I am a Daudi Bohra woman and I was circumcised when very young. I do not remember at what age. But I do recall the incident. My mother took me to the house of a woman in our Bohra mohalla. Except for the lady, no one was at home. I was told to lie down on my back on the floor and spread my legs. It hurt me bad and brought tears to my eyes. The whole thing was over in a matter of minutes. As I grew up and became aware of my sexuality I realized the purpose of circumcision is to discourage masturbation. It limits the possibility of sexual pleasure from the stimulation of the clitoris. The circumcision exposes the nerve endings and direct contact makes the area hypersensitive and painful to prolonged touch.

While the practice of male circumcision is universal in the Islamic countries, female circumcision (sunna) is not. Saudi Arabia, considered the cradle of Islam, does not have the practice of female circumcision (Harden, 1985). A considerable amount of literature is available on the more drastic variety of female circumcision namely, clitoridectomy and infibulation as practiced in Africa. In Asia, the countries where female circumcision is practiced, but literature is singularly lacking, includes Malaysia, Indonesia, Southern parts of the Arab Peninsula, along the Persian Gulf, United Arab Emirates, Oman, Bahrein, South Yemen and among some sects in Pakistan and Russia (Asma El Dareer, 1982). A more systematic study of sunna—the least drastic variety—is lacking. This article deals with the practice and nature of sunna in a Muslim sect in India namely the Daudi Bohras.

The Daudi Bohras — an Ismaili Shia sect — number approximately half a million and are concentrated in the western states of Maharastra and Gujrat. Those residing outside India are primarily found in Pakistan and E. Africa. (Engineer, 1980). A highly organised sect, they have a spiritual head known as Dai, Maulana or Syedna. Despite the fact that the sect prides itself on being modern in terms of education, occupation and family planning, the Syedna continues to exercise considerable control over his followers.

The information on the nature and practice of this custom was gathered by talking informally to several women of the community, especially those with young daughters, interviewing two women who do female circumcision and drawing upon secondary sources. The data was gathered in the city of Bombay where approximately 50 percent of a total of approximately half a million Daudi Bohras reside.

The Bohras practice the sunna variety in which the prepuce or the tip of the clitoris is removed. The word for circumcision is khatna and applies to both male and female. The practice is supported but not enforced by the clergy. No other Muslim sect practices female circumcision.

Khatna is performed by mullanis, women who have a semi-religious standing, or by dais or midwives, or by any woman with some experience. As some families become more interested in a safe circumcision, they prefer to go to doctors. (Srinivasan, 1991). The circumcision is done when the girl reaches the age of seven. The choice of this particular age is not clear. At this age the girl is considered nadan (innocent) and nasamaj (not capable of understanding). She is considered not capable of understanding what is being done to her and at the same time is considered sufficiently mature to continue the tradition when she has a daughter of her own.

Justification for Circumcision

While the practice is very common, in terms of the number of people practising, it has undergone a slow
change. Among the approximately 50 women I talked to, about 10 percent have given up circumcising their daughters. Only about 20 percent question, discuss and debate the practice with their family and friends when a daughter comes of age. The majority eventually decide to have their daughters circumcised. Seventy percent or more follow the practice without questioning it. The main reasons for doing circumcision respondents gave include:

a) it is obligatory on the parents to do it as it is mentioned in the shariat;

b) it is a tradition/custom in the community; and

c) to curb the girl’s sexuality.

Less commonly cited reasons include:

a) cleanliness and purity; and

b) like male circumcision it represents the attainment of the status of a Muslim.

An unpublished survey found that the main reason why women have their daughters circumcised is to curb a woman’s sexual passions. Srinivasan also found a similar reason. In Sábak (Sunday School) women are instructed by the wives of the clergy that if a girl is not circumcised she will bring disgrace on the family and the community. The reasons cited for giving up the practice included not wanting to subject the daughter to a painful procedure unless there was a strong rationale for doing it; not wanting to interfere with the girl’s natural sexuality; and to avoid any medical complications.

The main justification is to curb female sexuality. This is closely related to the sex socialization of Bohra girls. The word sex is simply not mentioned, it does not exist. However, the girls are warned to keep away from strange men. A similar point is raised when discussing Kashmiri Muslim women. Nallazaralli states, “The women do not understand their own bodies—the female body in general is considered unclean and an “improper” subject for discussion.” (Nallazaralli, 1974). As one Bohra woman put it, describing the lack of understanding of young Bohra girls, “Do they know anything about the human body?” (Srinivasan). When they start menstruating they are told that now you have become a woman. There is emphasis on cleanliness and taking of the ritual bath at the end of the menstruation period but no information about sexual and reproductive aspects. Young brides do get a few words on sex from an experienced aunt on their wedding night. While sex is taboo, it is acceptable and even enjoyed within the context of marriage. A man may have a higher sex drive but a woman is entitled to sexual pleasure in marriage.

Bhatty (1988) put it succinctly: “Socialization of Muslim girls in Uttar Pradesh is based on three basic concepts. First, women are inferior to men in every sphere of life. They are weak physically, mentally and spiritually. Second, women are responsible for ensuring the continuity of cultural norms by conforming to the traditional culture and socializing the young accordingly. Third, the women must safeguard the izzat of the family. The second and third concepts are interconnected since non-conformity threatens izzat. Indian Muslim society, like many other traditional societies, uses double standards for judging men and women and demands from women complete adherence to these double standards. Any deviation from the codes of morality prescribed for women threaten the izzat of her kin group.” Unlike other Muslim women in India, the sexual desire of Bohra women is curbed both physically and culturally. The task, as expected, is accomplished by enforcement from older women of the family.

Unlike the more severe forms of circumcision, the least drastic form has neither serious health nor reproductive repercussions. In my own sample the most common complaint was the girl’s difficulty in discharging urine. According to one Bohra doctor, there have been cases of infection, swelling, severe bleeding, shock, tetanus. In some instances circumcision has been a contributory factor in some cases of frigidity. (Srinivasan).

There has been no systematic attempt to do away with this practice. Bohra doctors working within the confines of the community had tried to take up the matter with the clergy but without success. An activist of the Bohra Women’s Action Forum, founded in 1989, stated that the practice of circumcising the girl is abhorrent. Reformist women have not come to question female circumcision organizationally; but individually a lot of women are opposed to it, and have made sure that it is not done to their daughters (Srinivasan).

Profile of a Woman who does Female Circumcision

Living in the heart of a Bohra mohalla in a metropolitan city, Ms A, of lower middle class circumstances, occupies a dilapidated one room plus kitchen flat and lives together with her son, daughter-in-law and two grandsons. She is 75 years old, uneducated but literate. She has no training in nursing or first aid. Widowed at the age of 30, with three young sons to support, she took the clergy’s permission to become gainfully employed by doing female circumcision. Besides, she states, this line of work had already been in the family. Her grandmother performed khatna but her mother never learnt the trade as she was married in an economically well-to-do family. Her grandmother therefore taught the trade to another Bohra woman acquaintance. Ms A learnt how to circumcise from her grandmother’s acquaintance and also got some initial instruction from the wives of clergy.

For the next 35 years, it remained her major occupation. She stopped only when her eyesight began to fail. She taught her three daughters-in-law to circumcise. They were already assisting her in this work and learnt the procedure by observation. Permission for the daughters-in-law to practice was duly obtained from the clergy. Today, all the
husband’s meager income. For Ms A this circumcise and supplement their three daughters-in-law do female takes care of her and sends her a food ration every month. The community members also take care of her in a similar manner. According to her, no other Muslim group in India other than Bohras practice it. Because of this practice, Bohra women, unlike other Muslim women, are permitted in cemeteries, mosques and can touch the stone of kaaba in Mecca. Ms A’s acquaintances in the mohalla tell her to stop doing this work and ask her “Why do you make little girls cry?” She replies that as long as the shariat sanctions it and the clergy support it she will do it but the decision is really that of the women themselves.

Procedure: She has a rusted box containing five items: 1) the astro—a barber’s razor — rusted, with a broken handle (about 8 to 9 inches long. duly blessed by the clergy); 2) a small stone on which to sharpen her razor; 3) a pile of 1” by 1” pieces of paper—this is used to wrap up the foreskin which is thrown away; 4) a small box of indigenous medicine called abeer or kapurkanchi powder mixed with silk thread ash (pure silk threads are burnt, grounded and put through a sieve). This mixture is put over the cut over the clitoris, the powder for its cooling effect and the silk ash for its adhesive value, and lastly, 5) a pile of 1” by 1” pieces of cloth to put on the cut in case of bleeding.

According to her, the entire procedure takes a few seconds and if the girl is agitated it takes several minutes. The girl is told to lie on her back on the floor. Her two hands are held over her head by the mother, and her two legs are held down by a woman each. Ms. A holds the foreskin in one hand and uses the razor (which she claims has been sterilized) with the other. The foreskin—the size of a yellow moong bean—is excised. No anaesthetic is used for the purpose. There is no bleeding unless the girl is difficult to manage. She recommends to the mother that the genital area be washed with warm water and antiseptic and the girl be given coconut water to drink to help in the discharge of urine. The wound is healed in a day or two. Post circumcision complaints are rare. Occasionally mothers come saying that the girl won’t permit them to wash the circumcised area. The girl is told not to mention what happened to her to anyone. Some of the girls are told that a worm was removed from their stomach. Busy months for her include the summer and Christmas school vacations when it is more convenient to get it done. Fatima, the Prophet’s daughter, was said to have been born circumcised, hence the practice. In her own practice she has seen one girl in 100 born circumcised in which case a cut betel nut leaf is ritually placed on the clitoris and then removed.

A Guarded Secret

The girl’s circumcision has been kept an absolute secret not only from outsiders but also from the men of the community. Unlike a male child’s circumcision it is neither announced nor celebrated. It is a ritual very strongly guarded by the community women. However, Ms A says this is no longer true. The washerwoman—a non-Muslim—who comes to her house knows about it. The men in the mohalla around her house know about it as mothers with little girls come asking for the whereabouts of their house.

Her clients include Daudi and other Bohra subsects such as the Suleimans and Aliya Bhoras. Occasionally, she has had Arab girls from the Middle East brought to her. When a non-Bohra woman decides to marry a Bohra man and they want a Muslim religious marriage ceremony to be done by the clergy, the woman is asked to be circumcised. In the adult stage the size of the foreskin is that of a channa dal. Today a khatna done at her own home fetches Rs 70 and if she is invited to the house of the client she asks for Rs 100. Out of this Rs 70 she keeps Rs 10 for herself, and gives Rs 10 to her daughter-in-law. The remaining cash is spent in buying coconuts or sweets which are given away as charity. Although this is her normal rate she accepts whatever the client offers. Sometimes from the poor she gets as little as Rs 30. About 75 percent of the khatna are performed in her own house, 25 percent of the time she goes to the house of the client. Occasionally she would be invited to do khatna for several girls together in Surat, a town 260 kms from Bombay and which has a fairly large Bohra population.

**The African Connection**

The Bohras of India belong to the Shia Ismaili faith. The Ismailis effectively challenged the Abbasids—the Arab Sunni rulers, and succeeded, with the help of the Berber tribe, in establishing their own state called the Fatimid state, in North Africa which later extended to Egypt and Yemen. Female circumcision...
was practiced in Africa before the advent of Islam.

The Ismaili movement, from its inception was a proselytizing mission which had spread the network of its missionaries to countries like Persia, Central Asia, Yemen and India. In the eleventh century two missionaries from Egypt and later a few from Yemen landed at the port of Cambay and sought converts to the Ismaili faith. The Bohras imbibed the traditions of the new religion in a thorough manner. Its followers in India have been very scrupulous followers of all the practices prescribed by the shariat. (Engineer, 1989). Evidently, female circumcision was a direct import from Egypt. It must be mentioned that excision/clitoridectomy is practiced in Egypt. (Hosken, 1979). Circumcision is unheard of in the indigenous Indian population.

The theory of the Egyptian connection is further strengthened when one compares the Bohras with two other Muslim sects — the Khojas and the Memos. All the three sects are petty business communities from Gujarat, are well structured, and have similar and contemporaneous origin. Despite similarities among these three Muslim sects, the Khojas and the Memos do not have the practice of female circumcision.

The Bohras and the Khojas have a common Shia Ismaili origin whereas the Memos are a Sunni sect. However, all the three communities have their own distinct identities, important doctrinal differences and generally do not intermarry and have separate closely knit socio-religious structures. Like the Bohras, the Khojas have a highly centralised command structure and are tightly controlled from above. Compared to other Muslim sects, both the Bohras and the Khojas are better educated, culturally well assimilated with other non-Muslim Gujarati communities. (Engineer, 1989)

The Khojas or Aga Khanis constitute the Nizari branch of the Ismaulis. Most were converted to the Ismauli fold by the Nizari missionaries who came from Iran. The Nizari missionaries used local religious idiom to convert Hindus to their fold. The Prophet and his successor Ali were projected by them as avatars of Krishna and Vishnu. The Khojas for this reason remained highly Hinduised for a long time. It was only during the period of the father of the present Aga Khan that they were encouraged to openly identify themselves with the Muslims in India. The Bohras on the other hand were a highly Islamised sect from the beginning of their conversion. (Engineer, 1989).

Likewise, the Memos trace their origin to the 700 families, comprising of 6,178 persons belonging to the old and famous Lohana community of Sind in Pakistan. The Lohanas, found in the area stretching from Sindh to Lahore embraced Islam in the 15th century. During this period Sindh was under the King of Kabul. They were converted at the hands of Hazrat Yusufuddin — a descendant of the great Sufi saint Ghusul Azam who probably came from Afghanistan. The present Memon community stems from these converted Lohanas who migrated from Sindh to Kutch in Gujarat. (Engineer, 1989). The place of origin of the missionaries — Egypt, Iran or Afghanistan — and to what extent they were able to impose an imported religion or were willing to assimilate local customs perhaps determines the absence or presence of female circumcision among the Muslims in India.

Footnotes
1. Some divide the practice into three and some into four types. The first and the least severe form is called ritualistic circumcision, where the clitoris is merely nicked. The second form is called circumcision, or sunna. This involves the removal of the clitoral prepuce— the outer layer of the skin over the clitoris, sometimes called the “hood”; the gland and the body of the clitoris remain intact. Clitoridectomy or excision, a third variety involves removal of the entire clitoris and most of the adjacent parts. Lastly, infibulation or pharomic circumcision includes clitoridectomy and sewing of the vulva.

References: