COUNTRY PROFILE: FGC IN MALAYSIA

KEY FINDINGS

March 2024

ORCHID PROJECT

WORKING TOGETHER TO END
FEMALE GENITAL CUTTING

ASIA NETWORK TO END FGM/C

In Malaysia, there are no national prevalence data, but Orchid Project estimates the prevalence of female genital cutting (FGC) to be a minimum of 53% of all female citizens. 7.5 million or more Malay-Muslim women and girls are believed to have undergone FGC.

What Is Happening?

FGC has long been hidden in communities across South East Asia; thus, **there are no official data available**.

In view of a small number of local studies, **Orchid Project estimates an FGC prevalence of 93% in the female, ethnic Malay population** and **no FGC in the Chinese and Indian populations**.[1] (This estimate does not include the Orang Asli, the indigenous people of Sabah and Sarawak, refugees or non-citizens of Malaysia.)

Based on United Nations population data, there are about 457,000 female Indonesian immigrants in Malaysia. The prevalence of FGC in Indonesia amounts to 49% of women.[2] It is, therefore, assumed that **nearly 224,000 female Indonesians living in Malaysia have undergone FGC**.

In Malaysia and South East Asia, 'female genital mutilation' or '**FGM', is perceived to be an irrelevant term imposed by the West** and not reflective of 'female circumcision' as practised in the region.[3] **The term 'female circumcision' medicalises the practice** and conveys positive connotations in Malaysia, linking it with male circumcision by projecting the same ideas of 'cleanliness' and 'necessity'. Because the Arabic term (***khitan***) is also used in religious circles, it reinforces a view that the practice is endorsed by all schools of thought within Islam.[4] Additionally, the Malaysian Government denies that FGM is practised in Malaysia, but acknowledges that 'female circumcision' occurs.[5]

In April 2009, **the Fatwa Committee of The National Council for Islamic Religious Affairs Malaysia ('the Fatwa Committee') issued an opinion ('the 2009 fatwa') that** FGC is 'part of Islamic teachings and should be observed by Muslims[,] except [that,] **when the procedure is deemed harmful, it should be avoided**'.[6] This sole issuance by the Fatwa Committee is in itself non-binding, but has had a significant impact in Malaysia and worldwide.

Malaysia has also signed and ratified **different international conventions, imposing on the country an obligation** to observe measures set out in them to eradicate FGC, as well as recommendations to implement equality of rights for all women throughout Malaysia's legal system.

Where Is FGC Happening?

The 2020 census[7] indicates that Malaysia is home to 8.1 million female Malay-Muslim citizens. The prevalence of FGC in each Malaysian state and federal territory can thus be estimated from the estimated national prevalence of FGC and the number of female Malay-Muslims in each area (see Figure 1).

Collectively, these figures suggest that **more than 7.5 million women and girls are impacted by FGC in Malaysia**. (This estimate does not include the Orang Asli, the indigenous people of Sabah and Sarawak, refugees or non-citizens of Malaysia.)

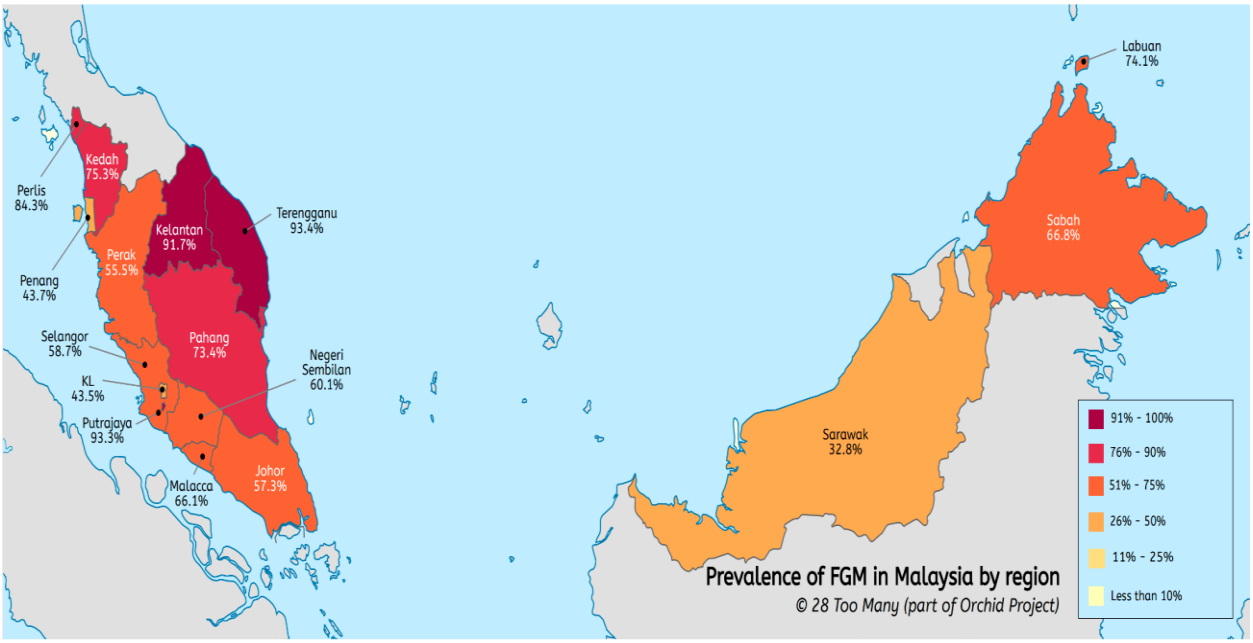


Figure 1: Prevalence of FGC in each state and federal territory of Malaysia (© Orchid Project)

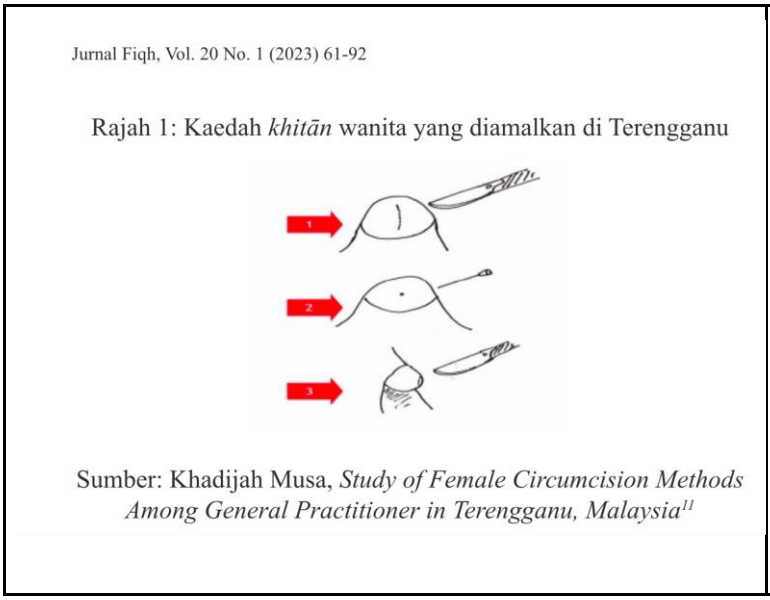
How Is FGC Happening?

The types of FGC practised in the Malaysia region fall mostly into the World Health Organization's Types 1 and 4.[8] Malays do not practise pharaonic circumcision/Type 3 (often referred to as 'infibulation').[9]

In Malaysia, the cut has traditionally been relatively minor: pricking is common, and flesh the size of a grain of rice is sometimes removed (see Figure 2). It is extremely difficult to verify physically whether a woman has been cut,[10] and long-term medical complications have not been reported.[11]

However, **researchers emphasise two developments that suggest a shift toward more severe forms** of the practice:

- calls by some for 'more "orthodox" forms of Islamic practice';[12] and
- the paradoxical results of medicalisation, which, despite having the aim of reducing harm, sometimes causes overconfidence in medical equipment and facilities, leading to deeper cuts or cuts on the clitoris rather than the prepuce.[13]



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Rajah 1: Kaedah *khitān* wanita yang diamalkan di Terengganu

Sumber: Khadijah Musa, *Study of Female Circumcision Methods Among General Practitioner in Terengganu, Malaysia*[11]

1. A wound/small incision on the clitoris (fig. 1) – 55.6%
2. A wound on the apex of the clitoris with a needle (fig. 2) – 25.9%
3. The prepuce with a knife (fig. 3) – 18.5%

Figure 2: Diagram adjoined to a piece of research[14] presented at the 2nd World Muslim Health Societies Congress

Age of Cutting

In Malaysia, an **overwhelming majority of ethnic Malay girls are cut before the age of one**, often before six months, although FGC can be carried out at any age up to ten years.

One tradition of cutting 40 days following birth is associated with the extinguishing of the 'postpartum fire' (a period of confinement for the mother after giving birth); however, most study participants nowadays highlight the low level of activity of the little girl at this age, the absence of shame or embarrassment for her,[15] the softness of her skin and the little time needed to perform FGC,[16] making any time acceptable 'as long as the child is too young to remember.'[17]

In Malaysia, according to Dahlui,[18] the **decision to circumcise a daughter is commonly made by the mother (38.6%), her family (21.6%), or her mother or mother-in-law (21%)**. FGC is viewed as a 'female business', and, as such, the husbands let the women make the decisions. Mothers talk about the practice with their mothers, mothers-in-law, female siblings, female friends and aunties, but, most of the time, they make the final decision. Fathers only make the decisions on their own in 7.6% of cases, or, based on discussions with the mothers, 5.4% of the time. However, **the decision *not* to cut was made jointly as parents 79.3% of the time**.

Practitioners

There are **three types of FGC practitioners** in Malaysia:

- traditional midwives called *Mak Bidans* ('indigenous midwives');
- general practitioners, particularly doctors owning their own clinics; and
- government midwives (sometimes involved, but to a lesser degree).

A shift from traditional midwives to healthcare professionals has been incremental from the 1980s onward.

Nowadays, the majority of FGC cases are performed by healthcare professionals (see Figure 3), as the younger generation chooses private clinics, mostly for hygiene reasons (sterile equipment and environments), as well as medical experience and expertise.[19]

Mak Bidans are trusted by the older generations for their traditional knowledge, their understanding of how minute a cut FGC should be, their greater levels of sensitivity to this feminine issue than those of doctors, their demand of smaller fees and their willingness to come to people's homes. **Younger generations, though, have become more receptive to doctors as a 'harm reduction' measure**, as a way of preventing infection under aseptic conditions, and because of the Mak Bidans' old-age tremors and bad eyesight. Doctors are increasingly seen as more qualified.[20] That aside, rapid urbanisation has also moved FGC to more accessible, formal healthcare settings.[21]

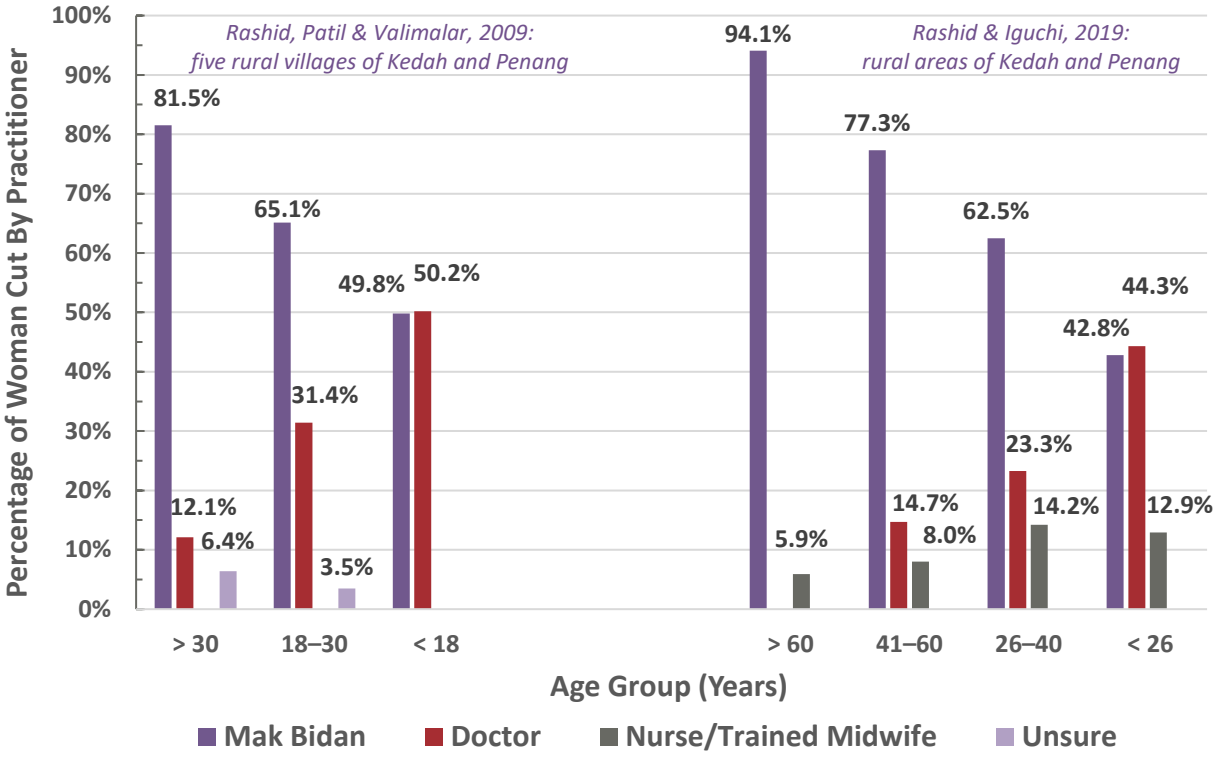

Figure 3: Percentages of women in Malaysia, according to age, cut by certain types of FGC practitioners, 2009 and 2019[22]

FGC is an issue that is difficult to discuss openly, even among medical professionals.23

A piece of research on FGC medicalisation[24] found that **75.4% of doctors think FGC should continue** and **63.9% believe doctors should be the ones to conduct it**. The researchers also stated,

> *20.5% of Muslim doctors report performing FGC. [. . .] Women who owned or jointly owned a clinic, who believed that FGC should continue, who thought that FGC was legal in Malaysia and encouraged in religion, who were trained on FGC by senior colleagues, were more likely to practise FGC.[25]*

Why Is FGC Happening?

FGC is a very sensitive topic in Malaysia. Female genital anatomy is encumbered with social taboos, which makes its overall comprehension or even its graphic illustration considered superfluous and inappropriate.[26]

The main reason that is given for practising FGC in Malaysia is religion. FGC is regarded as an 'important religious observance' for born-Muslim and non-Muslim women who marry into the faith.[27]

Two recent studies, however, hint that **religion might be losing its position to health or hygiene** as the main driver of FGC.[28]

FGC is sometimes viewed as **a means of reducing a naturally 'wild' female libido** and ensuring sexual modesty.[29] FGC is **also viewed, paradoxically, by some as having a positive impact on sexuality,** by preventing a decrease in women's sexual enjoyment.[30]

While almost all Malay Muslims in Malaysia know about FGC (the near totality of Muslim women and the vast majority of students report hearing about it, mostly from family members[31]), **extended knowledge of the procedure itself, including the details and even, sometimes, if one oneself has been cut, seems less common**.

Most studies on support for FGC in Malaysia report rates higher than 90% across age groups, education levels and depths of conservativeness.[32] **Most surveyed women are satisfied with their own FGC, consider the practice desirable and would continue the practice on their daughters.**

FGC is seen as harmless, at least physically, even though the risk of infection and the risk of a heavy hand are still present in the minds of parents.[33]

A generational divide is reported in a study carried out among Malaysian students aged 18 to 45: the participants in the older cohort seem to view FGC more favourably than do those in the younger cohort. The general attitude toward FGC in the younger group is divided between those in favour of the practice (60.7%), those unsure (23.4%) and those unconvinced by or doubtful of some part of the practice (15.9%). **The level of high hesitancy might be the mark of a growing ambivalence toward FGC**.[34]

Researchers have noted parents being worried by their daughters' cries, or even having palpitations during the practice.[35]

A research piece that focused on students from 18 to 49 years of age found that **28.9% feel FGC is a 'high-risk practice'**, 1.8% think it carries 'a minimum risk', 29.9% are unsure, and 39.2% believe that it carries no risk.[36]

In the same study, **many respondents agreed that FGC should continue**, even if there were no religious obligation or family interference.

It is the absence of health benefits from the practice that might convince younger respondents not to cut their daughters (see Figure 4).

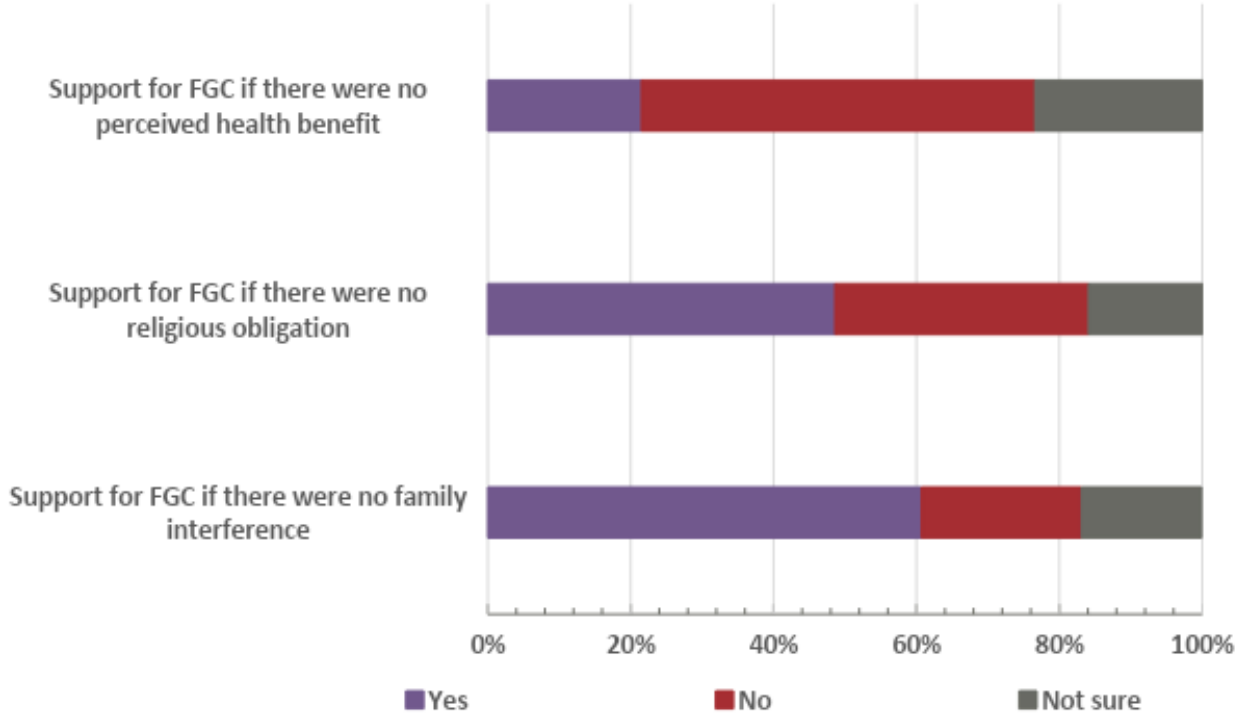

Figure 4: Support for FGC on Malaysian respondents' children, regardless of identified reasons for continuing the practice[37]

Challenges

A. An Undiscussed Sensitive Issue

FGC is a very sensitive topic in Malaysia. Female genital anatomy is encumbered with social taboos, which makes its overall comprehension or even its graphic illustration considered superfluous and inappropriate.[38]

The Government's strategic silence leaves grassroots organisations and NGOs responsible for negotiating the issue within 'shrinking civil society spaces'.[39]

Parents have the right to fully understand the choices they are making for their children, and children have the right to bodily autonomy,[40] but increasing numbers of women do not seem to be aware of the procedures done to them in infancy, as shown in the Country Profile.

Stakeholders in Malaysia – government, religious and health authorities; CSOs and NGOs; and individuals – should take up the responsibility to advance the issue, remembering that children cannot speak up when they are cut.[41]

B. Polarisation of Religious Discourses

FGC is seen as a cultural and religious marker of identity.[42]

In 2009, JAKIM, the Department of Islamic Development Malaysia, issued a fatwa stating that FGC is mandatory for Muslims and no longer *sunat* or 'encouraged'.[43] This appears to have been an effort to exert its authority against perceived threats to the practice of Islam.

If the Malay-Muslim practice was traditionally seen as 'moderate', a turn to an unprecedented conservatism might determine the new direction of Islam. A change toward a more literal Islam could confine women to the private sphere and procreation roles as well as limit women's rights, reversing Malaysian efforts toward gender equality.[44]

Islamic jurists around the globe draw insights from classical and contemporary jurisprudence, which state that FGC is not an Islamic practice or that FGC is not mandatory in Islam. These views could change the narrative in Malaysia, from a religious standpoint, especially since religion is the main driver of the practice.[45]

C. Understanding Harm Beyond The Visible

FGC is nearly universally deemed harmless in Malaysia, Thailand and Singapore's ethnic Malay-Muslim communities, as the traditional practice teases tissue out the size of a rice seed and usually draws one drop of blood. The very first pieces of research affirmed the lack of clinical evidence of injuries, of complications and of structural damage to the clitoris.

Ethnic Malays believe that there are health benefits to FGC, despite evidence to the contrary, and support for the practice is strong.

This very belief in harmlessness is at the core of the 2009 fatwa declaring FGC compulsory unless it brings harm. It is also at the core of the ongoing discussions between the Malaysian Government and the CEDAW.

The absence of 'visible' harm and the narrow legal definitions of physical and emotional injuries done to children enable authorities to limit their intervention on FGC to requests for evidence.[46]

MRIs and anatomical research show that the Malaysian Types 4 and 1a FGC inflict 'immediate and severe pain' on infants and may seriously damage growing tissue, nerves and blood vessels. Long-term consequences, such as negative impacts on self-image, sexuality or genital functionality, can result from FGC.[47] Anecdotal accounts on social media suggest there is an increasing awareness and questioning among women of the impact of FGC on their lives.[48] Psychological impacts on girls remain largely unstudied, and the anxiety and potential doubts faced by young parents is mostly disregarded or likened to normal apprehension during infant vaccination.[49]

The passing of the baton from traditional birth attendants to the medical profession has, paradoxically, encouraged the emergence of Type 1a FGC. According to a 2021 study,[50] 74% of doctors admit, after being informed of anatomical variations in infants, that FGC involves a risk of injuring the clitoris.

Local and global debates on FGC should fully integrate all aspects of harm as defined in modern medicine, especially the harms of Types 1 and 4 FGC, and more research should be carried out.

D. Medicalisation

The Malay-Muslim community's self-reported prevalence of medicalised FGC amounts to 27.2% carried out by doctors and 12% by nurses and trained midwives.[51]

Research among medical practitioners shows that 20.5% of Malay-Muslim doctors practise FGC for religious and cultural reasons and/or to prevent the use of unsterilised tools. Financial reasons are not a driver of FGC in Malaysia. FGC is not a medical act, nor is it taught in medical schools; medical professionals in the private sector practise FGC because it is requested by parents whose values they share. Support for FGC among Muslim doctors is very high (more than 85%) and two-thirds of Muslim doctors believe that healthcare professionals should be the ones to conduct FGC.[52]

The majority of medical practitioners lack awareness of civil or religious legalities or of the global concern surrounding FGC. However, doctors would be disinclined to continuing the practice if there were clear instructions from the Malaysian Medical Council and if FGC were made illegal.[53]

The Minister of Health and the Malaysian Medical Council should affirm the necessity of strictly following medical ethics and the risk of losing one's medical licence if one does not. Medical curricula should approach the latest medical, ethical and legal positions of the medical community on FGC, and medical professionals should be trained to counsel parents accordingly.[54]

E. Lack of Data, Funding and Capacity

The Malaysian Government asserts that FGC does not take place and that only the traditional and cultural practice of 'female circumcision' is carried out. There is, therefore, in its view, no need for further research.

Further research would deliver evidence:

- to support the need for policies for health professionals at the national level, bringing together JAKIM, the Ministry of Health and the Ministry of Women;
- on practitioners' knowledge, attitudes and practices, which would allow for targeted advocacy;
- on women's beliefs and attitudes, guiding sensitive discourses;
- to indicate how men could get involved; and
- on the most effective means of communication with practising communities.

Next Steps

As outlined above, there are five major challenges that advocacy and programmatic responses in Malaysia must face. While there are a number of organisations working to break the silence on the practice and, ultimately, see it abandoned by practising communities, as the response to FGC grows in Malaysia, the following aspects must be addressed to effectively reach those goals:

- **bring** the topic of FGC to the forefront of civil-society debates;
- **gather** and **make available** national, regional and ethnic data;
- **deepen** the understanding of physical, emotional, psychological and sexual harms caused by Types 1 and 4;
- **shift** deeply held beliefs and attitudes towards FGC within Malay-Muslim communities;
- **engage with** healthcare professionals to educate that FGC is medically unnecessary and is not a medical act;
- **engage with** religious leaders, in meaningful and transformative ways, to deconstruct the belief that FGC is a religious requirement; and
- **engage with** the Federal and State Governments, in meaningful and transformative ways, to educate and break the silence surrounding FGC.

Recommendations

Considering our findings, we recommend that:

- activists and non-governmental bodies engage with the Government to further its CRC and CEDAW commitments;
- researchers and implementing organisations contribute to improving the availability of data, to inform programming;
- strategies such as community dialogues be employed, engaging influential community members, religious leaders, medical professionals and young couples;
- international partners recognise the vital role of local organisations and activists and meaningfully include them at the core of programming; and
- medical researchers deepen understandings of the pain inflicted on infants because of FGC, of girls' anatomy and development, and of any long-term complications caused by FGC Types 1 and 4.

Call To Action

Government of Malaysia

We call on the Government of Malaysia to:

- **engage with society** on FGC, to enable informed debates about harm, consent/parental authority and bodily integrity within all affected ethnic groups and society as a whole;
- **work with the Ministry of Health and JAKIM** to consider all aspects of the harm inflicted by FGC and issue statements accordingly; and
- **implement policies** to protect women and girls from FGC.

Stakeholders

We call on stakeholders, including government bodies, non-governmental organisations and others in Malaysia, to:

- **raise the awareness of medical practitioners** of the realities of FGC;
- **conduct knowledge-sharing workshops** to improve parental and societal access to information about FGC harm; and
- **provide support** for collecting data on FGC, including the prevalence, specific practices and drivers of the practice.

Donors

We call on donors to:

- **allocate resources** to grassroots and other organisations that are engaged in the long-term work of changing attitudes and beliefs about FGC; and
- **ensure** that policies related to FGC are culturally appropriate and sensitive.

References

Recommended citation: Orchid Project (2024) *Country Profile: FGC in Malaysia – Key Findings.* Available at https://www.fgmcri.org/country/malaysia/.

1
- Carol Laderman (1983) *Wives and Midwives: Childbirth and Nutrition in Rural Malaysia*. Berkeley: University of California Press.
- Anisah Ab Ghani (1995) 'Amalan khatan anak perempuan dalam masyarakat Melayu', *Jurnal Syariah*, 3(1), pp.73–82. Available at https://ejournal.um.edu.my/index.php/JS/article/view/28483.
- Abdul Khan Rashid, Sapna S. Patil and Anita S. Valimalar (2009) 'The Practice Of Female Genital Mutilation Among The Rural Malays In North Malaysia', *The Internet Journal of Third World Medicine*, 9(1). Available at https://ispub.com/IJTWM/9/1/5621.
- Maznah Dahlui (2011) *The status of female circumcision in Malaysia*. WHO report. [Personal communication – unpublished].
- Salleha Khalid, Suhaila Sanip, Rafida Hanim Mokhtar, Maizatul Azma Masri, Mohd Shamsir Muhammad Aris, Muhammad Riduan Wan Deraman and Nuurain Amirah Mohd Razi (2017) 'The study of knowledge, attitude and practice towards female circumcision among female patients at O&G Outpatient Department, Hospital Ampang, Selangor, Malaysia', *Ulum Islamiyyah*, 21, pp.15–24. Available at https://doi.org/10.33102/uij.vol21no0.22.
- Abdul Rashid and Yufu Iguchi (2019) 'Female Genital Cutting in Malaysia: A Mixed-Methods Study', *BMJ Open*, 9(4), e025078. Available at https://doi.org/10.1136/bmjopen-2018-025078.
- Stefanie Shamila Pillai, Surinderpal Kaur, Nik Nur Ainin Soffiya Nik Mat, Syazwani Izzati binti Azhar (2021) *Perception Towards Female Circumcision in Malaysia*. Sisters in Islam. Available at https://sistersinislam.org/wp-content/uploads/2021/04/Perceptios-Towards-Female-Circumcision-in-Malaysia-January-2021.pdf.

2 UNICEF (2016) *Indonesia – Statistical Profile on Female Genital Mutilation/Cutting*. Available at https://www.orchidproject.org/wp-content/uploads/2019/04/FGMC_IDN.pdf.

3
- William G. Clarence-Smith (2008) 'Islam and female genital cutting in Southeast Asia: The weight of the past', *Finnish Journal of Ethnicity and Migration*, 3(2), pp. 14–20. Available at http://ihmisoikeusliitto.fi/wp-content/uploads/2014/05/Female_Genital_Cutting_in_the_Past_and_Today_FJEM_2008.pdf.
- Claudia Merli (2012) 'Negotiating female genital cutting (sunat) in Southern Thailand' in C. Raghavan, & J. Levine (eds.) *Self-Determination and Women's Rights in Muslim Societies*, pp.169–187. Brandeis University Press. Available at https://durham-repository.worktribe.com/output/1658124/negotiating-female-genital-cutting-sunat-in-southern-thailand.
- Yufu Iguchi and Abdul Rashid (2022) 'The Cultural Meaning of "Female Genital Mutilation" in Rural Malaysia: The Female Body and Sexuality through the Medical Gaze', *Journal of Southeast Asian Studies*, 53(4), December 2022, pp.709–732. Available at https://doi.org/10.1017/S002246342200087X.

4 Women's Aid Organisation (2021) *Report Extract – Cutting: An overview of female genital mutilation/cutting (FMG/C) in Malaysia*. Available at https://wao.org.my/wp-content/uploads/2021/12/WAO-SIS-ARROW_FGMC-Chapter_Extract.pdf.

5 Research Directorate, Immigration and Refugee Board, Canada (1999) *Malaysia: Whether female genital mutilation (FGM) is still practised within certain segments of the population; the current law or policy of the government regarding the practice*. Refworld. Available at https://www.refworld.org/docid/3ae6ad6d68.html.

6 CEDAW (2021) *Information received from Malaysia on follow-up to the concluding observations on its combined third to fifth periodic reports*, p.3. Available at https://digitallibrary.un.org/record/3904297?ln=zh_CN.

7 Department of Statistics Malaysia (2020) *Population and Housing Census of Malaysia*. Available at https://www.dosm.gov.my/uploads/publications/20221020150523.pdf.

8
- Angela Dawson, Abdul Rashid, Rashidah Shuib, Kolitha Wickramage, Meiwita Budiharsana, Irwan Martua Hidayana and Gabriele Marranci (2020) 'Addressing female genital mutilation in the Asia Pacific: the neglected sustainable development target', *Australia and New Zealand Journal of Public Health*, 44(1), pp.8–10. Available at https://doi.org/10.1111/1753-6405.12956.
- William G. Clarence-Smith (2008), *op. cit.*, pp.14–20.

9 Roziah Omar (1994) *The Malay Woman in the Body: Between Biology and Culture*, p.23. Kuala Lumpur: Fajar Bakti.

10 William G. Clarence-Smith (2008), *op. cit.*

11
- Ab. Rahman Isa, Rashidah Shuib and M. Shukri Othman (1999) 'The practice of female circumcision among Muslims in Kelantan, Malaysia', *Reproductive Health Matters*, 7(13), pp.137–144. Available at https://doi.org/10.1016/S0968-8080(99)90125-8.
- Maznah Dahlui (2011), *op. cit.*
- Abdul Rashid, Yufu Iguchi and Siti Nur Afiqah (2020) 'Medicalization of Female Genital Cutting in Malaysia: A Mixed Methods Study', *PLoS Medicine*, 17(10), e1003303. Available at https://doi.org/10.1371/journal.pmed.1003303.

12 William G. Clarence-Smith (2008), *op. cit.*

13
- Rashid, Iguchi & Afiqah (2020), *op. cit.*
- Rashidah Shuib and Siti Hawa Ali (2021) *Female Genital Mutilation/Cutting in Malaysia: An Overview*. Asia Network to End FGMC, ARROW & Orchid Project, p.25.

14 Khadijah Musa (2017) cited in Norazam Khair Mohd Ithnin, Ishak Suliaman and Abdul Halim Ibrahim (2023) 'Polemik Amalan Khitān Wanita di Malaysia Menurut Perspektif Islam: Suatu Kajian Awal' [Polemics Surrounding Female Circumcision Practices in Malaysia from an Islamic Perspective: A Review], *Jurnal Fiqh*, 20(1), pp.61–92. Available at https://doi.org/10.22452/fiqh.vol20no1.3.

15
- Anisah Ab Ghani (1995), *op. cit.*
- Isa, Shuib & Othman (1999), *op. cit.*
- Rashid, Patil & Valimalar (2009), *op. cit.*

16 Rashid, Patil & Valimalar (2009), *op. cit.*

17
- Gabrielle Paluch (2015a) 'In Thailand's Muslim South, Authorities Turn a Blind Eye to FGM', *The Guardian*, 1 April. Available at https://www.theguardian.com/global-development/2015/apr/01/Thailand-muslim-south-authorities-blind-eye-fgm-who.
- Gabrielle Paluch (2015b) 'Female genital cutting in Thailand's south', *Al Jazeera*, 2 April. Available at https://www.aljazeera.com/news/2015/4/2/female-genital-cutting-in-thailands-south.
- Gabrielle Paluch (2015c) 'FGM Persists in Thailand', *Deutsche Welle*, 14 September. Available at https://www.dw.com/en/fgm-persists-in-thailand/a-18712552.

18 Maznah Dahlui (2011), *op. cit.*

19 Rashid & Iguchi (2019), *op. cit.*

20
- Anisah Ab Ghani (1995), *op. cit.*, pp.73–82.
- Rashid, Patil & Valimalar (2009), *op. cit.*

- Maznah Dahlui (2011), *op. cit.*
- Khalid *et al.* (2017), *op. cit.*, pp.15–24.
- Rashid, Iguchi & Afiqah (2020), *op. cit.*
- Stefanie Shamila Pillai *et al.* (2021), *op. cit.*

21 The Malaysian Insight (2018) *Why is Malaysia still practising female genital mutilation?*, 6 February. Available at https://www.themalaysianinsight.com/s/36377.

22 Claudia Merli (2008) 'Sunat for Girls in Southern Thailand: Its Relation to Traditional Midwifery, Male Circumcision and Other Obstetrical Practices', p.34, *Finnish Journal of Ethnicity and Migration*, 3(2), pp.32–41. Available at https://www.researchgate.net/publication/30054101_Sunat_for_Girls_in_Southern_Thailand_Its_Relation_to_Traditional_Midwifery_Male_Circumcision_and_Other_Obstetrical_Practices.

23 A. A. A. Dayang, Z. A. Latiff, S. E. Wan Puteh, S. Wahab, H. H. Siraj, M. Mustafa (2021, in press) *Kajian rintis KAP (knowledge, attitude, practice) Pengetahuan, sikap dan amalan ibubapa dan golongan profesional terhadap impak kesihatan female genital mutilation (FGM)* cited in Rashidah Shuib and Siti Hawa Ali (2021) *Female Genital Mutilation/Cutting in Malaysia: An Overview*. Asia Network to End FGMC, ARROW & Orchid Project, p.25.

24 Rashid, Iguchi & Afiqah (2020), *op. cit.*

25 *Ibid*.

26 Hannah Nazri, Janani Devaraja, Syed Hadi Arief, Rafeeq Ruslan, Zafira Azih, and Ashvinderjit Kaur Amarjit Singh (2023) *Empowering Healthcare Professionals: Unveiling the Harms of Female Circumcision in Malaysia*. ARROW, Asian Network to End FGM/C, and Malaysian Doctors for Women & Children. Available at https://arrow.org.my/publication/empowering-healthcare-professionals-unveiling-the-harms-of-female-circumcision-in-malaysia/.

27 Dawson *et al.* (2020), *op. cit.*

28
- Pillai *et al.* (2021), *op. cit.*
- Rashid & Iguchi (2019), *op. cit.*

29 ***The term 'sexual modesty' is used here as defined in*** J. Dennis Fortenberry and Devon J. Hensel (2022) 'Sexual Modesty in Sexual Expression and Experience: A Scoping Review, 2000–2021', *The Journal of Sex Research*, 59(8), pp.1000–1014. Available at https://doi.org/10.1080/00224499.2021.2016571.

30 David Kloos (2019) 'Experts beyond discourse: Women, Islamic authority, and the performance of professionalism in Malaysia', *American Ethnologist*, 46(2), pp.162–175. Available at https://doi.org/10.1111/amet.12762.

31
- Maznah Dahlui (2011), op. cit.
- Salleha Khalid *et al.* (2017), *op. cit*.
- Stefanie Shamila Pillai *et al.* (2021), *op. cit*.

32
- Anisah Ab Ghani (1995), *op. cit.*
- Isa, Shuib & Othman (1999), *op. cit.*
- Rashid, Patil & Valimalar (2009), *op. cit.*
- Khalid *et al.* (2017), *op. cit.*
- Rashid & Iguchi (2019), *op. cit.*

33 Isa, Shuib & Othman (1999), *op. cit.*

34 Pillai *et al.* (2021), *op. cit.*, p.13.

35 Dayang, *et al.* (2021, in press), *op. cit.*

36 Pillai *et al.* (2021), *op. cit.*, p.14.

37 *Ibid*., p.16.

38 Nazri *et al.* (2023), *op. cit.*

39 Shuib & Ali (2021), *op. cit*.

40 Women's Aid Organisation (2021), *op. cit.*

41 Shuib & Ali (2021), *op. cit.*

42 Women's Aid Organisation (2021), *op. cit.*

43 Dawson *et al.* (2020), *op. cit*.

44 Mohamed Nawab and Mohamed Osman (2016) 'The Islamic Conservative Turn in Malaysia: Impact and Future Trajectories', *Contemporary Islam: Dynamics of Muslim Life*, 11, pp.1–20. Available at https://doi.org/10.1007/s11562-016-0373-3.

45 Rashidah Shuib and Angela Dawson (2021) *Addressing the Medicalisation of Female Genital Mutilation/ Cutting in Malaysia: Ways forward for Research*. University of Technology Sydney. Available at https://opus.lib.uts.edu.au/bitstream/10453/154983/2/Addressing%20the%20Medicalisation%20of%20FGM%20FINAL%20REPORT%2019%20March.pdf.

46 *Ibid*.

47 Nazri *et al.* (2023), *op. cit.*

48 Women's Aid Organisation (2021), *op. cit.*

49 Rafida Hanim Mokhtar (2023) 'Female Circumcision: Understand the Legal Requirements before Classifying FGM', *The Merdeka Times*, 18 February. Available at https://themerdekatimes.com/news/2023/02/khitan-wanita-fahami-asas-pensyariatan-hukum-sebelum-pengkelasan-fgm/.

50 Dayang, et al. (2021, in press), *op. cit.*

51 Rashid & Iguchi (2019), *op. cit*.

52 Rashid, Iguchi & Afiqah (2020), *op. cit.*

53 *Ibid*.

54 *Ibid*.

Cover Image: Mohd Iruan Janal (2023) *A girl pose in baju kurong, a traditional malay female outfit*. Shutterstock ID 2292806745.

Please note the use of this girl's image does not imply that she has, nor has not, undergone FGC.

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