



## **Pag-Islam:**

# **An Exploratory Action Research on Female Genital Mutilation/Cutting Practices in the Bangsamoro Region, Philippines**

March 2021





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# Acknowledgements

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The Pag-Islam: An Exploratory Action Research on Female Genital Mutilation (FGM) in the Philippines took on a qualitative study to focus on the controversial practice of female genital mutilation and female circumcision (FGM/C) in the Philippines, particularly in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM). The effort was the first attempt in the country to conduct careful and in-depth research on the said traditional ritual practices and the effects on the health and well-being of girls and women in BARMM.

It was successfully done from March to November 2020 despite the challenges posed by the COVID-19 pandemic through the collaborative partnership of the following organizations: Leading Individuals to Flourish and Thrive, Inc. (LIFT), Nisa Ul-Haqq Fi Bangsamoro, Inc. (Women for Justice in the Bangsamoro) and CARE Philippines through the unwavering support of Vital Voices Global Partnership.

Deepest gratitude and congratulations to the following individuals who dedicated their time and energy to this research:

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# Acronyms

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BARMM	Bangsamoro Autonomous Region in Muslim Mindanao
FC	Female Circumcision
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
FGM/C	Female Genital Mutilation/Female Circumcision
GBV	Gender-Based Violence
KII	Key Informant Interview
LIFT	Leading Individuals to Flourish and Thrive, Inc.
MRLs	Muslim Religious Leaders
TSPs	Traditional Service Providers
TBAs	Traditional Birth Attendants
VAW	Violence Against Women
WHO	World Health Organization

# Definition of Terms

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<b>Balik Islam</b>	also known as reverts who embraced the Islamic faith from other religious beliefs
<b>Bangsamoro People</b>	refers to those, who at the advent of the Spanish colonization, were considered natives or original inhabitants of Mindanao and the Sulu archipelago and its adjacent islands, whether of mixed or of full blood, and their spouses and descendants.
<b>Early Marriage</b>	girls who are aged 12 years old to 15 years old are eligible to be married as soon as they hit puberty, upon the petition of a male custodian and permission granted by the Shari'a District Court (Presidential Decree No. 1083, 1977)
<b>Female Genital Mutilation/Cutting</b>	Female genital mutilation/cutting (FGM/C) a violative <sup>1</sup> procedure that involves the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons. <sup>2</sup>
<b>Girl</b>	refers to female children aged below 18 years old
<b>Haram</b>	forbidden or inviolable under Islamic law (Oxford Islamic Studies Online, 2020)
<b>Kafir</b>	a non-believer who refused submission to Islam. At present, Islamic fundamentalists applied the term to Muslims who do not follow the strict interpretations of the Quran (Oxford Dictionary of Islam, 2020)
<b>Kandoli/Kandori</b>	is an offering of thanksgiving (Nolasco, 2004)
<b>Malong</b>	a traditional tubular cloth worn by Bangsamoro peoples.
<b>Moro</b>	refers to Muslim peoples in the Philippines
<b>Pakil</b>	a female traditional service provider who prepares the Bangsamoro female cadaver for burial and recites Qur'anic verses during the rituals

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<sup>1</sup>As declared in various international human rights treaties such as Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; Covenant on Civil and Political Rights; Covenant on Economic, Social and Cultural Rights; Convention on the Elimination of all Forms of Discrimination against Women (CEDAW); Convention on the Rights of the Child; and Convention relating to the Status of Refugees and its Protocol relating to the Status of Refugees; see World Health Organization. (2008). "Eliminating female genital mutilation: an interagency statement UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNIFEM, WHO". Geneva. p8

<sup>2</sup>WHO. Fact Sheet: Female Genital Mutilation. 3 Feb, 2020. Accessed 4 Feb 2021.

# Definition of Terms

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<b>Panday/Pandey</b>	is a woman who does FGM/C. She is the traditional birth attendant (TBA) who assists women in their pregnancy and birthing process.
<b>Paygo/Pego</b>	is a practice related to female genital mutilation and female circumcision in which young girls bathe on their own and before its conclusion, the traditional service providers help and recite some prayers and incantations or chants for beauty and charm so the young girl will get married early
<b>Pinateyok-taynga</b>	is the practice of ear piercing for female toddlers and young non-menstruating girls. In some cases, before the ears are pierced, female genital mutilation or female circumcision is usually conducted first.
<b>Pumbubuan/Bubu</b>	is an increasingly becoming popular practice of dripping water in the uppermost of the forehead of the young girls in Maguindanao. It is believed that the flow of water from head to chin foretells the future and the kind of womanhood the young girl will have.
<b>Traditional Birth Attendants</b>	who are known in the community as “Panday” or “pandey” are the main performers of female genital mutilation and female circumcision to young girls and women
<b>Traditional Service Providers</b>	who are known as “walian” and “pakil” in the community also conducts female genital mutilation and female circumcision to young girls and women
<b>Wajib</b>	an obligatory act in Islam which failure to do so means being sinful (Oxford Islamic Studies Online, 2020)
<b>Walian</b>	either male or female who facilitates the second ceremony in Pag Islam which gives name to the child. He or she is one of the Traditional Service Providers who conduct female genital mutilation and female circumcision.

# Executive Summary

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This study is an exploratory action research on the controversial practice of female genital mutilation/cutting (FGM/C) in the Philippines in the predominantly Muslim, Bangsamoro Autonomous Region in Mindanao. Despite limited research on the practice and a lack of awareness among international and national stakeholders on the occurrence of FGM in the Philippines, the study confirmed that the practice is still widespread in Bangsamoro. Alternative, non-harmful practices are gradually replacing FGM in a few areas, as driven by local leadership.

## Methodology

Exploratory action research is a participatory form of qualitative research that engages communities to devise solutions to challenges they identify. The study used focus group discussions (FGDs) and key informant interview (KIIs) to surface the perspectives and experiences of girls, traditional birth attendants (TBAs), Moro Muslim religious leaders (MRLs), traditional and local leaders, health workers, and social workers. A total of 458 individuals (413 females and 45 males) from three municipalities of five Bangsamoro provinces participated in the study. These provinces were: Lanao del Sur, Maguindanao, Basilan, Sulu and Tawi-Tawi; with a municipality in the province of Sarangani as pilot study. The study was conducted from March to November 2020. The Research Team applied thematic and content analyses on the participants' responses.

## Findings

Girls and women reported being subjected to Type IV FGM. Even girls in their infancy were submitted to the procedure. FGM/C is linked to other issues affecting girls in Bangsamoro such as child, early and forced marriage (CEFM), as it is culturally assumed that girls are ready for marriage after undergoing FGM/C. CEFM in turn leads to disruption and eventual deprivation of access to education as girls are constrained to perform reproductive roles<sup>3</sup> expected of married women.

Although it is not prescribed in the Qur'an, communities widely believe that FGM is an Islamic practice. Pandays, or TBAs, are the main performers of the practice, and mothers are the usual decision-makers about subjecting their female infants to FGM/C. The TBAs tools typically include a thin bamboo strip, a nail-cutting knife (or any other small knife), or a needle. These implements are used to scrape or prick the clitoris or the labia; or to extract "whitish substance" in the area of the clitoris. Participants described how FGM/C is typically carried out alongside other gendered cultural practices such as ear piercing.

Girls and women recounted their experiences of fear, pain, irritation, a burning sensation, and bleeding, as a result of FGM/C. It was a traumatic experience for several participants, who reported crying, being physically restrained, or trying to run away when they were subjected to FGM. No infections were reported. However, further complaints of discomfort in the vaginal area were dismissed by the TBAs and parents, claiming that these discomforts are a normal part of FGM and would soon go away. FGM was conducted without sanitary or hygienic precautions beyond wiping the genitals with an alcohol swab after pricking, scraping, or cutting.

Participants reported that FGM/C is widely acceptable, commonly practiced, and highly likely to continue in the Bangsamoro region.

Participants recommended rooting action to counter the practice in the principles of the Islamic faith, and pointed to the example of Datu Saudi Ampatuan, a municipality in Maguindanao that rejects FGM and is working as a community to eradicate the practice.

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<sup>3</sup> Reproductive roles, beyond "household chores", are all activities performed mostly by women that are essential for "survival and the maintenance of human life", which includes childbearing, child-rearing, and acquiring and preparation of food (ILO International Training Centre, Module on Gender, Poverty and Employment, 2008); also see CEDAW Article 5, on reproductive roles as a source of discrimination of women

# About the Research

## Research Background

In the Bangsamoro region of the Philippines, FGM/C is commonly called 'pag sunnat' ('sunnat' refers to the traditions and practices of the Islamic prophet Muhammad, that constitute a model for Muslims to follow) or 'pag Islam,' connoting that the practice is deeply connected to the Islamic faith. In Moro (Muslim) communities in the region, the procedure is typically performed on females between 3-4 years old or before their first menstruation (menarche).



**3 million girls globally  
affected by FGM/C**

It is usually initiated by an elderly, female TBA or 'panday'. In other areas, she may be a 'pakil', a respected woman who cleanses Muslim women's bodies before the final burial takes place and recites Qur'anic verses during the rituals.

The World Health Organization estimates that worldwide, 200 million women and girls have been subjected to FGM/C, and each year, an additional 3 million girls are at risk.<sup>4</sup> FGM/C has no health benefits, and may even result in serious immediate and long term harm. Adverse effects on women and girls' health include, but are not limited to: pain, hemorrhage, infection (including HIV spread through using the same instruments in multiple FGM/C operations), sepsis, shock, urinary and menstrual problems, sexual dysfunction, psychological trauma and even death. Reproductive health complications include a heightened risk of obstructed labour causing obstetric fistula or postpartum hemorrhage, both of which are major contributors to maternal mortality.<sup>5</sup>

There are four types of FGM/C:

- I. Removal of the prepuce/clitoral hood, and/or removal of the clitoris
- II. Removal of the clitoris, labia minora and/or labia majora
- III. Removal and appositioning of the labia (e.g. suturing shut leaving only a small opening for menstrual blood, urine and sexual intercourse), with or without the removal of the clitoris
- IV. All other harmful procedures to the female genitalia for non-medical purposes; for example, pricking, pulling, piercing, scraping, incising, and cauterizing.<sup>6</sup>

The most common form practiced in Bangsamoro is Type IV.

In general, there is very little research that explores the issue of FGM/Cs and its impacts on the well-being of girls and women in the Philippines. There is a dearth of information, experiential accounts, and ultimately, formal research on FGM/C in this particular geographic area and community. FGM/C is not well known nor widely acknowledged in the Philippines, and learning more about the practice (and its relation to traditional religious beliefs) is critical in understanding the beliefs associated with it. A 2009 study found that women are only considered to be truly "Islamic" or a Muslim when they are 'circumcised' or cut.<sup>7</sup> However, research by Islamic scholars elsewhere challenges such connections to Islam and strongly condemns FGM/C in all forms.<sup>8</sup> A descriptive study on the Yakan, an ethnolinguistic group settled in the province of Basilan (in Bangsamoro), focused on the procedural aspects of FGM/C.<sup>9</sup>

<sup>4</sup> World Health Organization, WHO guidelines on the management of health complications from female genital mutilation (Geneva, Switzerland: 2016), p 1

<sup>5</sup> Ibid, p 17

<sup>6</sup> Ibid, p 1

<sup>7</sup> Olga Belisario, "Muslim Women and Circumcision: A Study of Intergenerational Practice and Its Continuity In Southern Philippines", WMSU Research Journal 28, no. 1 (2009), <http://ejournals.ph/form/cite.php?id=6955> (last updated February 02, 2016)

<sup>8</sup> Atom Araullo, "Female Circumcision in the Philippines: A Controversial Rite of Passage," GMA News Online, May 6, 2018, <https://www.gmanetwork.com/news/specials/content/1/female-circumcision-in-the-philippines-a-controversial-rite-of-passage/>

<sup>9</sup> Sittinurussamsi A. Calsalin, "Female Circumcision Among Yakan In Basilan, Philippines" (unpublished manuscript, April 2008) <https://aboutphilippines.org/documents-etc/2008-06-25-135433casalin.pdf>

# Research Objectives

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There is a dearth of information, experiential accounts, and ultimately, formal research on FGM/C in the Bangsamoro as a geographic area and community. The practice is not well-known or widely-acknowledged in the Philippines, and learning more about the practice (and its relation to traditional religious beliefs) is critical for understanding the beliefs, social pressures, and other factors driving the practice, increasing awareness in the community regarding the harms (physical and psychological) it inflicts on young girls, and consequently making community stakeholders more accountable for children's protection and rights, while still respecting traditional beliefs.

This research project aims to achieve the following objectives, document and survey whether there have been infections, and diseases brought about by FGM/C, through its years of practice, and explore the psychological effects on those who have undergone practice:



Trace the historical and ethnographical roots of FGM/C in the Bangsamoro Provinces of Basilan, Sulu, Tawi- Tawi, Maguindanao, and Lanao del Sur;



Document the knowledge, practice, and behaviors of TBAs and TSPs;



Identify the knowledge, practice, and behaviors of the TSPs which have either a positive or negative effect on the well-being of circumcised girls;



Determine reasons for the continued practice of the FGM/C rituals in Bangsamoro;



Investigate the social pressures and procedural process of the actual FGM/C practice and ritual with both a clinical and anthropological lens;



Share the results of the research with various stakeholders in the community to build their awareness; and



Formulate interventions and policy recommendations to harmonize the indigenous knowledge of traditional service providers, religious beliefs, and the health, rights, and well-being of women and girls to reduce the prevalence and impact of FGM/C.

## Geographical Areas

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The study's data gathering covers the three (3) island provinces of Basilan, Sulu, Tawi-Tawi and two (2) mainland provinces of Maguindanao and Lanao del Norte. The pre-testing of the research tools was done in barangay Sapu Masla in the municipality of Malapatan, Sarangani Province. The municipality was chosen as the pilot area because of the significant number of Bangsamoros from Sulu and Maguindanao practicing FGM/C in the community.



**Maguindanao**



**Lanao Del Sur**



**Basilan**



**Sulu**



**Tawi-tawi**

## Methodology

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The study used qualitative focus group discussions (FGDs) to surface the perspectives of girls and women, and key informant interviews (KIIs) to obtain the views of traditional birth attendants (TBAs), Moro Muslim religious leaders (MRLs), traditional and local leaders, health workers, and social workers. The Research Team’s interviewers used an approach called “exploratory action research,” a participatory form of qualitative research that engages communities to devise solutions to challenges they identify.

Purposive sampling is used to identify participants to the FGD. The only inclusion criterion for participation in FGD is direct experience of FGM/C. FGD participants were assigned to three (3) different cohorts based on age: those below 18; 18 to 35 years old; and above 35 years old. Prior to participation, consent is obtained. Parent’s or guardian’s consent is solicited prior to participation for minor participants.

Snowball sampling is used to identify key informants. The sole criterion for participation is validation of their community roles as traditional birth attendants (TBAs), Moro Muslim religious leaders (MRLs), traditional and local leaders, health workers, or social workers. Consent is also sought prior to their participation.



# Respondents

A total of 458 individuals (413 females and 45 males) from three municipalities of five Bangsamoro provinces participated in the study. Informed consent was obtained from all participants, or from guardians of minor respondents. The respondents' demographic profile is presented in the tables that follow:

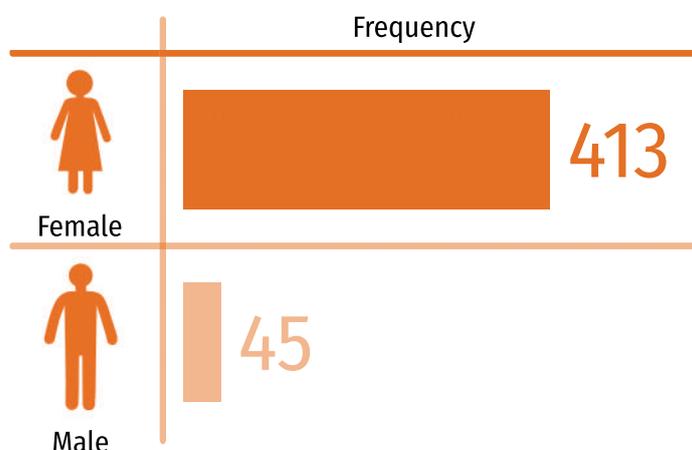
The characteristics of the respondents are presented in the following tables:

Table 1: Distribution of Respondents according to Age



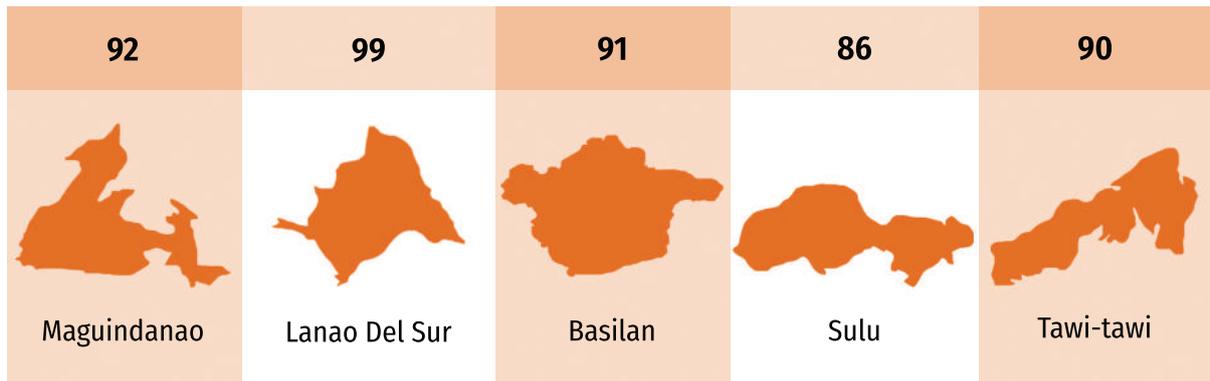
As shown in the table, the highest number of participants came from the age range of 10 to 19 years old which is composed of the girls and women in the communities who have either experienced FGM/C or have been pressured to undergo the procedure.

Table 2: Distribution of Respondents according to Sex



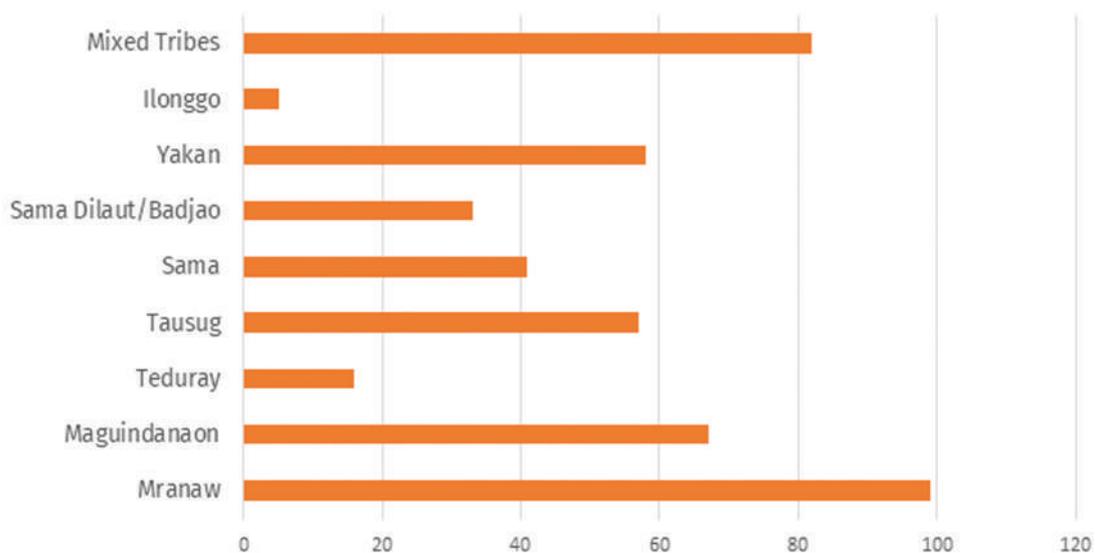
The FGM/C is a practice dedicated to girl children and women which is done with the permission and guidance of their mothers and other female relatives. Most TSPs and TBAs who conduct the practice are also well-respected and known women in the communities.

Table 3: Distribution of Respondents according to Province



To effectively gather information from the different areas in the study, a relatively equal number of participants have been invited to participate in the research.

Table 4: Distribution of Respondents according to Tribe, Indigenous People, and Settlers



The participants in the study are composed of various tribes, indigenous people, and settlers in the Bangsamoro. According to BARMM's Bureau on Cultural Heritage, the Bangsamoro people have 13 Islamized Ethnolinguistic Groups: Palawi, Molbog, Kalibugan, Maranao, Maguindanaon, Iranun, Yakan, Tausug, Sama, Jama Mapun, Bajau, Sangil, and Kagan. Meanwhile, the groups of indigenous people are composed of Teduray, Lambangian, and Manobo Dulangan.

Other settlers in the Bangsamoro are also can be classified as Visaya, Tagalog, Chinese, among others (BARMM's Bureau on Cultural Heritage, 2020).

# Key Findings and Implications

Key findings and implications of the study are grouped and presented according to the objectives of the study:

## **FGM/C has roots in Bangsamoro**

FGM/C exists. The study documented the current practice of FGM in the five provinces of the Bangsamoro Region. There are different terminologies in the communities used to identify the practice: Katuri, Pag-islam, and Pag sunnat, which all translate to “female circumcision.” Even infant girls are affected by the practice.

The study identified several health and social issues attached to the practice. FGM/C in any form is harmful. It places girls and women in risky situations and violates their human rights. Unknowingly to many of them, girls and women in the Bangsamoro are placed in circumstances that further aggravate their inherent vulnerability to physical and psychological harm.

## **FGM/C is claimed as Islamic.**

The practice is perceived to be Islamic. Respondents from different provinces strongly adhere to the view that is in accordance with Islam. The practice is believed to be obligatory (Wajib). Majority of the respondents claim that it is a rite to become Islam (Muslim). The Moro term “pag-islam” literally means to become Islam (Muslim). It is the means to become (true) Muslim. Women who undergo the process are considered “clean”, “pure”, “modest”, “true Muslima”, and be a “Sittie Fatima” - the daughter of Prophet Mohammad (pbuh). Stigma is held against those who do not undergo the process. They are considered impure, promiscuous, have the tendency to commit adultery, “haram” (forbidden) and considered “Kafir” (nonbeliever, infidel).

***“Anak anak danda ma ka lungbu na samagawa ma saga karandahan iya balik Islam bang sigam kinawin ni lalla Muslim subay ni sinunnat dahu.”***

(The child undergoes FGM at an early age, but for a woman who converts to Islam when getting married to a Muslim man, she has to be circumcised first).

- Moro Muslim religious leader (MRL), TawiTawi

The notion that FGM/C is Islamic is a widespread, false belief among the Bangsamoro People. As validated by Muslim scholars, there is no mention in the holy Qur’an that girls and women should be subjected to FGM/C. The claim that there is an hadith (life and teachings of Muhammad pbuh) supporting FGM/C belongs accordingly among the weak hadiths. Moreover, the fact that Prophet Muhammad’s (pbuh) daughters were not subjected to FGM/C provides the strongest evidence that FGM/C is un-Islamic. This suggests that the word “pag-islam” is a misnomer.

***“Aho bay ako maka kale pag-sunnat. Pag-sunnat iya na pagsutsi . danda Muslim mbal maka hinang kawajiban ma pag agama bate sambahayang, mabbassa quran, bang iya mbal sutsi. Pag-sunnat pagkehet siraka paglaan atawa pagkattub. Marai magtagna iya ma timpo rawin.”***

(Yes I had heard of pag-sunnat. The pag-sunnat is purification or cleanliness. A Muslim cannot do her religious obligations like praying and reading the Qu’ran if she is not clean. Pag-sunnat means trimming, not scrapping or cutting. I think this was already started during the old generations.)

- Indigenous Leader, Tawi-Tawi



## FGM/C is cultural.

In addition to beliefs about FGM/C's religious origins, it is also recognized by the respondents as cultural. The practice is observed and passed on by their ancestors. FGD participants in Lanao del Sur said "Adat, olaola ago ganat o manga lokes," describing FGM/C as part of the ways, characteristics and legacy of the elders.

Tausugs and Samas said "pangadatan sin manga kamaasan" (that FGM/C is a traditional practice of elders). There were various materials and related practices associated with FGM/C. Eggs, water, coconut, candle and mosquito net are among the ritual materials used in some of the provinces. Incantations and prayers to ensure that the girl appears attractive among the opposite sex is documented in some of the municipalities and provinces. FGM/C was practiced differently amongst and between municipalities and provinces, supporting the idea that FGM/C is a cultural practice that has evolved over time. For example, a candle is blown out at the completion of an FGM/C. This is exclusively reported by respondents in the Island provinces of Basilan, Sulu and TawiTawi.

***"Hinang kabiyasahan iya sabab pag islam to magsaddi saddy iya min dikayu panday ni rikayun atawa hinang kabiyashan. Ma saga kosean ni gunting sigam iya aurat ih maka pinalaha. Ma kosean pina lahaan ma kosean sab niya nilaanan. Siraka bate pag Islam ma saga ka lallahan, iya taritib na dalowa pasal taga dalil ma Islam."***

(It is cultural in a way that the circumcision process varies from each panday or culture. To some they need to cut and let it bleed. Some just do a tap, and some scrape. Unlike circumcision for boys, the process is all the same because that has basis in Islam.)

-KII Participant, MRL/ Community Leader TawiTawi

FGM/C is associated with other cultural practices, particularly child early and forced marriage (CEFM). Girls who have undergone FGM/C are considered ready and fit for marriage, even those as young as 9 years old. Some participants believe that FGM/C is performed with the hope that these girls get married early. CEFM is a practice that deprives young girls of opportunities for education, imposes reproductive health risks, and limits their economic potential.

***"Dapat a p'katuri to so mga wata a babay ka an siran lagid o orak sa kataid ago lagid siran o sasaludin. So manga miyaturi akun na palaya dun langon miyapangaroma kumabalaga. Ba adun miyaka p'raga kiran a da. Miyapangaroma siran langon kumabalaga."***

(Girls should be circumcised so that they are like eggs that everybody wants to have. Those I have circumcised got married early. None of them became full grown ladies, they all got married early.)

-KII Participant, Panday, 64 years old, Lanao del Sur

The ritual of FGM/C is accompanied by various cultural practices that differed in the five study locations. First, Paygu/ Pego (bathing) is a practice wherein the young girl bathes on her own. Prior to the conclusion of the bathing, the traditional service provider helps her and recites some prayers, incantations and chants for beauty, charm, and a wish that the young girl can be married early.

Second, Pumbubuan/Bubu is becoming an increasingly popular practice in Maguindanao, and involves dripping water on the upper most part of the forehead of girls and letting it freely flow. The flow of water from head to chin foretells the future and the kind of womanhood the girl will have. This practice is associated with the first menstruation of the girl.

And third; the practice of ear piercing. Among some of Indigenous peoples and Christians in the Bangsamoro Homeland, ear piercing constitutes a symbolic “female circumcision.” The main purpose is sex identification. Among the Samas of Sulu, Pinateyok-taynga is the practice of ear piercing for female toddlers and pre-pubescent girls. However, a few respondents mentioned that before the ear is pierced, FGM/C should be done.

### Muslim Religious Leaders (MRLs) have no united stand on FGM/C.

Since that the primary driving force for the practice and its observed continuity in Bangsamoro is Islam, Muslim religious leaders were among the experts selected for Key Informant Interviews. Male and female MRLs were involved. They were asked primarily about the stand of Islam on FGM/C. MRLs have no united stand on FGM/C. There are those who say it is not Islamic and there are also those who claim otherwise.

Datu Saudi Ampatuan, a municipality in Maguindanao, has started eradicating FGM/C as a community, and the municipality even impose fines on practitioners. A female panday from there says,

*“Di ku den penggulan entu ka matuwa ako den. Di ako den ged pakelay, basi sakalebu pan e masudsak ku. Gu inisapal den e penggamit sa lagum, pakamulta e masegkem a panggula lun.”*

(I am no longer doing it because I am too old. My vision is blurred and I might poke something else. The use of needle is being forbidden. If someone is caught doing it, there is a fine.)

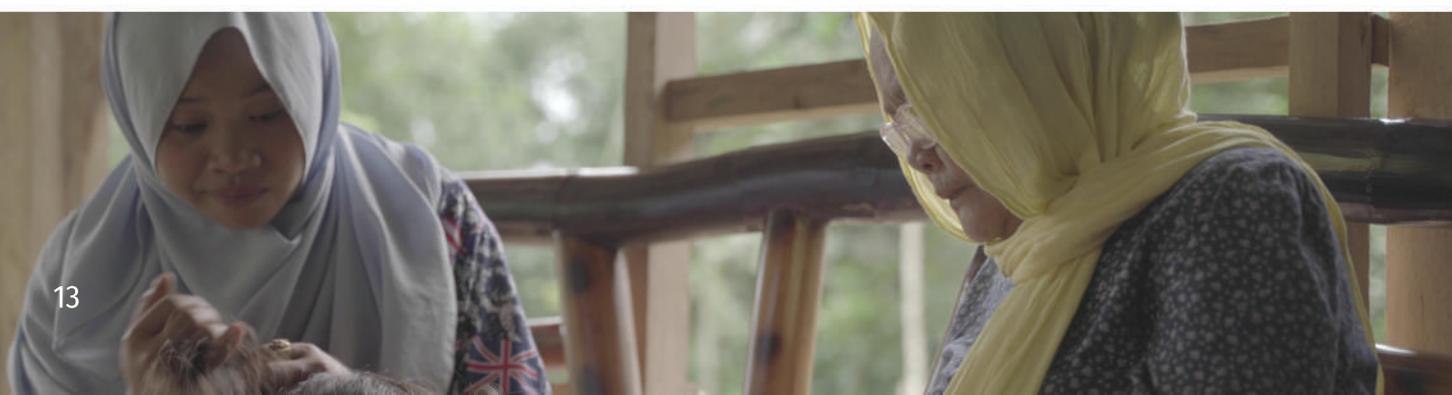
Panday, female, 70 years old, Datu Saudi Ampatuan

### No identified start of FGM/C

There is no identified start of the practice in the Bangsamoro. Participants reported that it started a long time ago and recall that their parents also underwent the process. There was a common narrative that the practice is from outsiders’ influence. There were no supporting narratives that FGM/C is an indigenous practice of the Bangsamoro. Some of the MRLs shared that the practice was brought by the Malays and Indonesian Muslims, and that the practice started in Sabah, Malaysia. One of the pandays expressed that, “when Apuh Mahadum came, it became our ‘pangaddatan’ (practice) to perform such”.

### FGM/C continues to be a common practice

Among the respondents of this study, four out of five underwent FGM/C and its related rituals. The mean age of having been subjected to FGM/C is 5. The prevailing criteria for being subjected to FGM/C is when the girl is mature enough to remember the name of the traditional birth attendant who performed the practice. In the BaSulTa (Basilan, Sulu and Tawi-Tawi) area, infants younger than 12 months are submitted to the process upon the request of their parents. There were also women in their adulthood who underwent the process for the purpose of marrying Bangsamoro men. The continued practice of FGM/C implies the lack of critical evaluation of the practice and the potential physical and psychological harm it brings to girls and women.



## TBA's Knowledge, Practice and Behaviors

### FGM/C knowledge and skills are acquired through observational learning

Traditional Birth Attendants (TBAs) who are known in the community as pandays perform FGM/C on girls and women. They traditionally belong to a family of TBAs. Knowledge and skills are passed on across generations. Knowledge and skills acquisition was through accompanying their family members who were TBAs and learning through observation. There is no formal education and training. TBAs do not teach or accept apprentices for this role. Often, their first clients were also family members. And eventually, they replace the old TBAs in the community. Over time, there were those who maintained the practice as it was taught to them, while there were those who made changes such as adding of incantations and prayers for beauty, food and non-food offerings, and kanduli (feast). This was affected by level of formal education, increased knowledge on Islam, affluence, technological advancements and modernity.

It is clear that FGM/C is not a science nor an art. FGM/C knowledge is arbitrary and family-based. This explains the very reason why its processes, procedures and materials are fluid and changeable. A TBA can easily modify procedures on reasons he/she alone understands and appreciates. The TBA has absolute discretion to manipulate the FGM/C process.



### FGM/C has no established procedure for sanitation and hygiene.

Though the practice is common and has existed for a long time, there is no established procedure for sanitation and hygiene as reported by the respondents. Traditional birth attendants count hand washing (done during ablution), soaking the knife in hot water, and wiping needles with alcohol or cloth as their main hygienic measures. Cotton is used to wipe the clitoris and/or labia, and to wipe away blood. This finding means that FGM/C in Bangsamoro is unhygienic and potentially prone to infections. The absence of adequate and standardized sanitation and hygiene practices increases health risks such as infection, sepsis, and reproductive health complications.

## Acceptability and Continuity of FGM/C in Bangsamoro



### FGM/C is widely acceptable and highly likely to continue

As shared by the respondents of the study from various provinces, FGM/C is widely acceptable and highly probable to continue. This is because of the strong adherence to the belief that the practice is Islamic. Added to this is the view that “circumcised” women are better and more ideal than those who are not, with discriminatory beliefs about women who were not subjected to FGM/C. This view was a source of social pressure to the majority of respondents who underwent the process. There were no marked differences in the acceptability and willingness to continue FGM/C among respondents from different provinces, with the exception of a municipality in Maguindanao which has institutionalized measures to stop the practice of FGM/C in their community.

*“Aho. Hinang to bay tapamuan sambil ma wakto batnaan. Sumagawa iya hinang to sung mbal na nihinang . sago masi niya aa ngahinang iya. hinang halam niya tubtuban na mka nilamuran sigam hinang bate pagdua maka pagbuwan sadaqa ma saga panday.”*

(Yes, this was passed to younger generations. Although the practice is slowly declining, there are some who continue to do it. It was a continuous practice because there is prayer and giving charity to the pandays.)

Indigenous Leader, Sulu



## The Process of FGM/C

### FGM/C has no uniform process across Bangsamoro

Depending on the province and ethnolinguistic group, FGM/C may include bamboo strips, razor blades, nailcutters, or knives as main tools. TBAs use these tools to scrape, prick, rub, touch, or extract “whitish substance” from the genitals. The clitoris and the labia are the common parts involved. Scraping and pricking cause bleeding (“just a little blood”) to some. Materials used in the ritual may include the following: candle, cotton, malong, water, young growing coconut, white cloth, chicken hen, oil, money and rice. All these materials have meanings and symbolisms. Celebration in the form of kanduli (feast) follows for some.

*“Si waktu inin... luu neke pinabak atawa pinatengko nakanakin ine ine katumanaman nen ubus boh ne eneddo kakanah potein panga kumbus painte pandayin duk inislamin ubus boh pinasingkang nakanakin duk oroh painte panga islam ley pinutus duk gapas na meh lemme ley mikit ne lai si gapas ley tahala adja gapas ley bng nakanakin makamange ne.”*

(During the procedure, the child will lie down where she is more comfortable. She and the Pandey are covered under white cloth while (the child) spreads her legs. Cotton is used to cover the small knife and the Pandey scrapes (the child’s) clitoris. Whatever dirt was collected has been absorbed by the cotton. The cotton is then left on the clitoris and will only be removed when the child pees.)

-FGD participant, 35 and above age group, Basilan



### FGM/C is the family matriarchs’ decision

The practice of FGM/C is a decision by the family matriarch, usually the mother, but sometimes also involving the grandmother or aunts. Decision-making does not involve the girl herself. There was no mention of the use of force among the respondents of the study, but the words of the matriarch can’t be contested. The patriarchs of the family do not take active participation in the process but they are informed, aware, and usually condone the practice. Aside from the belief that it is Islamic; respondents said this is partly due to the need of the family to be accepted socially, the fear of being rejected, and for the purposes of marriageability.

## FGM/C Complications: Physical and Mental



**FGM/C involves fear, pain, irritation, burning sensation, and bleeding.**

Three hundred sixty-one out of 413, or 87% of female respondents confirmed having been subjected to FGM/C and reported to have experienced fear prior to procedure. The sight of a thin bamboo strip, nail cutter, blade, needle or knife elicited fear. Added to this was the teasing by family, relatives and friends that they will be “cut”. There were accounts of crying, screaming, restraining, and running away. During the process, fear continued. Pain was felt by most and bleeding occurred for some.

Irritation, burning sensation, and pain were reported by some after FGM/C was performed, with symptoms lasting from 1-4 days. Girls and women were advised to apply rubbing alcohol or merthiolate solution to the affected area of possible infections caused by scraping or pricking of the genitals. Others were told to ignore uncomfortable sensations as they were going to fade away. Family members and traditional service providers did not consider irritation, burning sensation and pain as possible signs of infection. In contrast, local health workers and social welfare workers mentioned the risk of possible infection and trauma from FGM/C.

***“Tuh adlaw awun piya inum kaku sin panday ubat. Kyagisan nya yusal niya pisaw pisaw. Bang aku mag ihi mahapdus. Imulih tuh adlaw”.***

(The panday gave me herbal medicine to take for three days. She scraped me using a small knife. Whenever I urinated I felt the burning sensation. I was relieved after three days.)

FGD participant, 35 and above age group, Sulu



**FGM/C's benefits were questioned**

Throughout the conduct of the survey, respondents from the different provinces of Bangsamoro failed to pinpoint significant benefits from the practice apart from social acceptance and marriageability.

***“Da gelay ku a pakagkapyo nin, pakagkalat pan nga e. Basi nya pan ginamit lun na unsterile, na delikado sa health. De den mapakay a gulan pan e nya, telenan den.”***

(I can't see any benefit from it, actually it brings harm. For example, if the materials used were unsterile, it is dangerous to health. The practice should really stop.)

KII respondent, female health worker, 47 y/o

## Conclusions and Recommendations

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The study documented the existence and continued practice of FGM/C Type IV (“all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.”)<sup>10</sup> The study documented the practice in the five provinces of the Bangsamoro Region: Lanao del Sur, Maguindanao, Basilan, Sulu and Tawi-Tawi. The expressed primary motivating factor for the acceptability and continued practice of FGM/C was the belief that it is Islamic, yet the findings point to cultural origins, rather than religious. In fact, MRLs disagreed on the origins, process, and benefits of the practice. This presents both a challenge and an opportunity for MRLs and community members to come together to discuss motivations for FGM/C and its continuation in Bangsamoro, its harmful impacts, and positive examples of alternative practices from Maguindanao. **The Research Team recommends that Bangsamoro Muslim scholars engage in reflective study on FGM/C and correct the common misconception that FGM/C is Islamic.**

Social acceptability and marriageability are important drivers of the practice. For many young women, marriage provides income, shelter, safety, social status, and self-worth. Thus, in the Bangsamoro, FGM/C is accepted, performed, and unquestioned. However, the example of changing attitudes in Maguindanao shows that if a critical mass of Bangsamoro people reject the practice, it will no longer be regarded as a requirement among Moro women and girls. **The research team recommends cascading the results of the study across the Bangsamoro region to start conversations about FGM/C and its acceptability.**

Although this study is not generalizable across Bangsamoro due to the sample size and methodology, it contributes to the body of evidence that FGM/C is alive and continuing in the Philippines. International bodies such as UNFPA and UNICEF do not include the Philippines on their lists of countries where FGM/C is practiced, and perhaps as a result, there is no national legislation banning the practice. However, the Philippines has signed onto numerous international human rights conventions that clearly outlaw the practice, alongside child, early and forced marriage; gender-based violence, and violations of sexual and reproductive health and rights. **The Research Team recommends that national and local leaders, women and girls survivors of FGM/C, and local women-led and women’s rights organizations, collaborate to institute policy towards the complete and permanent eradication of FGM/C.**

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<sup>10</sup> World Health Organization, “Factsheet on Female genital mutilation”, last updated February 3 2020, <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>

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## Annex B: Photo Documentation of the Research Process

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Safety protocols according to national and local guidance issued have been followed and observed throughout the conduct of the research from March to November 2020.



A Panday, one of the Traditional Service Providers of FGM/C, demonstrated the process of circumcision using a needle over an illustration of a female genitalia.



Traditional leaders were also interviewed during the research in Lanao del Sur to get information on the origin, the current and continued practice of FGM/C.



Newborn girls to 15 years old and beyond undergo the painful and unnecessary process of FGM/C. Respondents aged 18 years and below have participated in the study's Focus Group Discussion sessions.



One of the tools commonly used in FGM/C aside from a knife is a big-sized needle (3 to 4 inches long) to medium-sized needle (1.5 to 2 inches long).



According to the respondents, there is no prescribed steps or procedures in conducting FGM/C. The process is changed according to cultural context and preference of the service providers.



Muslim Religious Leaders who were interviewed during the research have no unified stand on FGM/C. Some of them believe that the practice is Islamic, while others said it is otherwise.



The female elder relatives such as mothers and grandmothers are usually in charge of making sure all the young girls in their families have undergone FGM/C. This photo shows the Focus Group Discussion session with women aged more than 35 years old in Lanao del Sur.







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