

COMMENTARY

Demystifying the practice of *khafd* in the Dawoodi Bohra community: A commentary on the WeSpeakOut report from India

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Abstract

In this commentary, we critique a recent report on female genital cutting (FGC) in the Indian Dawoodi Bohra community titled "The Clitoral hood a contested site: Khafd or female genital mutilation/ cutting (FGM/C) in India." Published against the backdrop of possible legislation against FGC in India, the report makes good recommendations and is a useful addition to global literature on FGC. We critique specific sections of the document using relevant literature and informal conversations with the Bohra community in Pakistan, thereby highlighting both its strengths and weaknesses. We also attempt to show that criminalising khafd by conflating it with more drastic forms of cutting may be counterproductive. In conclusion, education and activism from within the community may be more fruitful than the imposition of a law banning khafd.

Background

The practice of cutting women is an ancient one, carried out in many communities around the world. The UN first looked at the phenomenon in the 1950s but an international debate on the topic really began in the 1990s, spurred on by a number of events. One of these was the publication of Alice Walker's 1992 book *Possessing the secret of joy* in which the female protagonist escaped her fictional African country to avoid cutting and then returned to disastrous consequences. Another notable event was the acceptance in 1996 of Fauzia Kassindja's application for asylum in the United States (1). In 1994, Kassindja had escaped Togo as a 17-year-old to avoid being cut and married to a much older man. In the same year as Kassindja became the first person to get asylum in the US for gender-based oppression, the US passed a federal law against what was now being called female genital mutilation (FGM)

and began imposing economic sanctions on countries where it is practised.

This is the backdrop against which a global wave of activism began against female genital cutting. The debate on the topic has become increasingly polarised and acrimonious. From its initial focus on African countries, the debate on cutting practices has expanded to include other communities, such as certain Muslim groups who practise female genital cutting (FGC) in Asia and who have taken the practice with them to the West. According to UNICEF data, it is widely practised in Africa and in some Muslim countries. In India and Pakistan, the Dawoodi Bohra community practises female cutting as a religious ritual.

Very often, the global debate conflates all forms of FGC despite marked differences in the severity and extent of the procedures carried out in different communities. In academic literature, and in popular imagination, female cutting is often taken as one homogeneous practice which is generally pictured as a horrendously violating event. However, WHO identifies four types of cutting practices that range from a prick to the clitoral hood to infibulation, a narrowing of the vaginal opening through the creation of a 'seal' (2). The actual practice can lie somewhere between these descriptors or be a combination of one or more types.

In this commentary, we critique a recent report on FGC and the Dawoodi Bohra community conducted in India by WeSpeakOut¹ (3). All three authors of this commentary have clear positions against the practice of female cutting. However, in order to critique this report, we have attempted neutrality by including opinions from within the Pakistani Bohra community in our commentary. We have also looked at literature from both sides of the debate and have sought to present opposing viewpoints as we discuss the report in question. Throughout our commentary, we have used the term "cutting" (FGC) because we see it as more neutral than either the pejorative term "mutilation" or the favourable word "circumcision". We have also used the word *khafd* interchangeably with FGC, because this is the name given to the practice by the Bohra community.

We first provide a critique of the methods that the report employs, and then comment on specific sections addressed within the report, informed not only by relevant literature but also by our informal conversations with the Bohra community

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in Pakistan. These conversations are not in the nature of research, but are intended to enrich the discussion by bringing in perspectives from this part of the subcontinent.

Critique of methodology

We recognise the efforts undertaken to conduct this nation-level qualitative study in India. To the best of our knowledge, to date, no systematic research from Pakistan exists in this area, although national newspapers and social media forums in the country report the existence of this practice (4-6).

The methodology for this research appears well-designed. The sampling strategy is appropriate and in order to minimise bias, the research recruited participants from both positions thus allowing for varying viewpoints and perceptions. We also appreciate the group's efforts to adequately represent the different demographic profiles associated with this practice.

However, while we appreciate that the research report attached the data collection tool, we found some interview questions to be leading. Examples include: "Do you remember any changes in your behaviour such as eating/sleeping habits? Did it affect your school performance?", "Have you ever had feelings of sadness, anger, helplessness, anxiety, sleep changes, appetite change, low self-esteem?", "Do you feel embarrassed when you have an OB/GYN visit?" and "Did you initially ever have difficulties trusting your partner in a physical relationship?" (3: p 94-102) Such questions reflect the bias we have been mentioning that appears to us as an inherent part of this report. This can also have several negative consequences during the process of data collection including tilting the responses in the direction desired by the researcher (potentially affecting the rigour of the work), and sometimes even putting the respondents on the defensive, thus influencing their responses (7).

FGC in the Bohra community

As mentioned earlier, there is a wide spectrum of procedures that fall under the rubric of "Female genital mutilation/cutting", ranging from the least invasive which may leave hardly any noticeable indication of a surgical intervention, to extremely mutilating procedures which deform the female genital anatomy and have most definitive long-term consequences.

Although we cannot ascertain the exact nature of FGC (or *khafd*) carried out in this community, drawing upon the description provided in this report, the "procedure" carried out seems to be minimal cutting of the clitoral hood which would fall under the WHO classification of FGM as a Type 1a procedure. From the purely surgical point of view, since the ritual is carried out at the age of 7 or 8 years, it seems improbable that a procedure much greater than just a nick with a surgical blade could be carried out in the genital area, with no anaesthesia of any kind. Anything more extensive in this uncontrolled and unsterilised environment, carried out expeditiously, would ordinarily lead to a high incidence of surgical complications which would necessitate surgical care at a hospital.

Box 1: A respondent from the Pakistani Bohra community talks about *khafd*

One of our interviewees, a highly educated, professional Bohra woman in her forties, shed some light on the *khafd* procedure, based on her own experiences. She related, "I was taken for the procedure by my mother." She recalled feeling anxious but not particularly fearful. Although she could not remember how the procedure was carried out, she recalled that her mother stayed with her and comforted her. She had no remembrance of pain and was unsure if there was any bleeding. She said, "I remember my mother gave me some cotton wool to keep, but I don't remember if there was any bleeding."

Years later, she took her 7-year-old daughter for the same procedure, accompanied by her sister-in-law whose daughter was the same age. She remembered feeling very anxious but did not think her daughter experienced any pain or bleeding. "It's just a 'membrane' covering the clitoris that is removed," she told us. "My sister-in-law still laughs at me and says, 'Remember, you were scared to take your daughter!'"

She stayed with her daughter during the short procedure, which she described as very simple, taking about three to five minutes. "It was done in a home, but it was very clean, hygienic," she said. "It is done by women who are trained by the community, and who pass on their skill from one generation to another."

Discussing the underlying reasons for the ritual, she narrated that her mother told her that *khafd* was performed to "keep young girls on the right path." According to her, there was still a widespread belief among the community that *khafd* 'dampened' women's sexuality and restricted their desires. One of her sisters-in-law, whose daughter had undergone the procedure, gave the same reasoning when her daughter grew older and questioned her about *khafd*. Our respondent told us that for some time she thought of herself as 'different' and 'desexualised', because of the reasoning provided by her mother. The realisation that there was no foundation for this belief helped her overcome her earlier inhibitions and fears. She reported that her sexual life was "very satisfactory."

Our respondent's experience with the psychological impact of *khafd* led her to candidly discuss these issues with the young girls in her family, including her own daughter, so that they do not harbour these misconceptions about the procedure. When we asked her what her own perceptions were about *khafd*, in the context of the activism against it, she referred to the religious obligation to perform the ritual, "It is recommended to us by those who have our best interests at heart." She added, "It is a very minimal procedure which doesn't harm anyone, so why not?"

As the clitoris is a vascular organ, even a clitoridectomy (WHO Type 1b) would need more time to perform safely. In uncontrolled and un-sanitised environments (such as private residences where these interventions inevitably take place), the lack of surgical facilities like an operating table, surgical light or diathermy to arrest bleeding would probably lead to a noticeably higher incidence of post-procedure bleeding and other complications requiring surgical intervention. Reports from Egypt, where significantly more mutilating procedures are undertaken, indicate even deaths as a result of complicated FGC (8, 9).

In the Indian report, the occurrence of post-procedure bleeding is mentioned as an occasional occurrence not necessitating surgical intervention to arrest bleeding. Our discussions with Bohra physicians also corroborate this impression. We also spoke to a senior non-Bohra obstetrician/gynaecologist, who works in a Bohra community-run hospital frequented by Bohra women. In her experience, during her intimate examinations of women presenting to this hospital, she has never seen a Bohra patient whose genitals looked noticeably different from her non-Bohra patients. According to her, despite regularly treating Bohra patients, she was unaware for a long period that FGC routinely took place almost universally among women within their community. However, this is the experience of only one physician and cannot be universalised.

FGC has gained in notoriety because of, in addition to other reasons, its extensive mutilating effects. Given the secrecy surrounding this procedure, it becomes difficult to pinpoint the exact nature of cutting generally performed on females within the community. The evidence provided by participants' accounts in the Indian report is anecdotal and needs to be substantiated by further research. However, based on the descriptions provided in this report, and the interviews we have conducted ourselves, we find it likely that the practice of *khafd* in the Bohra community is far less mutilating and devastating than those described in some African and Egyptian traditions. Even though the interventions by the Bohra community may be minimal, our intention is not to condone any transgressions on the genitalia of the female child, but to incorporate the viewpoints of traditional Bohras who see *khafd* as very different from procedures like infibulation.

Factors affecting the prevalence of *khafd*

The report adequately highlights the possible determinants or factors that affect the prevalence of *khafd* within the Indian Bohra community including age, level of education, geographic location, economic status and personal position on *khafd*.

What we found interesting (though not surprising) was that age was a factor affecting the prevalence of *khafd*, and those who took an anti-FGC stance were primarily from the younger age group. It is noteworthy to mention that Sahiyo,

a group that speaks against FGC has young Bohra women as its founding members (10). Interestingly, even the group WeSpeakOut that commissioned the report in question primarily has many young Bohra women as members (11).

As we read more accounts of those who advocate against FGC, another trend that emerged was that many of the young Bohra women advocating against *khafd* appeared to have been exposed to higher education in the West and were well-versed with the language of rights². We believe that while respondents' level of education was explored within the report, another important influencing factor could potentially be *where* the education took place. The place of education is important in shaping a person's narratives and world views and while we cannot comment with absolute certainty that Western education may have led to an anti-FGC stance or vice versa, we speculate that it would have reflected in the Indian research.

While we cannot also establish this with certainty, an anti-FGC stance may be present among the younger age group within Pakistan also. Our informal discussions with a young, married Bohra woman in her late twenties showed that she was against *khafd* and supported the global discourse against the practice. She asserted that she would not be subjecting her own daughter to this ritual. Another of our male interviewees also related how his teenage daughter who had undergone the procedure at the age of 7 had started writing against *khafd* on social media but was later stopped by the family. Our respondent believed that she was influenced by the "global polemic against FGC." According to him, she was referred to the religious teachings advocating the practice which eventually convinced her to accept *khafd* as a religious doctrine. However, we did not speak to the daughter to corroborate this.

Despite the growing advocacy against FGC in India, it is important to note that a bipolarity of opinion exists within the Bohra community. This is illustrated by the fact that in response to the global activism against FGC, a large segment of the community has come out strongly in defence of this practice. As has happened in other issues with particular relevance to women's lives, such as abortion, while women seem to be spearheading the activism against FGC in India, many of the voices defending *khafd* are also women's. For instance, the Dawoodi Bohra Women's Association for Religious Freedom was formed in 2017 with the objective of protecting Bohra women's right to freely practice religious and cultural rituals (including *khafd*) that are integral to Bohra identity. According to their website, the association currently has around 69,000 members (12).

We speculate that the vocal support of *khafd* in some segments of the community is directly related to increasing global scrutiny and criticism of FGC. According to one of our interviewees, many within the community see the growing movement against *khafd* as a conspiracy instigated by a small "reformist" faction that broke away following the death of the late leader, Syedna Burhanuddin in India. According to our

respondent, many from within the Bohra community surmise that the “reformists” who have broken away are advocating against *khafd* to undermine the larger community and garner international support for the “reformists.”

Reasons for practising *khafd*

This section in the report provided an excellent account of various motivations that lead the community to practice *khafd*. An important reason that emerged from the report was cutting as a way of promoting modesty in women (see Box 1) and pre-empting promiscuity by moderating sexual desires. This rationale for FGC also stands out most prominently in the global literature available on this practice. In the report as well, *khafd* was related to sexual control, connecting it to respondents’ perceptions about the importance of “purity” and “moral superiority” for women and the clitoris as a “sinful” appendage. Some respondents also looked at the practice as a parallel for male circumcision and necessary for the purpose of hygiene.

Another extremely important reason was the perpetuation of a distinct Bohra identity that differentiated the community from other Muslim groups. It was also viewed as a religious obligation and some respondents believed that *khafd* had the status of a *sunnat* (a *sunnat* is a recorded practice of the Prophet [peace be upon him]). Another emergent finding, and perhaps quite a significant one, is that for the Bohra community, the ritual appears to take on added importance because it is based on the order of their religious leader, whom they commonly address as ‘Syedna’. Our informal interviews also suggested that in addition to religious obligation, social pressures (for instance, from family members) influence parents to have their daughters cut, even if they are ambivalent about this practice.

We believe that *khafd* flourishes among the community due to the religious importance attached to this practice. But as the report indicates, the tradition also has cultural and social significance and is viewed by the community as integral to “being Bohra.” We base this on the fact that FGC is not considered an obligatory practice by the majority of the Muslims: while all sects of Islam are absolute proponents of male circumcision, it is only some subgroups that mandate female cutting (13). On the basis of our conversations with Pakistani Bohra respondents, we conjecture that within the community, *khafd* is seen as a defining practice that gives Bohras their distinct identity, much as male circumcision is seen as a defining aspect of identity by all Muslim sects. WeSpeakOut’s report indicates that participants saw both *khafd* and male circumcision as essential steps in taking one’s place in the Bohra community.

As we noted, the report provides a detailed summary of the reasons for the perpetuation of this practice. However, wherever the report documents reasons provided by the respondents in support of FGC, the authors put forward their counterarguments that seek to establish participants’ beliefs as wrong or misguided. Furthermore, the report

contends that the reasons given by participants for practicing *khafd* connect to arguments given by other communities worldwide, including religious beliefs and the curbing of female sexuality. While this appears to be generally true, the discussion ignores literature that records very different motives for *khafd* in select communities, for instance, Huma Hoodfar’s ethnographic work with women in Cairo which documents that female “circumcision” was practiced to *enhance* female fertility and sexuality, rather than to inhibit it. Hoodfar records conversations that clearly indicate that participants believed that their daughters would grow up “cold” and disinterested in sexuality if they were not cut (14).

Female cutting and male circumcision

As we wrote in the section above, some of the participants in WeSpeakOut’s report compared *khafd* to male circumcision. We discuss this in a separate section because there is an ongoing discussion on this topic in academia and the popular press(15-17). The academic debate involves favourable arguments that liken FGC to male circumcision and opposing arguments that intend to show a difference between the two practices. The gist of these arguments is that opponents of FGC believe that female cutting is much more violent than the male practice, carries more medical risks, is more invasive, signifies women’s low status and is intended to control female sexuality. They argue that the male practice carries no harms and may, in fact, benefit individuals by providing protection against diseases.

On the other hand, the proponents of FGC say that both female cutting and male circumcision are intended for hygiene and aesthetic purposes, both carry similar risks and both are rituals that establish an individual’s cultural identity as part of a particular group. In the case of religious communities, both are mandated or at least approved by religious dictate. The Bohra participants of the Indian report also drew similar parallels between male circumcision (*khatna*) and female cutting (*khafd*), emphasising that both were based on “*Shariat*” (Islamic law) and done for the sake of hygiene and cleanliness. Another important point is that participants saw both as essential steps in taking one’s place in the Bohra community.

Based on these parallels drawn with male circumcision, the debate on FGC in the context of the Dawoodi Bohra community needs to consider the following issues: Firstly, the activism against FGC is largely based on the issue of “harms” to women. But it is not yet clearly established how invasive the Bohra practice of FGC is in reality. Secondly, while FGC is facing worldwide condemnation as a procedure performed on female children without consent that subjects them to indignity, opponents of male circumcision make similar arguments, positing that the male practice is irreversible and is carried out on the intimate anatomy of male children, largely at an age when they cannot give consent (18). However, male circumcision is accepted in most communities, including those that condemn FGC. Thirdly, FGC is largely criticised as a form of controlling women’s sexuality. This discussion ignores that

in some classical writings similar reasoning has been provided for male circumcision as for female cutting. Maimonides (ca 1204) wrote about male circumcision, "I think that one of its objects is to limit sexual intercourse and to weaken the organ of generation as far as possible, and thus cause man to be moderate." Many among Muslim jurists also subscribed to this opinion, including Ibn-Qayyim Al-Jawziyyah (ca 1351) who wrote about *both* male and female procedures, that lust "made man an animal" and thus "circumcision curbs this concupiscence" (19: p 62-63).

Medicalisation versus prohibition

The report discusses the medicalisation of *khafd* in the Indian context, contending that India will become a "hub" for *khafd* "tourism", particularly in the wake of criminalisation of the procedure in the US and Australia. It is creditable that the report provides viewpoints from both sides of the divide in its discussion, showing that the debate once again focuses on the issue of harm. The basic argument against the medicalisation of *khafd* is that this would encourage a practice that violates young girls and women and provide it greater social validation. Proponents, on the other hand, contend that the medicalisation of *khafd* would encourage the least risky and invasive forms of cutting in a sterile and safe environment. The report makes the important observation that people on both sides of the divide have the same intention: minimising harms to female children.

We are uncertain about the situation in Pakistan, but believe that there may also be a process of medicalisation of *khafd* underway in this country. Although cutting appears to be done primarily by traditional circumcisers, from our conversations with members of the Dawoodi Bohra community it seems that there is a growing number of female Bohra medical practitioners who are willing to perform the procedure. As in India, there is a likelihood that laws against FGC in Western countries will cause a corresponding increase in the procedure being carried out in Pakistan by Dawoodi Bohras living in Western countries.

We believe that the medicalisation of FGC is in itself secondary (but connected to) a greater concern: critically viewing *khafd* through a human rights framework in order to determine whether medical practitioners can ethically participate in this procedure. As we noted earlier, the *khafd* procedure is surrounded by ambiguity, with no largescale research revealing its exact nature and extent. It is possible that the practice could have harmful repercussions for female children, making it ethically problematic for medical practitioners to become a party to it. On the other hand, if the procedure has minimal medical repercussions, criminalising physicians' participation could deny a community the right to practice a religious ritual in a safe and clean environment.

A strong argument from the human rights perspective is that *khafd* is inherently wrong and degrading, (regardless of how minor it is) because it violates bodily integrity and is done without consent. This is the viewpoint expressed in

WeSpeakOut's report. The WHO also takes this view of female cutting, categorising all types (from pricks to infibulation) under the overarching label of female genital mutilation. The counterargument could be that *khafd* is part of a larger process that socialises female children into a certain identity—much as male circumcision is considered an important aspect of growing into a 'proper' Muslim male—and banning the practice would deny female Bohra children the opportunity to develop an authentic Bohra identity. In our opinion, a law on *khafd* requires an examination of *both* arguments and further research into the nature of the *khafd* procedure as carried out in the Bohra community.

Despite our unease with FGC, we believe that a law criminalising FGC and punishing medical practitioners who carry out the procedure could have harmful repercussions. As a religious minority within the country, the Bohra community may consider the law as a form of oppression and discrimination against their rights to religious and cultural freedom. We emphasise that prohibiting a practice without sufficient evidence of its actual nature will force it underground, as the report itself concludes. Our own conversations with some members of the Pakistani Bohra community showed that they felt defensive under (what they perceived as) an unfair onslaught of attention being given to *khafd*. As was evident from our informal conversations with members of the community, the reason for the silence and secrecy surrounding this practice within the Pakistani context has also largely been because of the possible disrepute and negative publicity for the community (in addition to the secrecy that naturally surrounds any issue relating to intimate details of the female anatomy, in South Asian cultures). This can be counterproductive because in case of botched procedures, the existence of a law may lead people not to seek medical help. This has been demonstrated in the case of abortion practices in Pakistan—the stigma surrounding abortion compels women to seek treatment from unregulated midwives leading to significant complications (20).

Conclusion

The Indian report is a useful addition to the current literature. However, we feel that the findings should be interpreted by readers keeping in mind the particular background of the commissioning group, other literature on the subject and contrary opinions, as we have attempted to within this commentary. While the report presents opposing viewpoints on the experience of *khafd* by participants, we feel that more attention should be given to the actual nature of the procedure and the importance of *khafd* in establishing a Bohra identity.

As we established at the outset, the authors of this commentary are, in principle, against this practice. However, we also contend that the topic is potentially stigmatising for the community and a legal debate on the issue requires greater sensitivity. Given the social importance of *khafd* within the community and the fact that the core reasons

for this practice to flourish remain religious obligation and the desire to follow the Syedna's orders, we put forward our recommendation that activism from within the community and petitioning the Syedna can be useful ways to abolish this practice. In this, we agree with some of the recommendations of the report, particularly those regarding education and advocacy. As evidenced by the publication of this report, there is already an activist movement within the Bohra community. This movement needs to grow and gather influence. Change that is driven from within may not alienate the larger Bohra community and would ultimately yield more fruitful results.

Notes

- ¹ WeSpeakOut describes itself as "the largest survivor-led movement to end Female Genital Mutilation/Cutting (FGM/C) amongst Bohras" in India. The group was established in 2015.
- ² Read accounts of Bohra women here: Saifee M. I'm a survivor of female genital cutting and I'm speaking out – as others must too. *The Guardian*. 2016 Feb 8 [cited 2018 May 25]. Available from: <https://www.theguardian.com/commentisfree/2016/feb/08/victim-fgm-speaking-out-cut-genitals-culture-of-silence>; Baweja H. India's Dark Secret. *Hindustan Times*. [cited 2018 May 25]. Available from: <https://www.hindustantimes.com/static/fgm-indias-dark-secret/>

References

1. Nelson J. Asylum. *The New York Times*. 1998 April 5 [cited 2018 May 25]. Available from: <https://archive.nytimes.com/www.nytimes.com/books/98/04/05/reviews/980405.405nls.html?scp=18&sq=front%2520page%2520june%252013&st=cse>
2. World Health Organization. Classification of female genital mutilation. [cited 2018 May 25]. Available from: <http://www.who.int/reproductivehealth/topics/fgm/overview/en/>
3. WeSpeakOut. The Clitoral Hood A Contested Site: Khafd or Female Genital Mutilation/Cutting (FGM/C) in India. [cited 2018 May 25]. Available from: http://wespeakout.org/site/assets/files/1439/fgmc_study_results_jan_2018.pdf
4. Zahidi F. Female Genital Cutting in Pakistan – It's Time We Talked About It. *Chaaidaani*. 2012 Feb 6 [cited 2018 May 25]. Available from: <https://chaaidaani.wordpress.com/2012/02/06/female-genital-cutting-its-time-we-talked-about-it/>
5. Reuters. In parts of Asia and Middle East, female genital mutilation remains a hidden ritual. *Dawn*. 2018 Feb 6 [cited 2018 May 25]. Available from: <https://www.dawn.com/news/1311647/in-parts-of-asia-and-middle-east-female-genital-mutilation-remains-a-hidden-ritual>
6. Baig S. Female Genital Mutilation: Pakistan's well-kept secret. *The Nation*. 2015 Nov 24 [cited 2018 May 26]. Available from: <https://nation.com.pk/24-Nov-2015/female-genital-mutilation-pakistan-s-well-kept-secret>
7. Seidman I. Interviewing as qualitative research: A guide for researchers in education and the social sciences. Teachers College Press; 2013.
8. Agence France-Presse. Egyptian girl dies during banned female genital mutilation operation. *The Guardian*. 2016 May 31 [cited 2018 May 26]. Available from: <https://www.theguardian.com/world/2016/may/31/egyptian-girl-dies-during-banned-female-genital-mutilation-operation>
9. Ruth Michaelson. First doctor convicted of FGM death in Egypt only spent three months in jail. *The Guardian*. 2016 Aug 2 [cited 2018 May 26]. Available from: <https://www.theguardian.com/world/2016/aug/02/egyptian-doctor-convicted-of-fgm-death-serves-three-months-in-jail>
10. Sahiyo. Who we are. Sahiyo. [cited 2018 May 26]. Available from: <https://sahiyo.com/about-us/who-we-are/>
11. Wespeakout. Homepage. [cited 2018 May 26]. Available from: <http://www.wespeakout.org/>
12. DBWRF. Homepage. Dawoodi Bohra Women's Association for Religious Freedom. [cited 2018 May 26]. Available from: <https://dbwrf.org/>
13. Roald A. *Women in Islam: The Western Experience*. New York: Routledge; 2003
14. Hoodfar H. *Between marriage and the market: Intimate politics and survival in Cairo*. Univ of California Press; 1997. Available from: <https://publishing.cdlib.org/ucpressebooks/view?docId=ft0f59n74g&brand=ucpress>
15. Bodenner C. How Similar Is FGM to Male Circumcision? Your Thoughts. *The Atlantic*. 2015 May 13. [cited 2018 Sept 13]. Available from: <https://www.theatlantic.com/health/archive/2015/05/male-circumcision-vs-female-circumcision/392732/>
16. Worley W. Campaigners call for 'barbaric' male circumcision to be treated the same as female genital mutilation. *The Independent*. 2017 May 17 [cited 2018 Sept 13]. Available from: <https://www.independent.co.uk/news/world/americas/male-circumcision-female-genital-mutilation-fgm-treated-the-same-campaigners-a7765126.html>
17. Shweder RA. The goose and the gander: The genital wars. *Global Discourse*. 2013 Jun 1;3(2):348-66.
18. Sherwood H. Iceland law to outlaw male circumcision sparks row over religious freedom. *The Guardian*. 2018 Feb 18 [cited 2018 Sept 13]. Available from: <https://www.theguardian.com/society/2018/feb/18/iceland-ban-male-circumcision-first-european-country>
19. Abu-Salih S. Male and Female Circumcision. In: Abusharaf RM, editor. *Female circumcision: multicultural perspectives*. University of Pennsylvania Press; 2013.
20. Ahsan A, Jafarey SN. Unsafe abortion: global picture and situation in Pakistan. *J Pak Med Assoc*. 2008 Dec;58(12):660. Available from: http://www.jpma.org.pk/full_article_text.php?article_id=1562

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