
FEMALE GENITAL MUTILATION

Arundhati Parida, SOA National Institute of Law, Bhubaneswar, Odisha

ABSTRACT

FGM describes practices that include removing external female genitalia entirely or in part, as well as other injury to the female genital organs done for non-medical reasons. Although it is usually done on girls between the ages of one and fifteen, married women and adult women are also occasionally subjected to this procedure. Despite national and international efforts to encourage its discontinuation, FGM is nevertheless prevalent in a number of places of the world. In Africa, the Middle East, and Asia, FGM is a common practice. Thousands of women and girls worldwide are impacted by FGM. It can impact any woman or girl in the United Kingdom, regardless of age, nationality, race, social class, socioeconomic status, or sexual orientation.

FGM is illegal, in contrast to male circumcision, which is legal in the UK. Girls' and women's health is not improved by FGM. Medical professionals consider the practice to be extremely risky. It is therefore recognized as a form of violence directed on women and girls.

Keywords: Female genital mutilation, women, protection, legal

RESEARCH METHODOLOGY

The Researcher has used descriptive method of research and has referred to the Amendments, the Acts and Regulations of the laws related to FGM, to study the questions to be discussed.

Further, the researcher has studied primary sources like books, newspaper articles and online published articles for the better understanding of the topic and its requisites.

INTRODUCTION

One of the most prevalent forms of abuse and a violation of women's rights worldwide is female genital mutilation (WHO, 2020).¹ There are confirmed examples all over the world as a result of migrant flows, even if this practise is primarily restricted to some regions of sub-Saharan Africa, the Middle East, and Indonesia (UNICEF, 2015).

The act of modifying or harming the female genitalia for purposes other than medical is known as female genital mutilation. An estimated 200 million girls and women worldwide are believed to have undergone female genital mutilation, a practice that is unanimously denounced as a violation of human rights.² Even though the majority of the nations where it is still common are seeing a decline in the practise, most of them are also seeing rapid population growth, which means that if the practise keeps up its current pace, the number of girls who suffer female genital mutilation will only increase.

Between 2015 and 2030, 68 million girls are reportedly at risk of being mutilated, according to UNFPA.³ According to a more recent study, COVID-19 puts an additional two million girls at risk of this hazardous practise. It will need a lot of work to protect females in order to hasten the end of this terrible, frequently fatal, practise.

Although there are no official records on the subject, the Khatna or Khafz/Khafd Bohra group, a Shia sub sect primarily located in Gujarat, Rajasthan, Maharashtra, and Madhya Pradesh, practice female genital mutilation. Khatna, which involves cutting the tip of the girl's clitoris,

¹ World Health Organisation , <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation> (last visited 20th July 2023)

² World Health Organization , <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation> (last visited 20th July 2023)

³ WORLD HEALTH ORGANIZATION , <https://www.unfpa.org/female-genital-mutilation> (last visited 15th July 2023)

is usually performed on girls between the ages of 6 and 7. It is estimated that 75–80% of the women in the village have undergone Khatna.⁴

Female genital mutilation is a criminal crime that violates numerous national and international human rights accords and harms the physical and psychological health of children and women who are subjected to it. Female genital mutilation causes problems with physical, sexual, and mental health, depriving people of their right to the best possible level of physical and mental health. Additionally, it transgresses the rights to life, bodily integrity, and freedom from cruel and inhuman treatment, torture, and violence. Female genital mutilation may, in severe cases, result in death or contribute to maternal or foetal mortality.

For the 27 countries where female genital mutilation is practised, the economic expenditures of treating health issues related to female genital mutilation totaled over \$1.4 billion in 2018. By 2047, if the prevalence does not change, the cost might reach \$2.3 billion.

Due to these, fundamental rights as well as those guaranteed by the International Covenant on Civil and Political Rights (IPCCR), the International Covenant on Economic, Social, and Cultural Rights (ICESCR), the Universal Declaration of Human Rights (UDHR), CEDAW, and other agreements to which India is a party, have all been violated by FEMALE GENITAL MUTILATION. Among these rights are those to life protected by UNCRC Article 6, ICCPR Article 6(1), and UDHR Article 3.

Article 21 of the Indian Constitution, which ensures the right to life and personal liberty, including the capacity to live with dignity and the right to privacy, and Article 14, which safeguards the right to equality, are both violated by female genital mutilation. It also goes against the letter and the spirit of the 2013 National Policy for Children (NPC), which says that children's rights cannot be violated, limited, or hampered by tradition, culture, custom, or religious belief.

The reasons behind female genital mutilation differ geographically and historically, and they are influenced by a range of sociocultural factors that are present in families and communities. In societies where female genital mutilation is considered a social convention or standard, the

⁴ INDIA TODAY <https://www.indiatoday.in/lifestyle/people/story/female-genital-mutilation-india-clitoris-pleasure-muslim-bohra-community-1162510-2018-02-06> (last visited 20th July 2023)

practice is sustained by social pressure to conform to the actions of others, the desire for social acceptance, and the fear of social rejection.

In 2008, the World Health Assembly enacted resolution WHA61.16 on the practice of female genital mutilation, emphasizing the necessity for cooperation in many fields, including justice, health, finance, education, and women's problems.⁵

A comprehensive health sector response to the prevention and care of female genital mutilation is supported by WHO, which develops guidelines and resources for healthcare professionals to prevent female genital mutilation and manage its complications. WHO also assists nations in adapting and implementing these resources to local settings. In order to improve understanding of female genital mutilation and develop methods for ending this harmful practice, WHO also generates data.

Since then, WHO has collaborated with partner organisations to build a global strategy against Female genital mutilation medicalization and continues to assist nations in putting it into practise.

Female genital mutilation must be eradicated by organised, methodical initiatives that involve entire communities and prioritise gender equality and human rights. The implications of the practise and the needs of women and girls who are affected in terms of sexual and reproductive health must be quickly addressed.

FEMALE GENITAL MUTILATION

Often known as female genital mutilation (FGM) or female genital cutting (FGC), female circumcision is a common practice that is carried out in many countries in Southeast Asia, the Middle East, and parts of Africa.

Every year, FEMALE GENITAL MUTILATION harms approximately 100 million women and young girls. It impacts millions more of them. The world is getting smaller and smaller because of the media, travel, and international migration, thus the history and ideals that underpin this tradition need to be well understood (outside the places where it is practiced).

⁵ WORLD HEALTH ORGANISATION <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation> (last visited 21st July 2023)

'Female circumcision' or 'cut' are other names for female genital mutilation (FEMALE GENITAL MUTILATION). The term "FEMALE GENITAL MUTILATION" refers to a variety of non-medical operations that involve the complete or partial removal of the external female genitalia or other harm to the female genital organs. This can include:

Cutting or eliminating the labia majora or minora (the labia are the "lips" that surround the vagina) is one option for this.

Removing or cutting the clitoris, the small, delicate, and erectile portion of the female genitalia.

Narrowing or closing the vaginal entrance by relocating, cutting, stitching, or sewing portions of the vagina.

The female genitalia is also subjected to any other damaging treatments, such as pricking, piercing, incising, scraping, or burning.

Re-infibulations, which refers to sealing or re-closing the vaginal aperture after a woman has opened it to give birth.

The practise of female genital modification has gone by a variety of names. The World Health Organisation and the United Nations both accepted the phrase "female circumcision," which was first used by the United Nations to describe these practises.⁶

Many people, however, felt that this phrase euthanized and "normalised" the operation, equating it to the frequently practised male circumcision. Feminist activists at the time focused on the negative effects that this custom might have on its receivers in the middle of the 1970s. In order to distinguish between the harm done to healthy, normal tissue and circumcision, they started using the term "mutilation" instead of "circumcision."

"Female genital mutilation" (FEMALE GENITAL MUTILATION) has gained widespread acceptance during the 1990s.

Its current formal definition is "all procedures involving partial or total removal of the external

⁶ < <https://www.unfpa.org/resources/female-genital-mutilation-female-genital-mutilation-frequently-asked-questions> > Accessed 22nd July 2023

genitalia or other injury to the female genital organs for non-medical reasons.”⁷

When it comes to police reporting or media attention, FEMALE GENITAL MUTILATION has not received much attention in India. However, this ipso facto does not stop us from realising that the bad practise has its roots in this nation, which has historically been the centre of many different religions. Most websites on Google claim that the practise is exclusive to some Islamic sects in India.

FEMALE GENITAL MUTILATION is typically claimed to be practised by the Dawoodi Bohra community, a subgroup of Shia Muslims in India. The procedure, known as "Khatna" or "Khaffd" in substitute of FEMALE GENITAL MUTILATION, targets girls between the ages of 6-7 in order to remove the clitoral hood, which the society views as an obstacle to achieving purity. To further clarify, the Dawoodi Bohra group follows the holy scripture Daim al-Islam, which is regarded as the origin of the practise and an advocate of it.

In India, the prevalence of FEMALE GENITAL MUTILATION is extremely low, with only 0.3% of women between the ages of 15 and 49 having had the surgery, according to a UNICEF report.⁸ Traditional practitioners mostly perform the practise in specific groups in the Indian states of Rajasthan, Gujarat, and Maharashtra. More than 2 million Bohra people live in India's Bohra communities. Additionally, research conducted by "We Speak Out" indicates that at least 80% of the Bohra community's membership engages in FEMALE GENITAL MUTILATION.

THE LEGALITY OF FEMALE GENITAL MUTILATION IN INDIA

FEMALE GENITAL MUTILATION is not expressly covered by any laws in India at the moment, which can be seen as both a benefit and a drawback. The former because it demonstrates the smaller incidence of inhuman action in India, and the latter because, even when the bad custom is widespread, there is no significant force to put a stop to it.

CONSTITUTIONAL VALIDITY OF FEMALE GENITAL MUTILATION

The practise of FEMALE GENITAL MUTILATION is typically linked to a rite that celebrates the coming of age and the initiation into womanhood in different groups. In a focus group

⁷ < <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation> > Accessed 22nd July 2023

⁸ WORLD HEALTH ORGANIZATION <https://data.unicef.org/topic/child-protection/female-genital-mutilation/> (last visited 25th July 2023)

discussion, all the women from the community reportedly said that FEMALE GENITAL MUTILATION is "Sunnat" for them and that they must practise it, according to the UNFPA report¹⁵ titled "A Qualitative study on FEMALE GENITAL MUTILATION among Dawoodi Bohra Community" performed in 2018. According to the study, around 56% of Dawoodi Bohra women relate FEMALE GENITAL MUTILATION with religion and 45% with sexual motivations. Therefore, it was discovered that the reasons behind this bad practise were religious principles, tradition, custom, and the desire to control the girl's libido.

First of all, the Indian Constitution, which is regarded as the mother of all laws in force in India, has accepted the constitutional and legal rights of women to be empowered and make decisions about their own life. Several enabling laws, which have the Constitution as their source, offer legal rights whereas the Indian Constitution directly mentions constitutional rights. The Indian Constitution's Article 14 and Article 21 when read together highlight the right to equality in terms of leading a life of dignity and personal freedom, regardless of gender. Every woman has the freedom to make decisions about her body because Article 21 includes the well understood rights to privacy and bodily integrity.

Additionally, Article 15 of the Indian Constitution explicitly states that no Indian citizen shall be subjected to gender discrimination by the state. The same Article's Clause 3 gives states the authority to create special measures for women, allowing for affirmative action discriminating in women's favour. Article 23(1) acknowledges the right to be free from exploitation and forbids trafficking of persons, including women.

The rights to freedom of religion and freedom to conduct religious affairs are both guaranteed by Articles 25 and 26 of the Indian Constitution, respectively. The liberties, however, are constrained by the rules in Part III of the Indian Constitution, which deals with fundamental rights. These rules include the ban on sex-based discrimination and the guarantee of equality in Articles 14 and 15, respectively. Public morality, health, and order are further constraints on this kind of freedom.

Even if just for the sake of argument, let's say FEMALE GENITAL MUTILATION is a religious practise that is not protected by Article 25 of the Indian Constitution because it infringes on Articles 14, 15, and 21. As objects of sexual desire that need to be controlled in order to protect them from being mistreated by other males, FEMALE GENITAL MUTILATION is a practise directed at women and girls who want to restrain their sexual

inclinations. Such religiously motivated practises that target women and their rights to bodily autonomy, ownership of their bodies, and protection from physical harm are stereotypical because they blatantly violate the obligations outlined in Articles 14, 15, and 21 of the Constitution. These practises also target girls and women.

Both Articles 25 and 26 use the word "Morality" to refer to "constitutional morality." The Supreme Court analysed "constitutional morality" in the case of *Manoj Narula v. Union of India*⁹ and concluded that "The Constitution of India is a living instrument with capabilities of enormous dynamism." It was drafted with a progressive society in mind. Constitutional morality must be practised; it is not a natural conviction. We frequently acknowledge that our folks have yet to acquire it. India's democracy is basically undemocratic and is only applied as a top-dressing on Indian soil. The idea of constitutional morality entails abiding by the rules of the Constitution and refraining from acting in a way that would contravene the rule of law or be indicative of absolute action. It operates at the fulcrum and directs like a laser beam within a building housing institutions. Traditions and customs must be forced to advance in order to uphold the value of such morality. One aspect of constitutional morality is adherence to the Constitution.

When it comes to defending the interests of women, both the Fundamental Rights upheld by the Indian judicial system and Part IV of the Indian Constitution, which covers Directive Principles of State Policy, are equally important. The Indian Constitution's Article 39(e) gives the state the duty to guarantee that everyone has the right to an acceptable standard of living, which is very much in accordance with the spirit of Article 14 of the Indian Constitution.

It is important to note that Article 51-A(e) of the Indian Constitution, which falls under the general heading of Fundamental Duties, states that every citizen of a democratic India has a responsibility to abandon practises that are offensive to the very dignity of women. Accordingly, FEMALE GENITAL MUTILATION is not only offensive but also goes against the fundamental principles of the Indian Constitution because it is harmful to the country's female population's health.

In India, there are various forms of violence against women that are addressed by the Indian Penal Code, 1860 (IPC). According to the WHO, the immediate complications of FEMALE

⁹ WRIT PETITION (CIVIL) NO. 289 OF 2005

GENITAL MUTILATION include excessive bleeding (haemorrhage), genital tissue swelling, wound healing issues, injury to surrounding genital tissue, shock, and death. However, the long-term effects of the procedure include vaginal problems, menstrual problems, sexual problems, and other issues. For this reason, individuals who perform FEMALE GENITAL MUTILATION may face charges under the IPC. Sections 319 through 326 of the IPC address both minor and serious injuries.

Particularly, Sections 324 and 326 of the IPC stipulate that "voluntarily causing hurt" and "voluntarily causing grievous hurt" are punishable by imprisonment and fines, respectively . R.K. Raghavan, a former director of the Central Bureau of Investigation (CBI), has emphasised that while FEMALE GENITAL MUTILATION is not specifically listed as a crime under the IPC, the police are required to file a case under Section 326 of the IPC in response to a complaint.

One definition of penetrative sexual assault in Section 3 of the Protection of Children from Sexual Offences Act, 2012 (POCSO Act), which deals with sexual assault on children, is the insertion of any item into the girl's vagina. There is a long-standing precedent that states that full penetration is not necessarily necessary for sexual offenses. As it happens, the labia majora are specifically included under the term "vagina" under Section 375 of the IPC's Explanation 1. When read in conjunction with Explanation 1 of Section 375 of the IPC, FEMALE GENITAL MUTILATION—which entails inserting a sharp object into a child's vagina—may be covered by Section 3 of the POCSO Act.

The National Policy for Children, 2013 (NPC) states that "the State is committed to taking affirmative measures, whether legislative, policy-related, or otherwise, to promote and safeguard the right of all children, especially those who are marginalized or disadvantaged, to live and grow with equity, dignity, security, and freedom; to ensure that all children have equal opportunities; and that no custom, tradition, cultural, or religious practice is allowed to violate, restrict, or prevent child." Children's fundamental rights to health, survival, development, and protection are recognized by the NPC and given first priority. In terms of protection, the NPC recognizes that "a safe, secure, and protective environment is a precondition for the realisation of all other rights of children." It promises to shield kids from harm, abuse, exploitation, and prejudice in all its manifestations, as well as from any action that jeopardizes their identity or impedes their growth. It also vows to establish "a caring, protective, and safe environment for

all children, to reduce their vulnerability in all situations, and to keep them safe at all places, especially public spaces."

Establishing an efficient protective system for young children who are at danger was the primary objective of the federally sponsored Integrated Child Protection Scheme (ICPS), which was introduced in 2009 by the Ministry of Women and Child Development. Its objectives are to institutionalize and integrate essential services; to strengthen child protection at the family and community levels; to promote preventive measures to shield children from danger, risk, and abuse; and to strengthen structures for emergency outreach, institutional care, family and community-based care, counseling, and support services.

The program's objective is to establish interfaces with many sectors, including as the court, labor, health, education, and police, to offer services into a range of pre-existing programs that cater to the various needs of children in difficult circumstances. In ICPS systems, which uphold children's right to privacy and anonymity, institutionalization is regarded as a last resort.

The present laws against sexual assault, child sexual abuse, and domestic violence may treat FEMALE GENITAL MUTILATION as a type of "hurt or grievous hurt" under the IPC and as a crime under Section 3 of the POCSO Act when performed with a cutting device. But combating this practice necessitates a more all-encompassing strategy. A strategy like this must consider a number of other issues related to FEMALE GENITAL MUTILATION, like promoting the practice, stopping it, controlling medical and other health professionals who do it, reporting requirements, options for support and rehabilitation, and awareness-raising.

According to a 2008 UNFPA report titled "A Qualitative Study on Female Genital Mutilation Among the Dawoodi Bohra Community," while the community's religious views on the practice were not changing, very subtle shifts in perceptions about the appropriate age for girls to undergo surgery and the growing reliance on private healthcare providers rather than traditional providers of female gender mutilation were quietly permeating society. This study suggests that punishment should be meted out to everyone who participates in FEMALE GENITAL MUTILATION, whether directly or indirectly.

Most nations focus on targeting health professionals, social workers, and educators when it comes to reporting incidents of FEMALE GENITAL MUTILATION. Anyone with knowledge of the offence must notify the police, according to Section 19 of the Protection of Children

from Sexual Offences Act, 2012. Young girls are frequently unaware of what is occurring to them when they are abducted by a female relative for the Khatna. It is advised that in such a situation, anyone—including teachers, doctors, and the like—who learns of the conduct of such an offence must report it to the authorities so that appropriate action can be taken.

ROLE OF INDIAN COURTS IN RECOGNIZING FEMALE GENITAL MUTILATION

In response to a writ petition filed by lawyer Sunita Tiwari under Article 32 of the Indian Constitution, the Supreme Court of India issued notice in 2018 to the Central Government, the National Commission for Women (NCW), and the National Human Rights Commission (NHRC) to take action to outlaw FEMALE GENITAL MUTILATION. The primary objective of the writ petition was to prohibit the controversial practice of female circumcision, commonly referred to as FC, Khafd, or FMG, in addition to seeking reparation. In support of the writ petition, the petitioner cited the UN Convention on the Rights of the Child and the Universal Declaration of Human Rights. Additionally, he centered his arguments primarily on violations of Article 21 of the Indian Constitution.

In addition to requesting that the IPC include provisions addressing FEMALE GENITAL MUTILATION, the petitioner sought the Apex Court to issue directives to the State Police Director Generals to take the appropriate measures against such heinous offenses. Remarkably, the counter-affidavit, which was filed in response to the writ petition, contended before the Court that there had been a breach of Article 26 of the Constitution. The defendants argued that the practice under consideration was FMG, but in reality, it was only a long-standing religious tradition that dates back more than 1400 years. On November 14, 2019, the Apex Court declared that the case would be assigned to a seven-judge Constitution bench, ending a lengthy period of silence on the matter.

A sessions court in Mumbai convicted a Dawoodi Bohra Muslim cleric in 2021 of performing FEMALE GENITAL MUTILATION on two young girls, along with the girls' mother, a retired nurse, and sentenced them to fifteen months in prison under the POCSO Act's and IPC's provisions for intentionally hurting and insulting people with the intent to cause disturbances. It was the first FEMALE GENITAL MUTILATION conviction ever obtained in the nation. Between 2009 and 2012, a series of incidents occurred in which two girls, both age seven and classified as either type one or type four, underwent partial clitoral amputations without a scar to indicate the procedure.

One of the girls described the scenario they were compelled to go through, in which they were forced to lie naked on the bed and imagine themselves to be "princesses in a garden," while the girls were being brought before the court of law. The police department's successful use of phone tapping and other surveillance techniques to document a fabrication of events by the mother and community members led to the conviction.

It's important to note that the judiciary has declared FEMALE GENITAL MUTILATION a violation of girls' rights and encouraged the government to take action to stop it and raise public awareness of its negative effects. It also emphasises how crucial it is to have specific laws making FEMALE GENITAL MUTILATION illegal in order to effectively eradicate it.

SUGGESTIONS AND RECOMMENDATIONS

The only way to end female genital mutilation is through a robust, well-coordinated strategy implemented at the local, regional, national, and international levels. Supportive education and targeted training are recommended in order to assist all parties in approaching this complex and deeply ingrained practice with tact and respect. Health care providers are in a unique position to encourage the abolition of female genital mutilation since they have a duty to their patients. In order to support the elimination of female genital mutilation, ethical and legal frameworks have been put in place, and all healthcare providers need to be aware of these frameworks and follow them.

This entails carrying on with the campaign to raise public awareness of female genital mutilation as a human rights violation, particularly with regard to women's rights to sexual, reproductive, and physical health. Improved care is needed for the more than 200 million women and girls who have had female genital mutilation worldwide, as per new WHO guidelines.¹⁰

Female genital mutilation (FEMALE GENITAL MUTILATION) refers to any practice that involves the removal of all or part of the external genitalia or causes harm to the female genital organs for non-medical reasons. FEMALE GENITAL MUTILATION has no beneficial benefits on health and is against the rights of girls and women. Severe bleeding, trouble urinating, cysts, infections, and even death are all possible outcomes of procedures. In addition

¹⁰ WORLD HEALTH ORGANIZATION https://www.who.int/health-topics/female-genital-mutilation#tab=tab_1 (last visited 28th July 2023)

to complicating labor and delivery, FEMALE GENITAL MUTILATION may increase the frequency of neonatal deaths.

The practice, which is widespread in thirty African countries and a few in Asia and the Middle East, has recently gained international attention as a health risk because of migration. More than ever, medical personnel need to be prepared to treat women and girls who have undergone FEMALE GENITAL MUTILATION. However, a lot of medical practitioners still lack the skills needed to recognize and address the myriad negative health impacts of FEMALE GENITAL MUTILATION. FEMALE GENITAL MUTILATION can therefore unnecessarily have a detrimental impact on the physical and mental well-being of a large number of women.

“Health workers have a crucial role in helping address this global health issue. They must know how to recognize and tackle health complications of FEMALE GENITAL MUTILATION,” says Dr Flavia Bustreo, WHO Assistant Director General. **“Access to the right information and good training can help prevent new cases and ensure that the millions of women who have undergone FEMALE GENITAL MUTILATION get the help they need.”**¹¹

Since 1997, there have been increasing attempts on a global scale to put an end to female genital mutilation. Apart from global monitoring agencies and resolutions denouncing the practice, other measures to curb it include legislation updates, community-based initiatives, research, and stronger political support. In an effort to expedite the practice's abolition, the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF) created the Joint Programme on Female Genital Mutilation/Cutting in 2007.

The WHO recommendations reinforce and bolster current efforts, emphasizing the knowledge that cross-sector action is necessary to cease the practice and help those who are affected by it. The recommendations focus on treating anxiety and depression illnesses, educating the public, and preventing and treating obstetric issues.

The guidelines also advise against the so-called "medicalization" of female gender mutilation, which includes situations where parents ask doctors for female gender mutilation on the

¹¹ WORLD HEALTH ORGANIZATION <https://www.who.int/news/item/16-05-2016-new-who-guidelines-to-improve-care-for-millions-living-with-female-genital-mutilation> (last visited 28th July 2023)

grounds that it will be less damaging.

Dr. Lale Say, WHO Coordinator, Department of Reproductive Health and Research at WHO, adds, "It is crucial that health staff do not unintentionally continue this hazardous practise.

In partnership with the UNFPA and UNICEF Joint Programme on Female Genital Mutilation/Cutting and other partners, WHO released a "Global strategy to stop health-care providers from performing female genital mutilation" in 2010.

One of the most important steps in preventing the medicalization of female genital mutilation is the creation of guidelines, manuals, and suggestions for medical practitioners. These include what to do in the event that a lady requests that you execute re-infibulation after giving birth or if your parents or other family members urge you to perform FEMALE GENITAL MUTILATION on a girl.

The recommendations also highlight the need for additional research to advance evidence-based practice, which can help advance efforts towards the harmful practice's abolition by enabling medical professionals to better handle complications related to FEMALE GENITAL MUTILATION and raising awareness of the associated health risks within the medical community.

Considering the unmatched needs of a girl who has undergone FEMALE GENITAL MUTILATION or is at risk of FEMALE GENITAL MUTILATION, two steps can be implemented in India to stop the practise:

First, any girl in need or an adult acting on her behalf should be able to call the national emergency toll-free number (1098) to obtain immediate and long-term recovery services. In order to find appropriate solutions and give the victim enough advise and guidance, the call operators fielding such calls should receive specialised training and sensitization on the subject of female genital mutilation. It is important to note that the victims of such practises typically do not want their names to be disclosed or mentioned at any point during the grievance redressal process. As a result, a suitable mechanism needs to be implemented to respect their anonymity.

Last but not least, the circumstances in situations like female genital mutilation make it impossible to even consider making a complaint to the appropriate authorities. Therefore, there needs to be widespread identification and understanding of the issue among frontline staff who

deal with such issues, including but not limited to schools, medical professionals, counsellors, police officers, teachers, and nurses, etc.

CONCLUSION

Any practice that involves removing all or part of the external female genitalia or causing harm to the female genital organs for non-medical reasons is referred to as female genital mutilation. The practice can lead to excessive bleeding, urinary problems, cysts, infections, difficult deliveries, and an increased chance of stillbirth in girls and women. It also has no beneficial health consequences.

Female genital mutilation is recognized as a violation of women's and girls' human rights on a global scale. It's a serious form of discrimination against women and girls and a sign of structural gender inequality. Traditional healers nearly always do it on minors, which is against children's rights.

In addition, the procedure violates a person's right to life, in the event that it causes death, as well as their rights to physical integrity, safety, and health, as well as their freedom from torture and other cruel, inhuman, or humiliating treatment. The research indicates that there has been a rise in the involvement of healthcare professionals in female genital mutilation in various contexts due to the belief that medicalization of the practice makes it safer. In order to support medical professionals in their battle against medicalization, WHO has developed a global strategy and specific instruments. It also strongly recommends medical professionals not to perform female genital mutilation.

Female genital mutilation has no beneficial benefits on health and harms women and girls in a number of ways. It damages and removes normal, healthy female vaginal tissue, interfering with the way girls' and women's bodies function naturally. All kinds of female genital mutilation carry an increased risk of health problems, although the risk increases with more extreme forms.

While adult women are rarely affected, young girls between the ages of infancy and puberty are the main victims of FEMALE GENITAL MUTILATION. Data from 30 countries where the practice is common in the western, eastern, and north-eastern regions of Africa as well as some countries in the Middle East and Asia, show that over 200 million girls and women alive

today have undergone female genital mutilation, and over 3 million girls are thought to be at risk of it annually. Female genital mutilation is therefore a global problem.

Any form of female genital mutilation has been recognised as a harmful practise and a violation of girls' and women's human rights. Several international and regional treaties contain a codification of human rights, including civil, cultural, economic, political, and social rights. A number of political consensus agreements, such as those produced as a result of United Nations world conferences and summits, which reaffirm human rights and urge governments to work towards ensuring their full respect, protection, and fulfilment, complement the legal system.