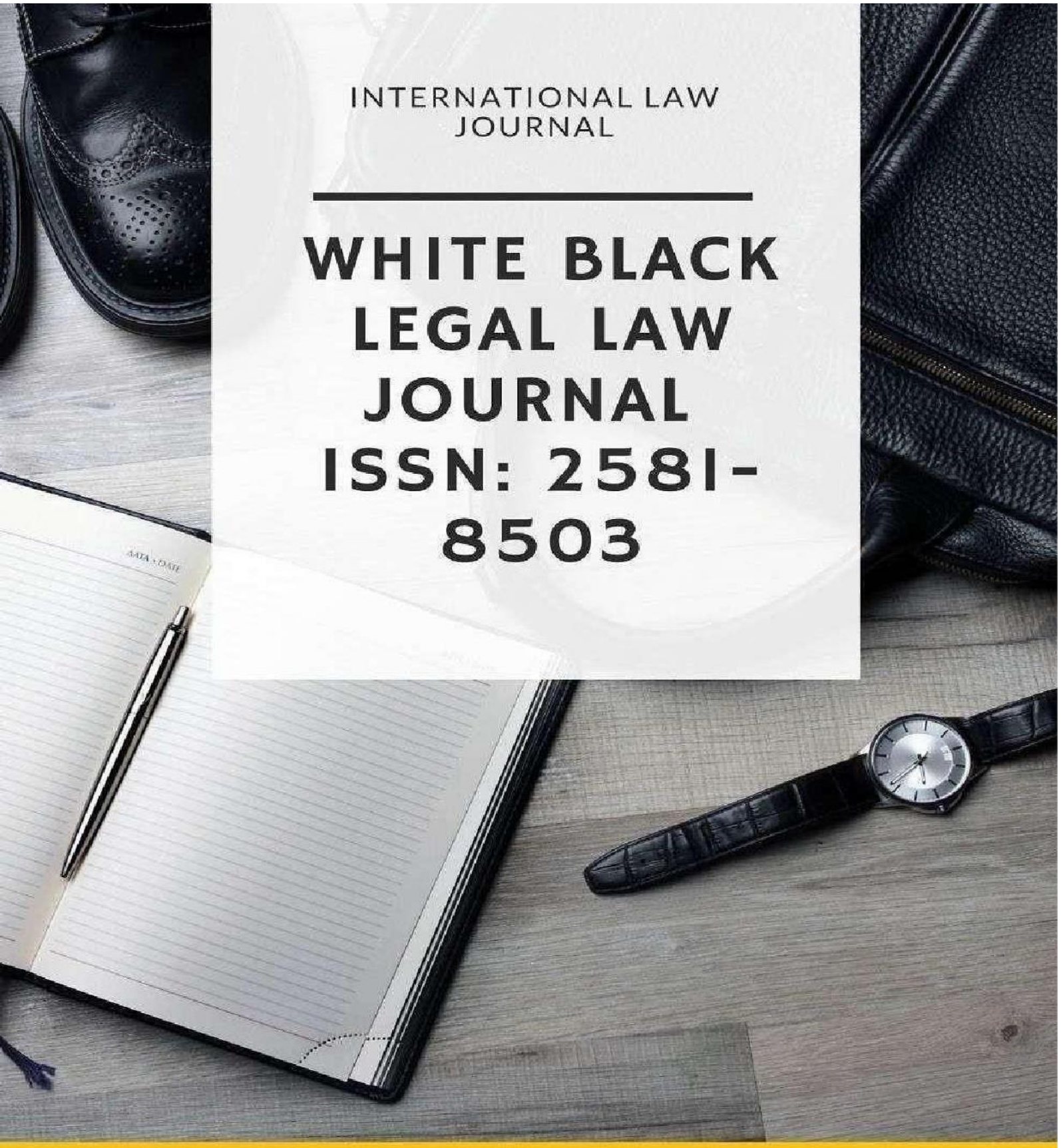

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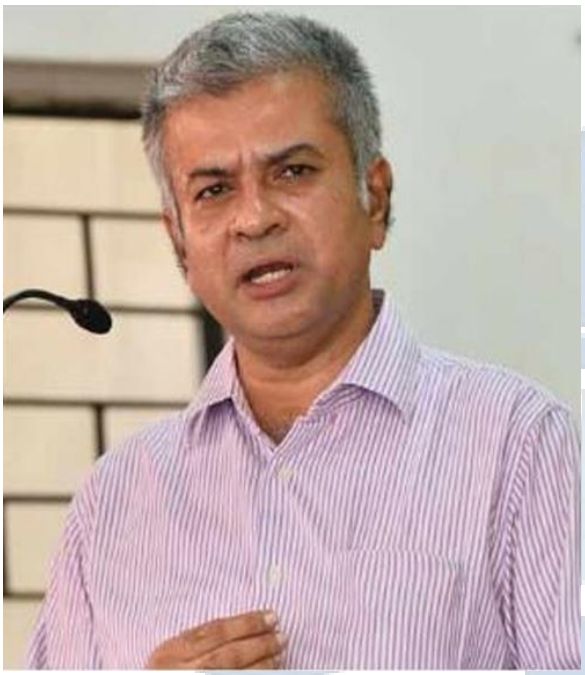

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"FEMALE GENITAL MUTILATION: A CRITICAL EXAMINATION OF CULTURAL PRACTICES AND HUMAN RIGHTS"

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Abstract

Female Genital Mutilation (FGM) is a deeply entrenched cultural practice that continues to persist despite widespread international condemnation. Globally recognized as a violation of human rights, it inflicts severe physical and psychological harm on women and girls. While predominantly associated with African and Middle Eastern nations, FGM also has a significant presence in India, particularly within specific communities, such as the Dawoodi Bohra sect. This article explores the historical and cultural roots of FGM, its persistence in India, and the ethical and legal dilemmas posed by its performance under medical supervision. Furthermore, it examines the legal frameworks, both international and domestic, addressing FGM, with a focus on the intersection between medical practice and law. The article concludes by recommending strategies to effectively combat FGM while respecting cultural sensitivities and strengthening enforcement mechanisms.

Keywords- Female Genital Mutilation, legal dilemmas, enforcement mechanism, medical supervision.

Introduction

Female Genital Mutilation (FGM) refers to all procedures involving partial or total removal of external female genitalia or other injury to female genital organs for non-medical reasons, as classified by the World Health Organization (WHO). This practice, often justified by cultural and religious beliefs, perpetuates gender inequality and violates the fundamental rights of

women and girls. Globally, more than 200 million women and girls have undergone FGM, predominantly in African, Middle Eastern, and certain Asian countries[1]. In India, FGM is predominantly practiced by the Dawoodi Bohra community under the guise of religious tradition. Referred to locally as "khatna" or "khafz," the practice has sparked legal, ethical, and medical debates. While India lacks specific legislation criminalizing FGM, the practice raises significant concerns under child protection laws, medical ethics, and constitutional guarantees[2]. This article aims to delve into the historical persistence of FGM, its prevalence and justification in India, the ethical dilemmas of its medicalization, and the legal landscape governing the issue. FGM is a deeply rooted practice that transcends geographical boundaries and cultural affiliations, reflecting the pervasive control over women's autonomy and bodily integrity.

The practice raises critical questions regarding the role of state and societal institutions in safeguarding the rights of women and girls. How should the law address practices that are culturally significant but fundamentally harmful? Can medical ethics provide a resolution to the clash between tradition and modernity? This article explores these dimensions, aiming to provide a comprehensive understanding of FGM's persistence in India while linking it to global narratives and responses. By situating the issue within historical, cultural, and legal contexts, this discussion underscores the urgency of developing nuanced and inclusive strategies to address the practice[3].

Historical Background of Female Genital Mutilation

FGM has its roots in ancient African and Middle Eastern societies, where it was often linked to rites of passage, controlling female sexuality, or ensuring social conformity. Historical records indicate its existence in Egypt as early as the 5th century BCE, and its spread was facilitated by migration, trade, and colonial interactions. Over centuries, the practice became ingrained in patriarchal traditions, often endorsed by local customs and religious misinterpretations[4]. In India, the Dawoodi Bohra community's practice of FGM is often traced to cultural exchanges during medieval trade routes connecting the Indian subcontinent with the Middle East and Africa. Within the community, FGM is framed as a religious obligation, aiming to suppress female sexuality and ensure chastity. These justifications have perpetuated

[1] World Health Organization, Eliminating Female Genital Mutilation: An Interagency Statement (2008).
[2] Universal Declaration of Human Rights art. 5, Dec. 10, 1948, G.A. Res. 217A (III), U.N. Doc. A/810.
[3] Convention on the Rights of the Child art. 24(3), Nov. 20, 1989, 1577 U.N.T.S. 3.
[4] Protection of Children from Sexual Offences Act, No. 32 of 2012, § 3 (India).

the secrecy surrounding the practice, making it challenging to address through public health or legal interventions.

The historical evolution of FGM is complex, deeply intertwined with notions of gender, power, and cultural identity. Its origins are often attributed to efforts to regulate women's sexuality and enforce patriarchal norms, reflecting a global pattern of gender subjugation. Over time, FGM became a marker of societal acceptance, with communities viewing it as essential for a woman's social and marital eligibility. The practice, though rooted in pre-Islamic and pre-Christian traditions, was often co-opted by religious authorities, lending it an air of divine sanction that further entrenched its prevalence[5]. FGM's endurance can also be linked to the dynamics of colonization and globalization. In colonized regions, local practices such as FGM were sometimes tolerated or ignored by colonial administrations, as intervention was seen as a disruption of cultural hierarchies that facilitated colonial control. Post-colonial resistance to Western influences, ironically, sometimes reinforced harmful practices like FGM as symbols of cultural autonomy.

In India, the introduction and persistence of FGM within the Dawoodi Bohra community cannot be viewed in isolation. The Bohra sect, with its unique blend of religious practices and historical migrations, incorporated FGM as part of a broader framework of rituals emphasizing purity and discipline. Oral histories within the community suggest that FGM was imbued with spiritual significance, representing a physical act of commitment to faith and community norms[6]. Unlike some other regions where FGM is widely recognized and discussed, the Indian context is characterized by silence and stigma, perpetuated by its secretive nature and the community's hierarchical structure.

Legal Framework Surrounding FGM

International Legal Perspective

The international community has long recognized Female Genital Mutilation (FGM) as a grave violation of fundamental human rights, warranting comprehensive and coordinated global action. Beyond the foundational frameworks such as the UDHR, CEDAW, and UNCRC, specific international instruments and declarations have been developed to address harmful

[5] Sunita Tiwari v. Union of India, W.P. (Civil) No. 286/2017 (India).
[6] Indian Medical Association, Policy Statement on Female Genital Mutilation (2020).

practices like FGM more directly. The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, also known as the Maputo Protocol, stands out as a regional legal framework that explicitly calls for the prohibition of FGM[7]. Ratified by numerous African nations, it mandates state parties to enact and enforce legislation criminalizing the practice and providing reparations for survivors.

The Istanbul Convention, primarily a European treaty aimed at combating violence against women, also explicitly condemns FGM, recognizing it as a form of gender-based violence. It obligates signatories to provide protective measures, ensure legal penalties, and foster preventive strategies, including public awareness campaigns and educational initiatives. Despite these legal frameworks, enforcement faces significant challenges. Cultural relativism—a concept that prioritizes respect for local traditions and beliefs—often clashes with universal human rights principles[8]. Governments in regions with high FGM prevalence sometimes hesitate to enact or enforce stringent laws due to fears of alienating influential community leaders or igniting socio-political unrest. Moreover, the transnational nature of FGM complicates enforcement, as families sometimes cross borders to undergo the procedure in jurisdictions where it remains unregulated or inadequately monitored.

International legal mechanisms, such as the Universal Periodic Review conducted by the United Nations Human Rights Council, have been instrumental in holding countries accountable for their progress (or lack thereof) in addressing FGM[9]. However, the effectiveness of these mechanisms relies heavily on the willingness of states to comply with recommendations and on the availability of resources to implement reforms. The global legal response to FGM underscores the tension between upholding universal human rights and navigating the socio-cultural complexities that sustain harmful practices. Strengthening international cooperation, promoting grassroots advocacy, and ensuring the active participation of affected communities remain critical to translating legal commitments into tangible progress against FGM[10].

[7] World Health Organization, Guidelines on the Management of Health Complications from Female Genital Mutilation (2016).
[8] Kenya Prohibition of Female Genital Mutilation Act, No. 32 of 2011 (Kenya).
[9] Sustainable Development Goals, Goal 5: Achieve Gender Equality and Empower All Women and Girls, United Nations, https://sdgs.un.org/goals/goal5.
[10] Equality Now, Female Genital Mutilation/Cutting: A Call for a Global Response (2020).

The legal framework addressing Female Genital Mutilation (FGM) has grown to include specific provisions under various human rights treaties, reflecting its recognition as a serious human rights violation. The Maputo Protocol, for instance, explicitly requires signatory nations to enact laws prohibiting FGM and to take measures to rehabilitate survivors. Similarly, the Istanbul Convention emphasizes criminalization alongside prevention and support mechanisms for affected individuals. The categorization of FGM as a form of gender-based violence under CEDAW and as a violation of children's rights under the UNCRC reinforces its standing as a practice incompatible with international norms. Legal mechanisms like the Universal Periodic Review and reports by UN Special Rapporteurs have further pressured nations to act.

However, enforcement remains inconsistent, especially in regions where FGM is culturally entrenched. Medicalized FGM, increasingly observed in some areas, presents another challenge, as it is mistakenly viewed as a safer alternative. Despite international condemnation, including by the WHO, the persistence of medicalized FGM highlights gaps between legal provisions and cultural realities, underscoring the need for laws to be supported by education and community engagement to ensure their effectiveness[11].

Indian Legal Perspective

India does not have specific legislation criminalizing FGM, although several legal provisions indirectly address the practice[12]. The Constitution of India guarantees the right to equality (Article 14), the right to life and personal liberty (Article 21), and protection from discrimination (Article 15). Additionally, the Protection of Children from Sexual Offenses Act, 2012 (POCSO) and Indian Penal Code (Sections 319-326, dealing with grievous hurt) can potentially be invoked against FGM. However, the absence of explicit legal provisions often allows the practice to persist unchecked. Recent PILs (Public Interest Litigations) in the Supreme Court, such as Sunita Tiwari v. Union of India (2018), have highlighted the need for specific laws against FGM. The case remains pending, reflecting the legal inertia in addressing this critical issue[13].

India's legal framework on Female Genital Mutilation (FGM) operates within a broader

[11] World Health Organization, Medicalization of Female Genital Mutilation (2010), https://www.who.int.
[12] U.N. General Assembly Res. 67/146, Intensifying Global Efforts for the Elimination of Female Genital Mutilations (Dec. 20, 2012).
[13] SudSpecial Rapporteur on Traditional Practices Affecting the Health of Women and Children, U.N. Doc. E/CN.4/Sub.2/1996/6 (July 25, 1996).

context of constitutional guarantees and criminal provisions, yet the absence of targeted legislation leaves significant gaps. While the Constitution upholds principles of dignity, equality, and bodily autonomy, these rights are undermined by practices like FGM that are shielded by cultural and religious justifications[14]. The judiciary has occasionally acknowledged this tension, recognizing the need to balance fundamental rights with religious freedoms, particularly under Article 25 of the Constitution, which protects the right to practice religion subject to public order, morality, and health. The use of existing laws, such as the Protection of Children from Sexual Offenses Act (POCSO), 2012, and sections of the Indian Penal Code, faces practical challenges in addressing FGM comprehensively. POCSO, while robust in addressing sexual offenses against children, does not explicitly categorize FGM, making it difficult to invoke without broader legislative clarity. Similarly, IPC sections on grievous hurt require demonstrating physical and psychological harm, which, in cases of FGM, may not always be immediately evident or reported[15].

Public Interest Litigations (PILs) like Sunita Tiwari v. Union of India have been instrumental in drawing attention to the need for specific legal measures against FGM. However, the slow judicial process and resistance from sections of the affected community, citing religious freedom and cultural autonomy, have stalled substantive legal reforms. Moreover, the clandestine nature of the practice, coupled with a lack of reliable data, complicates enforcement and policy-making[16]. The absence of targeted legislation also reflects a broader reluctance to address culturally sensitive issues head-on, particularly those tied to minority practices. This hesitancy underscores the importance of legislative intervention to bridge the gap between constitutional ideals and the lived realities of women and girls affected by FGM in India[17]. An explicit law criminalizing FGM, coupled with awareness campaigns and community engagement, is critical for translating legal provisions into meaningful protections.

The Medicalization of Female Genital Mutilation

Medicalization refers to the practice of performing FGM in clinical settings by trained healthcare providers. Proponents argue that medicalization reduces the immediate physical risks associated with FGM, such as infections and severe bleeding. However, the WHO

[14] Centre for Reproductive Rights, Female Genital Mutilation: A Matter of Human Rights (2006).
[15] Plan International, Female Genital Mutilation and Cutting: A Case for Ending FGM/C Worldwide (2020), https://plan-international.org.
[16] The African Union Commission, Continental Strategy for Ending FGM in Africa (2019).
[17] Lawyers Collective, Study on Laws Relating to FGM in India, https://lawyerscollective.org (2019).

strongly opposes medicalized FGM, stating that it legitimizes a harmful practice and undermines global efforts to eradicate it. In India, anecdotal evidence suggests that some Bohra practitioners seek medical professionals to perform khatna under the pretense of ensuring safety[18]. This raises significant ethical dilemmas. The Indian Medical Association (IMA) condemns any involvement in non-therapeutic procedures that violate bodily integrity. Additionally, performing FGM could expose medical practitioners to criminal liability under the IPC and POCSO Act.

The intersection of medical ethics and law becomes critical when addressing medicalized FGM. While doctors may argue that they are merely responding to community demands, their actions perpetuate a harmful practice and contravene legal and ethical standards. The medicalization of Female Genital Mutilation (FGM) introduces a complex interplay between public health considerations, cultural practices, and legal accountability[19]. While proponents of medicalization claim it mitigates immediate health risks by ensuring sterile conditions and professional oversight, this approach fundamentally ignores the long-term physical and psychological harm inflicted on women and girls. Moreover, it shifts the focus from eradication to regulation, undermining the global consensus that FGM is a human rights violation irrespective of the setting or method of execution.

In India, where FGM is practiced primarily within the Dawoodi Bohra community, the involvement of medical professionals in performing "khatna" raises profound questions about complicity and ethical responsibility. The participation of healthcare providers, even under community pressure, lends a veneer of legitimacy to an act that contravenes the principles of medical ethics as outlined in the Indian Medical Council (Professional Conduct, Etiquette, and Ethics) Regulations, 2002[20]. These regulations mandate that medical practitioners uphold the dignity of patients and refrain from any practice causing harm or lacking therapeutic justification. Legal accountability for medicalized FGM remains a grey area in India due to the absence of specific anti-FGM legislation. However, under existing laws, doctors involved in FGM could face charges for causing grievous hurt under the Indian Penal Code (IPC) or for violating provisions of the Protection of Children from Sexual Offenses Act (POCSO) if the

[18] International Covenant on Economic, Social, and Cultural Rights art. 12, Dec. 16, 1966, 993 U.N.T.S. 3.
[19] Indian Child Welfare Committee Guidelines, Ministry of Women and Child Development, Govt. of India (2020).
[20] Radhika Coomaraswamy (U.N. Special Rapporteur on Violence Against Women), Cultural Practices in the Family That Are Violent Towards Women, U.N. Doc. E/CN.4/2002/83 (Jan. 31, 2002).

victim is a minor. The ethical dilemma for medical practitioners intensifies when community norms conflict with professional obligations, highlighting the need for clear legislative directives and stringent enforcement mechanisms to deter participation in such practices[21].

Addressing medicalized FGM in India also demands a broader cultural shift. Legal prohibitions must be complemented by community education to challenge the underlying belief systems that perpetuate the practice. Advocacy groups and public health campaigns play a pivotal role in sensitizing both the community and healthcare providers about the inherent harm of FGM, regardless of its medicalization. Ultimately, the medical fraternity must stand firmly against being co-opted into practices that violate human rights, leveraging their position to advocate for systemic change rather than perpetuating harmful traditions[22]. The World Health Organization (WHO) and international health bodies have consistently emphasized that the medicalization of FGM does not mitigate its inherent harm. Instead, it perpetuates a cycle of normalization, making it more difficult to dismantle the societal and cultural structures that uphold the practice[23].

In India, where FGM remains largely unregulated, medicalization could inadvertently weaken efforts to criminalize the practice. When performed by healthcare professionals, the perception of FGM as a legitimate or harmless procedure may grow stronger within communities, thereby reducing the urgency for legislative and social reform. This complicates the task of building momentum for both advocacy campaigns and legal interventions, as opponents of FGM face the additional hurdle of challenging its pseudo-scientific justification[24]. From a legal perspective, medicalized FGM in India falls into a precarious space, as existing provisions under the Indian Penal Code (IPC) and Protection of Children from Sexual Offenses Act (POCSO) do not explicitly address this nuanced issue. While healthcare providers participating in FGM could be prosecuted for causing physical harm or conducting non-consensual procedures, these laws often lack specificity regarding medical complicity in traditional practices. This ambiguity makes it difficult to hold medical professionals accountable without comprehensive, FGM-specific legislation[25].

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[21] Penal Code of Egypt, art. 242-bis (Amendment on Criminalizing FGM, 2021).
[22] Human Rights Watch, India: Ensure Legal Ban on Female Genital Mutilation, Human Rights Watch (2017), https://hrw.org.
[23] Supreme Court of India, Suo Motu Writ Petition (Criminal) No. 1 of 2018, In Re: Protection from FGM.
[24] Royal College of Obstetricians and Gynaecologists, Female Genital Mutilation and its Management: Green-top Guideline No. 53 (2015).
[25] Amnesty International, End FGM in Asia: A Silent Issue (2021).

Furthermore, the act of medical professionals performing FGM has implications for professional disciplinary action. Involvement in non-therapeutic, harmful practices could violate the ethical guidelines of the Indian Medical Council, risking suspension or revocation of medical licenses. Yet, enforcement of these professional standards remains inconsistent, often leaving medicalized FGM unchecked. The need for strict regulatory oversight and mandatory reporting mechanisms for suspected FGM cases is critical to addressing this gap. The societal consequences of medicalized FGM also demand attention. By institutionalizing the practice, healthcare providers risk alienating survivors and reinforcing stigma against those who speak out. This perpetuates silence within affected communities, making it harder to mobilize collective resistance or provide support to those at risk[26]. The role of medical professionals should instead be oriented towards advocacy, education, and collaboration with community leaders to dismantle the cultural and social justifications for FGM.

In addition, the government and healthcare institutions must prioritize capacity-building for medical professionals to recognize and report cases of FGM, rather than facilitate them. Training modules, awareness drives, and partnerships with legal and human rights organizations can empower healthcare providers to actively oppose FGM within their professional and personal capacities. Ultimately, the eradication of medicalized FGM requires a multidimensional approach, leveraging the authority of medical practitioners not as participants in the practice but as agents of change and protectors of human rights.

The Way Forward: Addressing FGM in India

To effectively combat Female Genital Mutilation (FGM) in India, it is essential to establish a robust and multidimensional framework that integrates legislative reforms, community interventions, and medical accountability. While the Protection of Children from Sexual Offenses Act (POCSO), 2012, and provisions under the Indian Penal Code (IPC) address grievous hurt and child abuse, these existing laws do not explicitly target the deeply rooted and clandestine practice of FGM[27]. Introducing a dedicated anti-FGM law would be a significant step forward. Such legislation should define FGM comprehensively, encompassing all forms outlined by the World Health Organization (WHO), and criminalize the act irrespective of the circumstances, whether performed by traditional practitioners or medical professionals under

[26] International Labour Organization (ILO), Gender Equality at the Heart of Decent Work, 98th Sess., Report IV (2009).
[27] The UN Population Fund, Demographic Perspectives on Ending FGM/C (2018).

the guise of safety. This law should include stringent penalties for all participants in the act, including those who facilitate or endorse it, such as guardians or religious leaders, who play a crucial role in perpetuating this harmful tradition[28].

Further, mandatory reporting obligations should be incorporated, requiring healthcare providers, educators, and social workers to report suspected cases of FGM to the authorities, with penalties for non-compliance. Such measures would address the existing silence around the practice and ensure accountability at all levels[29]. To provide comprehensive support to survivors, the law must also mandate the establishment of victim rehabilitation mechanisms, including access to medical treatment, psychological counseling, and legal aid. These provisions would not only help survivors heal but also empower them to stand against such practices in their communities[30]. Additionally, the legislation should include extraterritorial jurisdiction to prosecute cases of FGM performed outside India on Indian citizens or residents. This is crucial to address instances where families take girls abroad to evade local scrutiny, a practice documented in countries with significant anti-FGM movements.

Community engagement is equally critical in addressing FGM in India. Historically, practices like FGM are sustained by cultural and religious narratives deeply entrenched within communities. Collaborating with community leaders, activists, and survivors to dismantle these justifications is a cornerstone of any meaningful intervention. Awareness campaigns highlighting the medical, psychological, and social consequences of FGM should be amplified, employing culturally sensitive approaches to reach affected communities effectively[31].

The role of medical professionals in addressing FGM is pivotal, especially given the growing medicalization of the practice. Clear ethical guidelines must be enforced to prohibit any participation in FGM, aligning with the principles outlined in the Indian Medical Council (Professional Conduct, Etiquette, and Ethics) Regulations, 2002. Healthcare providers must be trained to recognize the signs of FGM, provide appropriate care to survivors, and report suspected cases to legal authorities[32]. This training should extend to legal and social

[28] Rupa Ranganathan, Addressing FGM: Perspectives from the Indian Judiciary, 7 Indian J. Gender Stud. 231 (2020).
[29] Navtej Johar v. Union of India, (2018) 10 SCC 1 (India) (discussing constitutional rights and bodily autonomy).
[30] Journal of Public Health Policy, Addressing Harmful Cultural Practices in South Asia: Legal and Ethical Frameworks, 42 J. Pub. Health Pol. 127 (2021).
[31] Geneva Convention on the Rights of Women and Children, Revised Protocol art. 13(2) (2005).
[32] Shalini Nair, Unveiling Khafz: A Look into India's Secretive FGM Practice, 15 Asian J. Gender L. 45 (2019).

stakeholders, equipping them with the knowledge to tackle the complexities surrounding FGM cases. Legal and medical institutions must work in tandem to ensure that those complicit in performing FGM, whether in clandestine settings or clinical environments, are held accountable under the law.

International collaboration can provide valuable insights and strategies for India's anti-FGM efforts. Countries such as Kenya and Sudan have made notable progress through a combination of legislative action and community-driven campaigns. [33]Kenya's Prohibition of Female Genital Mutilation Act, 2011, serves as an excellent example of comprehensive legislation that criminalizes FGM, including provisions for extraterritorial application and community education. Similarly, Sudan's recent criminalization of FGM, achieved through advocacy by grassroots organizations and international human rights groups, underscores the importance of aligning legislative reform with community empowerment. India could benefit from adopting similar strategies while tailoring them to the unique socio-cultural dynamics of its affected communities.

Lastly, sustained collaboration between government bodies, non-governmental organizations, and international agencies is essential to eradicating FGM in India. This includes allocating resources for research and data collection to understand the prevalence and impact of FGM in the country better[34].

Conclusion

FGM remains a contentious issue at the intersection of culture, law, and ethics. While its persistence in India is relatively limited to specific communities, the practice symbolizes broader challenges in addressing harmful traditions. By combining strong legal frameworks with community engagement and ethical medical practices, India can move towards eradicating FGM and upholding the rights and dignity of women and girls. Ending this practice requires collective will, sensitivity to cultural contexts, and a firm commitment to gender equality and human rights. Female Genital Mutilation (FGM) remains a deeply contentious and complex issue at the intersection of culture, law, and ethics. While its prevalence in India is largely confined to the Dawoodi Bohra community, it reflects broader challenges faced by the country

[33] WHO, Addressing the Harmful Use of Cultural Justifications for FGM (2014).
[34] UN Women, UNFPA-UNICEF Joint Programme on FGM Elimination: 2022 Progress Report (2023).

in confronting harmful traditional practices that violate women's rights. The persistence of FGM in India highlights significant gaps in legal provisions, public awareness, and healthcare accountability. Its continuation is often justified through cultural and religious narratives, making it an especially difficult practice to address without offending entrenched community beliefs. However, the health, psychological, and human rights risks associated with FGM call for urgent intervention.

India's legal framework currently lacks specific laws criminalizing FGM, despite the existence of several provisions that could be applied to cases of harm under the Indian Penal Code (IPC) and the Protection of Children from Sexual Offenses Act (POCSO). The absence of explicit, comprehensive anti-FGM legislation creates a legal grey area, hindering swift and clear legal action. Specific legislation targeting FGM is essential to break this impasse and to send a clear message that such practices will not be tolerated under Indian law. International human rights instruments such as the United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Universal Declaration of Human Rights (UDHR) call for the elimination of harmful cultural practices, including FGM. However, these instruments are not self-enforcing and require domestic laws for effective implementation. Therefore, India must enact a law that not only criminalizes FGM but also includes strict penalties for perpetrators, health professionals involved in medicalizing the practice, and those who enable or coerce minors into undergoing such procedures[35]. An anti-FGM law must also address the need for victim protection and rehabilitation, ensuring that those affected by FGM receive adequate medical care and psychological support.

Moreover, the legal framework should provide for the creation of a mandatory reporting system, ensuring that healthcare professionals, educators, and social workers who become aware of FGM cases are legally obliged to report them to the authorities. A robust reporting system, paired with protective legal measures for whistleblowers, can ensure greater accountability and prevent cases of FGM from continuing unchecked. These guidelines must be explicitly updated to prohibit involvement in any form of FGM, even when performed in a clinical environment[36]. The WHO and various medical ethics bodies universally condemn medicalized FGM, as it not only legitimizes a harmful practice but also compromises the ethical

[35] National Human Rights Commission of India, Cultural Practices and Their Legal Status in India, NHRC Annual Report (2020).
[36] Fatwa Issued by the Dawoodi Bohra Religious Authority Regarding Khafz Practices (2018).

standards of medical practice by allowing a non-therapeutic procedure that violates bodily integrity. The IMA, for instance, must ensure that its members adhere strictly to ethical standards, and non-compliance must be met with legal consequences, including suspension or revocation of medical licenses.

Equally crucial is community engagement, which is often the key to dismantling cultural practices like FGM. Engaging with community leaders, religious figures, and survivors is essential in reframing the narratives surrounding FGM. Resistance from within the community is necessary to challenge the myths and misconceptions that perpetuate FGM. For example, religious leaders who advocate for FGM as a form of religious duty must be educated on the health and human rights risks of the practice, as well as on alternative, non-harmful ways to address cultural and religious expectations. Furthermore, collaboration with NGOs and grassroots organizations that work with affected communities can help dismantle the stigma that surrounds these practices, offering people the space and support to break free from harmful traditions[37].

India can also benefit from learning from global examples of countries that have successfully combated FGM, such as Kenya and Sudan. The Kenyan government's Prohibition of Female Genital Mutilation Act, 2011, criminalized FGM and has been instrumental in reducing its prevalence through a combination of legal, community, and medical interventions. The Sudanese model, which includes a combination of public awareness campaigns, community involvement, and legislative reform, has also proven successful in reducing the incidence of FGM. India could adopt a similar multi-faceted approach, tailored to the unique socio-cultural landscape of its affected communities.

In addition to these steps, a sustained and comprehensive public awareness campaign is essential to educate the wider Indian population about the dangers of FGM, particularly in urban and rural areas where information may be limited. Educating both adults and children about bodily autonomy, women's rights, and the legal and health consequences of FGM could help prevent new cases[38]. Schools, social media, and community-based programs should be utilized as platforms to disseminate this crucial information. Lastly, the fight against FGM must

[37] Radhika Puri, Reforming Harmful Practices: FGM and Indian Law, 34 Sociol. Bull. 89 (2021).an Penal Code (Amendment), art. 141 (2020).
[38] Population Reference Bureau, FGM/C Data and Trends Across Asia, PRB Fact Sheet (2019).

be framed within the broader context of gender equality and human rights. Gender-based violence, in all its forms, continues to be a pervasive issue in India, and FGM is a stark manifestation of the deep-rooted gender discrimination that persists. Eliminating FGM will require a shift in the societal structures that perpetuate gender inequality, and this shift will only occur when FGM is viewed as part of the larger effort to achieve gender justice and women's empowerment.

In conclusion, ending the practice of FGM in India is not just a legal or medical issue; it is a matter of human rights and social justice. To eradicate FGM, India must enact a clear and effective legal framework that criminalizes the practice, ensures accountability, and provides protection and rehabilitation for survivors. A concerted effort must be made to engage affected communities in dialogue, reframe harmful cultural narratives, and build awareness through education. The country's healthcare system must also take an active role in rejecting any medicalized form of FGM and must uphold ethical medical practices that protect bodily autonomy. With sustained efforts, collaboration, and a commitment to human rights, India can take significant strides towards eradicating FGM and ensuring that the rights and dignity of women and girls are upheld.