT OUR SAMPLE

385 survey participants
67% are between the ages of 18–45
76% are married
84% consider themselves middle or upper-middle income
70% continue to identify with Dawoodi Bohra; *17%* are no longer practicing
34% currently reside in India;
31% are in the United States
80% experienced khatna

AMONG THOSE WHO EXPERIENCED KHATNA

66% were 6 or 7 years old when the khatna was performed
67% indicated that their mom made the decision
70% of the procedures were performed in India

AWARENESS

88% know a family member on whom khatna was performed
56% know a friend on whom khatna was performed
72% believe men are aware of the practice
27% think men are told about the practice when it is performed on female relatives

RESULTS

Are lower income or less educated women more likely to have experienced khatna? These data do not show a relationship between income level and khatna nor was a relationship between education level and khatna found. This may be affected by the methodology—80% of those surveyed have earned at least a bachelor's degree as compared to 22% among OECD countries.

Is there a relationship between khatna prevalence and the intention to continue the practice with one's offspring? Yes, there is, both with one's own daughter and in general. Among those who have not experienced khatna, 0% are OK or slightly OK with the practicing continuing.

Of those who have experienced khatna:
10% reported being OK or slightly OK with continuing the practice.
9% reported being Ok or slightly OK with performing the practice on her daughter.

sahiyo



METHODOLOGY

As no large-scale study existed on the practice of "khatna' amongst the Dawoodi Bohra community, in part due to the secret natures of the practice, and the seclusive nature of the Bohras, purposive sampling and snowball sampling methods were used to recruit participants to take the online survey. Researchers, being from amongst the Dawoodi Bohra community, sent out an e-mail inviting other women who were 1) 18+ and 2) raised in the Dawoodi Bohra tradition to take the survey. These women then sent the survey e-mail to their own networks. The survey link remained open from July 25, 2015 until January 25, 2016. The survey tool was created by utilizing past research on FGC, and asking FGC experts and NGOs to review the survey tool before its release.

LIMITATIONS

Limitations of the study include participants being gathered via the snowball method, which eliminates the possibility of participants being randomly chosen from a sampling frame. Additionally, only those with computer access and knowledge of English were able to take part in the survey.

"I remember my mum whispering with my granny and aunties that time had come now. Then she mentioned to my dad who said do what's needed. She told me we were going to buy a doll, took me to a woman's house in a bohra community housing set up. We were told to wait in the sitting area, another friend of mine was sitting with her mum. She was called in first, I heard screaming and then she came out supported by her mum. I was taken in next, the lady told my aunt to lay me on a table, remove my undies. My mum had left because she said she couldn't watch. My aunt held me down tightly, the lady removed a new razor blade in front of me and then bent down between my legs. I felt a sharp cut, heard myself scream and cry. The lady then gave me cotton wool and my aunt put it in my undies to absorb the blood. We were then led out of the room. For a week after, my mum washed my vagina with diluted dettol and the matter was hushed up and never talked about."

SURVEY PARTICIPANT

TO LEARN MORE, CONTACT
sahiyo2016@gmail.com

For instance, if you focus on how Sahiyo's study shows that FGC is prevalent amongst 80% of Bohras, the norm then becomes that FGC is prevalent amongst the population and there is nothing a community can do about it. Thus, it is important to balance this information with the positive steps made towards eradication. In other words, you want to normalize change.

SHARING POSITIVE INFORMATION REGARDING ABANDONMENT OF FGC

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SHARING POSITIVE INFORMATION REGARDING ABANDONMENT OF FGC

The media can help change the perception that FGC must be continued in a community, by highlighting the trend towards abandonment of the practice.

For example, Sahiyo's online survey reveals that a majority of respondents (81%) want the practice to end within the community. This information helps highlight that there is a new "social norm" and that is to abandon FGC and talk about it publicly.

How do you feel about Khatna (n=385)

81% I am not okay

8% I am unsure

5% I am okay

4% I am slightly not okay

2% I am slightly okay

Source: Sahiyo Khatna survey 2015

HOW TO SHARE POSITIVE STORIES IN THE MEDIA: SOME SUGGESTIONS



Majority of nations where female genital mutilation is exercised want it to be stopped

Submitted by Caroline Robinson on Sat, 07/16/2016 - 12:39

The United Nations Children's Emergency Fund stated that in countries where female genital mutilation (FGM) is prevalent, around two-thirds of people of those countries are against the practice and want it be stopped. The FGM is also known as female genital cutting and female circumcision is a ritual of removal of some or all of the external female genitalia.

According to UNICEF figures released Friday, 67% of girls and women, 63% of boys and men in countries where the FGM is exercised oppose the practice. The practice is common in parts of Africa, the Middle East and Asia.



UNICEF: Most Oppose Female Genital Mutilation

The United Nations Children's Emergency Fund says that roughly two-thirds of people in countries where female genital mutilation is common oppose the...

MOBILE.NYTIMES.COM | BY THE ASSOCIATED PRESS

- Interview people who have undergone FGC or who are part of the Dawoodi Bohra community who will publicly state they do not want to practice khatna.

- Find people who have not done it to their daughters and highlight their stories.

- Help show that the community itself does want to give it up. Normalize that most women and men are giving up the practice.

- Highlight the changing attitude towards the practice. See example here - click on https://www.youtube.com/watch?v=gJyFKG0eJC4&feature=youtu.be

It is vital to give equal balance to the attention that FGC is ending and prevalence rates are declining in order to showcase this progress as a social norm.



CONSULT EXPERTS IN THE FIELD OF FGC AND GIVE INFORMATION ON RESOURCES AND SUPPORT SERVICES

If there is ever a question of a story's potential for violating survivors' rights (or a "grey area" in terms of safety and ethics), these experts can also guide the media professionals to ensure that they are presenting their story in a way that does not increase the risk of potential retribution against survivors, their families, or others who might support them.

- NGOs
- Social Workers
- Mental Health Professional
- Health Professionals

Provide information on organizations who are addressing FGC or provide women with information on where to seek help.

NOTE: Always seek consent of the organization before providing contact information in the media report.

SENSITIVE AND EFFECTIVE USE OF VISUALS

The media reporting on FGC/M has greatly pushed the movement against the practice forward.

One comes across many instances of people coming out in solidarity after reading about those who have chosen to speak up.

Therefore, there lies great responsibility in effective depiction and visualization of the reportage or features on FGC/M; to further mobilize the readers into action and to make an impact within the community.

This segment explores the use of visuals accompanied by write ups and how they impact and influence the readers, while elaborating on the best practices.

VISUALS CAN TRIGGER POWERFUL EMOTIONS.

A powerful picture or a graphic might also be the first thing one notices in an article.

Some of the associations that can be made from the picture are -



Image Credit: The Quint

All the keywords suggests negative emotions.

These words could be construed as hyperbole to those affected and practicing Type 1 of FGC/M, which ranges from small nick to partial or complete removal of clitoris.



KEYWORDS: INTENTION V/S DEPICTION

The gap between intention of the picture v/s how the depiction in the picture translates to the readers.

If the intention was to inculcate:	The depiction leads to alienating the community because:
Empathy (understanding that this is a social norm) →	**Sympathy through blood gore**
Sensitize (Define who?) →	**Shock Value**
Community Welfare →	**Alienates Community**
Creating Dialogue →	**Informs people but fails to create a dialogue**
Creating Change →	**Creates stir, not long term change**

HOW DOES THE PICTURE PORTRAY THE PRACTICE AND THE COMMUNITY PRACTISING FGC/M?

Sensitivity is the key while negotiating the visualization or depiction of the practice. If the picture is negative, the community might not respond/relate to it. Moreover, it might trigger trauma in the minds of the people affected by it. It is important to keep the following things in mind:



Image Credit: The Hindustan Times

Is the picture painting an outrightly regressive view of an otherwise modern community?

Is the picture depicting the community as the 'perpetrator' instead of the practice being perpetuated?

If the picture is depicting the act itself, then it might trigger trauma for those who have undergone the practice. For instance in other gender based violence related articles, we don't see the 'act' of abuse/violence being depicted.

V/S

WHILE USING SYMBOLISM, NOTICE THESE TWO DIFFERENT VISUALS AS AN EXAMPLE.



This is a literal depiction of the traumatic incident, in stark colors.



This one uses subtle imagery and colors.

Both the pictures have an impact but the subtle image has a more positive impact.

Image Credits: LHS-Source Unknown, RHS: Book cover design of Valentina Mmaka

CAN AN IMAGE BE FACTUALLY INCORRECT?

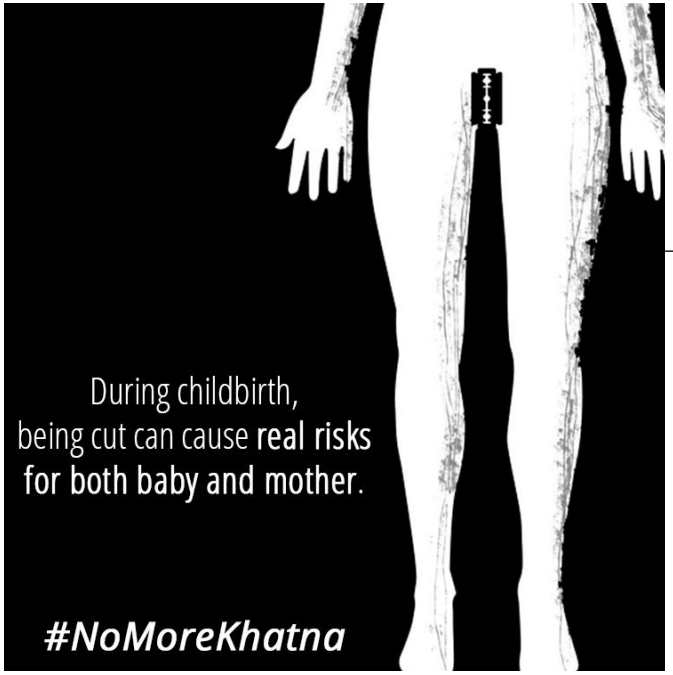


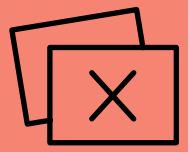
Image Credit: Love Matters, India

The picture uses blade and woman symbolism and the woman is literal not figurative.

'Khatna' or Type 1 of FGC/M is suggested , since the accompanying text mentions so (#Nomorekhatna) and the depiction of blade.

However, text in infographic mentions complications during childbirth.

Problem with the picture:
Khatna or Type 1 of FGC/M is not known to cause complications during childbirth. The infographic is confused about 'Type' of FGC/M it wants to speak about.



COMMONLY MADE MISTAKES WHILE DEPICTING FGC/M IN THE DAWOODI BOHRA COMMUNITY.

Mixing the type of FGC/M practised:

Dawoodi Bohra community is known to practice Type 1 of FGM/C in India and worldwide. Using image which does not correspond to the community, sends mixed signals about the article.

Sahiyo has time and again come across community members who disregard a media article because it mixes the types of FGC/M practiced; because it incorporates an image from Africa or other parts of Asia while speaking of Khatna amongst Bohras.

Mixing the context:

Putting a picture of FGC/M practiced in Africa, in an article which is speaking about FGC/M in the Dawoodi Bohra community.

Who has undergone:

Using an image to show a ‘victim’ is (ethically) problematic, even more so when she is not from the community but of a different ethnicity.

THESE ARE NOT BOHRAS

Be aware that incorrect use of visuals can be misleading and end up implicating people from another community.



Image Credit: Unknown

There was one video report on Bohra khatna which showed this visual in the middle of general footage of Bohra men and women. But the people depicted in this visual are not Bohras at all - they are from another sect of Muslims.

Bohra men wear a different kind of clothing and cap, and while doing their research on the story, reporters should ideally look these things up. Because this kind of visual is misleading and it ends up implicating another community in this practice even though they do not practice Khatna.



THESE ARE NOT BOHRAS

Be aware that incorrect use of visuals can be misleading and end up implicating people from another community.

This portrays a victim in a highly vulnerable situation. It might trigger trauma for those who have undergone this.



Image Credit: Unknown

This visual is a commonly used one, found in many reports and articles on FGC/M. This is not a picture of people from the Dawoodi Bohra community and it's usage can be problematic. It depicts the victim in a highly vulnerable state.

Usage of this picture can be offensive to both, the community, and the person who is photographed; who is clearly not in a situation to give consent.

V/S

A COMPARISON BETWEEN TWO PICTURES DEPICTING THE GIRLS UNDERGOING THE PRACTICE.

These pictures can trigger trauma in the mind of survivors.



This picture also violates the privacy of the child in a vulnerable situation.



This picture, however, translates the same emotion, without depiction of the act. Therefore might be a more sensitive choice from the two options.

Image Credits: Stephaine Sinclair's work on Female Genital Cutting in Indonesia
http://stephaniesinclair.photoshelter.com/gallery-image/Female-Circumcision-FGM/G0000rijU7yCs3RU/I0000zOuWWTnRHcM

A COMPARISON BETWEEN TWO PICTURES DEPICTING THE GIRLS UNDERGOING THE PRACTICE.





This depiction of victim or survivor is problematic.



This picture depicts the scene of the event but without betraying the privacy of the girls.

Image Credits: Stephaine Sinclair's work on Female Genital Cutting in Indonesia
http://stephaniesinclair.photoshelter.com/gallery-image/Female-Circumcision-FGM/G0000rijU7yCs3RU/I0000zOuWWTnRHcM

COMMONLY USED PHOTOS

Bohra women in these generic photos may not feel comfortable about their faces being associated with Khatna.

These photographs are often used in reports about Khatna by some media outlets. These are clearly representational pictures of Bohra women, and if the photo caption clearly states that it is a representational image, there is technically no problem with that.



Image Credit: Sahiyo



Image Credit: Sahiyo

But these are also close-ups of individual Bohra women, photos that were obviously taken on happy occasions.

It is important to consider that these particular women may not feel good about their faces being associated with a topic as controversial as Khatna.

BEST PRACTICES:

ACCURATE DEPICTION OF THE COMMUNITY CORRESPONDING TO THE ARTICLE.



Image Credit: Unknown



Image Credit: Unknown

BEST PRACTICES:

PROGRESSIVE PHOTOS SUGGESTING CHANGE WITHIN THE COMMUNITY.

PHOTOS FROM PARTICIPANTS OF ‘I AM A BOHRA’ PHOTO CAMPAIGN.

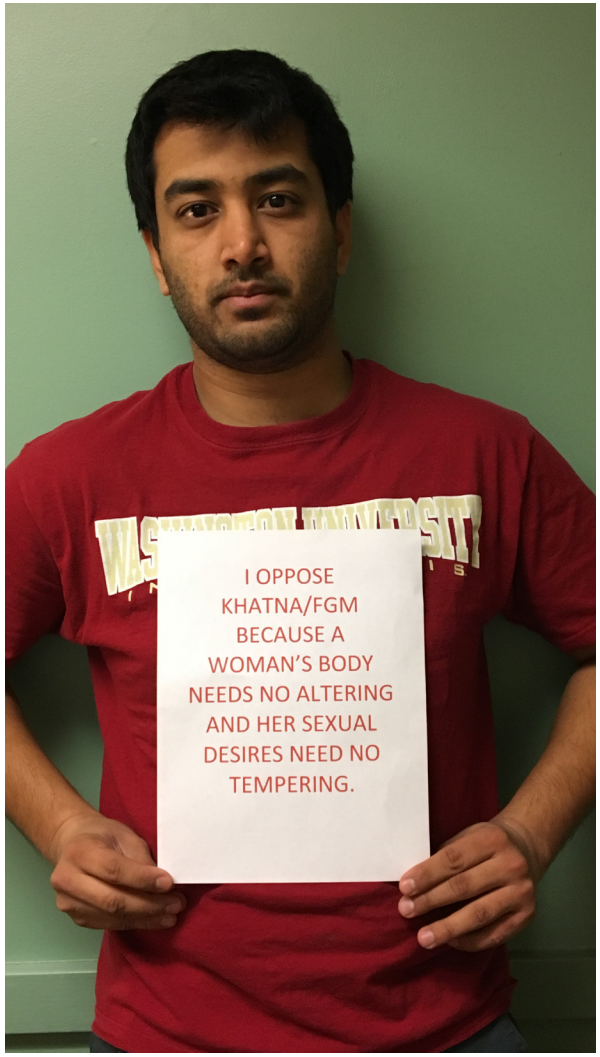


Image Credit: www.sahiyo.com



Image Credit: www.sahiyo.com

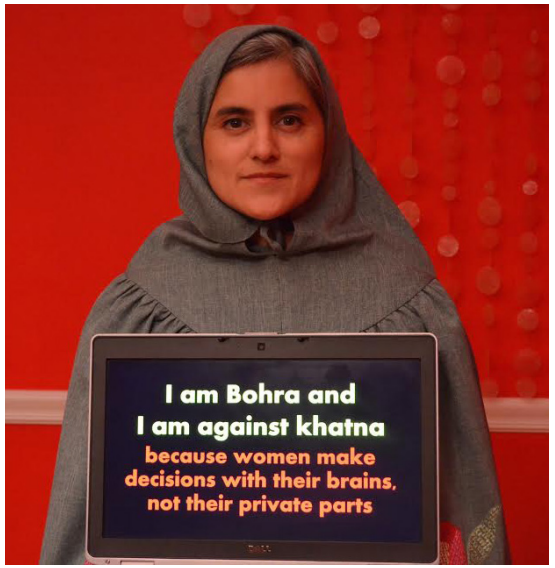


Image Credit: www.sahiyo.com

BEST PRACTICES:

TAKING A GENERIC SHOT WITHOUT REVEALING FACES.

PICTURES MINDFUL OF PRIVACY OF THE PEOPLE BEING SHOT.



Image Credit: Outlook Magazine



Image Credit: Documentary, A Pinch of Skin. Director: Priya Goswami

REPORTING WITH ACCURACY



ERRORS ARE COMMON

Media reports on FGC among the Bohras often contain various factual inaccuracies. This is understandable because FGC is a complex subject, but the errors are easily avoidable.

While reporting on FGC, remember that it is a form of gender violence that needs to be understood from multiple perspectives:

Cultural

Medical

Religious

Child Rights

Gender Violence

Survivors' Perspective

Legal

By keeping these perspectives in mind, you can ensure that your report is nuanced and not one-sided.



CORRECT ANATOMY

Always use the right term for the part of the body that is cut during Khatna.

Media reports sometimes use the following inaccurate terms:

Vagina

↓

This is completely inaccurate

Genital Area

↓

This is vague and inadequate

Clitoris

↓

Bohras do not necessarily cut the entire clitoris

The most accurate term would be

‘Clitoral hood’ or ‘prepuce’

↓

This is what Bohras typically cut during Khatna

MEDICAL CONSEQUENCES

Many media reports mistakenly imply that all Bohra women are facing severe medical problems because of Khatna. This is simply not true.

AN EXAMPLE OF A MISLEADING REPORT ON FGC IN INDIA

> Tasleem launched an online petition in 2011 to get the Bohra high priest to ban this ritual. She sent a large cardboard blade embossed with a photograph of a crying girl being circumcised to the religious leader's office, but got no response. Her online petition however, got over 2000 signatures, mostly from non-Bohras.
>
> While there are certain health benefits to male circumcision, for women, its leads to pain during menstruation and sex, loss of libido and painful urination. The WHO has listed repeated infections, cysts, infertility, higher childbirth complications and the need for repeated surgeries as consequences of FGM.
>
> The documentary lists the myth behind the custom; as most men of this community are merchants, they need to travel a lot. Their wives must not feel sexual urges when the men are away, so doing khatna 'kills the urge for anyone but the husband'. "The reason itself is obnoxious. Initially, I hated the fact that this had happened to me. Now, I am openly opposed to it and want to put an end to it," says Aayat, a journalist from Mumbai.

The paragraph above the highlighted section talks about the 2011 online petition asking the Bohra Syedna to end FGC. Right after that, it jumps to the medical impact of FGC as described by WHO, without specifying that these consequences differ depending on the type and severity of cut performed.

And right after that, the report jumps back to Bohra khatna and the reasons the community gives for practicing it. To a lay reader, this report creates the false impression that all circumcised Bohra women must be suffering from cysts, painful urination, infertility or childbirth complications.

FGC TYPES AND HEALTH CONSEQUENCES

FGC has broadly been classified into four types, and the medical consequences of each type can often be different.

Type I

Partial or total removal of the clitoris, or only the prepuce

Typical health consequences include pain, bleeding, shock, swelling, infection, painful urination, reduced sexual sensitivity.

Type II

Partial or total removal of the clitoris and labia minora, sometimes including labia majora

Typical health consequences include pain, bleeding, shock, swelling, infection, painful urination, reduced sexual sensitivity +Menstrual problems, cheloids, infertility, complications during childbirth.

Type III

Narrowing vaginal opening by sealing or stitching together the labia

Typical health consequences include pain, bleeding, shock, swelling, infection, painful urination, reduced sexual sensitivity +Menstrual problems, cheloids, infertility, complications during childbirth (Same as Type II).

Type IV includes a range of other procedures such as nicking, pricking, burning or piercing the genitals.

Source: World Health Organization (WHO)

FGC TYPES AND HEALTH CONSEQUENCES

It is important to provide a context of which type of cutting you are talking about, and then specify the health impact accordingly.

Generalisations without context lead to misconceptions in the mind of the reader.

The more severe consequences of Female Genital Cutting are usually associated with the more severe types of cutting - Types II and III . Of course, none of this is cast in stone - if Type I is done in unhygienic, crude conditions, even that could lead to severe infections and other kind of damage.

Even among Bohras, there are definitely cases where the damage done is more than intended. But the kind of cutting that Bohras usually do - cutting the tip of the prepuce - usually results in pain, some bleeding and painful urination at most.

Many Bohra women talk about long-lasting psychological trauma and reduced sexual sensitivity, but not all. So when many community members read reports that make it sound as if all Bohra women are suffering from severe physical and mental damage because of khatna, they end up feeling offended, and defensive, because they see it as a total misrepresentation of their practices and experiences.

Eventually, that makes it difficult for activists to work with the community and discuss ending the practice of Khatna, because they feel like we are attacking them through the media.

DESCRIPTIONS OF THE KHATNA EXPERIENCE

Avoid generalising the description of how Khatna is performed on girls in the Bohra community.

AN EXAMPLE OF A MISLEADING REPORT ON FGC AMONG BOHRAS

Barbaric Ritual

The Dawoodi Bohra Shia Muslim sect has been practising female genital mutilation on its young girls secretively for a long time, in a ceremony known as "khatna". This is done without an anaesthesia.

As the young girl is forcibly pinned to a bed, naked from the waist down, she is told to close her eyes and lay still, while a woman cuts her clitoris and tells her that from now on, she will be a "big girl".

Normally, reporters get an understanding of how the cutting is done by speaking to two or three Bohra survivors as case studies. Ideally, the best way to tell their stories would be to describe in their words - through their personal quotes and perspectives - what they remember about the way in which they were cut.

But thes report highlighted above describes the act of Khatna among Bohras without using anyone's perspective - it is completely generalised and creates the impression that all Bohra girls are cut in this manner. But again, this is not necessarily true.

Not every Bohra girl is forcibly pinned down, not every girl is told to close her eyes, or told that she will be a big girl from now on. In fact, these days, it is not even necessary that a girl is taken to a traditional cutter for her Khatna - many girls in cities and towns are increasingly taken to hospitals, and some of the doctors who do the Khatna even use anaesthesia.

It is important to specify in any report that Khatna is not experienced in a uniform manner by all Bohras.

1. Because that is the truth
2. Because a misleading report will alienate any Bohra woman who experienced Khatna in a different, less traumatic manner.

EXCOMMUNICATION

AN EXAMPLE OF A MISLEADING REPORT ON FGC AMONG BOHRAS

> The reason her movie made an impact is because of the collective gasp it lead to. Dawoodi Bohras by profession are merchants and traders and most families are well educated and affluent. In India, most of the community lives in Maharashtra, Gujarat and Rajasthan. In Gujarat, the majority reside in Surat and Ahmedabad. Under their religious leader, Bohras thrive under laws like no interest on loans, free education and sponsored weddings for the unprivileged. In such a close knit community, talking against any custom, especially the kind that deals with women, leads to excommunication.
>
> "Typically, when a girl turns seven, she is taken to a 'dai' or a family barber who cuts the hood of the clitoris. An antiseptic is then applied. Bohras generally practice Type 1 FGM, which involves

Some reports, like this one, make it sound like any Bohra can be excommunicated if they speak out against Khatna.

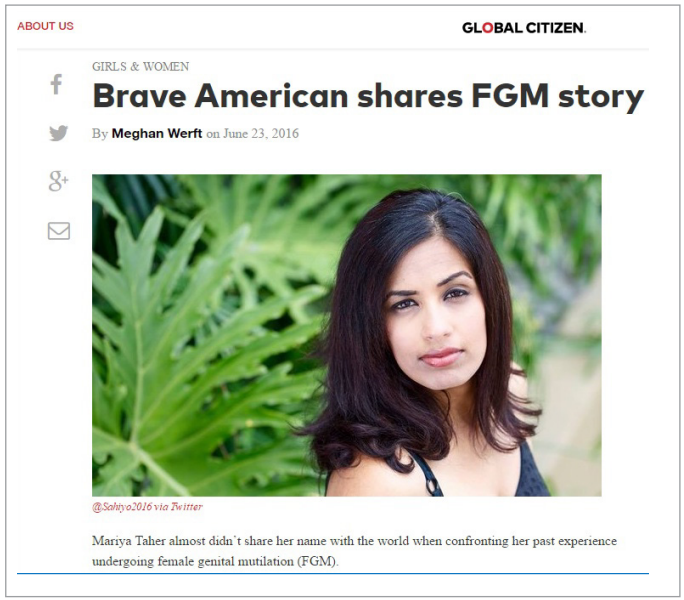
This is another fact that needs to be clarified. As of now, no Bohra has been excommunicated for speaking out on FGC (although in recent times some have been threatened with boycott).

It would be more accurate to say that there is a fear in the community that members will be excommunicated if they speak against the practice

This fear stems from the fact that many people are, in fact, boycotted for speaking against other aspects of community life. It is important, then, to emphasise that Bohras have a *fear* of excommunication.

SECOND HAND REPORTS

Avoid republishing stories without the permission of the interviewed survivor.



ABOUT US

GLOBAL CITIZEN.

GIRLS & WOMEN

Brave American shares FGM story

By **Meghan Werft** on June 23, 2016

@Sahiyo2016 via Twitter

Mariya Taher almost didn't share her name with the world when confronting her past experience undergoing female genital mutilation (FGM).

The article on the left in an American news site is a rewrite of Sahiyo co-founder Mariya Taher's video interview with ABC News. And while the report does credit ABC News - so it can't technically be called plagiarism - it was published without anybody asking for Mariya's permission. And that matters when the subject being talked about is as sensitive as Khatna, because a lot of complexities and nuances can get lost in rewriting.

It is also disrespectful of the person who was interviewed, who, we must remember, is a survivor of a form of gender-based violence.

In this case, Mariya chose to give an interview to a reporter from ABC News because she felt she could trust the reporter and the publication with her very personal story. Other second-hand reports rewriting the same story may not be as sensitive or might end up being sensationalist, and that can have consequences for the survivor.

CONCLUSION

The media, filmmakers, bloggers, artists, activists and many others have been extremely interested in covering the issue of Female Genital Cutting, because it is a human rights violation that many feel strongly about.

Sahiyo and other groups and individuals involved in this movement are grateful and indebted to the media because it has been a huge driving force behind the movement to end khatna. This is precisely why it is important to ensure that the media and other bodies trying to create awareness understand the nuances and complexities of this issue in and out.

By consciously avoiding factual errors, sensationalised visuals, judgemental language and unintentional vilification of the community, the media can be a much stronger and effective partner in furthering a landmark movement to end Khatna among Bohras.



APPENDIX

WHO report on prevalance of FGC/M
http://www.who.int/reproductivehealth/topics/fgm/prevalence/en/

Guardian Study on media:
https://www.theguardian.com/society/2015/nov/25/media-often- sensationalise-domestic-violence-reporting-study-finds

What are social norms:
http://www.unicef.org/protection/files/ 4_09_30_Whole_What_are_Social_Norms.pdf

Example of Pluralistic ignorance:
http://www.tostan.org/blog/interview-mariya-taher-sahiyo-reflections-her-experience-ttc

Sahiyo Khatna study, 2015:
https://sahiyo.files.wordpress.com/2016/05/khatnaflyer_final_withbox_11-24-16.pdf

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Please Note: The articles and visuals used in this toolkit are for reference purposes only. This is not a critique or judgment on anyone's work or sensibility. We sight these in the hope of developing more sensitive and effective depictions and reportage on the subject of Female Genital Cutting.

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