

SHORT REPORT:

FGC in India

July 2024



About Orchid Project

Orchid Project is a UK- and Kenya-based non-governmental organisation (NGO) catalysing the global movement to end female genital cutting (FGC). Its strategy for 2023 to 2028 focuses on three objectives:

1. to undertake research, generate evidence and curate knowledge to better equip those working to end FGC;
2. to facilitate capacity-strengthening of partners, through learning and knowledge-sharing, to improve programme designs and impacts for the movement to end FGC; and
3. to steer global and regional policies, actions and funding towards ending FGC.

Orchid Project's aim to expedite the building of a knowledge base for researchers and activists is being fulfilled in the **FGM/C Research Initiative**.

About ARROW

The Asian-Pacific Resource and Research Centre for Women is a non-profit women's NGO with a consultative status with the Economic and Social Council of the United Nations and an observer status with the United Nations Framework Convention on Climate Change. Based in Kuala Lumpur, Malaysia, ARROW has been working since 1993 to champion women and young people's sexual and reproductive rights. ARROW occupies a strategic niche in the Asia-Pacific region and is a Global South-based, feminist, and women-led organisation that focuses on the equality, gender, health, and human rights of women.

About Asia Network to End FGM/C

The Asia Network to End Female Genital Mutilation/Cutting (FGM/C) is a group of civil-society actors, led by Orchid Project and ARROW, working across Asia to end all forms of FGM/C. It does this by connecting, collaborating and supporting Asian actors and survivors to advocate for an end to this harmful practice.

Introduction

The Dawoodi Bohra community is the only group in India known to carry out female genital cutting (FGC) regularly. It has been suggested that FGC may be occurring on a smaller scale in other groups (such as the Sulemani Bohras and a sub-sect of Sunnis in Kerala), but no surveys of size have been conducted in these communities. The findings in this Short Report, therefore, only relate to the practice as undertaken by the Dawoodi Bohra, unless otherwise indicated.

A Note on Data

None of the Demographic and Health Program surveys (*DHS*) or other national health surveys undertaken in India have included questions about FGC. Data in this Short Report is based on three surveys of female members of the Dawoodi Bohra community carried out by Indian-based, international, non-governmental organisations (*NGOs*) advocating an end to FGC.

The largest (mainly quantitative) survey was undertaken by Sahiyo in 2017 and involved 385 participants. The second (mainly qualitative) survey was conducted by WeSpeakOut and Nari Samata Manch (*WSO/NSM*) in 2017 and involved 94 participants, including 11 men. The report on the *WSO/NSM* findings is titled *The Clitoral Hood: A Contested Site*.¹ The third was an online survey, carried out in 2020–2021 by Mumkin, of 221 respondents, of whom 154 (70%) were women and 64 (29%) were men. That survey comprised a mix of quantitative and open-ended questions.²

A Note on Terminology

The practice of female genital mutilation/cutting (*FGM/C*) is generally referred to as *khafd* or *khafz* by Dawoodi Bohra women. The term ‘mutilation’ is regarded by some Bohras as inappropriate and associated with the more severe forms of *FGM/C* (the World Health Organization’s Types 2 and 3). ‘Circumcision’ is generally used to refer to male circumcision (although the Sahiyo and Mumkin reports use the term *khatna*, which means ‘circumcision’ and can be applied to either sex). ‘Female genital cutting’ is more acceptable, so in this Short Report the terms ‘FGC’ and ‘khafd’ are used interchangeably.

Authors:

Caroline Pinder, Anne Morin, Sean Callaghan, Danica Issell (ed.)

Recommended citation:

Orchid Project and Asia Network to End FGM/C (2024) *Short Report: FGC in India*. Available at <https://www.fgmcri.org/country/india/>.

Cover image design:

Natalia Stafeeva (<https://stafeeva.site/>)

Key Findings and Indicators



Prevalence: In India, the prevalence of FGC in women in the Dawoodi Bohra community is between 75% and 85%



Terminology: FGC is referred to as *khafd* or *khafz* by Bohra women



Age: girls are typically cut at the age of six or seven



Type: Type 1 is the most common type of FGC practised



Agent: About three-quarters of FGC is performed by traditional cutters



Attitudes: Religious obligation is the most commonly cited reason for FGC



HDI Rank: 134 out of 193 countries ('Medium')³



SDG Gender Index Rating: 91 out of 144 countries⁴



Population: There are one million Bohra globally; they constitute less than 0.1% of the Indian population



Infant Mortality Rate: 30.4 deaths per 1,000 live births (2024)⁵



Maternal Mortality Ratio: 103 deaths per 100,000 live births (2020)⁶



Literacy: 74.4% of the total population aged 15 and over can read/write⁷

Prevalence of FGC

Estimates for the prevalence of female genital cutting (FGC) among female members (aged 18–85) of the Dawoodi Bohra community in India vary from 75%⁸ to 85%.⁹

The Dawoodi Bohra community is the only group in India known to carry out FGC regularly. It has been suggested that FGC may be occurring on a smaller scale in other groups (such as the Sulemani Bohras and a sub-sect of Sunnis in Kerala), but no surveys of size have been conducted in these communities.

The authors of the survey reports and the contributing organisations to the The Convention on the Elimination of All Forms of Discrimination against Women Universal Periodic Review of March 2022 stress that no detailed national surveys have been conducted in India and, therefore, it is not possible to assess the full extent to which FGC is taking place across the country. Estimates are available only for the Dawoodi Bohra community, yet responses to the survey from two Sunni Muslims in Kerala suggest the practice may be more widespread than just the Bohra.

The Sahiyo survey participants were asked how often they socialise with other Dawoodi Bohras, to assess if degrees of contact influence whether or not a person undergoes FGC or arranges it for their daughters. The majority (68%) meet with other members of the community at least every couple of weeks, half of these meet a couple of times a week, and, although there does not appear to be a correlation between meeting often and an increased likelihood of having undergone FGC, this does indicate how the community is an important part of members' identities, even when they have emigrated from India.¹⁰

More than 90% of respondents to the Mumkin survey say they have had conversations about female khatna in the family (68%), with other community members (43%) and with people outside their communities (52%), although they often find these conversations difficult, particularly talking about it with other community members.¹¹

Geography

The Dawoodi Bohra community comprises over a million people across 40 countries,¹² though the majority live in India, mainly in the states of Gujarat, Maharashtra, Madhya Pradesh and Rajasthan. There are also communities in Pakistan, Yemen and the Middle East, as well as small groups in Australia, Canada, the United Kingdom and the United States.¹³

All three surveys outlined on page 3 include a small number of Bohra women residing in these countries outside India. They note that among non-Indians there is a strong sense of identity as Dawoodi Bohra, and traditions and beliefs are largely the same among Indian and non-Indian residents. This includes the practice of khafd. Girls are either cut in their home countries or brought to India, where it is not criminalised. There is further discussion about this transnational aspect in the section 'Cross-Border FGC' below.

Women living in small and medium-sized towns in India are more likely to experience khafd (79%) than those living in large cities (50%).¹⁴ The Sahiyo survey found that 88% of those who are cut in India undergo cutting at a private residence (the family home or that of another relative or close friend), while 12% undergo it in a health facility.¹⁵ Further discussion on this is included in the 'Medicalisation' section below.

Age of Cutting

The usual age for khafd to take place is six or seven years (for 66% of women who have undergone FGC), although 6% cannot remember how old they were.¹⁶ (The few women in Kerala who were included in the WSO/NSM survey report that it is usual for FGC in their communities to be carried out before a girl is one year old.¹⁷)

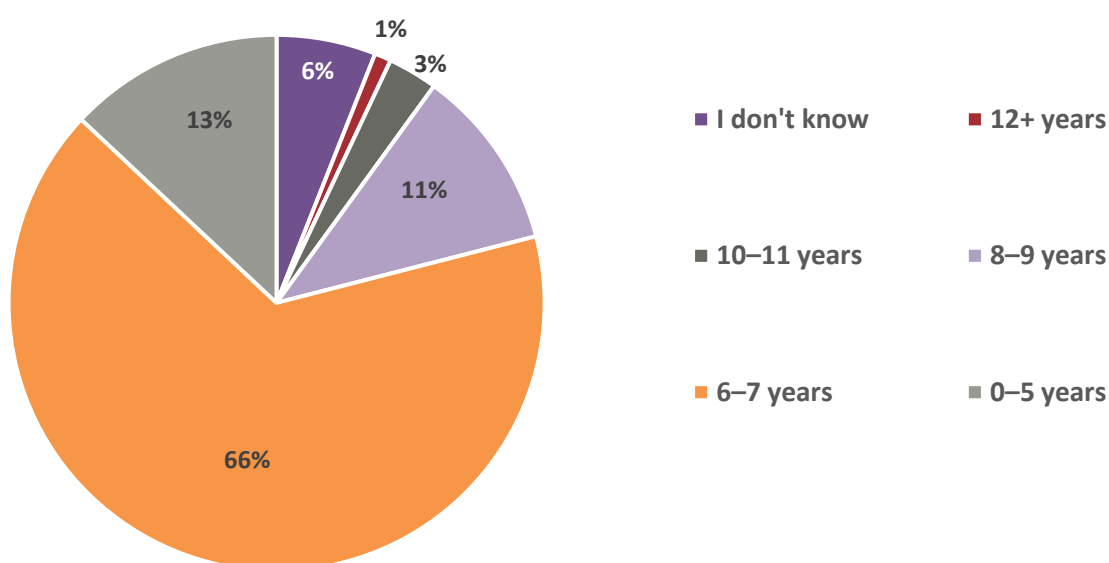


Figure 1: Age that Dawoodi Bohra women who have undergone FGC were cut¹⁸

Khafd may also be performed on an adult non-Bohra woman who wishes to marry a Bohra man.¹⁹

Looking at Dawoodi Bohra women in all age groups and locations shows that prevalence is highest – 92% – in the oldest group of women (46+ years), compared to 68% of women aged 18–25.²⁰

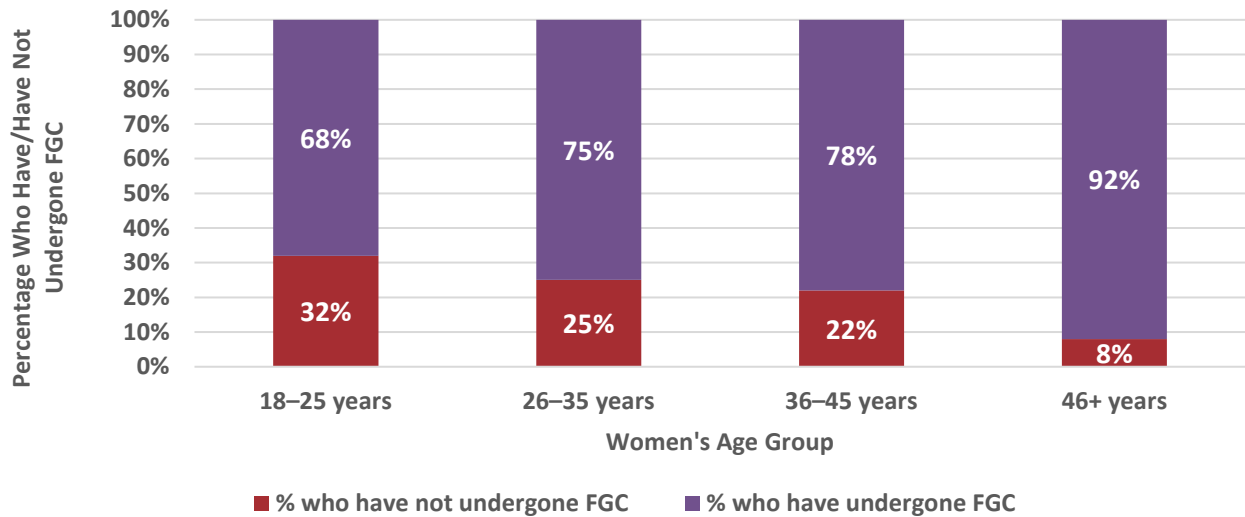


Figure 2: Prevalence of FGC in Dawoodi Bohra according to women’s ages²¹

Type of Cutting

The most common type of FGC practised by the Dawoodi Bohra is Type 1. However, the majority (65%) of women who have been cut are unsure about the nature or extent of the cutting they experienced. 21% report that part of their clitoral hood has been removed, and 13% have had all of their clitoral hood, plus all or part of their clitoris, removed.

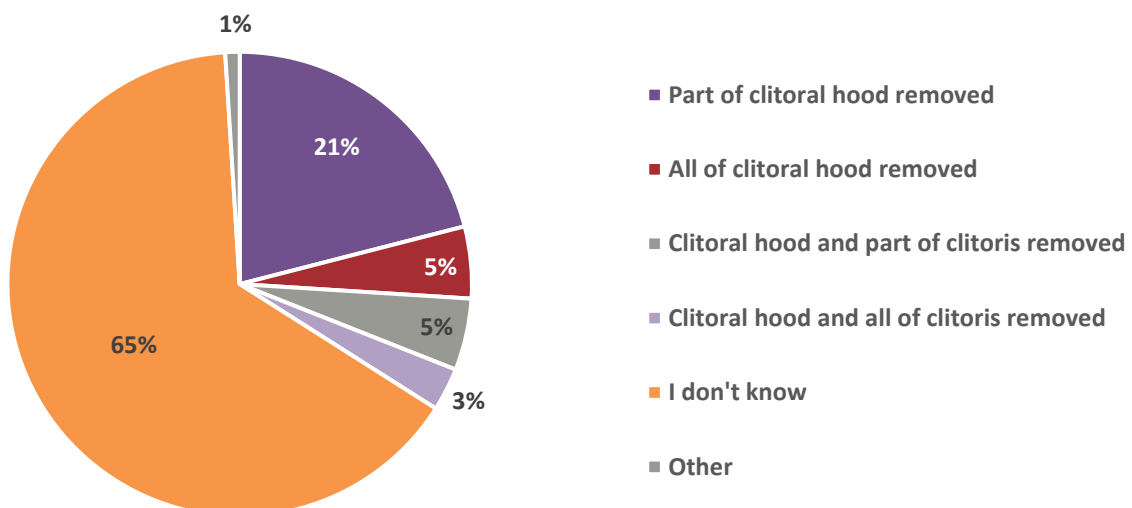


Figure 3: Types of cutting among Dawoodi Bohra women who have undergone FGC²²

Practitioners

74% of respondents to the Sahiyo survey say their khafd was done by a traditional cutter, and 15% report it was carried out by a health professional.²³ The report breaks 'health professional' down into

- 9% general practitioner/family doctor;
- 5% gynaecologist; and
- 1% nurse.

The remaining 11% were either unsure or marked 'other'.

The WSO/NSM report notes that some of those 'who support Khafd want to move away from traditional circumcisers to medical practitioners, citing concerns of safety and hygiene.'²⁴ There is further discussion about this below in the 'Medicalisation' section.

Attitudes

56% of Sahiyo respondents cited religion as the main reason for performing FGC.²⁵

The WSO/NSM survey, which was qualitative, with open-ended questions, doesn't give specific figures, but does note, 'Religious obligation was the most often reported reason for Khafd.'²⁶ It includes several quotes to support this position; for example, 'I think Khatna is practiced more as a tradition and that it should be done because it has been prescribed by the religion.'²⁷

82% of respondents to the Sahiyo survey say they would not have FGC carried out on their daughters. This view is strongest among women who have left the Dawoodi Bohra religion – 96%, compared with 66% of those who are still practising and active members of the Dawoodi Bohra religion and community.²⁸

85% of respondents to the Sahiyo survey report that they are 'not OK' with FGC continuing in their communities, and only 7% are 'OK' with the practice continuing. Interestingly, attitudes to its continuance vary significantly by age: 93% of those in the oldest age-group (46+ years) are 'not OK/slightly not OK' with its continuance, while 70% of women in the 18–25 age group are 'OK with it continuing' (see Figure 4 below).²⁹

37% of participants in the WSO/NSM survey are supportive of khafd, and 42% are against it. 16% of respondents to that survey had been supporters in the past, but have since changed their positions from pro- to anti-FGC.³⁰ This survey also found that all the women who support khafd have had their daughters undergo it, as well, while almost all (93.7%) who do not support khafd have not put their daughters through it.³¹

81% of respondents to the Mumkin study oppose the practice, 11% support it and 9% are not sure of their stance.³²

Sahiyo respondents were asked who made the decision as to whether a girl should undergo khafd. The majority (67%) say the mother, 32% say another female family member (for example, a grandmother) is also involved, and 23% indicate the involvement of others including fathers and male religious leaders and their wives.³³ 72% of participants think men, in particular male relatives, are aware of FGC, but many are unsure if men were told, or believe they were not told, when FGC was happening to a female relative.³⁴

According to the WSO/NSM survey, men often do play roles at a personal level; for example, several report that their fathers/brothers transported them to the place where khafd was performed. This report also notes a generational change: younger men are more likely to play active roles in their daughters' khafd. The report's authors surmise that this could be because younger and better-educated men nowadays take on greater roles in child care.³⁵

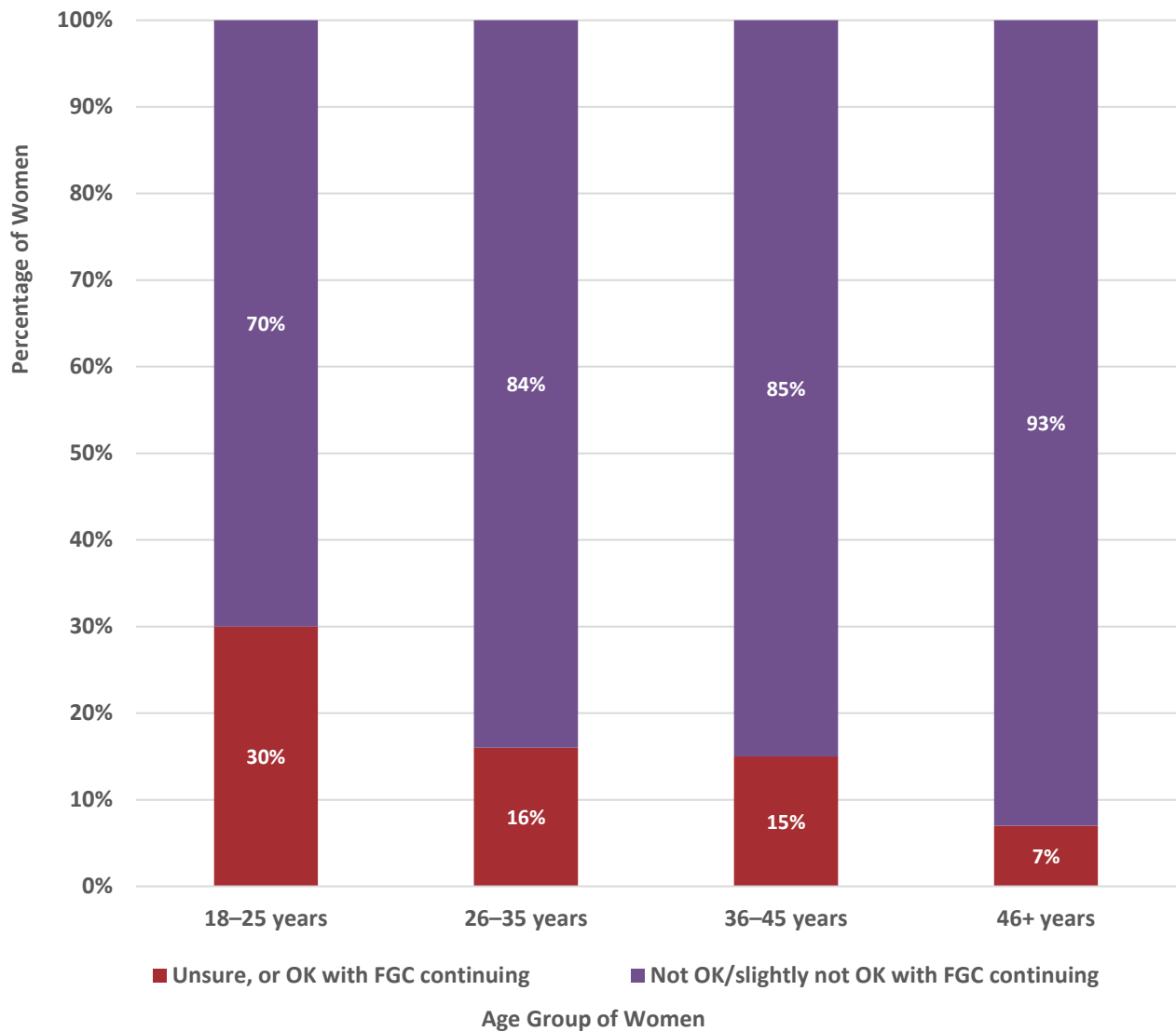


Figure 4: Attitudes of Dawoodi Bohra women to FGC continuing³⁶

Wealth and Education

The Sahiyo survey participants are predominantly well-educated and reasonably wealthy. 42% have completed some form of postgraduate degree, and a further 37% have a bachelor’s degree. Only 1% attended primary or middle school but have not gone on to secondary education.³⁷

WSO/NSM survey participants are also well educated, 25% having achieved a postgraduate degree and 42% a graduate degree. Of the 21% whose educations range from illiterate (1%) to higher secondary (6%), almost all (95%) have submitted their daughters to khafd, compared to only 27% of mothers who have postgraduate degrees.

However, the Sahiyo data does not indicate a relationship between participants' education levels and whether or not they have undergone FGC.

With regard to wealth, the Sahiyo and WSO/NSM surveys found that large numbers of their participants are in the high/upper-middle income/class: 56% of Sahiyo and 47% of WSO/NSM respondents fall into that category. 80% of Sahiyo participants and 56% of WSO/NSM participants hold a profession or work part-time. In both studies the remainder of participants marked themselves as homemakers.³⁸ Similarly, Mumkin respondents are largely in employment (41%), and 30% identify as self-employed professionals; the remainder are either students (6%), homemakers (10%) or retired/not working/other.³⁹

The author of an earlier survey of FGC among Dawoodi Bohras⁴⁰ suggests that FGC is a status symbol among the wealthier and more orthodox families, and that, within the Bohra's extended family structures, older women seek to ensure the family honour is maintained through strict adherence to tradition and customs.⁴¹ The Sahiyo survey did not ask questions about family structures, but other researchers⁴² suggest that a woman who has not undergone FGC may be ostracised and stigmatised by her community, and she and her family may be excluded from community functions and support.⁴³

Religion and FGC

Religion is a central feature of the Dawoodi Bohra identity and culture: 69% of Sahiyo, 67% of WSO, and 95% of Mumkin participants identify themselves as Dawoodi Bohra. Among Sahiyo participants, 16% say they are non-practising, 14% of WSO/NSM respondents say they are atheist or secular, and 22% of Mumkin participants say they no longer identify with the same religion they grew up with.

Religion is the main reason given for continuing khafd – in the Sahiyo report, 56% cite religious purposes. 45% say the reason for practising FGC is that it decreases sexual arousal, 42% want to maintain traditions and customs, and 27% cite physical hygiene and cleanliness.⁴⁴

Mumkin respondents cite the religious aspects of the practice, medical understanding and personal experiences as the most frequent topics of discussion about FGC.⁴⁵

As previously noted, the WSO/NSM found that 'Religious obligation was the most often reported reason for Khafd' and gives quotes from several respondents; for example, 'I think Khatna is practiced more as a tradition and that it should be done because it has been prescribed by the religion.'⁴⁶

Legislation

Although India has signed up to various international treaties, such as the Convention on the Rights of the Child, there is no specific law against FGC.

Potentially, it could be addressed under existing laws of child sexual abuse or assault. If defined as a 'hurt', it could come under the Indian Penal Code or Section 3 of the Protection of Children from Sexual Offences Act. However, the absence of a specific reference to FGC in any legislation has resulted in there being no prosecutions to date.⁴⁷

A public-interest litigation requesting a legal ban on FGC in India was filed before the Supreme Court in 2017, but this was tagged onto other cases relating to the right to religious freedom under the Constitution.

Announcements were made in 2017 by the Minister of Women and Child Development of the Government's intention to introduce a law banning FGC if the Bohra communities did not abandon the practice voluntarily. In 2018, the same ministry presented a written submission to Parliament that there is no evidence of FGC occurring in the country.

Activists have pointed out that the absence of official survey data means FGC is going unnoticed and unaddressed, despite the evidence being produced of its existence by NGOs.⁴⁸

In Orchid Project's correspondence with Sahiyo, it was suggested that the Government's recent law restricting foreign funding to NGOs like Sahiyo, WSO and Mumkin could impact their capacities to continue researching FGC, thereby further limiting the availability of data on the practice in India.⁴⁹

The SDG Gender Index

India's overall performance is moving towards achieving the Sustainable Development Goals (SDGs). Its SDG Index Score is 63.5 – 'moderately improving/challenges remain'. This ranks it 109th out of 166 countries.⁵⁰

However, India is falling behind with regard to Goal 5 (gender equality), for which it rates as 'Major challenges remain/Score moderately improving, insufficient to attain goal'. India had a score of 57.1 in 2015, which fell to 53.9 in 2020.⁵¹ No rating is available specifically for Target 5.3 (*Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation*).⁵²

In terms of the SDG Gender Index, India ranks 91st out of 144 countries, and 18th out of 26 countries in the Asia region.⁵³

Cross-Border FGC

The *Universal Periodic Review of India* presented to the 41st Session of the CEDAW in March 2022 by six Indian NGOs describes the absence of a law against FGC as having made India 'a destination country for "vacation cutting"', to which Bohra families living in countries where the practice is criminalised bring their children to undergo FGC.⁵⁴

The survey conducted by Sahiyo found that Dawoodi Bohra communities living outside of India are continuing to perform FGC. When the practice is illegal in their new country, it is likely that girls are being brought back to India for FGC.⁵⁵ Sahiyo found that

- only 34% of the respondents lived in India at the time of the survey; yet
- 70% report they underwent FGC in India (perhaps some of these lived in India as a child when they were cut, but have since moved away); and
- 11% answered 'yes' to a question about whether they were taken out of their country of residence to have khafd done.⁵⁶

Medicalised FGC

92.5% of respondents to the WSO/NSM survey and 74% of respondents to the Sahiyo survey say they were cut by traditional circumcisers.⁵⁷ 15% of the remainder of Sahiyo respondents report being cut by health professionals (a general practitioner, nurse or gynaecologist). The majority (86%) report that it took place in a private residence, while 12% say it was done in a health facility.⁵⁸

The WSO/NSM survey report posits that medicalised khafd will increase, as several respondents, in particular those living in large cities, want to move away from using traditional circumcisers because of concerns about safety and hygiene, and as all the procedures that take place in medical facilities are performed by Bohra doctors.⁵⁹

*WSO/NSM stresses the need for larger-scale studies of women who have undergone FGC to gain clarity as to the types of FGC being performed and where it is taking place.*⁶⁰

The WSO/NSM survey also found that, the younger the age of the girl, the greater the likelihood she will undergo FGC in a medical facility: of the 81 respondents, 6 were cut by doctors (all now within the age range of 17 to 29 years), and 75 were cut by traditional circumcisers (all now 17 to 80 years of age). This held true for daughters: of the 6 cut in medical facilities, all are now aged 8 to 30, while those cut traditionally are now 8 to 52 years of age. While the sample size is small, this suggests that more girls are being cut in medical facilities when they reach the age of six/seven (see page 6 of this Short Report in relation to the usual age of cutting), a trend that may continue.

Trends and Challenges to Ending FGC

The lower prevalence of FGC in younger women is encouraging and suggests a slow but steady decline in the practice.

However, since no large-scale surveys have been carried out, it is difficult to assess the extent of the practice and which groups of girls may be most vulnerable.

Of concern is that younger women appear to be more in support of the continuance of FGC: 30% of women aged 18–25 are 'OK' with or 'unsure' about FGC, as opposed to 7% of women over 45.⁶¹

The growth in activism of civil-society organisations like Sahiyo and WeSpeakOut followed international publicity in 2012 about two legal cases of FGC against Dawoodi Bohra women living in Australia and the United States. These NGOs worked together to raise the issue at meetings with the Committee on the Elimination of Discrimination against Women and United Nations agencies. There is some concern now, though, that the end-FGC activism and media attention may be 'forcing the practice underground in India'.⁶²

The authors of the WSO/NSM report draw attention to a growing schism within the Dawoodi Bohra community, between 'Conformists' (members who want to uphold traditions and mostly support the continuance of FGC) and 'Reformists' (who want to modernise the community and oppose FGC's continuance). The WSO/NSM survey data indicate that a larger number of Reformists than Conformists are abandoning the practice. Of the 16 participants who identify as Reformists and have daughters aged seven and over, 62.5% (10 out of the 16) have not put their daughters through khafd. By comparison, 89% (31 out of 35) of the daughters (aged seven and over) of self-identified Conformists have been subjected to khafd.⁶³ This friction within the Dawoodi Bohra community is also raised in the Mumkin report:

Over the past decade, the exchanges on the 'private matter' began to take place in public realms, with two clear camps emerging thereof, comprising the anti-Khatna advocates and the pro-Khatna supporters.⁶⁴

Another trend is the increased use of medical facilities and staff to perform FGC, which is being viewed as safer and more hygienic. This may encourage parents who have refrained so far from having their daughters cut on safety grounds to have it carried out in hospitals and clinics in the future.⁶⁵

Regarding campaigns aimed at ending FGC, the Mumkin survey found that nearly 89% of respondents had 'come across campaigns, articles and/or activism against the practice of khatna', of which over half (53%) felt 'understood and represented' by these discussions. 41% said the campaigns made them think, but 6% 'felt uncomfortable and hurt'. Ensuring safe spaces for those affected to share and exchange ideas and feelings related to FGC is therefore critical; including men in conversations and ways forward is also seen as important to ending the practice.⁶⁶

Working to End FGC



Contact: info@sahiyo.com

Website: **Sahiyo – United Against Female Genital Cutting – Home**

Sahiyo was formed in 2015 as an advocacy collective uniting South Asians and other survivors of FGC. Sahiyo's mission is to empower Asian and other communities to end FGC and create positive social change through dialogue, education and collaboration based on community involvement. Over the past seven years, Sahiyo's work has expanded to include survivors and practising communities from around the world and it now has offices in India and the United States.

Sahiyo's activities include a Community and Outreach Education Programme, innovative research to bridge the gap that exists in data on FGC globally, and Voices to End FGC, which provides a safe space for survivors of FGC to share their stories and experiences. Sahiyo's research studies include ***Understanding Female Genital Cutting in the Dawoodi Bohra Community*** (2019) and ***Examining Intersections between FGM/C and Social Oppressions*** (February 2024).



Contact: info@mumkinapp.com

Website: **Mumkin – Making Difficult Conversations Possible (mumkinapp.com)**

Mumkin is a tool for enabling safe conversations in a neutral space where discussion about FGM/C is encouraged. The aim is to bridge the gap between the two sides of the debate – pro- and against-female khatna, to develop a more empathetic response and understanding about why it occurs and how it is propagated.

Mumkin also undertakes research about FGC and how it is communicated in the media. Its most recent study is ***Talking about Female Khatna in the Bohra Community*** (2020–2021).



Contact via website.

Website: **WeSpeakOut: For Women's Rights**

WeSpeakOut was founded in 2015. It campaigns for the rights of Bohra women in all spheres of life, specifically on ending FGC/khafd. It began when a group of women survivors of khafd came together to strive for all Bohra girls to be khatna-free.

WeSpeakOut undertakes research within the Bohra community to produce surveys and reports – for example, ***The Clitoral Hood: A Contested Site*** (2018) – and has collaborated with the Lawyers Collective to draft a legal framework for an anti-FGC law in India.



Website: **India – Equality Now**

Equality Now is an international NGO campaigning for legal and systemic change to address violence and discrimination against women and girls around the world. It is a feminist organisation using the law to protect and promote the human rights of all women and girls by challenging and seeking reform of laws to establish enduring equality for women and girls everywhere.

Founded in 1992, Equality Now has an international network of lawyers, activists, and supporters that has held governments responsible for ending legal inequality, sexual exploitation, sexual violence and harmful practices. It is a resource centre with toolkits and guidelines, fact sheets and reports about FGC.



Contact: arrow@arrow.org.my

Asian-Pacific Resource and Research Centre for Women (ARROW)

Office: +603 2273 9913 / Fax: +603 2273 9916

No. 1 & 2 Jalan Scott

Brickfields 50470

Kuala Lumpur, Malaysia

Website: www.arrow.org.my

The Asian-Pacific Resource and Research Centre for Women (*ARROW*) is a non-profit women's non-governmental organisation (*NGO*) with a consultative status with the Economic and Social Council of the United Nations and an observer status with the United Nations Framework Convention on Climate Change.

Based in Kuala Lumpur, Malaysia, *ARROW* has been working since 1993 to champion women and young people's sexual and reproductive rights in partnership with women's-rights organisations, youth-led and youth-serving organisations, and *NGOs* working on gender equality and sexual and reproductive rights.

ARROW occupies a strategic niche in the Asia-Pacific region and is a Global-South-based, feminist and women-led organisation that focuses on the equality, gender, health and human rights of women.

References

- 1 Lakshmi Anantnarayan, Shabana Diler, Natasha Menon (2018) *The Clitoral Hood: A Contested Site: Khafd or Female Genital Mutilation/Cutting (FGM/C) in India*. WeSpeakOut and Nari Samata Manch. Available at https://wespeakout.org/images/files/pdf/fgmc_study_results_jan_2018.pdf. **Hereinafter referred to as 'WSO/NSM'.**
- 2 **1% preferred not to answer whether male or female (p.9).**
- 3 UNDP Human Development Reports (2021) 'India', *Human Development Index*. Available at <https://hdr.undp.org/data-center/specific-country-data#/countries/IND>.
- 4 Equal Measures 2030 (2022) *SDG Gender Index*, p.19. Available at https://equalmeasures2030.org/wp-content/uploads/2022/03/SDG-index_report_FINAL_EN.pdf.
- 5 Central Intelligence Agency (2024) 'India', *The World Factbook*. Available at <https://www.cia.gov/the-world-factbook/countries/india/#people-and-society>.
- 6 *Ibid.*
- 7 *Ibid.*
- 8 WSO/NSM, p.22.
- 9
 - Mariya Tayer (2019) *Understanding Female Genital Cutting in the Dawoodi Bohra Community*, p.4. India: Sahiyo. Available at https://sahiyo.org/images/resource-pdf/sahiyo_report_final-5.21.19.pdf. **Hereinafter referred to as 'Sahiyo'.**
 - Reetika R. Subramanian (2020–2021) *Talking about Female Cutting (FGC)*. India: Mumkin. Available at <https://www.mumkinapp.com/research>. **Hereinafter referred to as 'Mumkin'.**
 - **Prevalence estimates based on participants' responses in the three surveys: Sahiyo – 75%; WSO – 80%; Mumkin – 85%.**
- 10 WSO/NSM, pp.72–75.
- 11 Mumkin, p.10.
- 12 **Official website of the Dawoodi Bohra Muslim community (thedawoodibohras.com)**
- 13 Sahiyo, p.32, table: 'Countries participants currently reside in'.
The top four locations were 34% – India; 31% – US, 9% – UAE, and 8% – UK.
- 14 WSO/NSM, p.24.
- 15 Sayiho, p.38.
- 16 Sahiyo, p.36.
- 17 WSO/NSM, p.78.
- 18 Sahiyo, p.36.
- 19 WSO/NSM, p.28.
- 20 Sahiyo, p.35.
- 21 Sahiyo, p.35.
- 22 Sahiyo, p.39.
- 23 Sahiyo, p.39.
- 24 WSO/NSM, p.41.
- 25 Sahiyo, p.57.
- 26 WSO/NSM, p.65.

27 Participant cited in WSO/NSM, p.66.

28 Sahiyo, p.48.

29 Sahiyo, p.49.

30 WSO/NSM, p.15.

31 WSO/NSM, p.25.

32 Mumkin, p.10.

33 Sahiyo, p.37.

34 Sahiyo, p.47.

35 WSO/NSM, p.29.

36 Sahiyo, p.49.

37 Sahiyo. p.29.

NB: The report's authors make the point that the participant sample may not be representative of education levels worldwide.

38 - Sahiyo, p.31.

- WSO/NSM, p.14.

39 Mumkin, p.31.

40 Sandhya Srinivasan cited in Sahiyo, p.59.

41 *Ibid.*

42 B. Shell-Duncan, N. Reshma and C. Feldman-Jacobs cited in Sahiyo, p.59.

43 *Ibid.*

44 Sahiyo, p.57.

45 Mumkin, p.31.

46 WSO/NSM, p.66.

47 WeSpeakOut, Equality Now, Sahiyo, South Asia Forum for Freedom of Religion or Belief, Institute of Islamic Studies and The YP Foundation (2022) *Universal Periodic Review of India: 41st Session, March 2022 – Joint Stakeholder Submission*. Available at <https://uprdoc.ohchr.org/uprweb/downloadfile.aspx?filename=9969&file=EnglishTranslation>.

48 *Ibid.*, p.6.

49 Correspondence by email from A. Johari, Sahiyo co-founder, to C. Pinder (author of this document), dated 29 January 2024. **The law referred to is the Foreign Contribution (Regulation) (Amendment) Rules, 2020: <https://taxguru.in/rbi/foreign-contribution-regulation-amendment-rules-2020.html>.**

50 Sustainable Development Report (undated) *India*. Available at <https://dashboards.sdgindex.org/profiles/india>.

51 Equal Measures 2030 (2020) *India*. Available at <https://equalmeasures2030.org/country-profiles/#asia-and-the-pacific>.

52 *Ibid.*

53 Equal Measures 2030 (2020), *op. cit.*

54 WeSpeakOut *et al.* (2022), *op. cit.*, p.5.

55 WSO/NSM, pp.3, 11 & 81.

56 Sahiyo, pp.32 & 37.

57 - WSO/NSM, p.42.

- Sahiyo, p.39.

58 Sahiyo, p.38.

59 WSO/NSM, p.42.

60 WSO/NSM, p.42.

-
- 61 Sahiyo, p.49.
 - 62 WSO/NSM, p.3.
 - 63 WSO/NSM, p.25.
 - 64 Mumkin, p.17.
 - 65 Mumkin, p.11.
 - 66 Mumkin, p.13.