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# A Review of Female Genital Cutting (FGC) in the Dawoodi Bohra Community:

## Part 2—Bohra Culture, FGC Practices in Dawoodi Bohras, and Pertinent Legal Cases

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**Abstract**

**Purpose of Review** The aim of this second review in a three-part series is to provide a contextual overview of the cultural underpinnings of female genital cutting (FGC) in the South Asian and diaspora Dawoodi Bohra communities, a practice referred to as Khafd (pronounced khafz) and an update on global litigation involving FGC.

**Recent Findings** In 2015, a group of Bohra women started two advocacy movements opposing the practice of FGC in the Bohra community: "Sahiyo" based in the USA and "We Speak Out" based in India. In 2017, in response to this opposition, a second group of Bohra women in support of the practice of Khafd was formed, the Dawoodi Bohra Women's Association for Religious Freedom (DBWRF). There is simultaneously global litigation involving Dawoodi Bohras and the practice of FGC in Australia, India, and the USA.

**Summary** There is extreme polarization around the issue of Khafd within the Bohra community. Khafd is intimately intertwined in the Dawoodi Bohra culture. Khafd historically has been treated as a taboo topic of conversation within the community, but now Bohra women and Khafd are being swept into public conversation. The Bohra community's cultural identity is explored. With regard to Khafd, there is very little information available other than studies prepared by advocacy organizations or individual testimonials. The available data is reviewed here. The current litigation involving the Muslim and the Bohra practice of FGC are reviewed. There is a need for large, high-quality studies, taking into account past and current practices, investigating both the short- and long-term physical, emotional, and psychological risks, harms, and benefits experienced by Bohra women as well as stratification of data by women's age, education, socioeconomic status, and location. Cultural competency and sensitivity combined with high-quality data will be the best way for this dialogue to move from extreme polarization to a constructive arena that considers the future health and well-being of all Bohra women and children.

**Keywords** Female genital cutting · Khafd · Dawoodi Bohra · Islam

## Preface

This review is a series of three articles. There is a significant paucity of data with regards to FGC (Khafd) in the Dawoodi Bohra community. In order to contextualize Khafd, part 1 reviews language including WHO terminology, genital cutting in Western societies, male circumcision, surgery on children with ambiguous genitalia and clitoral hood reduction, and finally FGC in Southeastern Asia. In part 2, there is an overview of Bohra culture, marriage, and sexuality in Bohra women, review of studies and testimonies on the practice of Khafd in Dawoodi Bohras, and a review of the pertinent legal cases involving FGC. In part 3, the history, cultural anthropology, and geography of FGC in the Islamic context and the religious motivation amongst Dawoodi Bohras for practicing Khafd are reviewed.

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## Introduction

The Dawoodi Bohra community, a Muslim Shia Ismaili sect performs female and male genital cutting as part of their religious and cultural rituals. In males, the practice is circumcision, khatna, in which part or all of the penile prepuce is removed. In females, the practice is typically cutting into or removal of part of the clitoral prepuce, referred to as Khafd within the community. On the World Health Organization (WHO) typology, Khafd would be considered type Ia or type IV female genital cutting (FGC), in which there is no removal of the clitoris (see Table 1) (World Health Organization 2018). The Arabic word Khafd means "to scale down" or "to shorten."

Zakir references the *Da'a'im al-Islam* and describes Khafd as "Depending on the size of the prepuce, the procedure ranges from a nick, a dorsal cut, or an excision of no more than 2 mm. Additionally, great care is taken to not touch the clitoris, let alone harm the genitals… Dawoodi Bohra tradition calls for the removal of prepuce that is no larger than the size of a lentil grain." [2].

Published studies specific to the Bohra community regarding the practice of FGC are lacking. The literature that is available comes from grey literature such as newspaper articles, testimonials and exploratory studies published by advocacy organizations whose goal is to end the practice. Within the Dawoodi Bohra community, Khafd has been practiced secretly with minimal counseling beforehand and minimal reflective dialogue afterwards. Prior to the current public debate, traditionally, questions regarding Khafd have been discouraged, dismissed, or deferred if the individual asking is not of the highest level of scholarship (tawil) within the community. Culturally, the topic of sex is not openly discussed, paralleling other Islamic and Southern Asian communities.

Worldwide, FGC type IV is increasingly frequent although there is little research focused on it. It has been included on the general debate with regard to FGC. Most of the current literature is on girls and women affected by type III, which is the procedure with some of the most severe medical consequences and predominantly performed in countries in Africa. It is notable that only 15% of FGC is type III, with 85% being type I, II, or IV [3]. The goal of this review paper is to use a cultural lens to contextualize the practice of Khafd, classified by WHO as type Ia or type IV, where there is no clitoral excision and no apposition of the labia minora nor labia majora.

## Methods

There is very little information available other than studies prepared by advocacy organizations or individual testimonials. The author conducted a small focus group discussion amongst self-identified Bohra women that allowed the women to discuss their feelings, memories, and experiences related to Khafd in a safe space in March 2018. Due to the sensitive nature of this topic, no details and no participant information can be shared, and none are included in this paper. It merely provided a context from which the author further explored the topic. Published and unpublished studies that were accessible to the author were reviewed for this paper, including studies designed and executed by advocacy organizations, and Jonah Blank's book, *Mullahs on the Mainframe*, detailing his study of the Dawoodi Bohra community. Grey literature including online forums and newspaper articles were reviewed on this topic as well as a Cambridge student's Master of Philosophy dissertation. The author also drew upon dialogue with many individuals including religious scholars who are part of the mainstream following, religious scholars who have broken from mainstream following, leaders of advocacy groups including Sahiyo and DBWRF, and many Bohra women who follow with varying levels of orthodoxy. The author also reviewed the public federal court documents related to the legal cases reviewed.

**Table 1** WHO classification of female genital mutilation (FGM) [1]

| FGM type | Anatomic changes of female genitalia |
|---|---|
| Type I | 1a) excision of prepuce of clitoris |
| | Ib) excision clitoral glans |
| Type II | IIa) excision of labia minora only |
| | IIb) partial or total clitorodectomy and excision of labia minora |
| | IIc) partial or total clitorodectomy and excision of labia minora and majora |
| Type III | IIIa) apposition of cut labia minora ± clitorodectomy |
| | IIIb) apposition of cut labia majora ± clitorodectomy |
| Type IV | All other harmful procedures to the female genitalia for non-medical purposes, for example pricking, piercing, incising, scraping and cauterization |

## Results

### Bohra Cultural Overview

The Dawoodi Bohra community is comprised of about one million people, less than 1% of all Muslims. The name Bohra comes from the Gujarati word "vohra" which means trader. Dawoodi Bohras are an Ismaili Shia sub-sect of Islam, and they follow the jurisprudence of the Fatimid Dynasty. Within the one million Bohras, there is a wide range of practice patterns, with some followers adhering very closely to all religious mandates, and others following with less rigor.

A unique feature of Dawoodi Bohras is their belief in a religious or spiritual leader referred to as Da'i al-Mutlaq or Syedna. Members of the community take an oath of allegiance, or mitaaq, to their spiritual leader at puberty. The mitaaq symbolizes walaayat, or devotion to the imam, who has a direct lineage to the Prophet Muhammad. The 20th Fatemi Imam, Al-Aamir be Ahkaam Allah's son, Al-Tayyib, went into seclusion around 1134 CE. Since Bohras believe this imam exists out of the public eye but transmits his holy message through a chosen spiritual emissary, they view the da'i as their sovereign leader, and their devotion to the da'i al-mutlaq is central to their belief and faith [4]. And the oath of allegiance taken at puberty is a key component to their religious and cultural identity.

South Asian Bohras have a reputation as an honest and trustworthy business community. Eighty percent of Bohras live in India and Pakistan with the remainder living in diaspora populations worldwide. The community, worldwide, is extremely private and insular. Bohras have a very distinct culture; they wear uniquely identifying attire, eat traditional foods, and have their own language called Lisan al-Dawat. Traditionally, the Bohra community has practiced political quietism, or withdrawal from political affairs, though the current (53rd) Da'i Mufaddal Saifuddin has close ties with Narendra Modi, the current prime minister of India [4, 5].

While the Dawoodi Bohras have a reputation amongst Indians as wealthy and highly educated, with a blend of religiosity and modernity, the community consults and seeks permission, or raza, from the Da'i on all spiritual and worldly matters, ranging from topics such as names for children to academic and professional pursuits. The family of the Da'i is a royal family titled Qasr-e Ali and is supported by the community's taxes [5].

After a period of increasing liberalism, in 1979, the 52nd Da'i Mohammad Burhanuddin initiated a return to orthopraxy. He called on the Bohras to engage more consistently in orthodox, traditional practice including the growing of untrimmed beards and the wearing of ridas (colorful burqas) for women and white attire for men [6, 7].

Members of the community who speak out against the Da'i or the clergy are subject to excommunication, or baraat [5, 7]. In 1949, Bombay province's legislature passed the Bombay Prevention of Excommunication Act. The Dawoodi Bohras were the only group to challenge the law. The spiritual head of the Bohras, the 51st Da'i al-Mutlaq, claimed the law infringed on his constitutional rights. The judges were not unanimous but agreed that the power of excommunication was vested in him to keep the sect together. Since that time, Maharastra Prohibition of People from Social Boycott (Prevention, Prohibition, Redressal) Bill 2016 passed, making social boycott or excommunication a crime that is punishable by up to 7 years in jail and a fine up to 3 lakhs [8, 9]. This legislation applies to the large Indian Bohra community who reside in Maharastra, but does not extend beyond the state.

### Bohra Women as Carriers of Tradition, Marriage, and Female Sexuality

Women in Bohra society are encouraged to pursue higher education. According to Blank's research, Bohra women "tend to be homemakers," but they are "not stigmatized for working outside the house." Bohra women of higher socioeconomic status are encouraged to pursue professional careers [5]. Sexuality amongst Bohras is rarely discussed publicly. Based on Islamic law, sex is only permissible within the context of marriage. All dating is expected to be physically chaste. A rumor of premarital sex could ruin a woman's marriage prospects. Often a matchmaker or family member arranges meetings between youths of compatible backgrounds, but the final decision is with the individuals [5]. Bohras usually marry within their community, but if they marry outside the community, the spouse is expected to convert to Bohra faith [9]. With regard to marriage, men are required to pay mahr for the women. It is an Arabian tradition that predates Islam, where the groom gives the bride money that belongs solely to the wife, not the family of the wife. It has become more of a symbolic gesture, but once served as a disincentive to divorce [9]. Although sex is a very private matter, women are entitled to sexual pleasure in marriage. Mutual sexual gratification is emphasized by the Bohra community [5, 10].

Women are charged with continuity of social norms and socializing young children and preservation of izzat (reputation, honor) of the family [11]. Sami writes the concept of family honor (sharaf), dignity (karāma), and sexual decency ('ird) are all intimately woven in the sexual status of women [12]. "Any deviance from the codes of morality prescribed for women threaten the izzat of her kin group…the sexual desire of Bohra women is curbed both physically and culturally." [10].

Srinivasan gives compelling evidence that elder women and men influence the perpetuation of the FGC practice in her detailed description of the Mohalla; siblings who live within joint families are more likely to continue Khafd versus those who live separately from the elders [13]. Multiple

testimonies from We Speak Out study corroborate this familial pressure [14]. Carrying on the practice is the shared responsibility of community women.

## Testimonies and Studies on the Practice of Khafd

The 2017 Sahiyo study was the first international exploratory survey on FGC in the Bohra community using snowball sampling in 385 women. Of these women, 309 had Khafd. Mariya Taher, who openly advocates to end the practice of FGC, conducted this online English survey. Sixty-five percent of survey participants were unsure of what had been physically done to their genitalia. Thirty-five percent of participants who had Khafd reported sexual impact, namely difficulty/inability to reach orgasm, lack of physical stimulation, and discomfort/pain being the most common. Forty-five percent of the women who experience Khafd reported emotional impact, namely, sexual frustration and anger, being the most common. Seventy-two percent of the 385 respondents reported men are aware of the practice of Khafd [15].

Reetika Subramanian completed her dissertation at the University of Cambridge on "Contested Realities of the Anti-Khatna Movement in India." She interviewed 22 members of the Dawoodi Bohra community, including a community spokesperson, 3 male members, anti-khatna activists, and Bohra women defending the practice. Three non-Bohras were interviewed including an editor of a national daily newspaper, an Indian feminist scholar, and a medical practitioner in Saifee Hospital in Mumbai. The majority of the interviews were conducted in Mumbai or Udaipur, but some were via audiovisual telecommunications. Interviews were conducted in a non-structured conversational format, lasting 1–2 h. Consent was obtained, and interviews were recorded and destroyed after completion of the project. One participant highlighted the importance of the unique Bohra identity saying, "I know Muslim women (non-Bohras) who are not allowed to use a mobile phone…we are not like them." "As the only community in India practicing it (FGC), the women said it made them stand out." [16]. Khafd provides a religious identity that distinguishes Bohra women from non-Bohra women. Another participant said women who do not perform khatna on their daughters are "on the fringes" and make up less than 1% of the community and describes them as "more of an irritant, than a threat." One woman expressed concern that if doctors performed the procedure, more would be cut than needed, and she highlighted that it is a religious act not a medical procedure. Some women oppose the medicalization of modern khatna because it forfeits the secrecy that once shrouded khatna [16].

In 2018, We Speak Out published the study "The Clitoral Hood: A Contested Site," an exploratory, cross-sectional, qualitative, multi-site case study. They used purposive maximum variation sampling and snowball sampling and they successfully diversified their group. Participants represented people in support and in opposition of Khafd, different socioeconomic levels, urban and rural areas, and different age groups and marital status. The majority of respondents were from India ($n = 88$), with 6 expats from the USA, Canada, and Australia. Semi-structured interviews were conducted to collect in-depth qualitative data. All information was de-identified. If a participant's narratives or quotes or case studies were used, their names were changed, except for the obstetrician/gynecologist Sujaat Vali who studied 20 Bohra patients. All participants were given access to psycho-social support and care if needed. There were 94 participants with 83 women, of whom 81 had Khafd. Forty-three percent opposed Khafd. Thirty-seven percent were in support of Khafd. Sixteen percent were in support but changed their mind to oppose it, and 4% were undecided [14].

Based on participants in this study including an obstetrician/gynecologist: Type Ia and type Ib are commonly practiced with very few cases of type IV FGC. Doctors are performing type Ia and type IV. Traditional circumcisers seem to perform type Ia or Ib, based upon descriptions by traditional circumcisers, women's descriptions of their own anatomy, and twenty patients' physical exams [14].

Seventy-five percent of daughters of all respondents who were 7 or older were subject to Khafd. Out of 60 women who remembered their Khafd—97% remembered that it was a painful experience. Twenty-two percent had no memory of their Khafd [14].

According to the We Speak Out study, there were three factors contributing to abandonment of the practice. Younger women from big cities were more likely to oppose FGC. Mothers who refuse to subject daughters to FGC had post-graduate (Master's degree) or higher. Diverse personal network and economic independence from Bohra religious community were key factors in families being able to renounce FGC [14]. The only data on clitoral size comes from one case series of 20 Bohra women in the We Speak Out study who have been cut. Sujaat Vali, MD, an obstetrician/gynecologist, noted "smaller clitoral size" and "the surrounding skin is also very small." Most of the women were from small towns in this study [14].

In Ghadially's informal poll of Bohra women, the most common complaint was urinary problems such as inability to empty or painful urination. She reports that with this least severe form of cutting, purportedly type Ia or type IV FGC, there were "no health nor reproductive repercussions." One Bohra doctor's testimonial described infection, swelling, severe bleeding, shock, and tetanus. "There is no bleeding unless the girl is difficult to manage…Post circumcision complaints are rare." [10].

Zakir acknowledges that complications do occur but states their incidence is low. He comments earlier in his review that there is insufficient data available on the practice. He also

reports "girls who are seven years old…are not completely oblivious to the procedure" [2].

## Legal Cases

In the UK in 2015, Leeds City Council brought forth a case of FGC allegedly on an infant child from a non-Bohra African Muslim family after blood was detected at the girl's nursery. Judge Munby dismissed the case concluding that there was no sign of harm done to the girl and observing that the law is inconsistent. He concluded that even if circumcision had been carried out on the girl, she would "have [been] subjected to a process much less invasive, no more traumatic (if, indeed, as traumatic) and with no greater long-term consequences…than the process to which [her brother] has been or will be subjected." [17].

In 2015 in Australia, the State Supreme court of New South Wales at Sydney resulted in the prosecution of three Bohra individuals involved with FGC of two children. The jury found a mother of two complainants and Kubris Magennis, the circumciser, guilty on two counts of FGM, and Shabbir Vaziri, head cleric of the Dawoodi Bohra community in Sydney, was found guilty on two counts of being an accessory to those offenses. In 2018, these three individuals were acquitted of all charges with the introduction of new evidence demonstrating intact genital anatomy of the children [18]. This verdict does not take into account psychological harm the two children experienced. The judgement summary suggests the language of law needs to be changed if "female circumcision" is prohibited by the state in the same manner that female genital mutilation is prohibited [18]. At the time of this paper's submission, June 2019, there is an appeal of the 2018 verdict in the High Court; the prosecutors contest that the terminology "otherwise mutilates" should cover the actions of the defendants [19].

In India, Sunita Tiwari filed a Public Interest Litigation (PIL) challenging the practice of FGC in the Dawoodi Bohra community. Supreme Court Chief Justice Dipak Misra presided over the case from its inception in May 2018 until September 24, 2018. In his last week of office, the case was moved to a 5-judge constitutional bench. Of note, the 53rd Da'i al-Mutlaq, Mufaddal Saifuddin, met Prime Minister Modi in Indore on September 14, 2018, for Ashara Mubaraka, and there was no mention publicly of the PIL nor any comment with regard to the practice of FGC. Dipak Misra's term ended October 2, 2018. During his term, he decriminalized homosexuality, allowed women to enter Sabarimala Kerala temple during the menstrual cycle, decriminalized adultery, and protected women's freedom of choice: including choice of profession or termination of unwanted pregnancy [20].

In the Eastern Michigan US District Court, Judge Bernard A. Friedman presided over the first US case of FGC with the federal prosecution led by Sara Woodward. A Johns Hopkins–trained Bohra board-certified Emergency Medicine physician, Jumana Nagarwala, was incarcerated from April to November 2017 on charges including FGM, conspiracy to commit FGM, and obstruction. She was released on a 4.5-million-dollar unsecured bond, the largest bond of its kind in Detroit federal court history [21].

In January 2018, Judge Bernard Friedman dismissed the conspiracy to transport a minor with the intent to engage in criminal sexual activity, after the doctors' defense team argued that the procedures did not legally fall in the realm of "criminal sexual activity" [22]. Since January 2018, the federal prosecution asserts 9 girls, from Michigan, Minnesota and Illinois underwent FGC.

The defense attorneys led by Shannon Smith asserted that the law prohibiting FGC is unconstitutional, because it was enacted under the Commerce Clause of the US Constitution and the law does not relate to interstate commerce and the concern for violation of the Equal Protection Clause of the 14th amendment regarding gender discrimination [23]. Judge Bernard Friedman agreed and rendered the law unconstitutional and dismissed the charges related to FGC in November 2018; he also deemed that FGC law should be the jurisdiction of the states. Three of the mothers were dismissed, and one of the defendants who was accused of participating in the procedure involving the Minnesota girls was dismissed. Jumana Nagarwala, the Attars who owned the clinic where the procedures allegedly took place, and one of the mothers all still face charges of obstruction of justice and conspiracy which can be penalized with up to 20 years in prison [24]. The US lawyers and the House of Representatives are appealing the judgement rendering the FGC law unconstitutional [23, 24]. As of early 2019, Jumana Nagarwala will remain under house arrest until her trial. To date, thirty-three US states have implemented laws rendering FGC illegal [25].

## Discussion

Khafd is a social norm that historically has been perpetuated with secrecy amongst Bohras. It is performed on seven-year-old girls who do not go through the informed consent process and due to their age cannot provide informed consent. The topic of sex and Khafd, prior to 2015, was not permissible. The public dialogue was initiated by advocacy movements and criminal prosecutions, which has shaped the media coverage and discourse as well as the studies that have been published on Khafd in the Bohra community. The internal Bohra dialogue is not available to the general public.

Testimonials by DBWRF state the procedure is harmless. The FAQ section of the DBWRF website responds to the Bohra women who have suffered physical and emotional

harm as a result of FGC by stating their testimonials are anecdotal and unreliable since they have not been "independently verified by doctors or psychiatrists." The website implicates the women who have shared their experiences are unreliable because they "left the fold and have a vested interest in challenging the mainstream religious community and the practices they have disowned." The website considers the advocacy efforts "completely unnecessary" since "female circumcision is not enforced," allowing those who do not want to do it to refrain from FGC [26]. These comments sanction community members to privately choose not to prescribe to FGC, but they do not address nor acknowledge the power of social norms in a community that is extremely small and tightly knit.

In studying type IV and type Ia, a major challenge is that physical examinations might not distinguish between the two types. Physical signs of the procedure as described by the Dawoodi Bohra community would be difficult to detect. There are cases described in the literature above that suggest some women have had type Ib as their physical examinations do reflect a smaller clitoral size and the presence of scarring [14]. In terms of enforcement of laws that ban all forms of FGC, physical exam is not reliable in the identification of genital pricking or partial resection of the prepuce of the clitoris. Certainly, the physical exam does not quantify nor capture the psychological distress nor potential sexual harm the individual experiences.

Social norms and cultural environment are also profoundly pertinent [27]. For example, many Somalian women undergo a severe form of FGC, type III or infibulation as described in Table 1, but in one mental health study, they had less psychopathology such as PTSD, anxiety, and depression than non-Somali women [28]. The way a community perceives and receives FGC, including psychological distress, is intimately intertwined with the social norms of the community [27].

### Limitations of this Review

Given the culture of Islam, sex is not openly discussed [29]. Khafd has been extremely inappropriate for public dialogue until relatively recently. Many women have chosen to confabulate stories to achieve the perception that Khafd has been performed without actually subjecting their daughters to the practice.

Given the sensitive nature of this topic, ensuring privacy and anonymity in a very tightly knit and small community is imperative. Given that the author is not a Dawoodi Bohra, there are internal dialogues and data that were unavailable for review in this paper.

Also, of utmost importance is the narrative pushed by the media that all types of FGC are the same with the same motivation for practice and the same effects on women. The conversation requires a nuanced indulgence into the details and much of the grey literature and even WHO studies do not discriminate between type Ia and type IV compared with types Ib, II, and III [1, 29]. There are very limited studies dedicated to type I and type IV.

The Sahiyo study and the We Speak Out study are biased in that they are designed and conducted by advocacy groups with a very clear agenda to end the practice. This will undoubtedly bias the studies.

Female sexual dysfunction, urinary incontinence, and recurrent urinary tract infections are all clinical conditions that have multifactorial etiology. FGC in general certainly could be associated with these diagnoses, but it would take much more research to confirm a causal relationship. Research looking at the relationship between FGC and pelvic floor dysfunction is in a nascent state.

## Conclusion

The studies available on Bohra women reflect the women's lack of knowledge of their own genital anatomy. As the conversation of FGC has been brought into the public arena, it is an opportunity for women to acquire knowledge with regard to genital anatomy, female sexual function, and reproductive health. The taboo nature of sexuality and Khafd has changed, as it is now an accessible topic of conversation. Women can now authentically lead this conversation, considering their own physical, emotional, and sexual health as well as their children's. Women affected by FGC who attribute their inability to achieve orgasm and sexual satisfaction to the physical act of cutting can be enlightened, encouraged, and empowered to explore, pursue, and achieve sexual satisfaction and orgasm.

Engaging older women is important, as they carry authority within the community and honor tradition. They are also potential advocates for change [30]. Older women can have a profound impact in collectivist societies with multigenerational childcare to affect child health practices [31]. Community-based participatory research interventions and efforts led internally and intracommunity are the most effective in leading to meaningful changes. Legal mandates to ban FGC, by themselves, fail to change practice patterns as demonstrated in multiple countries. It can actually lead to under-reporting of the practice [32].

The goal of this paper was to characterize and contextualize the practice of Khafd in the Bohra community. Clearly, there is polarization surrounding this issue within the community. Dialogue focused on genuine understanding and corroboration is where progress lies. Bohras are a very small minority of the world's Muslims. They are a peaceful, family-oriented, and highly educated community. The Dawoodi Bohra community has become the vehicle for a grander dialogue around FGC to take the stage. It is a delicate matter and demands all parties to consider an open dialogue that tackles difficult

questions pertaining to the right to bodily integrity for all children, freedom to practice one's religion, cultural practices, and a community vs. a country's social norms. All current and former members of the Bohra community affected by FGC, and stakeholders in this dialogue, regardless of which side they stand, deserve respect as this dialogue moves forward; ultimately, the focus should remain on the children who are subject to the religious and health policies born out of this debate.

## Compliance With Ethical Standards

**Conflict of Interest** The author declares that there are no conflicts of interest.

**Human and Animal Rights and Informed Consent** This article does not contain any studies with human or animal subjects performed by any of the authors.

## References


1. World Health Organization. *Care of women and girls living with female genital mutilation: a clinical handbook.* Geneva : s.n., 2018. Licence: CC BY-NC-SA 3.0 IGO.
2. Zakir, Mohammed. WHO's stance and the criminalization of female circumcision: the protection of or violation of human rights? [Article link found on websites for Female Circumcision and Dawoodi Bohra Women for Religious Freedom]. 2016. Accessed online @ https://dbwrf.org/causes/4 and https://femalecircumcision.org/wp-content/uploads/2018/02/The-protection-of-or-violation-of-human-rights-Copy.pdf.
3. White AE. *Female genital mutilation in America: the federal dilemma*. Texas Journal of Women and the Law, Vol. 2001:10.
4. The Dawoodi Bohras. The Dawoodi Bohras. [Online] July 17, 2016. [Cited: October 1, 2018.] https://www.thedawoodibohras.com/about-the-bohras.
5. Blank J. Mullahs on the mainframe*; Islam and Modernity Among the Daudi Bohras*. Chicago: The University of Chicago Press; 2001.
6. Blank, Jonah. *Mullahs on the mainframe; Islam and modernity among the Daudi Bohras: Ch. 7 Specifics of Orthopraxy: Dress and Economics* Chicago The University of Chicago Press, 2001.
7. King, S and Parry-Crooke G. *Towards and understanding of the current debates on the Dawoodi Bohra tradition of female genital cutting: a synthesis of key issues.* Tavistock Institute of Human Relations. s.l. : Tavistock Institute of Human Relations, 2018. Dawoodi Bohra Commissioned Report. ISBN-13: 978–1–9999479-1-0.
8. Nair, MR. The decades long argument over excommunication. *Hindustan Times.* [Online newspaper]. April 18, 2016. Accessed online October 10, 2018 @ https://www.hindustantimes.com/mumbai/the-decades-long-argument-over-excommunication/story-O338r5MkIbr0jSUClwjAUO.html..
9. Blank, Jonah. *Mullahs on the mainframe; Islam and modernity among the Daudi Bohras: Ch. 2 Rituals of a Daudi Bohra Life.* Chicago : The University of Chicago Press, 2001.
10. Ghadially R. *All for Izzat' the practice of female circumcision among Bohra Muslims*. Manushi, A Journal about Women and Society. 1991;66:17–20.
11. Bhatty, Z. Socializing of the female Muslim child in Uttar Pradesh. [ed.] Karuna Chanana. *Socialisation, Education and Women: Explorations in Gender Identity.* N. Delhi : Orient Longman, 1988, pp. 231–239.
12. Kassamali, Noor. Genital Cutting. [ed.] Suad Joseph. *Encyclopedia of women & Islamic cultures.* s.l. : Brill-Leiden, 2006, Vol. III, pp. 129–134.
13. Srinivasan S. Behind the veil, the mutilation. *The Independent* April. 1991;4.
14. Anantnarayan, Lakshmi. *The clitoral hood a contested site khafd or female genital mutilation/cutting (FGM/C) in India* . We Speak Out and Nari Samata Manch. 2018. Qualitative Study. Funded by Maharashtra Foundation and Amplify Change .
15. Taher, Mariya. *Understanding female genital cutting in the Dawoodi Bohra community: an exploratory study.* Sahiyo. 2017. Exploratory Online Survey Study.
16. Subramanian, Reeitika. Contested realities in the anti-khatna movement in India: negotiating the performance of sexuality and the ideals of female respectability. *Masters of Philosophy Dissertation.* s.l. : Queen's College, University of Cambridge, 2017.
17. Royal Courts of Justice. LJ13C00295, s.l. : UK Family Court Sitting at Leeds, January 14, 2015. Accessed online November 2018 @ https://www.judiciary.uk/wp-content/uploads/2015/01/BandG_2_.pdf.
18. Hoeben CJ at CL, Ward JA, Adams J. *A2 v R; Magennis v R; Vaziri v R.* NSWCCA 174, s.l. : Supreme Court New South Wales, Court of Criminal Appeal, August 10, 2018. Accessed October 2018 @ https://www.caselaw.nsw.gov.au/asset/5b6d0731e4b09e9963071a80.pdf.
19. Byrne, Elizabeth. High Court to hear appeal on female genital mutilation amid prosecutors' push for retrial. *www.abc.net.au/news.* June 11, 2019. https://www.abc.net.au/news/2019-06-12/high-court-to-hear-appeal-on-female-genital-mutilation/11200674.
20. Mekaad, Salil. Bohra community set benchmark for honesty and truth: PM Modi. *Times of India.* September 14, 2018. Accessed online October 2018 @ https://timesofindia.indiatimes.com/city/indore/bohra-community-set-benchmark-for-honesty-and-truth-pm-modi/articleshow/65808968.cms.
21. Snell, Robert. The Detroit News. *The Detroit News.* [Online] September 19, 2017. [Cited: June 21, 2019.] https://www.detroitnews.com/story/news/local/detroit-city/2017/09/19/doctor-female-genital-mutilation-case-freed-bond/105782924/.
22. US District Court Eastern District of Michigan Southern Division. *USA v. Jumana Nagarwala et. al.* 17-cr-20274., s.l. : US District Court Eastern District of Michigan Southern Division, September 12, 2018.
23. Friedman, Bernard. *USA vs. Jumana Nagarwala et. al.* Criminal No. 17-CR-20274, s.l. : United States District Court Eastern District of Michigan Southern Division, November 20, 2018.
24. Snell, Robert. Genital mutilation ban ruled unconstitutional; judge drops charges against sect. *The Detroit News* November 20, 2018.
25. AHAFoundation.*FGM Legislation by State.* [Online] [Cited: June 21, 2019.] https://www.theahafoundation.org/female-genital-mutilation/fgm-legislation-by-state/.
26. DBWRF. DBWRF FAQ. [Online] https://www.dbwrf.org/faq.
27. Newman, Anneke et al. *FGM and social norms: a guide to designing culturally sensitive community programmes.* 2019. Accessed at: https://www.28toomany.org/thematic/social-norms-and-fgm/ June 21,2019..
28. Knipscheer J, et al. *Mental health problems associated with female genital mutilation.* 6, s.l. BJPsych Bull, Vol. 2015:39–277. https://doi.org/10.1192/pb.bp.114.047944.

29. Berg, Rigmor C *The obstetric consequences of female genital mutilation/cutting: a systematic review and meta-analysis.* and Underland, Vigdis. Article ID 496564, s.l. : Hindawi Publishing Corporation, 2013, Obstetrics and Gynecology International, pp. 1–15. https://doi.org/10.1155/2013/496564.
30. *The role of older women in contesting norms associated with female genital mutilation/cutting in Senegambia: A factorial focus group analysis.* Shell-Duncan B, Moreau A, Wander K, Smith S. [ed.] Iratxe Puebla. 7, July 25, 2018, PLoS ONE, Vol. 13. e0199217. https://doi.org/10.1371/journal.pone.0199217.
31. Aubel, J. *The role and influence of grandmothers on child nutrition.* 1, 2011, Matern Child Nutrition, Vol. 8, pp. 19–35.
32. Akin-Tunde A. Odukogbe, Bosede B. Afolabi, Oluwasomidoyin O. Bello, and Ayodeji S. Adeyanju. *Female genital mutilation/cutting in Africa.* 2, April 2017, Transl Androl Urol, Vol. 6, pp. 138–148, doi: https://doi.org/10.21037/tau.2016.12.01.[Cited: October 16, 2018.] https://sahiyo.com/2018/10/06/what-islam-says-about-female-genital-cutting-and-how-far-are-these-texts-invincible-part-1/. *oding.com.* [Online] October 20, 2006. [Cited: October 30, 2018.] http://www.clitoralunhooding.com.

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