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Lack of Data and Dialogue on Female Genital Mutilation in Pakistan

By Huda Syyed

Abstract

Female genital mutilation (FGM) affects women in many countries and carries significant socio-sexual and cultural implications such as affected female sexual pleasure and a strong association with traditions which are believed to form a cultural identity. This essay explored the lack of data and discourse regarding this practice among the Dawoodi Bohra community in Pakistan. Due to the Pakistani government's lack of recognition and public dialogue on this issue, there remains no official laws, statistics, or empirical research about the ritual. Despite the rise of feminism and women's empowerment in many contemporary societies, Pakistan has not initiated any FGM debate in the domains of government, political activism, or academia. Simultaneously, FGM remains secretive and taboo within the Dawoodi Bohra community. This overall lack of awareness has left little to no resources or methods to study FGM in the country. To help bridge this data gap, this essay investigated the religious and cultural significance of FGM among Dawoodi Bohras in Pakistan, discussing factors and justifications that perpetuate the tradition. A unique interplay of patriarchal and matriarchal power structures may be driving FGM in this population, resulting in continued violation of the bodily autonomy of female children and unclear negative effects on women (e.g., physical pain, sexual problems, and psychological trauma). This paper also contrasted universalist and cultural relativist theories of FGM and recommended a research approach characterized by increased cultural competence, sensitivity, and non-judgmental exploration. By pursuing well-designed, culturally sensitive research about FGM in Pakistan, it is possible to initiate productive public discourse and action without incurring shame upon women and entire communities.

Keywords: Female genital mutilation, Data, Pakistan, Bodily Autonomy, Culture

Background of the Problem

Female genital mutilation (FGM) is a customary practice that is still performed among different communities worldwide (Sahiyo, 2018; World Health Organization [WHO], 2020). It broadly refers to the invasive alteration or injury of external female genitalia (Jaeger, Caflisch, & Hohlfeld, 2008). The WHO (2020) deemed this procedure void of medical purpose and divided it into four types: The first category involves "partial or total removal" of the "external clitoral glans" and/or the "clitoral hood" (also called the prepuce). Type two entails "partial or total removal of the clitoral glans and the labia minora with or without removal of the labia majora." Type three is known as *infibulation*, where a seal is made to narrow the vaginal opening. This seal is formed by "cutting and repositioning the labia minora, or labia majora" and stitching. This may be done with or without removal of the clitoral hood and glans (as mentioned in Type 1). Lastly, type four involves "all other harmful procedures to the female genitalia for non-medical purposes (pricking, piercing, incising, scraping and cauterizing)" (WHO, 2021).

Despite international efforts to curb this custom through non-profit mobilization and legal rulings, certain communities continue to perform FGM on young girls. International organizations including the United Nations (UN, 2016) and the WHO (2020) take a universalist approach toward FGM, which views the tradition as a violation of human rights and the female child's bodily autonomy. These organizations aim to abolish the practice and reinstate human rights globally. They take an active role in raising awareness, promoting education, and designing campaigns to prevent FGM. In contrast to cultural relativism, the universalist approach to FGM disputes the cultural symbolism, social significance, and legitimacy of the custom (Danial, 2013). Debates between these opposing camps have often been "polarized and acrimonious" (Khan, Shekhani, & Jafarey, 2019, p. 65).

Lack of Data on FGM in the Dawoodi Bohra Community in Pakistan

The Dawoodi Bohras belong to the Shi'ite Ismaili sect of Islam and are an extremely close-knit community that keeps a very low profile regarding FGM (Bootwala, 2019b). They live as an "extremely private and insular" (p. 222) community that maintains its distinct cultural identity through traditional dress, food, language, and practices. Dawoodi Bohras are often recognized as being a reputable and educated population of wealthy business professionals (Bootwala, 2019b; Taher, 2017), comprising "one of Pakistan's most respected and progressive communities" (Moin & Mustansar, 2017, p. 1127). Importantly, they share a firm belief in their spiritual leader and his holy guidance, the Da'i al-Mutlaq (or *Syedna*). The current (and 53rd) Da'i al-Mutlaq is Mufaddal Saifuddin located in India. *Dawoodi Bohras* take an oath to the Syedna at puberty, and speaking out against him or the clergy is met with the possible consequence of ex-communication (Bootwala, 2019b). Therefore, the community at large holds strong sentiments towards preservation, privacy, and "political quietism" (p. 222). This can be viewed as similar to the political invisibility of Dawoodi Bohras in Pakistan.

There are an estimated one million Dawoodi Bohras worldwide, with the vast majority (approximately 80%) living in India or Karachi, Pakistan (Bootwala, 2019b; Munir, 2014; Taher, 2017). However, they comprise "less than one percent of all Muslims" (Bootwala, 2019b, p. 222). Since many Dawoodi Bohras live in predominantly Hindu India, while belonging to a very small Islamic sect, author Jonah Blank (2001) called the community "a minority of a minority of a minority" (p. 24). Although Blank's research focused on Dawoodi Bohras in India, a strong cultural and linguistic correlation could be made to their Pakistani counterparts. *Dawoodi Bohras* in Pakistan have shared religious beliefs, linguistic expressions, and cultural practices (Bootwala, 2019b; Taher, 2017). Since a majority of *Sunni* sect Muslims comprise Pakistanis, Dawoodi Bohras in Pakistan also stand out as a religious minority (Fuchs & Fuchs, 2020; Khan et al., 2019; Nasr, 2000).

FGM is usually performed on Pakistani Dawoodi Bohra girls at seven years old, children without autonomy who are unable to freely consent or resist (Bootwala, 2019b; Khoso, 2014; Moin & Mustansar, 2017). Dawoodi Bohras practice a specific, but largely unstudied form of female circumcision called *khafd* (Bootwala, 2019b; Khan et al., 2019) or *khatna* (Taher, 2017). Moin and Mustansar (2017) described the FGM performed in Pakistan as minimally invasive and "merely symbolic" (p. 1). According to the WHO classification, *khafd* falls under Type 1a or

Type 4 of FGM (Bootwala, 2019c; Khan et al., 2019). These types of FGM are generally considered to be far less invasive, especially when compared to the more severe Type 3 (infibulation), which is performed on approximately 10% of women in certain African countries (Yoder & Khan, 2008). Studying khafd in Pakistan has been especially difficult, because it is practiced in secret and remains taboo within the Dawoodi Bohra community (Baig, 2015; Bootwala, 2019b). Moin and Mustansar (2017) reported that 50-60% of Dawoodi Bohra females undergo FGM, but the true number may actually be as high as 75-90% (Batha, 2018; Khoso, 2014). While unknown, the Pakistan Institute of Justice (ISJ) estimated that as many as 1,000 Dawoodi Bohra girls undergo FGM a year in the country (Khoso, 2014).

At present, many countries and agencies have identified FGM as an issue for study and prevention (WHO, 2008; WHO, 2020). For example, Indonesia was added to the United Nations Children's Fund (UNICEF) database of FGM (Female Genital Mutilation) in 2013 (UNICEF, 2021). Considering how long FGM has existed, Indonesia's addition to this database was quite late. India also appeared to be catching up with research on FGM, having become sufficiently mobilized to produce yearly reports and data analysis through non-profit organizations (Sahiyo, 2017). Regarding FGM, Moin and Mustansar (2017) pointedly stated that "Pakistan is far from this positive change" (p. 1127). While international organizations like the UN and WHO have continually recognized FGM as a violation of human rights, Pakistan's government and political agencies have shown no interest in addressing or ending the practice (Khoso, 2014; UN, 2016a; WHO, 2021). Despite the UN Member States implementation of Sustainable Development Goals toward ending FGM by 2030 (UN, 2016b), Pakistan has not released any governmental statement, has held no public discourse, and has not even published prominent feminist literature on the topic. Moreover, the matter is of no concern to any Non-governmental Organization (NGO), UN agency, or Pakistan's government (Khoso, 2014). At present, FGM is not regarded as a social issue or problem in Pakistan, and the country has not implemented any legal or administrative policies to ban the practice (Khoso, 2014; Orchid Project, 2010).

The only document to ever address FGM in Pakistan was the National Action Plan for Children (NAPC) in 2006 (Khoso, 2014). This initiative was presented by the federal government of Pakistan and backed by various health, educational, and social welfare institutions. Goal number nine of this plan aimed to, "end harmful traditions or customary practices" (p. 2) in Pakistan by 2010, one of which included female genital mutilation. The plan outlined multiple actionable strategies to curtail the practice (e.g., awareness campaigns, educating girls about FGM, implementing new legislation). Unfortunately, the NAPC fell to provincial governments after the backing institutions dissolved, and no other governmental plan in Pakistan has since addressed FGM. There are no records or reports to indicate that any provincial government ever enacted any part of the NAPC, nor was the plan included in the compulsory report to the UN Committee on the Rights of the Child or the UN Convention on the Elimination of All Forms of Discrimination Against Women (Baig, 2015; Khoso, 2014).

Therefore, Pakistan has little scientific literature and no prevalence data or official statistics on the topic (Bootwala, 2019b; Khoso, 2014; Orchid Project, 2019). Hafiz (2012) published one of the only discourses about FGM within Pakistani academia in the *Pakistan Journal of Women's Studies*. His article primarily discussed the religious polarity of views on

FGM in Islam, providing both juridical and medical viewpoints. Biomedical ethics professors Khan et al. (2019) conducted informal discussions with several Dawoodi Bohra women living in Karachi, Pakistan to explore their experiences with FGM. Although anecdotal and published in *The Indian Journal of Medical Ethics*, this commentary article provided some of the only experiential data from this population in a Pakistani context.

Very few undergraduate or Master theses have studied FGM in Pakistan (Habibi, 2021; Khan, 2020). Unfortunately, the findings of these academic works have rarely seen the light of day for further study. The dearth of evidence-based research on this topic confirms that Pakistan still has a huge research gap which must be bridged to fully understand FGM, including its cultural significance and its impact on women of the community (Khosro, 2014).

More recently, anti-FGM organizations like *Sayih* and *We Speak Out* have published reports on Dawoodi Bohra women and their experiences with FGM (Anantnarayan, Diler, & Menon, 2018; Taher, 2017). Taher (2017) published some of the first and only representative data on this population in Pakistan in a report titled *Understanding Female genital cutting in the Dawoodi Bohra Community: An Exploratory Study*. The study used purposive, snowballing sampling and an anonymous survey asking both qualitative and quantitative questions about FGM (open and closed-ended). The research included 385 adult women who identified as either belonging to or being raised in the Dawoodi Bohra community. The results found that the majority of Dawoodi Bohras reported residing in India (217) and Pakistan (44), with 22 participants (6%) currently living in Pakistan. Of the forty-four (14%) respondents who reported undergoing FGM in Pakistan, all reported having the procedure done at a private residence. Although extremely limited, this research uncovered some of the only available demographic and experiential data about Pakistani Dawoodi Bohra women that underwent FGM.

Most information about FGM in Pakistan came from *grey literature*, including: newspapers, social media, testimonials, and exploratory reports (Bootwala, 2019b; Khan et al., 2019). Grey literature broadly refers to nonconventional or informal communication unavailable via commercial publications, examples of which may include: theses, conference proceedings, or official documents (Alberani, De Castro Pietrangeli, & Mazza, 1990; Lawrence, 2012). Von Hendy (2014) succinctly defined grey literature as “everything but peer-reviewed journals and academically or commercially published books” (p. 60).

Newspapers have been the primary medium discussing FGM in Pakistan. In 2011, an English-Pakistani newspaper called *The Express Tribune* reported on FGM being practiced within a small and insular community of Dawoodi Bohras (Chohan, 2011). Additional Pakistan news articles have since covered this topic (Baig, 2015; Moazzam, 2013). More recently, a few Pakistani millennial bloggers and writers have shared their views on FGM through online platforms such as websites (Ahmad, 2018; Javed, 2020). However, these efforts have not created enough traction to catalyze an open public dialogue about FGM in Pakistan. Without public discussion or political attention on this issue, there remains little impetus for improved standards, laws, or prevention campaigns in the country (Khosro, 2014; Orchid Project, 2019).

Factors Perpetuating FGM among Dawoodi Bohras in Pakistan

Bootwala (2019c) reviewed FGM in the Dawoodi Bohra community and concluded that a combination of historical, anthropological, religious, and sociocultural factors underlie the practice. This section reviewed unique factors that continue khafd among the Dawoodi Bohras in Pakistan, including: family system dynamics, cultural identity, religious beliefs, and patriarchal justifications.

Taher (2017) surveyed 309 adult Dawoodi Bohra women that had undergone FGM, and found that mothers (167, 67%) or other female family members (93, 32%) were the predominant decision-makers regarding the procedures. Therefore, Dawoodi Bohra women may not see khafd as a harmful practice or a human rights violation, instead condoning the practice for their young daughters or relatives (Khan et al., 2019; Khoso, 2014). Ahmadu and Shweder (2009) discussed the “symbolic representation of matriarchal power” (p. 14) that FGM holds for some women, which imbues a sense of female empowerment, initiation to womanhood, and other positive qualities.

Due to the secrecy surrounding khafd, it has been hard to study who is performing the ritual in Pakistan (Bootwala, 2019c; Khan et al., 2019). FGM is often carried out by women, usually from within the Dawoodi Bohra community (Taher, 2017). Taher’s data revealed that among 309 Dawoodi Bohra women that underwent FGM, 74% had their procedure done by a traditional cutter or midwife. Khan et al. (2019) conducted informal conversations with several Dawoodi Bohra women in Pakistan and learned that their procedure was usually performed by traditional circumcisers. However, there appeared to be an increase in “female Bohra medical practitioners” (p. 69) now performing FGM. The authors cautioned, “we are uncertain about the situation in Pakistan, but we believe there may also be a process of medicalization of khafd underway in this country” (p. 69).

Taher (2017) also explored where adult Dawoodi Bohra women had their procedure done. Of 309 survey respondents, forty-four (14%) reported undergoing their FGM in Pakistan, with all (100%) these cases occurring at a private residence. However, Bootwala’s (2019c) review indicated that FGM is often performed in a sterile medical or hospital setting in urban areas of Pakistan. Future research could investigate who is performing FGM in Pakistan and where, and whether these practitioners and settings are changing. Several authors also warned that the strict legal rulings against FGM in many Western countries could increase immigrant settlers to travel from the West to countries like Pakistan for the procedure (Khan et al., 2019; Taher, 2017). Khoso (2014) specifically cautioned that young British girls of Pakistani origin could be brought to Pakistan for the procedure by their Dawoodi Bohra parents.

Significantly, FGM might be considered a prerequisite to the cultural identity of being a Dawoodi Bohra woman (Bootwala, 2019b; Khoso, 2014). Following exploratory discussions with several Dawoodi Bohra women living in Pakistan who underwent FGM, Khan et al. (2019) suggested that the practice may hold deep religious, cultural, and social meanings that cultivates a “distinct Bohra identity” (p. 68). This sense of being a “true” Dawoodi Bohra woman could also distinguish them from other Islamic groups, further maintaining the tradition (Khan et al., 2019; Taher, 2017, p. 46). Cultural research has suggested that FGM is sometimes viewed as a

rite of passage for a female, even being celebrated as a symbol of womanhood in different tribes of Africa (Althaus, 1997; Nour, 2008; Nour, 2015).

Religion remains a major reason why Dawoodi Bohras in Pakistan perform FGM (Bootwala, 2019c; Khoso, 2014). Although the practice predates Islamic religion and is not even mentioned in the Quran (Bootwala, 2019c; Jaeger et al., 2009; Khoso, 2014; Taher, 2017), some Muslim communities still require FGM for religious purposes (Nour, 2008). The Dawoodi Bohra community practices khafd as part of a religious requirement or ritual (Duivenbode & Padela, 2019; Khan et al., 2019). Taher (2017) conducted an online survey with 385 adult Dawoodi Bohra women and found that the majority of respondents reported religious reasons (56%) as the primary rationale for continuing FGM.

To understand the Dawoodi Bohra's reasoning behind FGM, it is imperative to examine their religious text called the *Da'a'im al-Islam (The Pillars of Islam)*. Written by Ismaili jurist Al-Qadi al-Nu'man in the 10th century, the work detailed lifestyle guidance and religious obligations and narrations by the Prophet Muhammad and other Islamic figures, including FGM (Bootwala, 2019c). A passage from the English translation (Poonawala, 2002) narrated:

O women, when you circumcise your daughters, leave part (of the labia or clitoris), for this will be chaster for their character, and it will make them more beloved by their husbands. He also said, hasten with the circumcision of your children, for indeed it leads to greater purity. He said, a girl should not be circumcised until she is 7 years old. (pp. 154-155)

Amatullah Burhanuddin, wife of the 52nd Syedna, wrote a guidebook to this religious text which again sanctioned FGM for Bohras of both genders (Bootwala, 2019c). In a public statement issued June 6th, 2016, the current Syedna explicitly promulgated female circumcision as being a religious purity requirement for Dawoodi Bohra girls (Bootwala, 2019c; Sahiyo, 2016).

While obscure, Dawoodi Bohra men play an essential role in upholding FGM, both interpersonally and sociopolitically (Anantnarayan et al., 2018; Bootwala, 2019c). Taher's (2017) survey of 385 Dawoodi Bohra women found that while men were often aware of FGM occurring (72%), respondents were less certain whether men expected this procedure (45%). Additionally, FGM was often performed for the sexual control of women's bodies and cultural sanctity norms. This need for control can also be inferred as a socio-sexual implication which becomes more apparent with the findings from Taher's report. It uncovered various androcentric rationales for the practice, including: decreasing female sexual arousal (173, 45%), maintaining traditions and customs (161, 42%), physical hygiene and cleanliness (103, 27%) and a requisite for a good marriage (36, 9%). Some cultures perform FGM to make the vagina look more aesthetically pleasing, feminine, and beautiful (Jaeger et al., 2009; Nour, 2008; Taher, 2017). In other cases, FGM serves to ensure that women's sexuality is restricted towards only their husbands (i.e., reducing any possibility of straying or disloyalty). Thus, at each level of various systems, patriarchal structures appeared integral in generating and continuing FGM among this population.

The Need for Increased Cultural Competence and Sensitivity in Research

Unlike Pakistan, Africa has ample literature on FGM that might be explained by the pioneering writings of feminist and social activist Fran Hosken (Hosken, 1979; Hosken, 1980). Her popularity and research on FGM rose in American scholarship during the 1970's and onwards, with other academicians and scholars taking further interest in this topic. After an initial focus of FGM in Africa, the scope expanded to other Islamic groups performing the ritual (Khan et al., 2019).

Sociologist Lisa Wade (2011) highlighted that many contemporary scholars often viewed FGM through a lens of cultural inferiority, framing these practices as sheer barbarism. She contended that Hosken's initial harsh interpretations of FGM and its practitioners led to the negative stereotyping and condescension of entire groups of people and cultures that practice it. Alternatively, Wade advocated for civility, increased sensitivity, and improved scholarship in this area, stating that "accusations of 'barbarism' and 'imperialism' create more heat than light" (p. 43). To this end, Wade summarized three main points that outlined responsible scholarship. The first included the careful use of language, avoiding derogatory or judgmental words that could lead to an entire community being grouped as barbaric or lesser than. Academicians and scholars must adopt a thorough approach and avoid generalizations, such as labeling FGM as barbaric and regressive on behalf of a whole community without understanding its reasons or background. Wade's second point highlighted the importance of acknowledging the limitations to research methods and the shortcomings of data sources (e.g., novels, activist literature, media portrayals, etc.). Therefore, data sources do not necessarily reflect a complete picture of an entire community or practice. Furthermore, research is a constant work in progress and there can never be too much insight or investigation. Lastly, Wade stated that we should be "more critical of what we read" to avoid "partial and biased account of the practices" so that we "approach even friendly texts, critically" (p. 43). Responsible scholarship should therefore be based on a more holistic, accountable approach that acknowledges the limitation of data sources and avoids derogatory language and focuses on collecting data in a more objective way.

There has also been academic discourse that leans towards cultural sensitivity or cultural relativism, an approach which avoids attaching harsh labels on communities that practice FGM (Cassman, 2008; Vissandjée, Denetto, Migliardi, & Proctor, 2014). Rather than attacking or condemning such communities, these types of approaches prefer to observe and understand the customs and cultural identities, thereby adopting a sensitive approach to understand their background and history, alongside the role, purpose and possible implications of FGM. Ostebo and Ostebo's (2018) research on the Ethiopian ban of FGM revealed that change or development in this area requires communities to be engaged and mobilized from within.

Extrapolating the above principles, a culturally competent and sensitive academic approach to exploring FGM among the Dawoodi Bohras in Pakistan where community sentiments are fully respected would best foster dialogue and active community involvement (Bootwala, 2019b).

Future Directions

Ostensibly, the biggest hurdle to addressing FGM in Pakistan is that it is not recognized as an issue or social problem by virtually all communities, organizations, or governments (Khosro, 2014). This indifference is only compounded by the taboo and secretive nature of FGM within the Dawoodi Bohra community (Bootwala, 2019b). As the United Nations strives to end such discriminatory practices to establish gender equality by 2030, this aspiration remains purely hypothetical for Pakistan at present (United Nations, 2016). With no legal or administrative efforts to stop FGM in the country, and no systematic empirical research published on the topic, there remains no avenue to recognize, address, or ameliorate the issue (Khan et al., 2019; Khoso, 2014). Therefore, the practice goes largely unrecognized, unreported, and unstudied among Dawoodi Bohra girls in Pakistan (Khosro, 2014).

While Taher's (2017) seminal report uncovered some important and preliminary information regarding FGM among Dawoodi Bohras in Pakistan, the publisher Sahiyo is an Indian organization. The majority of survey participants currently lived in India, with the preponderance of data focused from this region. There remains a significant need for Pakistan-based research and academic discourse to fully understand FGM in a Pakistani context.

Researchers have begun applying theoretical models of behavior change to further study and prevent FGM (Brady, Connor, Chaisson, Mohamed, & Robinson, 2021; Shell-Duncan & Herniund, 2006). Applying a *Transtheoretical Stages of Change Model* modified for studying FGM, a large cross-section of Pakistani citizens appeared to be falling on a continuum around the earliest stage of change, termed *Non-contemplation* (Prochaska & DiClemente, 1983; Shell-Duncan & Herniund, 2006). Non-contemplation encompasses those who support the continuation of FGM, but doesn't fully account for individuals who tolerate the practice due to unawareness or apathy. Future research using experimental models of behavior change for FGM could explore how the cultural beliefs, attitudes, experiences, and perceptions of Pakistanis affects larger patterns and systems of behavior in the country (e.g., families, communities, governments).

Pakistan presumably requires years to catch up and mobilize national action on FGM. Khoso (2014) argued that without recognition, there can be no debate, research, or action at the community or government level. Khoso recommended legal reform, community mobilization, increased public awareness campaigns, and having the Pakistan Federal government decree FGM a harmful practice. After overviewing various Dawoodi Bohra issues over three articles, Bootwala (2019a; 2019b; 2019c) encouraged open dialogue within this community of India to further promote concepts of children's bodily autonomy and health.

Khan et al. (2019) outlined some future directions for addressing FGM among Dawoodi Bohra women living in Pakistan. Following informal conversations with several Pakistani Bohra women, the authors recognized an anti-FGM movement slowly growing from within the Bohra community, often among younger females. Notably, five Dawoodi Bohra women created the organization Sahiyo in 2015 to end FGM through: awareness, research, education, activism, and legislation. Khan et al. opined that exposure to Western higher education and human rights could be promoting this anti-FGM sentiment among younger Bohra women. Bootwala (2019b) also noted increased polarization occurring within the larger community, with the Dawoodi Bohra

Women’s Association for Religious Freedom (DBWRF) organizing in 2017 to fortify traditional practices and religious freedom, including khafd. The in-group change would less likely alienate or antagonize the larger Bohra community, possibly even paving avenues to petition the orders of the Syedna in the future (Khan et al., 2019). While fundamentally against FGM, Khan et al. concluded that a universalist approach could potentially stigmatize the entire Dawoodi Bohra community. Alternatively, Bootwala (2019b) suggested that sensitively engaging older Bohra women could be a fruitful avenue, as these individuals carry significant power within the community.

At present, there has been no systematic study on the type of FGM practiced within the Dawoodi Bohra community, or the mental and physical consequences on females. Moin and Mustansar (2017) noted the less invasive and more symbolic nature of FGM among the Dawoodi Bohra community in Pakistan. However, collecting data in this area could pose a major challenge, considering that FGM is treated as “a guarded secret” (Ghadially, 1991, p. 19) by women of this community. Khan et al. (2019) posited that negative community publicity was a major reason for the “silence and secrecy surrounding this practice within the Pakistani context” (p. 69).

With such little data on FGM in Pakistan, it remains difficult to fully comprehend its purpose, function, and implications among females in the country. The physical and psychological risks of khafd remain unknown (Bootwala, 2019b). It is especially important to gather more information on types 1 and IV of FGM, because it is believed that the Dawoodi Bohra community practices these less invasive forms of the practice. Bootwala (2019a) compared Southeast Asian FGM practices and drew a strong parallel between the *Dawoodi Bohra* community. The author grouped Malaysia, Indonesia and the *Dawoodi Bohra* community together by claiming that they perform types 1 and IV of FGM (p. 213). Bootwala (2019b) emphasized that in accordance with the WHO framework of FGM typologies, *Dawoodi Bohras* fall under categories type Ia and IV. This is because of the “removal of part of the clitoral prepuce” which entails “no clitoral excision and no apposition of the labia minora or labia majora” (p. 221). Khan et al. (2019) interviewed a gynecologist/obstetrician working within the Dawoodi Bohra community in Pakistan to further explore this issue. While anecdotal and preliminary, the physician reported discerning no noticeable differences in the genitalia of this population. Research could investigate why the Dawoodi Bohra perform these types of FGM and not others, and what particular physical and psychological effects are experienced (as compared to more invasive forms of mutilation). Exploring these questions could bridge the research gap and shed more light on the community’s commitment to certain types of FGM.

This review indicated that a systematic, culturally-sensitive research approach is necessary for better understanding the Dawoodi Bohras in Pakistan. Firstly, well-designed qualitative research that extends cultural respect and acceptance toward the community could uncover their unique experiences, beliefs, perspectives, and attitudes about FGM. Interview questions could further explore the role that FGM has on Bohra cultural identity, including collective views about bodily autonomy and the consent of young girls. Such inquiry could also illuminate the history and dynamics behind the silence, and whether it is connected to customary practices the community fears might cause controversy or backlash. Secondly, a gradual

approach moving towards responsible and civil scholarship must be established where FGM is frequently discussed in academic discourse with sensitivity. Exploring the divide between cultural relativism and universalism in academia remains crucial, especially examining these approaches within the context of the Dawoodi Bohra community. With the help of community inclusion, dialogues, and responsible academic discourse, it will be possible to gauge how children's bodily autonomy and health should be approached in the coming years.

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