

COUNTRY PROFILE: FGC IN MALAYSIA

March 2024



ORCHID  PROJECT

WORKING TOGETHER TO END
FEMALE GENITAL CUTTING



ASIA NETWORK
TO END **FGM/C**

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Information on Country Profiles

Background

Orchid Project is a UK- and Kenya-based non-governmental organisation catalysing the global movement to end female genital cutting (FGC).

Orchid Project's strategy for 2023 to 2028 focuses on three objectives:

1. to undertake research, generate evidence and curate knowledge to better equip those working to end FGC;
2. to facilitate capacity-strengthening of partners, through learning and knowledge-sharing, to improve programme designs and impacts for the movement to end FGC; and
3. to steer global and regional policies, actions and funding towards ending FGC.

In terms of research, Orchid Project aims to expedite the building of a knowledge base, undertaking and curating research and evidence and making it accessible to all. As a result of its merger with 28 Too Many, which produced Africa-focused research for more than a decade, Orchid Project possesses the expertise to generate and curate knowledge, and the connections to amplify that knowledge across the sector to grassroots, community-based organisations and activists and to global institutions, governments and academics. Orchid Project also hosts the **FGM/C Research Initiative**, which builds on the Africa-focused legacy of 28 Too Many.

The Asian-Pacific Resource and Research Centre for Women (*ARROW*) was established in Kuala Lumpur, Malaysia in 1993. Over the last 30 years, *ARROW* has worked to advance the sexual and reproductive rights of women and young people in all their diversities. It partners with women's-rights, youth-led, youth-serving and non-governmental organisations, and works on gender equality and sexual/reproductive rights. In 2019, *ARROW* collaborated with Orchid Project to co-develop the **Asia Network to End FGM/C**. The Network currently has about 80 members – including activists, civil-society organisations, survivors, researchers, medical professionals, journalists, religious leaders and allies – across 13 countries in the Asia region. It gathers evidence and data on harmful practices, raises awareness and facilitates knowledge-sharing across the region. It also advocates for laws, policies and programmes to encourage the abandonment of all forms of FGC in Asia.

Purpose

The primary purpose of this Country Profile is to improve understanding of the issues relating to FGC in the wider framework of gender equality and social change. By collating the research to date, this Country Profile can act as a benchmark to reflect the current situation. It also offers analyses of the situation and assists all those committed to ending FGC to shape their own policies and practices and create conditions for positive, enduring change in communities that practise FGC.

We recognise that, in each community, there are different drivers of FGC. Bespoke, sensitive solutions are essential to offer each girl, woman and community a way forward. This report provides a sound information-base that can help determine models of sustainable change, to shift attitudes and behaviours and bring about a world free of FGC.

During our research, we connected with many anti-FGC campaigners, community-based organisations, policy-makers and influencers. The FGM/C Research Initiative wishes to continue to build upon its in-country networking to aid information-sharing, education and awareness of the issues, enabling local non-governmental organisations to be part of a greater voice to end FGC locally and internationally.

Use of this Country Profile

This report is published by Orchid Project and may be downloaded from the FGM/C Research Initiative at <https://www.fgmcric.org/country/malaysia/>.

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Orchid Project seeks updates on the data and invites comments on the content and suggestions as to how these reports can be improved.

The FGM/C Research Initiative is hosted by Orchid Project and builds on the legacy of 28 Too Many by commissioning and curating global research on the practice of female genital mutilation/cutting.

For more information, please contact Orchid Project at research@orchidproject.org.

Authors: Anne Morin, Sean Callaghan, Danica Issell

Recommended citation: Orchid Project (2024) *Country Profile: FGC in Malaysia*. Available at www.fgmcric.org/country/malaysia/.

Please note the use of a photograph of any girl or woman in this Country Profile does not imply that she has, nor has not, undergone FGM/C.

All cited texts in this Country Profile were accessed between 1 June 2023 and 1 March 2024, unless otherwise noted.

Acknowledgements

Orchid Project is extremely grateful to everyone who assisted us in accessing information to produce this Country Profile, as it would not have been possible without their insight. Particular thanks to Keshia Mahmood from ARROW, The Asia Network to End FGM/C, Professor Rashidah Shuib and Dr Siti Hawa Ali, and the Kemban Kolektif.

List of Abbreviations

Please note that, throughout the citations and references in this report, the following abbreviations apply.

ARROW	Asian-Pacific Resource and Research Centre for Women
CBO	community-based organisation
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women Committee on the Elimination of Discrimination against Women
CRC	Convention on the Rights of the Child Committee on the Rights of the Child
CSO	civil-society organisation
FGC	female genital cutting
FGM	female genital mutilation
FGM/C	female genital mutilation/cutting
GP	general practitioner
ICPD	International Conference on Population and Development
JAKIM	Jabatan Kemajuan Islam Malaysia (Department of Islamic Development Malaysia)
MMC	Malaysian Medical Council
MoH	Ministry of Health
MUIS	Islamic Religious Council of Singapore
NGO	non-governmental organisation
OHCHR	Office of the High Commissioner on Human Rights
UN	United Nations
UNFPA	United Nations Population Fund
WHO	World Health Organization

Executive Summary

This Country Profile provides comprehensive information on the most recent trends and data on female genital cutting (FGC) in Malaysia. It includes an analysis of the current socio-political situation, legal frameworks and programmes to make recommendations on how to move toward eradicating the practice. Its purpose is to equip activists, practitioners, development partners and research organisations with the most up-to-date information to inform decision-making on policy and practice in the Malaysian and South East Asian contexts.

Academic research undertaken by professionals of various disciplines form the backbone of this Country Profile, as do reports and statements by both governmental and non-governmental organisations, postgraduate research, media materials, webinars and documentary videos.

Female genital mutilation (FGM), the term most often used globally to describe genital cutting, is defined by the World Health Organization (WHO) as the 'partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.'¹

In Malaysia and South East Asia, 'FGM', is perceived to be an irrelevant term imposed by the West and not reflective of 'female circumcision' as practised in the region². 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.³ Additionally, the Malaysian Government denies that FGM is practised in Malaysia, but acknowledges that 'female circumcision' occurs.⁴

However, in 2019, the Committee on the Elimination of Discrimination Against Women (CEDAW) and the Committee on the Rights of the Child issued joint general recommendations on harmful practices, **linking these various terms to one single practice**.⁵ Despite linguistic differences and sentiments, the practice of female circumcision in South East Asia still falls under the WHO's classifications of 'Type 1 FGM' and 'Type 4 FGM',⁶ and the practice of any form of cutting is recognised internationally to be a violation of human rights, the rights of the child and women's rights.

Since the term 'cutting' appears to be the more widely understood term within South East Asian literature, this Country Profile uses the term '**female genital cutting**' or 'FGC'.

FGC is believed to have been **imported into South East Asia alongside Islam**.⁷ In the region, there is a notable **lack of data available about FGC**, but it is usually practised by **Muslim communities** and **viewed as a religious practice**. Its practice by Muslim communities in **Indonesia** and **Malaysia** is well known.⁸

The Malaysian population is divided into three main ethnic groups, the **Bumiputera** – 20.6 million (69.4% of the citizen population); **Chinese** – 6.9 million and **Indian** – 2 million. In addition to these, **non-Malaysian residents** amount to 2.7 million.⁹ The Malaysian Constitution¹⁰ further segments the **Bumiputera** into **ethnic Malays**, or **Melayu**, whose dominant position is confirmed in Article

153 of the Constitution; **Orang Asli** (the 'Original People'), referred to as 'Aborigines' in Article 160(2); Sabah's population, referred to as the '**natives of Sabah**' in Article 161A(6)(b); and Sarawak's population, referred to as the '**natives of Sarawak**' in Article 161A(6)(c).

Ethnic Malays, nearly all of whom are Muslim, can also be found in Singapore (9.2%),¹¹ southern Thailand (more than 70% in the four southernmost provinces) and right across South East Asia.¹²

Malaysia has a **dual judicial system** consisting of common law and Islamic law, and religion is a state matter. The Constitution grants states the power to apply their versions of Islamic law on certain topics and to give jurisdiction to Sharia courts over personal law, matters related to religious practice and offences deemed to be against the precepts of Islam.¹³ Globally, **fatwas** are non-binding, formal rulings or opinions on a point of Islamic law, but the Malaysian dual judicial system only gives fatwas the force of law once gazetted; i.e. adopted and published by the individual states as part of their own legislations.¹⁴

Malaysia has signed and ratified several 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.

The Federal Constitution of Malaysia¹⁵ does not have any specific provisions on FGC, but could be used to ban or regulate FGC. The Constitution does have a provision on equality of rights and gender-based discrimination, which is, however, not legally inclusive of FGC. FGC is not associated with gender-based discrimination in the minds of most Malaysians.

Article 11(5) of the Constitution (on freedom of religion), read alongside Article 8(5) (on permissible discrimination) has the potential to ban or regulate the practice of FGC on the grounds of 'public order, public health or morality'.¹⁶

In April 2009, the Fatwa Committee of The National Council for Islamic Religious Affairs Malaysia 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'.¹⁷ The 2009 fatwa moved FGC from a recommended Islamic practice to a compulsory act of faith.¹⁸ It also dissociated from the process, guiding principles and outcome decreed by the Grand Mufti of Al-Azhar University.¹⁹ It led the majority of Malay Muslims to see FGC as an obligation, irrespective of the fatwa's legal status, and pushed parents towards medicalised FGC.²⁰

After considering evidence discussed by religious scholars and medical experts, the state of Perlis in 2017 issued a view that conflicted with the 2009 fatwa;²¹ other Malaysian state fatwa committees expressed opinions supporting it. None of these religious opinions at state level have been published in the official gazette, leaving these opinions as official declarations, not legally binding,²² but even a non-gazetted fatwa will have a strong influence on personal decision-making.²³

In **Thailand**, the fatwa committee has not issued any ruling on FGC, and the Health Ministry and Thai authorities have reportedly taken a pragmatic approach to a 'not harmful' 'cultural phenomenon', which, as such, would not need laws or regulations.²⁴

In **Singapore**, the absence of a law or legislation banning FGC makes the practice legal;²⁵ however, the official list of fatwas issued on science, medicine and health does not include FGC, nor does it address the FGC issue in either an approving or a disapproving manner.²⁶

The CEDAW stresses that **FGC cannot be justified on religious grounds** nor be authorised by fatwas and **is a harmful practice**, irrespective of the extent of the cut or whether the cut is performed in a medical setting.²⁷

Only **seven studies** provide quantitative data on the prevalence of FGC in Malaysia.²⁸ As sample sizes, geographical areas and representativeness vary between studies, comparisons or trends cannot be drawn. Rather, there is a certain homogeneity in the findings that draws a sketch of prevalence, if not a full picture.

*In view of these studies, Orchid Project estimates an **FGC prevalence of 93% in the female, ethnic Malay population (or more than 7.5 million girls and women) and no FGC in the Chinese and Indian populations.***

The data available are insufficient to estimate prevalence among non-Malay **Bumiputera**, although there is anecdotal evidence that FGC is also practised by members of the **Orang Asli** and **Sabah** and **Sarawak's** indigenous populations.

*The prevalence of FGC in southern Thailand is believed to be close to 88.5% of women and girls. One pilot study in Singapore found a prevalence of 75% among Muslim women.*²⁹

The **types of FGC practised** in the Malaysia region fall *at least* into the WHO's Types 1 and 4.³⁰ Malays do not practise pharaonic circumcision/Type 3 (often referred to as 'infibulation').³¹ Type 2, however, has been found in **Singapore**.³²

In Malaysia, as in most of South East Asia, the cut has traditionally been relatively minor: pricking is common, and flesh the size of a grain of rice is sometimes removed – 'just a little' is universally highlighted. 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';³³ and the paradoxical results of medicalisation, which sometimes lead to deeper cuts or cuts on the clitoris rather than the prepuce.³⁴ Various studies and articles do not leave much room for doubt about the practise of FGC types other than Type 4 in Malaysia, contradicting the assertion by the Malaysian Government that FGC does not occur in the country.

Across ethnic Malays in Malaysia, southern Thailand and Singapore, an overwhelming majority of **girls are cut before the age of one, often before six months**, although FGC can be carried out at any age.

There are three types of **FGC practitioners**: 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).

Mak Bidans are trusted by the older generations for several reasons. Younger generations, though, have become more receptive to doctors as a ‘harm reduction’ measure. Doctors are increasingly seen as more qualified.³⁵ However, United Nations Member States are urged by the General Assembly to stop the medicalisation of FGC.³⁶

Traditionally, in South East Asia, the ritual of cutting girls is done quietly, kept between Mak Bidans and parents – unlike the male circumcision ceremony, for which most parents hold a feast. Consequently, while almost all Malay Muslims in Malaysia know about FGC,³⁷ extended knowledge of the procedure itself, including the details and even, sometimes, if one oneself has been cut, seems less common.

The **motivations for performing FGC** identified by Dawson *et al.*³⁸ in the Asia Pacific are complex. Religion (which is closely linked with culture and tradition) is cited in all the studies discussed in this Country Profile as a driver of FGC; health as a driver also appears regularly, although what is meant by ‘health’ is not explained and has no scientific nor logical basis.³⁹ Religion is also seen as an ‘identity’. FGC is a girl’s marker of formal/full acceptance into the Islamic community and entrance into the faith.⁴⁰ Research points out different beliefs, sometimes contradictory, about the assumed role of FGC in controlling sexuality or increasing sexual function.⁴¹ In southern **Thailand**, FGC is seen as a way to prevent girls from becoming stubborn and of moulding the feminine character.⁴²

In Malaysia, FGC is viewed as a ‘**female business**’, and, as such, the husbands let the women make the decisions.⁴³ However, the decision *not* to cut is made jointly as parents 79.3% of the time. The reasons why some members of Malay-Muslim communities choose not to practise FGC have not been specifically researched.

Notions of **harm** and **the medicalisation of FGC** are at the core of the current societal debates on the practice in Malaysia. FGC is perceived by Malay Muslims to be harmless and safe.⁴⁴

Nowadays, the majority of FGC cases in Malaysia and Singapore are performed by healthcare professionals, contrary to the Medical Act 1971 and the Code of Professional Conduct – which impose a good standard of medical care and the need for consent to medical treatment – as the younger generation chooses private clinics, mostly for hygiene reasons.⁴⁵

A large piece of research on FGC medicalisation⁴⁶ found that 85.4% of doctors think FGC should continue. Independently of views on FGC itself, support for medicalised FGC is universal in Malaysia, as a harm-reduction measure for the prevention of infections.⁴⁷ Most doctors, however, ‘agreed that they would not conduct FGC if there were clear instructions from the medical council and if it were declared illegal.’⁴⁸ In **Thailand**, medicalised FGC is resisted on physical, ritualistic and religious grounds.

In 2012, the United Nations General Assembly unanimously passed a resolution framing FGC as **a human-rights violation and a serious threat to the health of women and girls**, including their psychological, sexual and reproductive health, and urged nations to ban the practice.⁴⁹

Recent studies⁵⁰ on the anatomy of the clitoris and the clitoral hood shed more light on the physiological harm done by FGC. The size of a child’s genitals and girls’ development processes mean

that 'a little incision' and 'a right process'⁵¹ cannot be guaranteed to cause no harm, inflict on the baby a high level of pain and may even result in her losing her clitoris.⁵² A number of doctors practise more invasive forms of FGC by cutting parts of the clitoris (Type 1).⁵³ Stephen R. Munzer⁵⁴ argues that 'interfering with a child's genitalia [has exceptional] salience';⁵⁵ therefore, non-consensual pricking, nicking or piercing of genitalia is 'wronging' a child, irrespective of the level of harm.

In Malaysia, the majority of Muslims are Sunni and follow the **Shafi'i doctrine**, the only *maddhab* ('school of thought') to regard FGC as mandatory in Islam, even though some Malay Muslims believe FGC is practised by all Islamic *maddhahib*.⁵⁶ Religious scholars state that FGC is not a requirement in the Koran; rather, those who support the practice build their reasoning on **the hadiths**.⁵⁷ Clarence-Smith⁵⁸ claims all the hadiths dealing with FGC either lend themselves to different interpretations or are of uncertain authenticity; besides, 'any tradition can be overruled by deploying the fundamental injunction in the Quran to command and forbid evil.'⁵⁹

The international spotlight placed on Malaysian FGC is considered to serve a Western agenda to censure a harmless traditional/religious practice and, therefore, to condemn Islam and Malayness. It has ignited a strong discourse, pushing academics to reassess the hadiths' authenticity from a Malay point of view, which means that edicts such as that of the Grand Mufti of Al-Azhar University, which bans FGC, are viewed as irrelevant – a 'foreign fatwa'.⁶⁰

Nonetheless, a 2019 Malaysian study⁶¹ reassessed the hadiths and concluded that there is an absence of 'valid' evidence of a command by the Prophet regarding FGC; that scholars do not issue fatwas solely on religious texts, but also by referring to medical expertise available at the time, pursuing the Islamic care for the health aspects of every human being; and that it is unnecessary to associate anti-FGC advocacy with a Western agenda or a movement to destroy Islam.

Psychological harm caused by FGC has been recorded in **Singapore**.⁶² In **Malaysia**, Professor Rashid Khan⁶³ regrets the lack of academic data on the psychological impact of Type 4 FGC. On social media and blogs, some Malay women are ending their silence, telling their stories and questions or fears about the impact their own FGC had on them, such as long-term pain after delivering a child and a plummeting sexual desire.⁶⁴ A little cut may be too much, as 'doctors are cutting growing tissue that could lead to sexual dissatisfaction later in life, due to the inability to experience orgasm adequately, which can lead to marital issues and family disharmony'.⁶⁵

FGC as practised in Malaysia (or anywhere in the world) has **no medical benefits**.⁶⁶

The Malaysian Medical Council is thought to regard FGC as a predominantly Muslim issue. Therefore, it chooses to be silent on the matter. There seems to be general agreement that FGC is not to be performed by members of the medical profession,⁶⁷ but practising doctors consider the Council's silence to be 'tacit approval'.⁶⁸ The Government, too, has actively supported FGC and tried to legitimise it in front of the CEDAW, but has not made any official statements.⁶⁹ **Singapore's** and **Thailand's** governments are equally silent.

Challenges that must be overcome to end FGC among ethnic Malays are as follows.

- FGC is a very sensitive topic in Malaysia. The Government's strategic silence leaves grassroots organisations and NGOs responsible for negotiating the issue. Stakeholders – government,

religious and health authorities; CSOs and NGOs; and individuals – should take up that responsibility to advance the movement toward ending FGC.

- The polarisation of religious discourses is a barrier in a society that sees FGC as a cultural and religious identity marker. Nonetheless, 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.
- Misunderstandings of what constitutes 'harm', beyond visible injuries, lead parents to continue supporting the practice. Education and further research are required on the wider definition of 'harm', as well as a better understanding of 'harm' versus 'wronging'.
- Medicalised FGC is already popular and continues to be supported by doctors and the younger generations. The majority of medical practitioners lack awareness of civil or religious legalities or of the global concern and ethics 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.⁷⁰
- As 'female circumcision' is not recognised as FGC, there is no funding available to carry out research or advocacy.

Pressure has been brought by the international human-rights community on the Malaysian Government to comply with its international commitments and ban the practice. An overview of some of these organisations is included with this report. However, in the context of the Government's denial of the classification and harms of the practice, efforts have yet to result in any significant change.

This Country Profile calls for the following actions:

- **break the silence surrounding FGC** and bring the issue to the forefront in socio-political spaces, to enable informed debates about harm, consent/parental authority and bodily integrity within all affected ethnic groups and society as a whole;
- **gather and make available national, regional and ethnic data**, including the prevalence, specific practices and drivers of the practice;
- **allocate resources** to grassroots and other organisations that are engaged in the long-term work of changing attitudes and beliefs about FGC;
- **work with the Ministry of Health, JAKIM and medical professionals** to deepen the understanding of physical, emotional, psychological and sexual harms caused by Types 1 and 4, and issue statements accordingly;
- **conduct knowledge-sharing workshops** to improve parental and societal access to information about FGC harm;
- **engage with religious leaders**, in meaningful and transformative ways, to deconstruct the belief that FGC is a religious requirement; and
- **implement culturally appropriate and sensitive policies** to protect women and girls from FGC.

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General National Statistics

This section highlights a number of indicators of Malaysia's context and development status.¹

Population

34,219,975 (2023 est.)

Population aged 0–14: 22.46%

Population aged 15–64: 69.42%

Population aged 65+: 81.2%

Growth rate: 1.01% (2023 est.)

Median age: 31.4 years (2023)

Human Development Index²

Rank: 62 out of 191 in 2021

Score: 0.806 ('Very High')

Health

Life expectancy at birth: 76.4 years (2023 est.)

Infant mortality rate: 6.5 deaths per 1,000 live births (2023 est.) – world rank of 63

Maternal mortality rate: 21 deaths per 100,000 live births – world rank of 124

Fertility rate, total: 1.74 children (births per woman) (2023 est.) – world rank of 157

Current health expenditure: 4.1% of GDP (2020 est.)

Urbanisation

Urban population: 78.8% of total population (2023 est.)

Rate of urbanisation: 1.87% annual rate of change (2020–2025 est.)

Major urban areas: Kuala Lumpur (capital) – 8.622 million (2023 est.)

Johor Bahru – 1.086 million

Ipoh – 857,000

GDP (in US dollars)

Real GDP (purchasing power parity): \$884 billion (2021 est.)

Comparison ranking: 31 out of 229 countries

Real GDP per capita (purchasing power parity): \$26,300 (2021 est.)

Real GDP growth rate: 3.09% (2021 est.)

Literacy (percentage who can read and write)

Adult: 95% (female – 93.6%; male – 96.2%)

Press Freedom

RWB World Press Freedom Index: 73 out of 180 countries³

Marriage

Currently married women: 59.3% of women aged 15–49 years (2023 est.)

Religions

Muslim (official) – 61.3%, Buddhist – 19.5%, Christian – 9.2%, Hindu – 6.3%, other – 1.7%, none or unspecified – 1.8% (ethnic Malays are all Muslims by Constitutional definition)

Languages

Bahasa Malaysia (official), English, Chinese (Cantonese, Mandarin, Hokkien, Hakka, Hainan, Foochow), Tamil, Telugu, Malayalam, Panjabi and Thai. NB: Malaysia has 134 living languages – 112 indigenous languages and 22 non-indigenous languages. In East Malaysia, there are several indigenous languages; the most widely spoken are Iban and Kadazan.

Ethnic Groups

Bumiputera – 62.5% (Malays and indigenous peoples, including Orang Asli and Aborigines in Sabah and Sarawak), Chinese – 20.6%, Indian – 6.2%, other – 0.9%, non-citizens – 9.8%

1 Unless otherwise stated, all statistics are taken from Central Intelligence Agency (2023) *The World Factbook: Malaysia*, 6 December. Available at <https://www.cia.gov/the-world-factbook/countries/malaysia/>.

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Introduction

It is now widely acknowledged that [FGC] functions as a self-enforcing social convention or social norm. In societies where it is practised it is a socially upheld behavioural rule. Families and individuals uphold the practice because they believe that their group or society expects them to do so. Abandonment of the practice requires a process of social change that results in new expectations on families.

~ The General Assembly of the United Nations¹

Female genital cutting (FGC) is defined by the World Health Organization (WHO) as the ‘partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.’²

At least 200 million girls and women alive today have undergone FGC. This figure is based on the 32 countries, across three continents, that measure and report on the practice. We know, however, that girls are affected by FGC in more than 90 countries, so this figure underestimates the true scale of the practice.

FGC takes place in Africa, the Middle East and Asia, and also within diaspora communities around the world. Estimates suggest that 4.1 million girls a year are at risk of being cut. Although global efforts to encourage communities to abandon FGC are making strong progress, population growth means the real number of girls at risk of being cut continues to increase.

The practice of cutting is recognised internationally to be a violation of human rights, the rights of the child and women’s rights.

Defining Terms

Globally, the term most often used to describe the practice is ‘female genital mutilation/cutting’. In Malaysia and South East Asia, ‘female circumcision’ is more often used and is viewed as more acceptable.³ The term ‘female circumcision’ medicalises the practice and conveys positive connotations in Malaysia, because the Malay term (*sunat perempuan*) lends legitimacy to the practice as a parallel to 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

'Female genital mutilation', or 'FGM', is perceived to be a term imposed by the West and not reflective of 'female circumcision' as practised in the region.⁵ The word 'mutilation' is deemed to be 'imprecise, inaccurate, misleading, harmful and ethnocentric';⁶ female circumcision is deemed harmless and thus incommensurable with a 'mutilation'.⁷

Additionally, the Malaysian Government has refused to endorse the term 'FGM'. In 1999, the Government 'denied that Malaysia practiced FGM, but admitted that female circumcision was performed in the name of religion/tradition'.⁸ In 2018, during negotiations with the Committee on the Elimination of Discrimination against Women (CEDAW), the Government reiterated its denial of female genital mutilation while acknowledging 'female circumcision'. However, in 2019, the CEDAW and the Committee on the Rights of the Child (CRC) issued joint general recommendations on harmful practices, linking these various terms to one single practice and stating that

female genital mutilation, female circumcision or female genital cutting is the practice of partially or wholly removing the external female genitalia or otherwise injuring the female genital organs for non-medical or non-health reasons.⁹

Since the term 'cutting' appears to be the more widely understood term within South East Asian literature, with words like sunat wanita or 'cutting' already normalised, this Country Profile uses the term 'female genital cutting' or 'FGC' to refer to the practice.

A Lack of Data

In the 2020 study 'Addressing female genital mutilation in the Asia Pacific: the neglected sustainable development target',¹⁰ seven experts highlight the biggest challenge for understanding FGC in the Asia Pacific:

Data on the prevalence of [FGC] in the region are scarce, and hence not included in global reporting. [. . .] Of the little research on [FGC] in the region, most studies are focused on specific populations and are not necessarily representative. Data collection efforts may be hampered in situations where authorities deny or ignore the existence of [FGC]. A lack of data presents challenges for planning a health system response to [FGC], as well as reporting on behavioural change.

In Malaysia, there are no national prevalence datasets on FGC available. Current data and information are scattered and do not capture the real situation 'on the ground', neither for Malaysia as a whole, nor for Malay-Muslim communities. This Country Profile does not pretend to be a trend analysis; rather, it is a map of the existing data and the known drivers of the practice.

Academic research undertaken by professionals of various disciplines (including gender, medical and health studies, Islamic studies, social anthropology and communication) form the backbone of this Country Profile. Furthermore, reports and statements by both governmental and non-governmental organisations (NGOs), postgraduate research, media materials, and even webinars and documentary videos have been examined.

From a series of consultations conducted by the Asia Network in 2020,¹¹ it was discovered that there is a need for political will, legislation, awareness-raising, and campaigning to end FGC in Asia. Specifically in Malaysia, it was found that, while there is awareness about the harms of FGC conducted in traditional settings, medicalised FGC is on the rise.

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 - 3 Rashidah Shuib and Siti Hawa Ali (2021) *Female Genital Mutilation/Cutting in Malaysia: An Overview*. Asia Network to End FGMC, ARROW & Orchid Project, p.9.
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 - 8 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>.
 - 9 Committee on the Elimination of Discrimination against Women and Committee on the Rights of the Child (2019) *Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child (2019) on harmful practices*, p.6. United Nations. Available at <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G19/134/42/PDF/G1913442.pdf?OpenElement>.
 - 10 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*, <https://doi.org/10.1111/1753-6405.12956>. [Commentary.]
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FGC in South East Asia

History of FGC

From Ancient Egypt to the Arab Sea Routes

FGC has been practised for over 2,000 years.¹ Although FGC is practised in some communities in the belief that it is a religious requirement, research shows that FGC predates Islam and Christianity. Throughout history, some forms of genital cutting have been found in Africa among practitioners of the monotheistic religions, animists and atheists, and in Western cultures up to date.² Some anthropologists trace the practice to 5th century BC Egypt, where infibulations were referred to as 'Pharaonic circumcision'³ and used as a measure to control female sexuality in Ancient Egypt and the nomadic tribes around the Red Sea.⁴

Corno, La Ferrara and Vooena identify a strong relationship between Arabian Peninsula slavery (especially at its peak, from 1400 to 1900) and infibulation:

According to descriptions by early travellers, infibulated female slaves had a higher price on the market because infibulation was thought to ensure chastity and loyalty to the owner and prevented undesired pregnancies.⁵

Over time, the practice of infibulation became associated with virginity and purity. It 'started spreading among non-slave populations and also taking less severe forms than infibulation.'⁶

In South East Asia, FGC is usually practised by Muslim communities and viewed as a religious practice. Its practice by Muslim communities in Indonesia and Malaysia is well known.⁷ Malay Muslims, who are ethnic and religious minorities in **Singapore** and southern **Thailand**, practise FGC, while practising Muslims in the **Philippines** are located in Mindanao. There is little information on the extent of cutting in **Brunei**, except admissions of practising 'female circumcision'.⁸

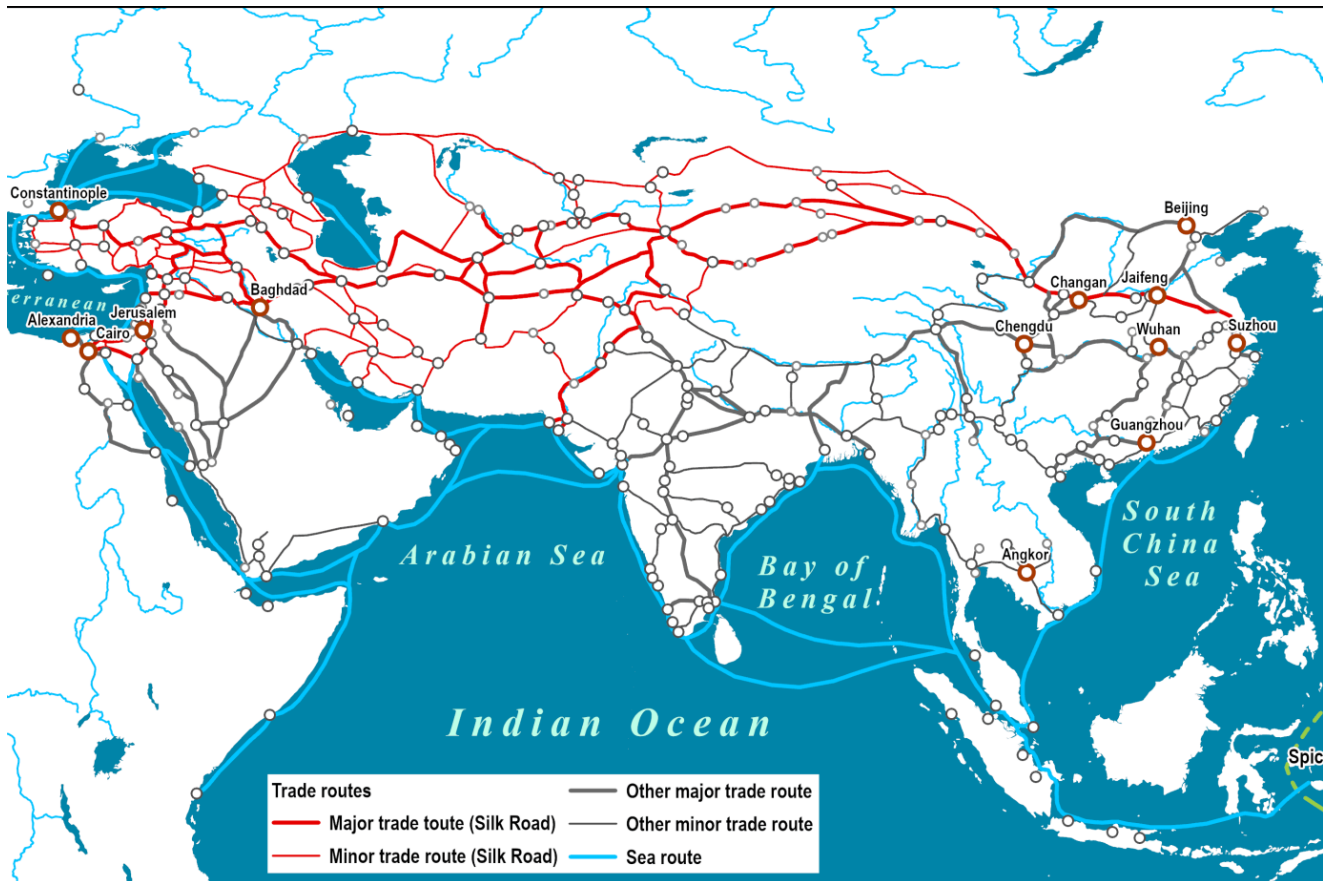
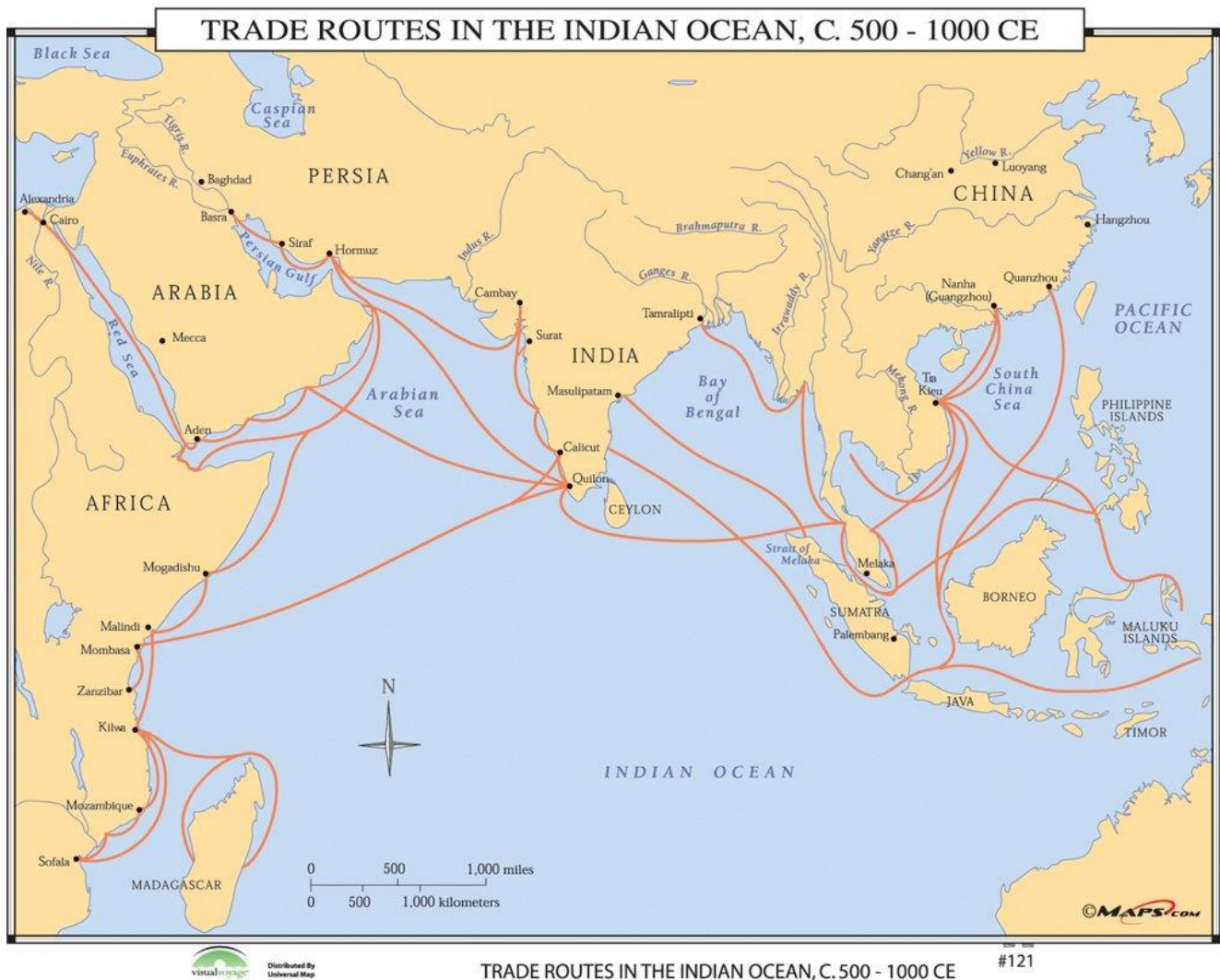
Arrival in South East Asia

FGC is believed to have been imported into South East Asia alongside Islam, as there is no record of an indigenous practice on the Malay peninsula before Islam's arrival.⁹

According to William G. Clarence-Smith,

In reality, there is no compelling evidence that any Animist speakers of Austronesian languages practiced FGC prior to the spread of Islam. [. . .] Only on the furthest periphery of Southeast Asia, among non-Austronesians of New Guinea and Australia, are there traditions of types of FGC that diverge considerably from Southeast Asian forms.¹⁰

The first-known reports of FGC in South East Asia, dating from the late 17th century, align with Islamic scholars' descriptions of the practice at the time.¹¹



While Islam may have arrived in South East Asia as early as the 7th century, as Muslim merchants from the Arabian Peninsula passed through on their way to China's ports,¹³ Islam's presence in South East Asia mostly grew from the late 13th to the 15th centuries.¹⁴ The 'most pronounced influence was from Southern India, which perhaps explains why Malaysian and Indonesian Islam is based upon the Shafi'i school of Islamic law.'¹⁵ By the early 16th century, Islam reportedly had a 'firm footing' in South East Asia. Nowadays, there are 240 million South East Asian Muslims – about 42% of the population and a quarter of the world's 1.6 billion Muslims. Islam is the official religion of Malaysia.¹⁶

While most South East Asian Muslims are Sunni and follow the Shafi'i school of Muslim jurisprudence, other schools have also influenced the faith in the region. In the 17th century, Arab traders and scholars from Hadramawt introduced Sufism. In addition, there were two other influences from the Middle East: puritanical Wahhabism from Saudi Arabia (an 18th-century reformist/revivalist movement) and the Islamic modernist movement and revival (which are late-19th and early-20th century responses to Western colonial influence and the political decline of Muslim powers).¹⁷ Furthermore, translation of Islamic religious texts into regional languages resulted in two types of Islam emerging, local and orthodox, which co-exist today.

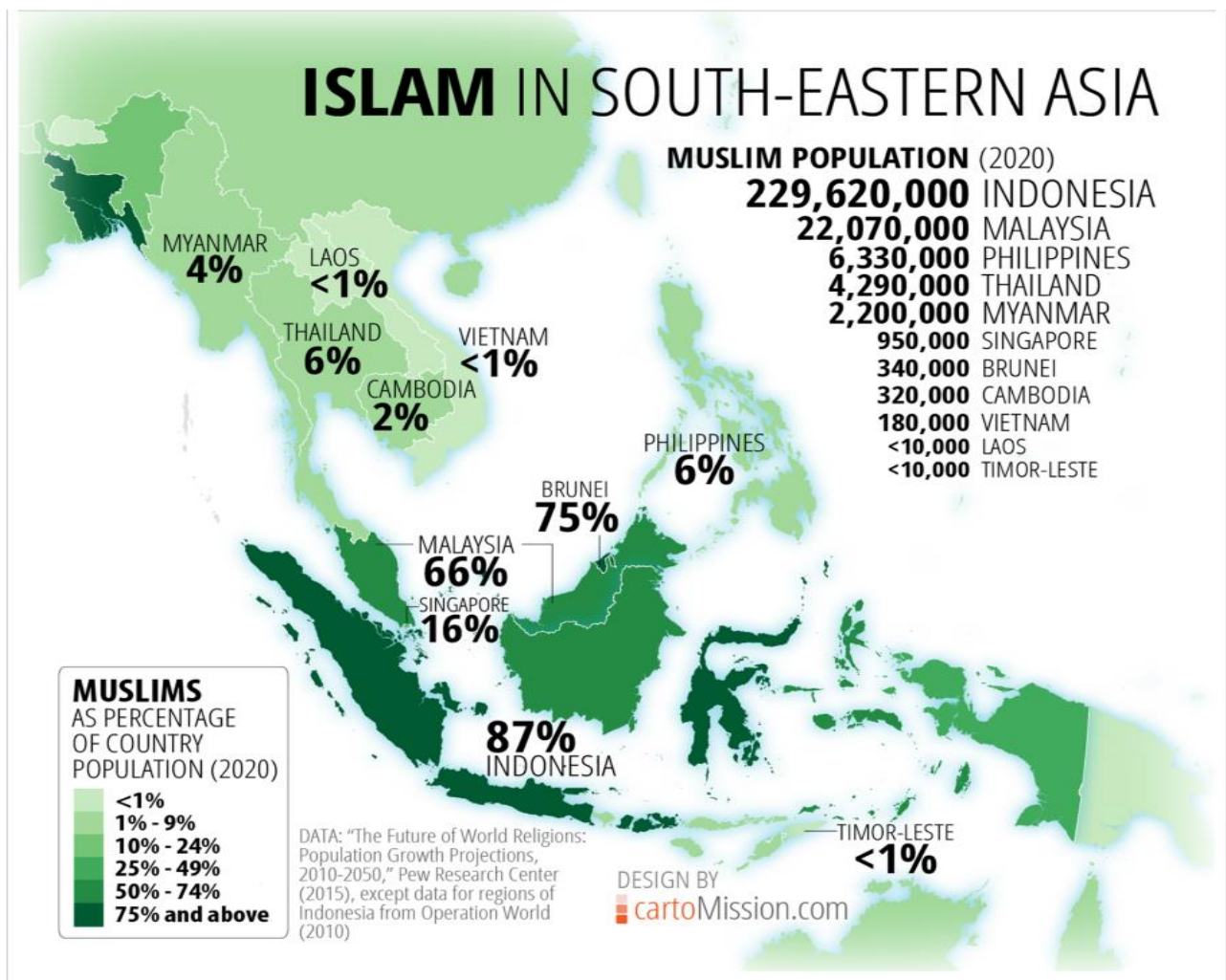


Figure 2: Muslim populations across South East Asia¹⁸

Hidden Across the Region

FGC has long been hidden in communities across South East Asia.

In 1994, governments, including Malaysia's, agreed to end harmful practices such as FGC as part of their commitments at the International Conference on Population and Development (ICPD), which became the global benchmark for placing women's sexual-and-reproductive health and rights within a human-rights framework.¹⁹

Despite these 1994 commitments, in 1998 the WHO noted an absence of documented evidence of the practice, although there were several accounts of FGC in Malaysia.²⁰ This lack of evidence, which is a problem across the region, meant that the 2008 WHO interagency statement listing countries where FGC is practised failed to include data from a single country in Asia.²¹

Indonesia broke the silence in 2016, when its FGC-prevalence data were reported in the United Nations' global report.²² According to that report, half of all Indonesian girls below the age of 12 are thought to have been cut; Indonesia's affected population, together with Egypt's and Ethiopia's, thus constitute about half of the more than 200 million women and girls who have undergone FGC. At the time of publishing this Country Profile in early 2024, only two Asian countries – Indonesia and the Maldives – have published nationally representative prevalence data.

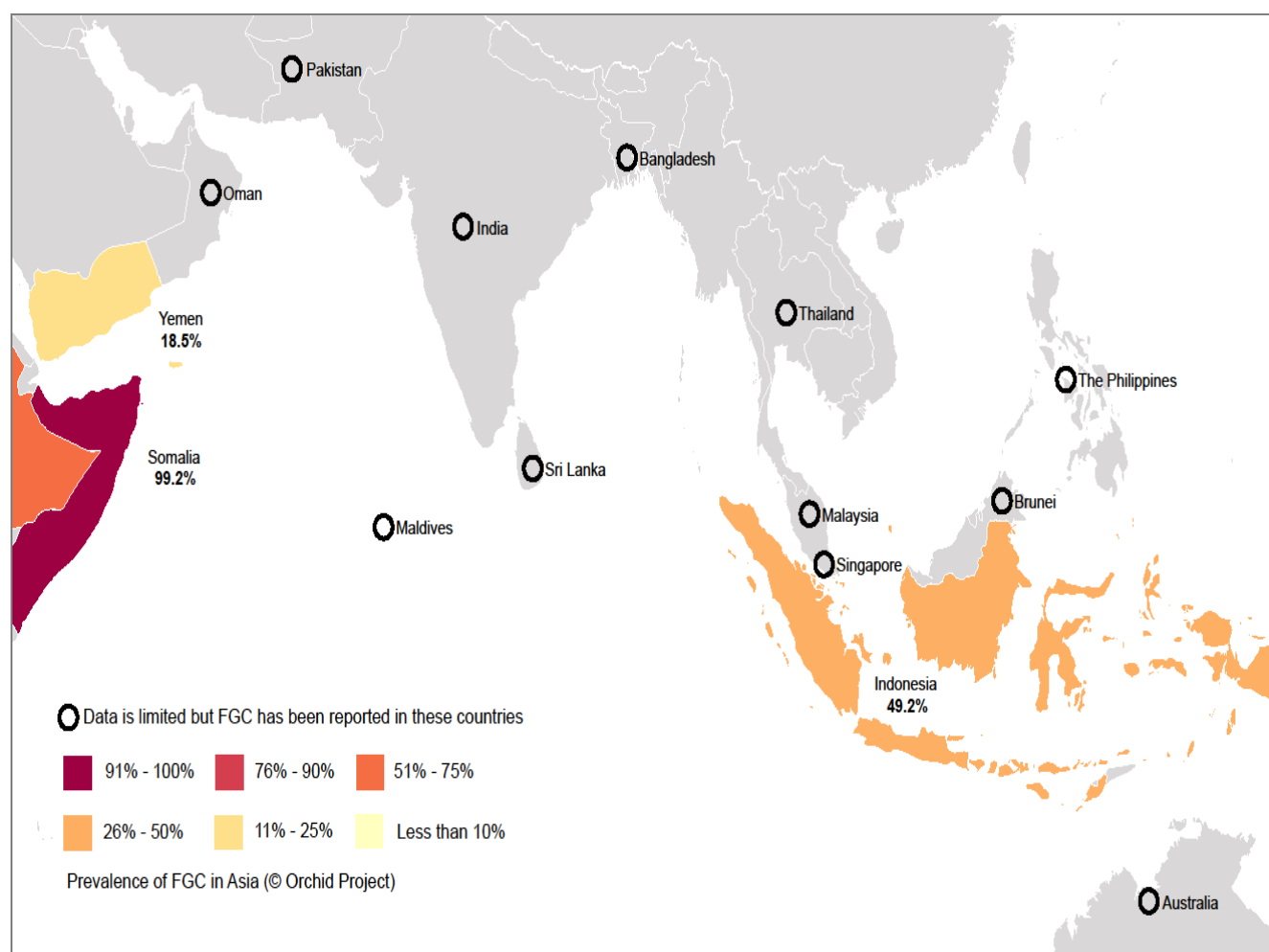


Figure 3: Estimated prevalence of FGC in Asia (© Orchid Project)

In 2012, the United Nations General Assembly unanimously passed a resolution framing FGC as a human-rights violation and a serious threat to the health of women and girls, including their psychological, sexual and reproductive health, and urged nations to ban the practice.²³ That resolution was adopted by all UN member states, including Malaysia, and was reaffirmed by the assembly in 2014.²⁴

However, at the time of publishing this Country Profile in early 2024, no Asian country has yet banned the practice.

Despite the lack of official acknowledgement, FGC is known to be practised in at least ten countries across the region, including Brunei Darussalam, India, Indonesia, Malaysia, the Maldives, Pakistan, the Philippines, Singapore, Sri Lanka and Thailand. However, 'none of these are supported by the UNFPA-UNICEF Joint Programme on the Abandonment of FGM'.²⁵ There has been extensive advocacy and prevention efforts in countries of high prevalence in Africa and among the African diaspora in Europe, but there is a 'paucity of discussion'²⁶ on genital cutting in the Asia-Pacific region.

- 1 Alison T. Slack (1988) 'Female Circumcision: A Critical Approach', *Human Rights Quarterly*, Vol. 10, p.439.
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- 3 *Ibid.*, p.444.
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Defining Cutting in South East Asia

In South East Asia, female genital cutting is most often referred to as 'female circumcision'. The following terms are also used locally to describe the practice.¹

- ***Sunat perempuan*** and ***sunat*** are the most commonly used terms in Malaysia, Singapore, Indonesia, Brunei and southern Thailand (in the southern provinces of Satun, Yala, Narathiwat and Pattani).
- ***Sunnah*** or ***sunath*** (meaning 'recommended practice') are used in the Philippines, Sri Lanka, the Maldives and parts of India.
- ***Khatna*** or ***khafd*** is used by practising communities in India.
- ***Pag-Islam***, ***pag-sunnat*** or ***turi*** are used in pockets of practice in the Philippines.
- ***Khitan*** or ***berkhatan*** are terms frequently found in religious research or official statements.²

Semantically, the term 'female circumcision' suggests, in a context where male circumcision is commonly performed and accepted without controversy, that the practices are equivalent. Female and male circumcisions are often correlated and spoken about as one practice,³ or as two sides of the same cultural identity⁴ – for example, male circumcision is known as *sunat lelaki* and female circumcision as *sunat perempuan*.⁵

The practice in Asia has never been linked, in the minds of most Asians, to the more severe genital cuts or infibulation of 'female genital mutilation' in Africa.⁶ 'The complete excision of the clitoris, the removal of a large part of the labia minora and infibulation thus all appear alien to South East Asian traditions.'⁷ The connotations of the word 'mutilation' are 'not only controversial but culturally insensitive for the minimally practised cutting done in Malaysia'⁸ and, by extension, in South East Asia. For many anthropologists, the South East Asian connotations of 'female circumcision' relate it to traditional culture, while the term 'FGM' emphasises a mere violence against the female body, outside of a respected, traditional culture.⁹

As abundantly highlighted by Isa, Shuib and Othman¹⁰ – research that was consulted during preparations for the 2009 fatwa (see page 36)¹¹ –

[I]t is not clear whether these are 'non-cutting' rituals, similar to those found in Indonesia, or a form of clitoridectomy' [. . .] which involves only the removal of the clitoral prepuce. [. . .] There was no clinical evidence of injury to the clitoris or the labia and no physical sign of excised tissue. [. . .] The term 'female genital mutilation' would be a misnomer in the Malaysian context. [. . .] In our opinion, the practice should be considered as a form of almost symbolic ritual, and we think further discussion on how to classify it, at least in the Malaysian context, is needed.

The WHO classifies 'FGM' into four types, as shown in Table 1.¹²

Type of Cutting	Description
Type 1	<p>Partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals, with the function of providing sexual pleasure to the woman), and/or the prepuce/clitoral hood (the fold of skin surrounding the clitoral glans). When it is important to distinguish between the major variations of Type I FGM, the following subdivisions are used:</p> <ul style="list-style-type: none">▪ Type 1a. Removal of the prepuce/clitoral hood only.▪ Type 1b. Removal of the clitoral glans with the prepuce/clitoral hood.
Type 2	<p>Partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva).</p>
Type 3	<p>(Often referred to as 'infibulation'.) Narrowing of the vaginal opening with the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora. The covering of the vaginal opening is done with or without removal of the clitoral prepuce/clitoral hood and glans.</p>
Type 4	<p>All other harmful procedures to the female genitalia for non-medical purposes; for example, pricking, piercing, incising, scraping and cauterization.</p>

Table 1: Types of FGC as classified by the WHO¹³

As one may see from these classifications, despite linguistic differences and sentiments around the different terms, the practice of 'female circumcision' in South East Asia still falls under the WHO's classifications of 'Type 1 FGM' and 'Type 4 FGM'.¹⁴

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- 14 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*, <https://doi.org/10.1111/1753-6405.12956>. [Commentary].

FGC and Malays in South East Asia

Most people in the Malay sphere, including those in south Thailand, Malaysia, Singapore, Indonesia and Brunei, believe that FGC is compulsory or at least recommended.¹ FGC in Indonesia will be researched and reported on by Orchid Project in an independent Country Profile.

FGC as a prevalent cultural and religious practice seems to be common among ethnic Malays and in countries where Malays are present. In multi-ethnic Malaysia, Malays are known to practise both female and male genital cutting,² but there is anecdotal evidence that FGC is carried out by other ethnic groups, as well.³ Ethnic Malays outside of Malaysia, as well as the Malay diaspora, are reported to practise FGC in similar ways.

Ethnic Groups in Malaysia

The Malaysian population is divided into three main ethnic groups, according to the Malaysian Government. They are the Bumiputera (a Malay word used as an ethnic name ascribed to certain indigenous peoples of the Malay Peninsula and Malay Archipelago), Chinese and Indian.⁴ The 2020 Malaysian census⁵ recorded a population of 29.8 million citizens and an ethnic group distribution as follows:

- **Bumiputera** – 20.6 million (69.4% of the citizen population) – see further details below;
- **Chinese** – 6.9 million (23.2% of the citizen population);
- **Indian** – 2 million (6.7% of the citizen population); and
- **'others'** – 0.2 million (0.7% of the citizen population).

In addition to these, **non-Malaysian residents** amounted to 2.7 million, bringing the total resident population of Malaysia to 32.5 million in 2020.

The Malaysian Constitution⁶ further segments the **Bumiputera** as follows.

- **The ethnic Malays, or Melayu**, whose dominant position is confirmed in Article 153 of the Constitution. Malays are thought to have once been a people of coastal Borneo who expanded into Sumatra and the Malay Peninsula as a result of their trading and seafaring way of life some 1,500 years ago.
- **Orang Asli** (the 'Original People') are referred to as 'Aborigines' in Article 160(2) of the Constitution. They are the oldest inhabitants of the Malaysia Peninsular and are generally divided into three major groups, namely the Negrito, Senoi and Proto-Malay.
- Sabah's population, referred to as the **'natives of Sabah'** in Article 161A(6)(b) of the Constitution, consists of 32 ethnic groups, including the Dayaks and Kadazandusun.

- Sarawak's population, referred to as the '**natives of Sarawak**' in Article 161A(6)(c) of the Constitution, consists of 27 ethnic groups, including the Anak Negeri and Iban.

In relation to the 20.6 million Bumiputera citizens, the 2020 census shows:

- 17 million ethnic Malays live across the whole of Malaysia (nearly all of them Muslim);
- about 206,800 Orang Asli live in the Malaysian Peninsular – Jabatan Kemajuan Islam Malaysia (the Department of Islamic Development Malaysia) (*JAKIM*)⁷ reported in 2007 that 22% of Orang Asli are Muslim, but the percentage may now be higher, further to a conversion policy led by the authorities;
- there are 2 million natives of Sabah (57.8% of them Muslim); and
- there are 1.2 million natives of Sarawak (9.5% of them Muslim).⁸

Ethnic Malays Outside of Malaysia

Ethnic Malays can be found in Singapore and southern Thailand.

In **Singapore**, the 2020 census⁹ recorded a population of 4.04 million residents. 9.2% are ethnic Malay Muslims, of whom 182,790 are female.

In **Thailand**, the 2021–2022 demographic data show a population of 66,090,475 residents, of whom 33,819,860 are women.¹⁰ The four southernmost provinces are where the majority of the Malay-Muslim population resides. The population of Satun amounts to 325,303 residents, that of Pattani Province to 732,995 residents, that of Yala to 545,913 residents and that of Narathiwat to 814,121 residents. The proportion of Malays in those provinces is estimated to be more than 70% and close to 90% in Pattani.¹¹

Malay Diaspora

Almost a million (956,000) Malaysian girls and women live outside the country as immigrants. While the United Nations' population data does not break that population down by ethnicity, it can be assumed that most are ethnic Malays, based on the Malaysian census data. The vast majority (77%) of these migrants live in Asia. There are significant populations in Singapore (56%) and Bangladesh (15%). Other significant migrant populations can be found in Australia (10%), the United Kingdom (5%) and the United States (4%).¹²

FGC Among Ethnic Malays

In multi-ethnic **Malaysia**, the ethnic Malays practise both female and male genital cutting.¹³ The Chinese Malaysians and Indian Malaysians generally do not practise FGC, and all non-Malay general practitioners who were contacted for a 2011 survey confirmed that they did not perform FGC.¹⁴ According to Khalid, 'None of the [. . .] non-Muslims respondents were circumcised before and none of them will [circumcise] their daughters.'¹⁵

No research to date has included indigenous Orang Asli communities, the provinces of Sabah and Sarawak, migrants, disabled peoples or refugees in Malaysia,¹⁶ except anecdotally; for example, it has been reported that 3.8% are members of Sabah's Bajau and Sarawak's Bidayuh and Iban groups, half are Muslim and 44.4% have been cut,¹⁷ and 22% of the Orang Asli admitted to it.¹⁸

In **Singapore**, Malay Muslims maintain the tradition of FGC, while other ethnic groups and Muslim women from other ethnic backgrounds remain oblivious to the practice.¹⁹

Orchid Project has only been able to find anecdotal data regarding FGC in the three southernmost **Thailand** provinces – Pattani, Yala and Narathiwat. Malay Muslims have historically been the majority, as subjects of the Pattani Kingdom before its inclusion into Siam/Thailand, but difficult relations with the central government, state repression and ethno-political violence have hindered academic work. Data were mostly found for the province of Satun, previously part of the Kedah Sultanate.

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- 14 Maznah Dahlui (2011), *op. cit.*
- 15 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, p.19. Available at <https://doi.org/10.33102/uij.vol21no0.22>.
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Laws, Rulings & International Conventions

A federal non-binding *fatwa* was published in 2009 by JAKIM, giving the official religious opinion that FGC is compulsory for Muslim girls. However, 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.

Malaysia has a dual judicial system consisting of common law and Islamic law, and religion is a state matter in a federation comprising 13 states and three federal territories. The Constitution confers to federal law and national courts the governance of most civil matters, but grants states the power to apply their versions of Islamic law on certain topics and to give jurisdiction to Sharia courts over personal law, matters related to religious practice and offences deemed to be against the precepts of Islam. All of the states have exerted power to legislate on matters of Islam and to establish Sharia courts.¹

Globally, *fatwas* are non-binding, formal rulings or opinions on a point of Islamic law, but the Malaysian dual judicial system only gives *fatwas* the force of law once gazetted; i.e. adopted and published by the individual states as part of their own legislations.²

*In 2018, the CEDAW stated that the rights of all Malaysian women as established in the provisions of internal law were not in full compliance with Malaysia's obligation to guarantee equal footing at the local, state or federal levels.*³

Federal Constitution and FGC

The Federal Constitution of Malaysia⁴ does not have any specific provisions on FGC, but could be used to ban or regulate FGC. The Constitution does have a provision on equality of rights and gender-based discrimination, which is, however, not legally inclusive of FGC.

Article 11(5) (on freedom of religion), read alongside Article 8(5) (on permissible discrimination) has the potential to ban or regulate the practice of FGC on the grounds of 'public order, public health or morality'.⁵ Under the section Equality, Articles 8(1) and (2) state that:

- (1) All persons are equal before the law and entitled to the equal protection of the law.
- (2) Except as expressly authorized by this Constitution, there shall be no discrimination against citizens on the ground only of religion, race, descent, place of birth or gender in any law [. . .]⁶

FGC is not associated with gender-based discrimination in the minds of most Malaysians. While gender-based discrimination is forbidden by the Constitution, its prohibition under Article 8(2) was found to be restricted by the courts' interpretation to acts committed by the authorities,⁷ or to be missing from other articles of the Constitution that relate to acts of discrimination.⁸

Fatwas and FGC

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'.⁹ This sole issuance by the Fatwa Committee is in itself non-binding, but has had a significant impact in Malaysia and worldwide.

Jabatan Kemajuan Islam Malaysia (Department of Islamic Development Malaysia) (*JAKIM*) is the permanent secretariat of the Fatwa Committee, which consists of 14 muftis – one from each state and one representing the Federal Territories.¹⁰ In Malaysia, the Fatwa Committee issues non-binding opinions or interpretations on issues relating to Islamic law referred to the Committee, and only a fatwa issued by the different states' fatwa committees and published in the official gazette will be binding upon Muslims in their respective states.¹¹

The 2009 Federal Fatwa on FGC and Its Impact

Pemotongan Genital Wanita – Law on Cutting Female Genitalia (Female Genital Mutilation)¹²

The Conference of the Fatwa Committee of the National Council for Islamic Religious Affairs of Malaysia (*Muzakarah*) has decided that the practice of 'female circumcision' is part of the Islamic teachings that must be implemented by Muslims. However, Islam is also very concerned about the safety of its people and provides flexibility if a practice or act can cause harm to oneself. Accordingly, in line with the views of *Jumhur Ulama'*, *Muzakarah* agreed to decide that the law of circumcision for women is obligatory; however, if it can bring harm to someone, it should be avoided.

The 2009 fatwa has had a big influence on FGC in Malaysia, as it was the first form of official legislation on a widespread, but not officially recognised nor promoted, practice.¹³ It marked a paradigm shift, moving FGC from a recommended Islamic practice to a compulsory act of faith.¹⁴ It also dissociated from the process, guiding principles and outcome decreed by the Grand Mufti of Al-Azhar University.¹⁵ The 2009 fatwa led the majority of Malay Muslims to see FGC as an obligation, irrespective of the fatwa's legal status, and pushed parents towards medicalised FGC.¹⁶ In general, even non-gazetted fatwas have a strong influence on personal decision-making.¹⁷

On the global front, the Malaysian Government was thought to support, or at least not immediately reject, the 2009 fatwa, despite its CEDAW and CRC commitments¹⁸ and it being in the midst of a controversy that described the fatwa as 'highly antithetical to contemporary global attitudes and actions towards this practice worldwide'.¹⁹ The 2009 fatwa is thought to have been issued as a reaction to the WHO's 'zero tolerance' approach toward FGC: the aim was to make a strong argument for an Islamic perspective, which clearly condemns mutilating practices, but fulfils practices deemed to honour women and rejects harm as per Fiqh guidance.²⁰

States' Fatwas on FGC

Under the dual judicial system, states do not have to follow national religious opinions, but can issue their own versions or ignore them. The silence or issuance of differing statements on FGC has wrought confusion among Muslims.

After considering evidence discussed by religious scholars and medical experts, the state of **Perlis** in 2017 issued a view that conflicted with the 2009 fatwa (see the box below).²¹

After seeing the arguments discussed by scholars and the research of medical experts in this regard, the Perlis State Fatwa Committee is of the opinion as follows:

Circumcision laws for women vary according to the condition of a woman's private parts. It is based on the condition of each woman after her needs have been determined by an expert. If a woman finds herself needing to be circumcised and is approved by an expert, then it is a *makrumah* ['respect'] as in the hadith of Umm 'Atiyyah which is considered *Hasan* by some scholars. If it is found that there is no need to perform circumcision, then circumcision does not need to be performed for her.

As for the circumcision of female babies that is done by some of the community without referring the need to an expert, it is a practice that does not have any foundation in *Shariah*, and may even expose the baby to harm if done incorrectly.

The assumption that the excessive sexual stimulation in women is due to not being circumcised has no solid basis.²²

As far as women are concerned, the state of Perlis decreed that FGC was non-compulsory and stressed the importance of women's consent and bodily autonomy.²³ The Perli fatwa does not require all women to undergo FGC, but stipulates conditions of 'need' and 'expertise', without detailing what those might be. A woman who feels the need to be cut should consult and obtain an expert's approval, in which case the practice is viewed as 'honourable'. If there is no need, FGC should not be performed.

The fatwa also finds that FGC's supposed role in reducing female libido is not sustained by evidence.

Regarding children, FGC, according to the Perlis mufti, 'has no basis in *Sharia* and may cause harm amongst infants if done improperly.'²⁴ Children's choice and consent are, however, not addressed.²⁵

Other Malaysian state fatwa committees expressed opinions supporting the 2009 national ruling: the fatwa committee of **Wilayah Persekutuan Kuala Lumpur** stated that FGC is compulsory;²⁶ The **Johor** Fatwa Committee declared in 2012 that the procedure is permissible provided it is carried out by a trained and/or certified medical practitioner; and²⁷ **Sabah**²⁸ and **Negeri Sembilan**²⁹ fatwa committees adopted the 2009 federal interpretation for their states.³⁰

It seems, however, that none of these religious opinions at state level have been published in the official gazette, leaving them as official declarations, but not legally binding.³¹ The state of **Kelantan** has since issued an opinion declaring FGC mandatory, but the fact that religious

opinions on FGC have not been gazetted at state level have led to the opinion that 'fatwas have become something of an academic matter rather than a legal practical issue.'³²

In **Thailand**, the fatwa committee has not issued any ruling on FGC. Imam Abdullah Abu-Bakr of the Committee of Islamic Council of Yala underlined the mandatory requirement for boys and did not extend the religious requirement to women, even though he said that it is something all women should do.³³ Other states have remained silent.

In **Singapore**, the Islamic Religious Council of Singapore (*MUIS*) endorsed FGC in the past as part of a compulsory Islamic tradition, which consisted of cutting 'the thin membrane on the top most part of the clitoris' during infancy.³⁴ However, the MUIS website consulted by Orchid Project in 2023 does not mention FGC, and the official list of fatwas issued on science, medicine and health, while approaching modern debates on family planning, does not include FGC, nor does it address the FGC issue in either an approving or disapproving manner.³⁵

International Treaties and Conventions

Malaysia is a party to international conferences and has signed several international human-rights conventions, which provide strong recommendations on the eradication of FGC; for example, it:

- is party to the International Conference on Population and Development;
- is a signatory to the Beijing Declaration;
- has ratified the Convention on the Elimination of All Forms of Discrimination against Women; and
- has ratified the Convention on the Rights of the Child.

ICPD

Malaysia was a party to the International Conference on Population and Development in 1994 and agreed to end harmful practices, including FGC and child marriage.

The Beijing Declaration

Article 96 of the Beijing Declaration³⁶ states,

The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence.

Articles 106(a) and (b)³⁷ call for the following action from governments:

- support and implement the commitments made in the ICPD Programme of Action to meet the health needs of girls and women of all ages; and
- reaffirm the right to the enjoyment of the highest attainable standards of physical and mental health and to incorporate it in national legislation.

Convention on the Rights of the Child

The Convention on the Rights of the Child³⁸ clearly prohibits traditional practices that affect children's health.

Article 24(3) of the CRC states, 'State Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.'

In addition, Article 19(1) provides that 'State Parties shall take all appropriate legislative, administrative, social, and educational measures to protect the child from all forms of physical or mental violence, injury, or abuse . . . '

The CRC did not issue any specific recommendations in relation to FGC after receiving Malaysia's initial report in 2007. The Malaysian Government committed to submitting a second State Report to the CRC in 2020, but it is overdue.³⁹

CEDAW

Despite discussions over the years between the CEDAW, government agencies and relevant stakeholders, the provisions stipulated in the Convention have not been enacted in Malaysia at the time of publication of this Country Profile.

Article 5(a) of the CEDAW⁴⁰ recommends that state parties:

modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women [. . .].

While not explicitly mentioned, FGC falls under such a cultural pattern and customary practice.⁴¹

In 2010, one year after the federal interpretation on FGC issued by JAKIM, Malaysia withdrew its reservation toward Article 5(a).⁴² This removal was seen as a positive step in Malaysia's commitment to end discrimination towards women, especially as the CEDAW is one of the human-rights treaties that is the most reserved for religious reasons.⁴³

In 2018, however, the CEDAW expressed deep concerns about the 2009 fatwa decreeing FGC obligatory and about the 2012 Ministry of Health (*MoH*) guidelines reclassifying FGC as a medical practice, allowing its performance in healthcare facilities and endorsing it as a 'medically safe and beneficial practice'. The CEDAW also stressed that FGC could not be justified on religious grounds nor be authorised by fatwas and was a harmful practice, irrespective of the extent of the cut or whether the cut is performed in a medical setting.⁴⁴

Malaysia was urged during the CEDAW discussions to ban and eliminate FGC, shedding light on some of the global disagreements on the Malaysian practice, which have to do with tradition, religion and harm.⁴⁵

- Representatives from Organization of Islamic Cooperation countries represented FGC as an African tradition, rather than an Islamic one, and no longer in line with Sunni and Shafi'i Islamic teachings in Africa or the Middle East.
- Malaysian delegates pointed to a Malay interpretation of Shafi'i teachings and the fatwa exemption in rare cases of harm, while the MoH⁴⁶ defended it as a harmless procedure performed under medical guidelines, comparable to vaccination. FGC was later described as a 'cultural responsibility'⁴⁷ that was not comparable to the African practice.⁴⁸

This shift from 'religious obligation' to 'cultural responsibility' was, however, accompanied by an engagement to discuss the matter with relevant religious authorities, civil-society organisations and medical experts, demonstrating the Government's commitment, while pointing to states' individual legal powers⁴⁹ and underlining that the Malaysian practice is not believed to cause maternal or perinatal morbidity and mortality.⁵⁰

In 2023, the CEDAW issued requests for more information on the prevalence of FGC in Malaysia among girls aged 0 to 14 years in each state, as well as on the programme to eliminate FGC in accordance with the Sustainable Development Goals.⁵¹ The Malaysian Government's reply stated, 'Data on FGM is not available as there is no practice of FGM among girls up to 14 years old in Malaysia.'⁵²

Additionally in 2023, the CEDAW reiterated its 2006 and 2018 demands for the Convention and its provisions to be incorporated into Malaysian national law for a full application in the domestic legal system, and for all forms of FGC to be prohibited in the criminal code. It stressed that provisions of internal laws cannot be used as a justification for failing to abide by a country's CEDAW obligations.⁵³ The Malaysian reply stated that, 'The Federal Constitution clearly stipulates the separation of power between civil and Syariah matters.'⁵⁴

Civil Laws and FGC

In Malaysia, no civil law specifically prohibits FGC, nor is there support for criminalisation.⁵⁵ FGC is not mentioned in provisions for, or even associated with, children's rights or gender equality,

In **Thailand** and **Singapore**, FGC is not regulated by any legal means.

Child Act 2001

Articles 17(1) and 17(2) the Child Act 2001⁵⁶ set out provisions for children in need of care and protection, on the basis of 'substantial risk' of physical or emotional injuries, which need to be 'substantial and observable':

17(2) For the purposes of this Part, a child is—

- (a) physically injured if there is substantial and observable injury to any part of the child's body [. . .] evidenced by, amongst other things, a laceration, a contusion, an abrasion, a scar, a fracture or other bone injury, a dislocation, a sprain, haemorrhaging, the

rupture of a viscus, a burn, a scald, the loss or alteration of consciousness or physiological functioning or the loss of hair or teeth;

- (b) emotionally injured if there is substantial and observable impairment of the child's mental or emotional functioning that is evidenced by, amongst other things, a mental or behavioural disorder, including anxiety, depression, withdrawal, aggression or delayed development

The Child Act was enacted in 2001 to fulfil Malaysia's commitment to the Convention on the Rights of the Child and was based on the CRC's four core principles; however, it does not seem the Child Act can be invoked in FGC cases, despite their strong link to the CRC and the strong commitment of the Malaysian Government to address violence against children.⁵⁷

Gender Equality Act

The Ministry of Women, Family and Community Development has long shown interest in introducing a Gender Equality Act, but such an act is yet to be finalised and implemented.⁵⁸ As 'circumcision' in Malaysia is seen as a legally religious practice relative to both boys and girls, it seems unlikely that FGC would be regulated under an approach to gender equality, despite the CEDAW recommending the end of 'all forms of discrimination against women'.⁵⁹

Low Levels of Support for Criminalising FGC

A survey was conducted in 2022 among young people aged 15–25 in all Malaysian constituencies.⁶⁰ It found that:

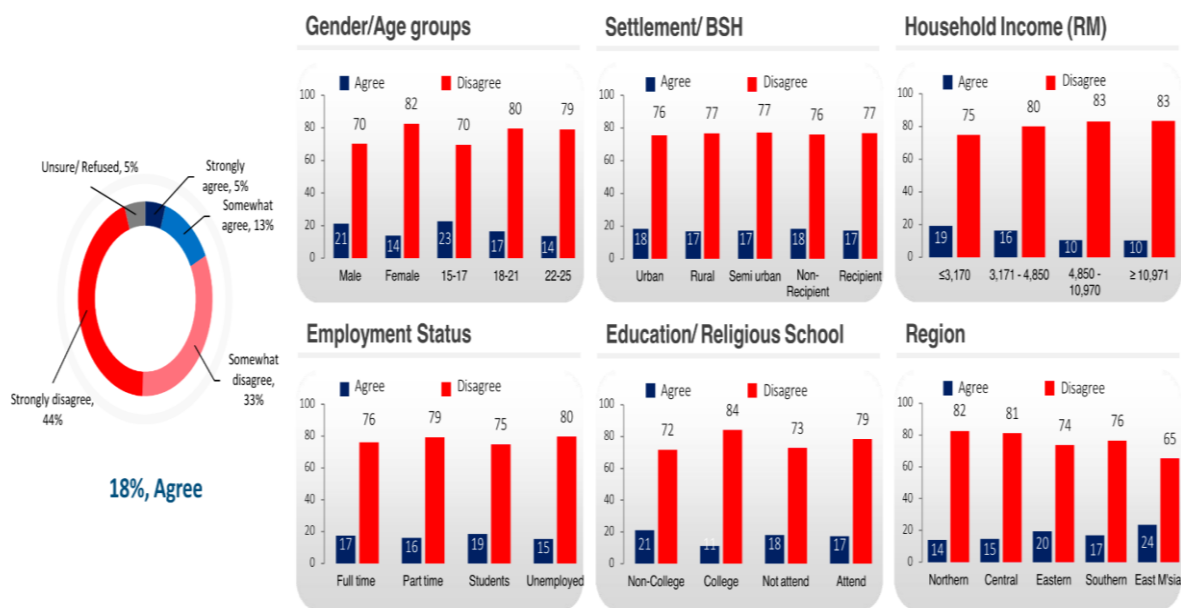
- 18% of young people would make FGC illegal, which might indicate an upward shift compared to the near-universal support for FGC reported in earlier research reports;
- more women think that FGC should not be made illegal than men (82% of women are against criminalising FGC, compared to 70% of men);
- more young Muslims who attend religious schools believe FGC should not be made illegal than those who do not attend (84% compared to 72%); and
- the highest level of support for making FGC illegal was found in the states of Sabah and Sarawak (24%, compared to 14% in the highest-practising states, in the north of Malaysia). This is interesting as there is no data available on types of cutting, FGC's prevalence and attitudes toward it in those two states.

(See also Figure 4 on the following page.)

The Absence of Civil Law in Thailand and Singapore

The Health Ministry in **Thailand** and the Thai authorities have reportedly taken a pragmatic approach to a 'not harmful' 'cultural phenomenon', which, as such, would not need laws or regulations.⁶¹

In **Singapore**, the absence of a law or legislation banning FGC makes the practice legal.⁶²



Q: How strongly you agree or disagree with the statements... Female circumcision should be made illegal.

Figure 4: Responses to the statement 'female circumcision should be made illegal' in a survey by Sisters In Islam⁶³

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FGC: Statistics and Trends in Malaysia and Malay Muslim Communities in Thailand and Singapore

Prevalence of FGC

There are no official data on FGC in Malaysia, nor on FGC in the Malay-Muslim communities in southern Thailand and Singapore.

In the available literature, FGC prevalence appears to be between 86% and 99.3% in the female ethnic Malay community in Malaysia.

The prevalence of FGC in southern **Thailand's** practising community is believed to be close to that of Kelantan, Malaysia. Kelantan has one of the highest figures in Malaysia (88.5% of women and girls). One pilot study in **Singapore** found a prevalence of 75% among Muslim women.¹

Although no study to date represents prevalence in terms of population or geography and academic studies vary in scope and aim, prevalence figures are consistent over time and in rural and urban environments. Slightly lower figures in the most recent research mostly indicate a silence around the practice, as nearly 10% of respondents state that they do not know if they were cut.

Only **seven studies**, discussed below, provide some form of quantitative data on the prevalence of FGC in Malaysia.² The samples, like the general population, are mostly Malay Muslim. As sample sizes, geographical areas and representativeness vary between studies, comparisons or trends cannot be drawn. Rather, there is a certain homogeneity in the findings that draws a sketch of prevalence, if not a full picture.

- Two studies – Ab Ghani (1995) and Khalid *et al.* (2017)³ – surveying (mostly Malay) Muslim women were carried out, about 20 years apart, in the Ampang area, a medium- to high-income suburb of Kuala Lumpur. The prevalence of FGC was, respectively, **94.6%** and **87.8%**, but more than 8% of respondents to the latter study were unsure whether they had been cut. FGC and sexuality are sensitive topics in Malaysia, and one can hypothesise a continuity in the prevalence and a high level of discretion about the topic in families.
- Two studies – Rashid, Patil & Valimalar (2009) and Rashid & Iguchi (2019)⁴ – ten years apart, were conducted in the rural areas of Kedah and Penang. The prevalence figures recorded were **94.8%** and **99.3%**, respectively.
- One study was carried out in four provinces of the Malaysian Peninsular (Kedah, Kelantan, Selangor and Johor) – Dahlui (2011)⁵ – and another, ten years later, was conducted online across Malaysia – Pillai *et al.* (2021).⁶ While the two studies cannot be compared 'like for like', both were conducted on a geographically wider scale than others and record a high prevalence among ethnic Malays (respectively **93.9%** and **79.4%**, but more than 9% of respondents to the latter survey were unsure if they had been cut).
- Laderman (1983)⁷ writes that Terengganu has the 'highest prevalence in Malaysia', but does not give more details. However, that corresponds to the figures for each province estimated in this Country Profile, which are based on the 2020 census.

In view of these studies, Orchid Project estimates an FGC prevalence of 93% in the female, ethnic Malay population and no FGC in the Chinese and Indian populations.

The data available are insufficient to estimate prevalence among the non-Malay Bumiputera, although there is anecdotal evidence that FGC is also practised by members of the Orang Asli and Sabah and Sarawak's indigenous populations.

The 2020 census⁸ 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 5 and Table 2).

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.)

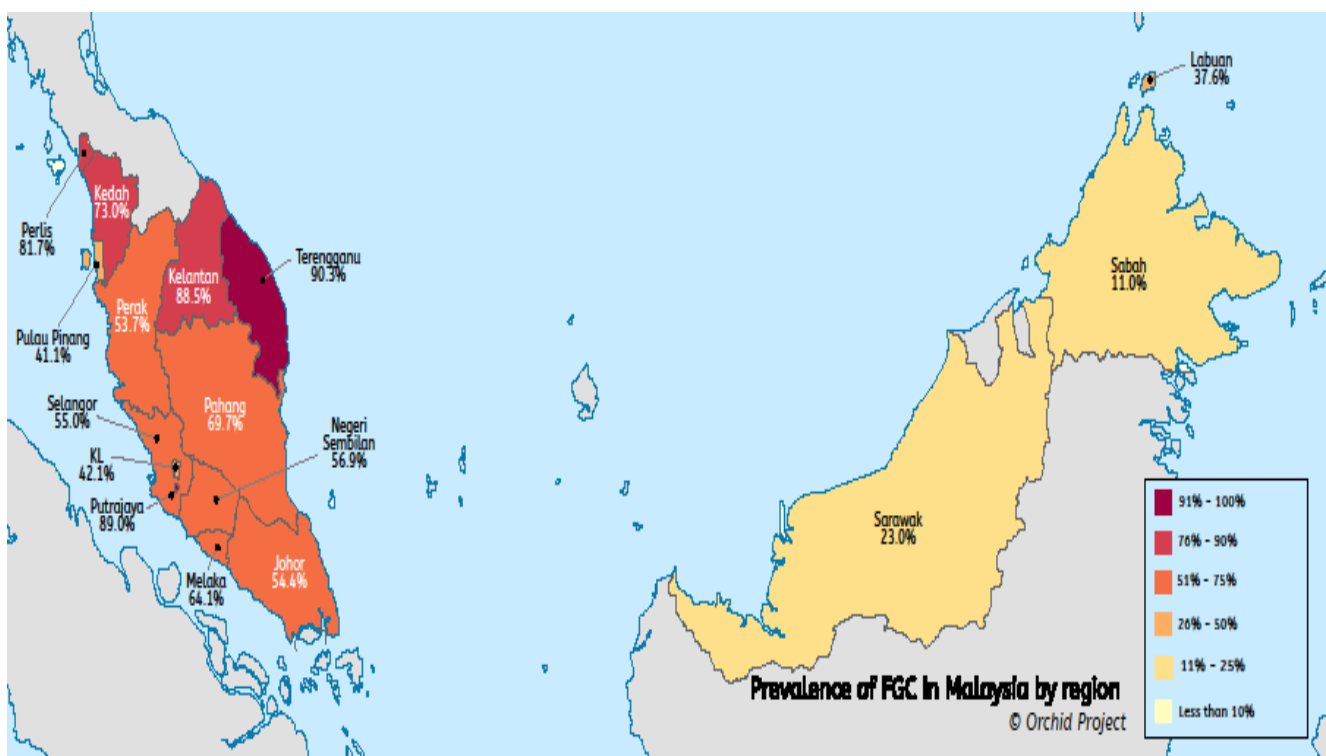


Figure 5: Prevalence of FGC among women and girls in each state and federal territory of Malaysia (© Orchid Project)

State or Federal Territory	Number of Malay-Muslim Female Citizens Potentially Affected by FGC	Percentage of All Female Citizens Potentially Affected by FGC
Selangor	1,661,156	55.0%
Johor	934,936	54.4%
Sabah	137,105	11.0%
Perak	607,784	53.7%
Sarawak	258,257	23.0%
Kedah	728,735	73.0%
WP Kuala Lumpur	348,099	42.1%
Kelantan	773,651	88.5%
Pulau Pinang	320,612	41.1%
Pahang	495,302	69.7%
Negeri Sembilan	309,632	56.9%
Terengganu	495,403	90.3%
Melaka	281,855	64.1%
Perlis	113,713	81.7%
WP Putrajaya	48,229	89.0%
WP Labuan	15,396	37.6%
Total	7,529,865 (out of est. 14,198,718 total female citizens)	53.0%

Table 2: Number of female, Malay-Muslim citizens potentially affected by FGC in each state or federal territory of Malaysia, and estimated prevalence of FGC among all female citizens⁹

Prevalence in Malay Populations Across the Region

In southern **Thailand**, no FGC research has been conducted, but it is assumed by the author of a series of articles¹⁰ that its prevalence would be similar to Kelantan's prevalence, as the southern-most Thai provinces are culturally and religiously similar to that part of Malaysia.

Testimonies from a maternal health supervisor, a midwife and a mother point to the same hypothesis: 'all girls, or most girls' in the Malay-Muslim population have been cut. Orchid Project estimates the prevalence among women and girls in Kelantan to be 88.5% (see Table 2).

In **Singapore**, there are no public debates, no statistics, nor any recorded data.¹¹ However, 75% of Muslim women surveyed by End FGC Singapore have undergone genital cutting.¹²

Prevalence in Diaspora Populations

While there is no known research of FGC in the Malay diaspora, one can assume, based on the prevalence figures suggested above, that at least half of the (female) Malaysian migrant population would have experienced FGC prior to migration. It is, however, unclear if migrant populations continue the practice after migration.

FGC Among Immigrant Women in Malaysia

Based on UN population data, there are about 457,000 female Indonesian immigrants in Malaysia. The prevalence of FGC in Indonesia amounts to 49% of women.¹³ It is, therefore, assumed that nearly 224,000 female Indonesians living in Malaysia have undergone FGC.

- 1 Global Platform for Action To End FGM/C (2022) *2022 Progress Report on FGM/C*, p.6. Available at <https://www.endfgm.eu/content/documents/reports/2022-Progress-Report-on-FGMC.pdf>.
- 2 - Carol Laderman (1983) *Wives and Midwives: Childbirth and Nutrition in Rural Malaysia*. Berkeley: University of California Press.
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- 3 - Anisah Ab Ghani (1995), *op. cit.*
- Khalid *et al.* (2017), *op. cit.*
- 4 - Rashid, Patil & Valimalar (2009), *op. cit.*
- Rashid & Iguchi (2019), *op. cit.*
- 5 Maznah Dahlui (2011), *op. cit.*
- 6 Pillai *et al.* (2021), *op. cit.*
- 7 Carol Laderman (1983), *op. cit.*
- 8 Department of Statistics Malaysia (2020) *Population and Housing Census of Malaysia*. Available at <https://www.dosm.gov.my/uploads/publications/20221020150523.pdf>.
- 9 **Calculated by Orchid Project using data from** Department of Statistics Malaysia (2020), *op. cit.*
- 10 - 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>.
- 11 Gabriele Marranci (2014) 'Female circumcision in multicultural Singapore: The hidden cut', *The Australian Journal of Anthropology*, 26(2), pp.276–292. Available at <https://doi.org/10.1111/taja.12070>.
- 12 Global Platform for Action To End FGM/C (2022), *op. cit.*
- 13 UNICEF (2016) *Indonesia – Statistical Profile on Female Genital Mutilation/Cutting*. Available at https://www.orchidproject.org/wp-content/uploads/2019/04/FGMC_IDN.pdf.

Types of Cutting

The types of FGC practised in the Malaysia region fall mostly into the WHO's Types 1 and 4.¹

Malays do not practise pharaonic circumcision/Type 3 (often referred to as 'infibulation').² Type 2, however, has been found in **Singapore**.³

In Malaysia, as in most of South East Asia, the cut has traditionally been relatively minor: pricking is common, and flesh the size of a grain of rice is sometimes removed. It is extremely difficult to verify physically whether a woman has been cut,⁴ and long-term medical complications have not been reported.⁵ 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';⁶ 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.⁷

Anisah Ab Ghani is the first Malaysian researcher to have conducted a study on FGC and provided anatomical details as well as religious discussions. She writes,

According to Muhammad Ali Qutub, the clitoris is covered with a layer of skin called 'Fresulum'. This part is removed during circumcision. The [part] that needs to be cut is only a little bit, which is the tip or fold of the clitoris. The two hadiths show that the Messenger of Allah ordered that the cut be small. His Majesty strictly forbids excessive cutting, as happened in the time of the Pharaohs in Egypt and in other Islamic countries in Africa.⁸

The practice of FGC within Malay-Muslim communities, either in Malaysia, southern Thailand or Singapore, is described in 16 studies or articles.⁹ Hosken, in 1981,¹⁰ was already describing what is found today: 'a less damaging form (compared with Africa), an incision of the clitoris or skin above the clitoris, or partial removal of the clitoris.'

There is debate in the literature as to how to define this practice in terms of the WHO's classifications. Most define the practice as Type 4 (pricking, piercing, incising, scraping and cauterising), while some refer to it as Type 1a (removal of the prepuce/clitoral hood only). This debate is complicated by translations, which can at times be confusing, and the fact that the word 'prepuce' does not exist in Malay and therefore is often replaced in surveys or studies with the ambiguous phrase 'tip of the clitoris'.

Type 4 FGC in Malay-Muslim communities is universally confirmed in the research literature. The literature describes how the prepuce is subjected to a minute cut: it is 'incised' (not removed), 'nicked', 'pricked', 'scratched', 'braised' or 'pierced a little'.

The notion of limiting the cut – ‘just a little’ – is universally highlighted.

Laderman¹¹ labelled the practice in Malaysia ‘clitorodotomy, or *incision* of the clitoris, rather than clitoridectomy, or *excision*’; however, her explanation of the term as the removal of a microscopic amount of tissue does not indicate if she is talking about taking it from the prepuce or the clitoris.

Isa, Shuib and Othman¹² further underline the problem by pointing out that the word ‘prepuce’, already uncommon in English, does not exist in the languages spoken in Malaysia: there is a suspicion that for some respondents, the prepuce and the clitoris are one and the same thing. Women who differentiate between the parts refer to the prepuce as the ‘tip of the clitoris’. This issue might lead to misunderstandings of the extent of both types of cutting and complicate appropriate advocacy.

Other studies and articles do not leave much room for doubt about the practise of FGC types other than Type 4 in Malaysia: Dayang *et al.*¹³ comment that Type 1a is ‘dangerous because of the anatomical variation’, which could lead to the clitoris being incised and injured, or even completely removed; Rashid¹⁴ indicates that ‘a substantial number’ of professional practitioners report conducting their procedures on the clitoris itself; Isa, Shuib and Othman¹⁵ report that damage to the vulva is noted in 3.1% of respondents; Paluch,¹⁶ in southern **Thailand**, explicitly observes the ‘slicing of the clitoris’ with a sterile surgical blade, performed in a clinic; Faradilla¹⁷ ranges the extent of cutting from ‘symbolically placing a medical instrument (usually scissors) at the clitoris to nicking the clitoral hood to removing the hood itself’; and a lesser-known piece of research¹⁸ presented at the 2nd World Muslim Health Societies Congress adjoined a clear diagram to its findings:

<p>Jurnal Fiqh, Vol. 20 No. 1 (2023) 61-92</p> <p>Rajah 1: Kaedah <i>khitān</i> wanita yang diamalkan di Terengganu</p> <p>Sumber: Khadijah Musa, <i>Study of Female Circumcision Methods Among General Practitioner in Terengganu, Malaysia</i>¹¹</p>	<ol style="list-style-type: none">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%
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In a survey of 52 stakeholders across South East Asia,¹⁹ respondents from Malaysia suggest that some girls also experience Type 2 cuts ('partial or total removal of the clitoral glans and the labia minora [the inner folds of the vulva], with or without removal of the labia majora [the outer folds of skin of the vulva].') Figure 6 shows the results of that survey.

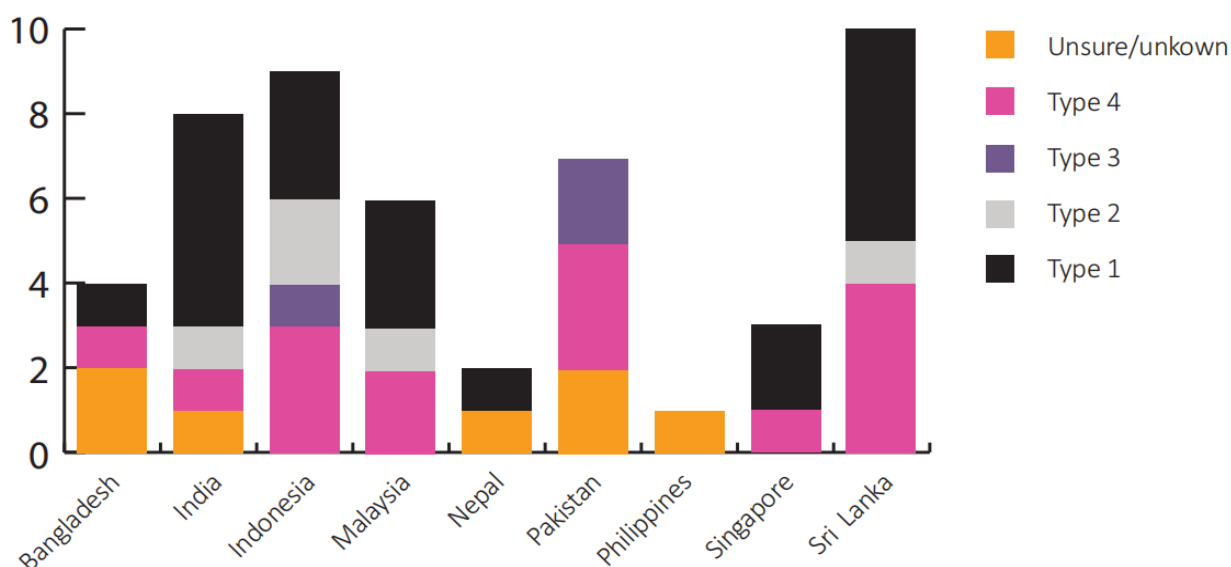


Figure 6: Perception of types of FGC taking place locally as reported by survey participants across South East Asia²⁰

There are reports in **Singapore** of the performance of more radical procedures involving the removal of the entire labia, but leaving the clitoris untouched.²¹ In a pilot study on 360 women who had been cut, 1.8% report the cutting of the labia minora, and about 1% report the cutting of the labia majora; 26.3% report that the prepuce has been cut, and 8.9% the clitoris.²²

It can thus be argued that the practice of female circumcision as practised in Malaysia includes at least incidents of both Type 1a and Type 4 FGC (as defined by the WHO), contradicting the assertion by the Malaysian Government that FGC does not occur in the country.

- 1 - 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>.
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- 2 Roziah Omar (1994) *The Malay Woman in the Body: Between Biology and Culture*, p.23. Kuala Lumpur: Fajar Bakti.
- 3 End FGC Singapore (2021) *Pilot Study: Part 1*, 7 July. [Instagram]. Available at <https://www.instagram.com/p/CP0OSZzBQE3>.
- 4 William G. Clarence-Smith (2008), *op. cit.*
- 5 - 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](https://doi.org/10.1016/S0968-8080(99)90125-8).
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- 6 William G. Clarence-Smith (2008), *op. cit.*
- 7 - Rashid, Iguchi & Afiah (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.
- 8 Anisah Ab Ghani (1994) 'Hukum Berkhatan', *Jurnal Syariah*, 2(2), pp.63–70. Available at <https://ejournal.um.edu.my/index.php/JS/article/view/28402>.
- 9 - Fran P. Hosken (1981) 'Female Genital Mutilation in the World Today: A Global Review', *International Journal of Health Services*, 11(3), pp.415–430. Available at <https://doi.org/10.2190/EDDA-XATL-JPBF-35RY>.
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- 10 Fran P. Hosken (1981), *op. cit.*
 - 11 Carol Laderman (1983), *op. cit.*
 - 12 Isa, Shuib & Othman (1999), *op. cit.*
 - 13 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. **Summary of the findings in a video available at <https://www.youtube.com/watch?v=Oi3KFFCmLig>.**
 - 14 Rashid, Iguchi & Afiqah (2020), *op. cit.*
 - 15 Isa, Shuib & Othman (1999), *op. cit.*
 - 16 Gabrielle Paluch (2015a, b & c), *op. cit.*
 - 17 Saza Faradilla (2019), *op. cit.*, p.10.
 - 18 Khadijah Musa (2017), *op. cit.*
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 - 21 Gabriele Marranci (2014) 'Female circumcision in multicultural Singapore: The hidden cut', *The Australian Journal of Anthropology*, 26(2), pp.276–292. Available at <https://doi.org/10.1111/taja.12070>.
 - 22 End FGC Singapore (2021), *op. cit.*

Age of Cutting

Across ethnic Malays in Malaysia, southern Thailand and Singapore, an overwhelming majority of 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.

The Malay researcher Ab Ghani, in her 1994 paper,¹ put together religious arguments on FGC that may be the basis for beliefs in Malaysia:

The majority of scholars think that there is no specific time for circumcision and it is not obligatory during childhood. According to Ibnu al-Qayyim and a narration in the Shafi'i school, the guardian must circumcise his child before reaching puberty (Al-Syaukani). It is good and sunnah if circumcision is performed after seven days of birth until the age of the child reaches the mumayyiz stage (from 7 years old). It is makruh ['reprehensible'] to circumcise a child when [s]he is less than seven days old and it is obligatory if the child has reached the age of puberty, said another scholar (Al-Jauziyyah).

Across South East Asia in general, cutting during infancy is described by Clarence-Smith² as a 20th century change. He cites other researchers:

Al Nawawi, writing in the 13th century CE, recommended that FGC be implemented shortly after birth, while recognizing divergent opinions in this domain. In the 19th and 20th centur[ies], Southeast Asian girls were mostly circumcised between six and ten years of age, typically prior to making the formal declaration of the faith (shahada) and beginning to learn the Koran. In the early 20th century, areas known for their Islamic piety were already likely to circumcise girls in infancy, before the age of two.

In Malaysia, southern Thailand and Singapore, the most common age of FGC cutting is from 7–14 days after birth up to the age of one year, but there is an inclination toward having it done before six months.³ Rashid, Patil and Valimalar's 2009 study indicates that 88.6% of girls and women who have undergone FGC are cut before the age of one, for example, even though FGC may be performed on girls up to ten years of age.⁴ However, if a woman is to marry to a Muslim man, irrespective of her age, it is believed she will have to undergo the procedure.⁵

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,⁶ the softness of her skin and the little time needed to perform FGC,⁷ making any time acceptable 'as long as the child is too young to remember.'⁸

Research Piece	Geographical Area Covered	Percentage Cut Before 6 Months	Percentage Cut Before 1 Year
Ab Ghani, 1995	Ampang/Ulu Klan Area Outskirts of Kuala Lumpur	50.2%	59.8%
Dahlui, 2011	Kedah, Kelantan, Seangor and Johor		Mothers' Generation: 61% Daughters' Generation: 85%
Khalid, 2017	Ampang, Kuala Lumpur	79%	89%
Dayang, 2021	Across Malaysia	74.4%	96.5%

Table 3: Summary of data available on age of cutting across Malaysia⁹

Dahlui's 2011 research¹⁰ compared findings according to age cohort: younger mothers are cutting their daughters at younger ages than their own mothers cut them (see Table 3) and are increasingly using doctors.

75% of infants are now cut before the age of six months and at least 89% before the age of twelve months (see Table 3). Because clinics in Malaysia may be increasingly offering FGC alongside ear piercing, as already happens in Singapore and Indonesia,¹¹ there is an assumption of a link between the younger ages of cutting and medicalised FGC.¹²

1 Anisah Ab Ghani (1994) 'Hukum Berkhatan', *Jurnal Syariah*, 2(2), pp.63–70. Available at <https://ejournal.um.edu.my/index.php/JS/article/view/28402>.

2 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.

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 - 7 Rashid, Patil & Valimalar (2009), *op. cit.*
 - 8 Gabrielle Paluch (2015a, b & c), *op. cit.*
 - 9 - Anisah Ab Ghani (1995), *op. cit.*
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 - Dayang *et al.* (2021), *op. cit.*
 - 10 Maznah Dahlui (2011), *op. cit.*
 - 11 - Angela Dawson, Abdul Rashid, Rashidah Shuib, Kolitha Wickramage, Meiwiita 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*, <https://doi.org/10.1111/1753-6405.12956>. [Commentary].
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Practitioners of Cutting

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).

Mak Bidans assist with deliveries; provide postnatal care, such as massaging the mother and looking after the newborn; and are registered with the local health centre, where they receive health education.¹ In accordance with the 1966 Midwives Act, only government midwives, nurse-midwives and medical doctors are allowed to deal with childbirth; Mak Bidans are to perform traditional rituals and customs. The number of home deliveries in Malaysia is decreasing, even in rural areas, and Mak Bidans are ageing; meanwhile, the younger generation is not interested in inheriting their skills.²

The toolkit of the Mak Bidan consists of razor blades (often disposable, but not sterilised or changed every time), small pairs of scissors, pen-knives, needles, nail clippers or blades. There is a sense of extreme caution displayed by the Mak Bidans, who, nevertheless, sometimes lack knowledge of how to prevent infection³ or are elderly and suffering with 'poor vision' and 'tremor', and therefore struggle to find the clitoris.⁴

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.⁵ That aside, rapid urbanisation has also moved FGC to more accessible, formal healthcare settings.⁶

However, United Nations Member States are urged by the General Assembly to stop the medicalisation of FGC, 'which implies drawing up and disseminating guidance and legal provisions for medical personnel and traditional birth attendants so that they are able to respond to social pressures' and to provide 'an adequate response to the chronic mental, psychosocial and physical health problems [. . .] as these problems hinder progress in the field of health in general and in the protection of human rights, including the right to the enjoyment of the highest attainable standard of physical and mental health'.⁷

Medicalised FGC

While previous scholars have problematized the issue of FGC in terms of a dichotomy between preserving tradition or protecting human rights, we, in contrast, have situated the issue in the context of the increasing global medical control over the female body, contending that arguments for either stopping or encouraging FGC have both led to increasing medical intervention in women's bodies.

~ Yufu Iguchi, Abdul Rashid and Siti Nur Afiqah⁸

The shift in **Malaysia** from traditional midwives to healthcare professionals has been incremental from the 1980s onward. Nowadays, the majority of FGC cases are performed by healthcare professionals, as the younger generation chooses private clinics, mostly for hygiene reasons (sterile equipment and environments), as well as medical experience and expertise.⁹

Medicalised FGC seems most common in hyper-modernised **Singapore**,¹⁰ but is resisted in southern **Thailand**.¹¹

The Trend of Medicalisation

In 2011, Dahlui¹² was already reporting a downward trend in the choice of Mak Bidans between the generations of mothers and their daughters in Malaysia: the Mak Bidans cut 79% of the mothers and 69% of the daughters, while GPs cut 6.1% of the mothers and 29% of the daughters.

In a 2017 study¹³ conducted in an antenatal hospital, featuring an overwhelming majority of respondents of childbearing age, 73% chose doctors as their preferred practitioners of FGC.

A review of two unrelated studies¹⁴ carried out in rural settings of the same provinces of Malaysia – Kedah and Penang – ten years apart, but by the same research team, clearly shows a preference for health professionals among the younger generations (see Figure 7).

Conversely, in southern **Thailand**, Mak Bidans pass their knowledge on from generation to generation and reject the idea of FGC being handed over to healthcare professionals, who would not have the ritual expertise or the religious aptness. The Mak Bidans' practice is limited to antenatal care, massages and ritual expertise, while births are progressively taking place in medical settings. Formal healthcare training and licences are denied to the younger generation of Mak Bidans, and the long-term policy is to eliminate the Mak Bidans' practice in southern Thailand.¹⁵

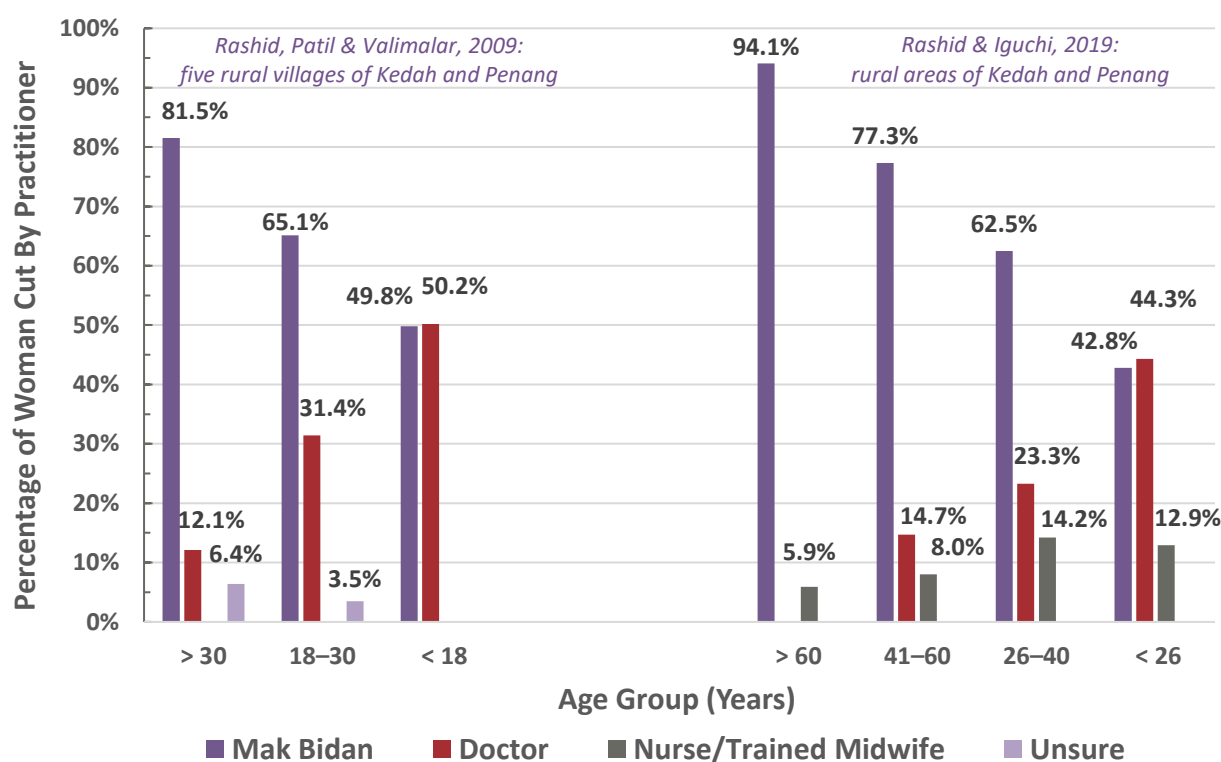


Figure 7: Percentages of women in Malaysia, according to age, cut by certain types of FGC practitioners, 2009 and 2019¹⁶

The Choice of Medicalised FGC

A 2019 research piece¹⁷ showed that, when it came to parents deciding who should perform FGC, the younger the age group, the more healthcare professionals were preferred – particularly doctors (see Figure 8).

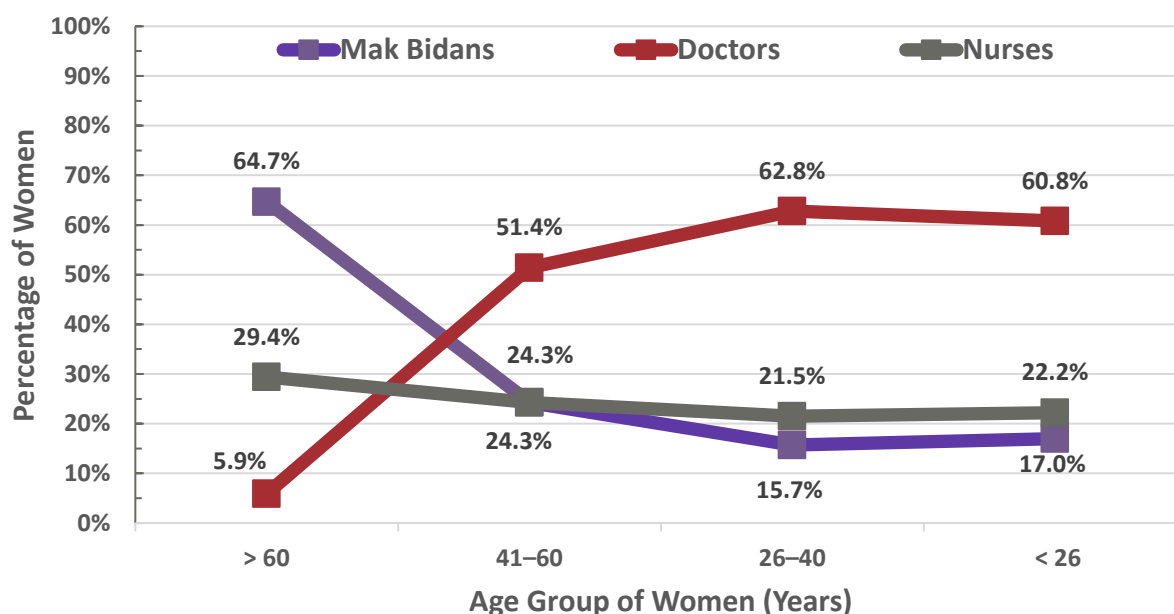


Figure 8: Percentage of Malaysian women, according to age group, who believe that a certain type of practitioner should perform FGC¹⁸

The main reasons given by women for choosing Mak Bidans to perform FGC are complying with tradition and culture and the belief that there will be no side effects. The women who prefer to attend a clinic see doctors as the guarantors of a more modern approach to FGC, which includes cleanliness and expertise (see Figure 9).

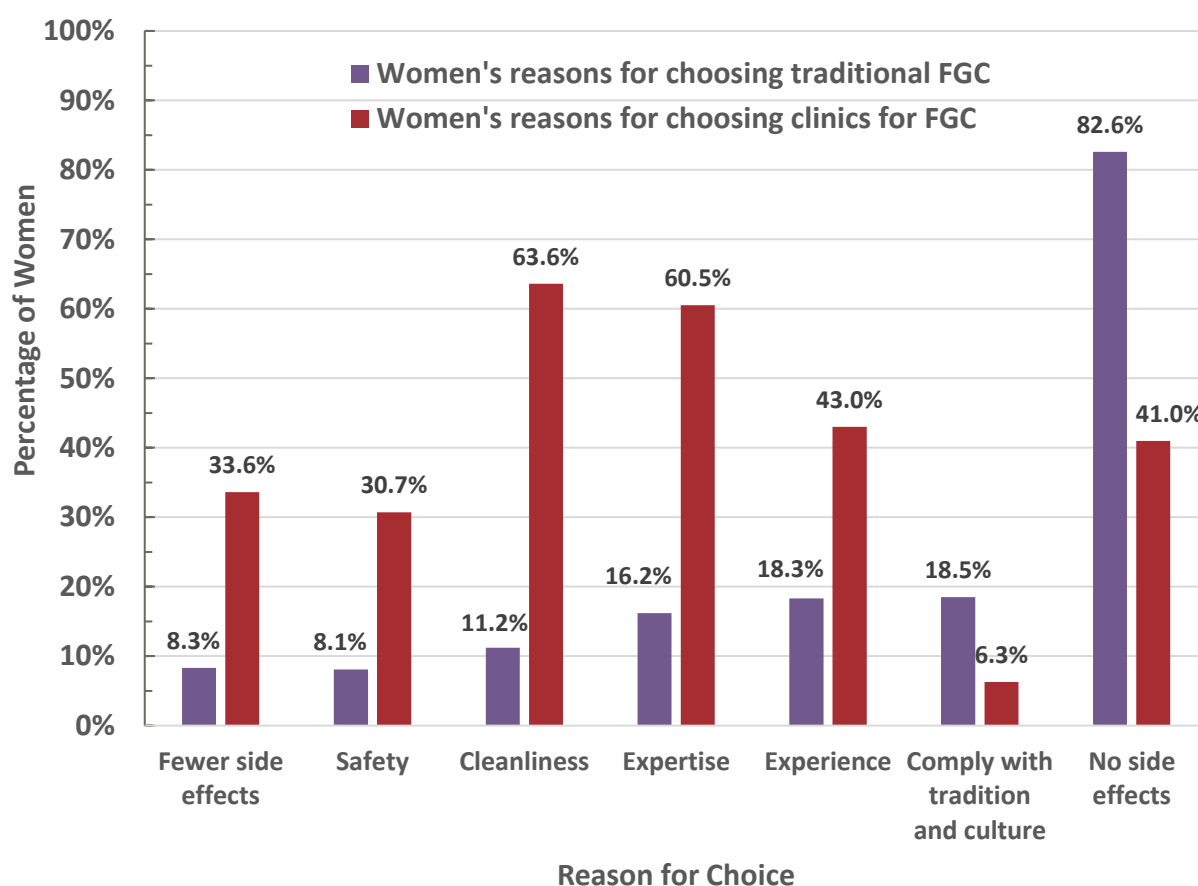


Figure 9: Women's reasons for choosing traditional practitioners or medical clinics for FGC on themselves or their daughters¹⁹

Resistance Against the 'Medicalisation of Birth' in Satun, Thailand

In the Malay-Muslim community living in the Thai province of Satun, medicalised FGC is resisted on physical, ritualistic and religious grounds. There seems to be a nation-wide trend, in medical obstetrics, to practise C-sections and episiotomies more routinely than medically necessary, and this is considered in Satun to be a 'monopolisation' of women's bodies in the context of human reproduction. Mak Bidans hold the authority and the ritual expertise to perform FGC, and Malay Muslims reject the transfer to nurses, despite the decreasing number of Mak Bidans and their progressive exclusion from the birth scene. Many Malay-Muslim women in Satun observe that male circumcision is increasingly and publicly being taken over by the Thai State. They view this as an attempt to exert administrative control over Islam. Through the privacy of FGC, they wish to resist the 'conquest' of their bodies and claim their Shafi'i identity.²⁰

However, reports indicate that doctors are increasingly performing FGC on young girls,²¹ which might indicate that the younger generation is absorbing the medical discourse on FGC.

The Singaporean Silence on FGC

In Singapore, births take place in hospitals, and midwifery has been professionalised as part of nursing.²²

The initial indications of a pilot study are that Mak Bidans perform 14% of FGC; others (masseuses, religious teachers or female family members) perform 4.8%, whereas doctors perform 45.9%.

However, the silence surrounding FGC is such that many women do not know who cut them, what the cut was like, what part of their body was cut or what equipment was used.²³

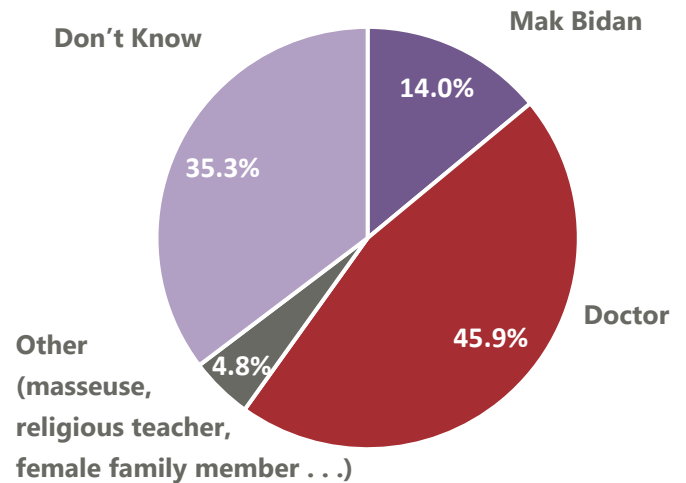


Figure 10: Practitioners of FGC in Singapore

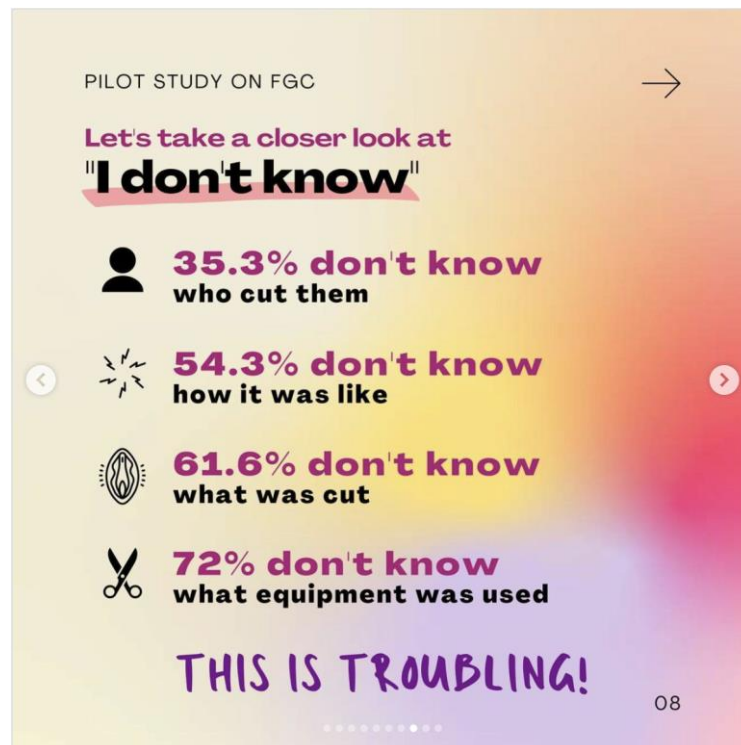


Figure 11: The worrying conclusions of End FGC Singapore's 2021 Pilot Study²⁴

- 1 Maznah Dahlui (2011) *The status of female circumcision in Malaysia*. WHO report. [Personal communication – unpublished].
- 2 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>.

- 3 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>.
- 4 The Editor (2012) 'Docs' role in female circumcision growing', *TheEdge Malaysia*, 13 December. Available at <https://theedgemalaysia.com/article/docs%E2%80%99-role-female-circumcision-growing>.
- 5 - 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>.
 - Rashid, Patil & Valimalar (2009), *op. cit.*
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 - Salleha Khalid, Suhaila Sanip, Rafida Hanim Mokhtar, Maizatul Azma Masri, Mohd Shamsir Muhammad Aris, Muhammad Riduan Wan Deraman and Nourain 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>.
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 - 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>.
- 6 The Malaysian Insight (2018) *Why is Malaysia still practising female genital mutilation?*, 6 February. Available at <https://www.themalaysianinsight.com/s/36377>.
- 7 United Nations General Assembly, Human Rights Council (2020) *Resolution adopted by the Human Rights Council on 17 July 2020: 44/16 Elimination of female genital mutilation*. Available at <https://digitallibrary.un.org/record/3876051>.
- 8 Yufu Iguchi, Abdul Rashid and Siti Nur Afiah (2023) 'Female Genital Cutting and the "Medical Gaze" in Southeast Asia' in Kyoko Nakamura, Kaori Miyachi, Yukio Miyawaki and Makiko Toda (Eds.) *Female Genital Mutilation/Cutting: Global Zero Tolerance Policy and Diverse Responses from African and Asian Local Communities*, pp.127–140. Singapore: Springer Nature. Available at https://doi.org/10.1007/978-981-19-6723-8_9.
- 9 Rashid & Iguchi (2019), *op. cit.*
- 10 End FGC Singapore (2021) *Pilot Study: Part 1*, 7 July. [Instagram]. Available at <https://www.instagram.com/p/CP0OSzBQE3>.
- 11 Claudia Merli (2008) 'Sunat for Girls in Southern Thailand: Its Relation to Traditional Midwifery, Male Circumcision and Other Obstetrical Practices', *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.
- 12 Maznah Dahlui (2011), *op. cit.*
- 13 Salleha Khalid *et al.* (2017), *op. cit.*
- 14 - Rashid, Patil & Valimalar (2009), *op. cit.*
 - Rashid & Iguchi (2019), *op. cit.*
- 15 Claudia Merli (2008), *op. cit.*, p.34.
- 16 *Ibid.*
- 17 Rashid & Iguchi (2019), *op. cit.*
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- 19 *Ibid.*
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 - 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>.
- 22 Gabriele Marranci (2014) 'Female circumcision in multicultural Singapore: The hidden cut', *The Australian Journal of Anthropology*, 26(2), pp.276–292. Available at <https://doi.org/10.1111/taja.12070>.
- 23 End FGC Singapore (2021), *op. cit.*
- 24 *Ibid.*

Understanding and Attitudes

FGC Rituals¹

Traditionally, in South East Asia, the ritual of cutting girls is done quietly, kept between traditional midwives (Mak Bidans) and parents – unlike the male circumcision ceremony, for which most parents hold a feast.

The Mak Bidans' main function used to be delivering babies, and they still give traditional postpartum massages, which are in high demand. In addition to the baby's first haircut, which is ceremonial, traditional midwives also perform FGC.

The way FGC is performed differs from one cutter to another, and from one Malaysian state to another. Generally, before the ritual is performed, offerings, which can consist of glutinous rice, eggs, virgin thread, piper betel, areca nut or roast chicken, are handed to the Mak Bidan on a plate, along with a small fee.

The materials used during FGC also differ from one cutter to another. Some request two yards of white cloth, a lime, two grains of cold powder, a small pair of scissors and a few ringgits. Others use materials such as raw thread, thin knives, hollow coins and flour. Some do not require anything.

Some firstly bathe the child with lemon water, then cover her with a white cloth against cold and nudity, to respect the child's dignity. Some will ask for permission from the child, even if she is still small and does not understand what is happening.

Prayers are said before the tip of the clitoris is cut, such as *Shahadah* (a declaration of faith in one God [Allah] and His messenger) and *bismillah* ('in the name of Allah').

A small, teased-out piece of tissue and a drop of blood satisfy the Mak Bidan that the ritual is fulfilled. The tissue from the cut may be given to the mother to be buried.

Cold powder or wound medicine is applied for quick healing. Turmeric, in powder or pieces, is often used in Malay spiritual healing and midwifery. 'Its efficacy is attributed to the qualities of earth and air elements as neutralising and thwarting the negative fire and air elements, of which all the spirits are constituted.'²

Nowadays, however, fewer people invite a Mak Bidan for a hair-cut ceremony and more people prefer private clinics for FGC. Traditional childbirth rituals have nearly been dismantled and their meanings altered, including FGC.

Knowledge of FGC in Malaysia

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 members³), extended knowledge of the procedure itself, including the details and even, sometimes, if one oneself has been cut, seems less common.

One piece of research⁴ points to 98.5% of women knowing who practised FGC on them, either by remembering or being told by their parents. Another study⁵ found no specific occasions that parents tell their children; many village women would actually believe they had been cut even if they had not been told, and they would not inquire, as 'it is shameful to ask such a question.' As for men, many assume their wives have been cut, but would not ask as the question would make their wives lose face.⁶

Many women are given little idea as to the exact procedure they underwent.⁷ In one study, only 28% knew the exact form of cutting involved, leaving 72% in the dark, yet all had prior knowledge of FGC.⁸ Even young students recently (in 2021) declared being unsure of the exact procedure; some were fully unaware of it.⁹ This aspect should be one focus of awareness-raising and educational literature and campaigns.

Knowledge of FGC practice is increasingly brought through means other than the domestic conventions of Muslim families: reading, discussions with female friends, the media and doctors. Appropriate literature, adapted to various platforms, and the influence of media and peers could be used to raise awareness of and educate about FGC. Very few cite religious sources as the means of further education, despite the general belief in religion being the main rationale for FGC. This shows that 'religious settings are not necessarily the main or relied upon source of information' when it comes to the practice of FGC.¹⁰

As for Malay non-Muslims, one study indicates that 63% of women over the age of 18 who speak Malay or English have never heard of FGC. 37% know of it, mostly through friends (72%); of those with prior knowledge, 44% believe it compulsory for a female Muslim to undergo cutting, but none know how it is performed in Malaysia or elsewhere.¹¹

The African practice is little known in Malaysia and even causes surprise. Research indicates that, for most Malays, *sunat* as carried out in Malaysia and FGC as a global concern are simply not connected. There is little awareness of FGC as it is discussed by the international community in the framework of human rights and women's health, or even of the fact that the Malay practice is regarded as problematic; there is, therefore, no comparison in the minds of Malays between the local practice and FGC in other parts of the world.¹²

A study conducted in 2021 surveyed 50 parents, 50 medical practitioners and 50 religious teachers. At the onset of the study, 3.3% of participants considered 'female circumcision' to be similar to FGM/C. However, upon hearing explanations of the WHO's classifications, 36.7% of them declared they were convinced that 'female circumcision' was in fact similar to FGM/C. The greatest change in opinion was among the religious teachers.¹³

Reasons for the Practice of FGC

[FGC is a] collective behaviour governed by an interplay of aspects, mainly culture, religion, and health.

~ Pillai et al.¹⁴

Although several drivers for FGC are usually found within one practising population, the motivations for performing FGC identified by Dawson *et al.*¹⁵ in the Asia Pacific are deemed complex and disputed: it is a rite of passage in the **Philippines**; it is considered to create a 'softening of character' in southern **Thailand**; it is performed for cleanliness, and to reduce female sexual desire and maintain purity in **Malaysia, Indonesia** and **India**; and it is said to purify the body in **India**. FGC is regarded as an 'important religious observance' for born-Muslim and non-Muslim women who marry into the faith.

Perceptions of FGC drivers across the region were debated in a conference of organisations, activists, academics and donors in March 2020. Religion was found to be the most important driver, before social norms and gender inequality.¹⁶

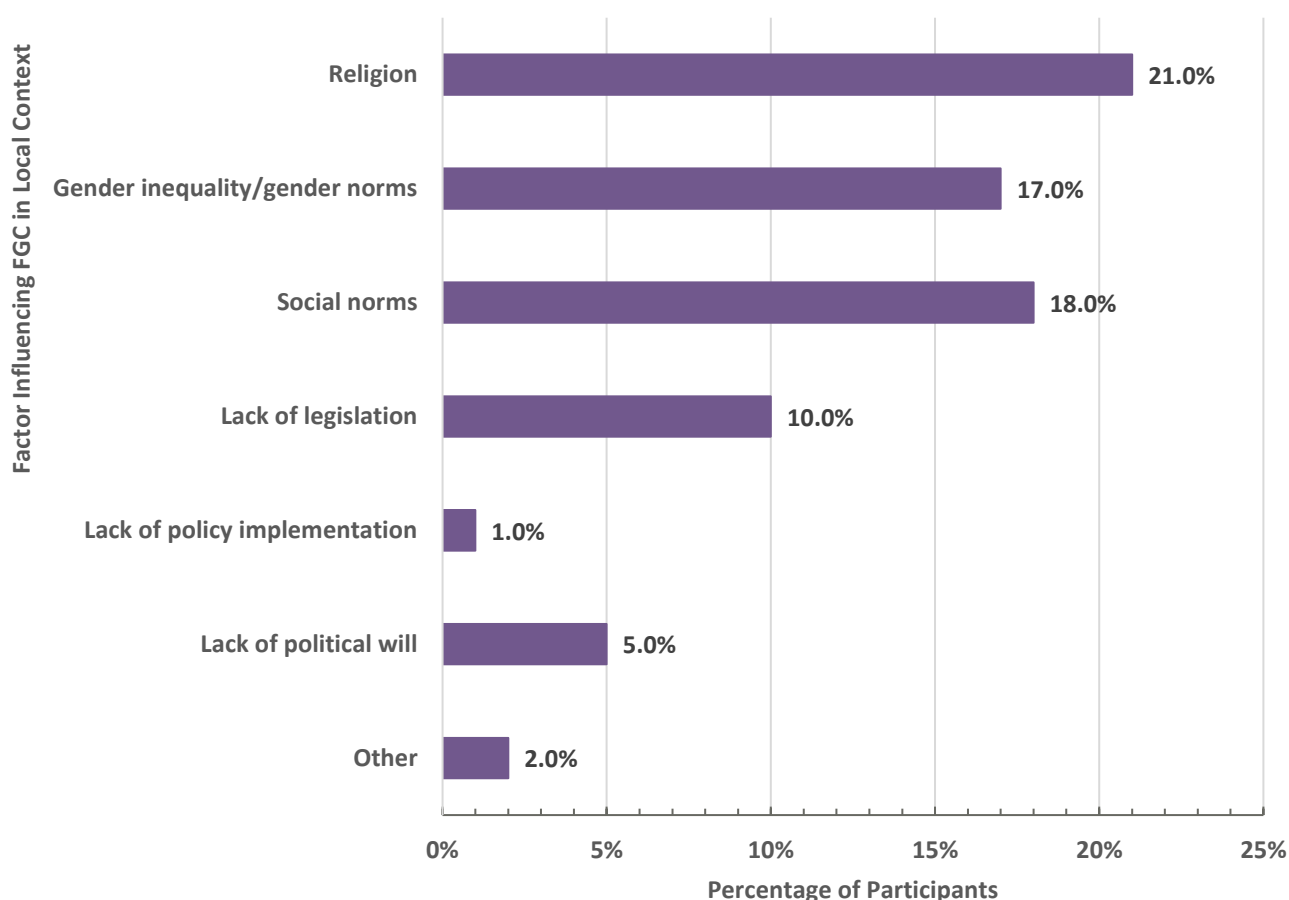


Figure 12: Participants' perceptions of factors influencing FGC in their local contexts¹⁷

Religion

Religion is cited in all the studies discussed in this Country Profile as a driver of FGC.

- 'The reasons for female circumcision are religious.'¹⁸
- 'FGC is a religious requirement in Malaysia.'¹⁹
- 'FGC differentiates Muslims from non-Muslims.'²⁰
- 'FGC is Fitrah, honour for female, preserving Muslim identity.'²¹
- 'FGC marks the entry of a woman into faith, whether as an adult convert, or as a child born into the community.'²²

Extremely high numbers of Muslim respondents, virtually irrespective of education or age, cite religion as one driver (among others) or one reason for cutting their own daughters.

Two recent studies, however, hint that religion might be losing its position to health or hygiene as the main driver of FGC (see Table 4 on the following page).²³

Religion is also seen as an 'identity'. FGC is a girl's marker of formal/full acceptance into the Islamic community and entrance into the faith.²⁴ It differentiates Muslim from non-Muslim and is seen as a 'primordial inscription (archi-writing) onto the body'.²⁵

Health, Cleanliness and Hygiene

Health as a driver of FGC comes up regularly in the literature. After religion (78%), health is cited by 69% of respondents in Khalid *et al.*²⁶ as the reason for FGC. In Rashid and Iguchi,²⁷ health is nearly on par with religious belief as a driver.

What exactly is meant in these studies by 'health reasons', however, is neither fully described nor explained. There seems to be a belief that FGC leads to 'improved vaginal health' and 'prevention of sexually transmittable infections',²⁸ possibly because beliefs surrounding male circumcision are sometimes entangled with those surrounding FGC.²⁹ Sometimes, the data seem contradictory: in Pillai *et al.*,³⁰ 64 respondents cited 'health' as a reason to encourage FGC, but only two cited it as a *benefit* of FGC.

According to Iguchi, Rashid and Afiqah,³¹ the belief in health being a reason for FGC has no scientific nor logical basis, but has been transmitted from generation to generation.

In terms of semantics, the word 'health' does not seem to be used in a 'medical' sense alone, but also may be conflated with holistic notions of wellbeing, hygiene, ablutions and cleanliness as prerequisites for prayer.

Research Piece	Percentage of Muslim Respondents who Cite Religion as a Driver of FGC	Religious Belief
Ab Ghani, 1995	90.6%	FGC is part of <i>hukum</i> , the religious law.
Isa, Shuib & Othman, 1999	100%	FGC is a religious requirement (largely <i>sunat</i> – ‘encouraged’).
Pillai <i>et al.</i> , 2021	67.3% (est.)	66 out of 107 respondents (98 of whom were Muslim), cited ‘religious obligation’ as a reason to encourage FGC.
Research Piece	Percentage of Muslim Respondents who Cite Religion as a Reason to Cut Daughters	Religious Belief
Ab Ghani, 1995	88.6%	FGC should be performed to follow Islamic teachings.
Isa, Shuib & Othman, 1999	100%	Performing <i>sunat</i> on daughters brings religious reward.
Dahlui, 2011	80.4%	FGC is a religious obligation.
Research Piece	Percentage of Muslim Respondents who Cite Religion as the Main Driver of FGC	Religious Belief
Rashid, Patil & Valimalar, 2009	86.3%–91.3%	Religion is the main reason cited for FGC, irrespective of education level or age.
Khalid <i>et al.</i> , 2017	78%	FGC is performed mainly for religious reasons.
Rashid & Iguchi, 2019	23%	Religion is the 3 rd -most-common reason given, behind hygiene (25%) and health (24%), but study concludes qualitatively that religious belief is the main driver.

Table 4: Summary of FGC studies – Muslim women’s beliefs about FGC and religion³²

What 'cleanliness' means for a Malay Muslim is approached by Faradilla:

- 'Cleanliness is next to godliness[. W]e must maintain taharah [purification and cleanliness].'
- 'The clitoral hood is dirty. Sunat is for cleanliness.'
- 'This is to remove dirt. If we want to take ablution, we must shower according to hadas besar and kecil [specific ritualised showers with Arabic incantations to be performed after sexual activities and menstruation].'
- 'Islam is very clean. So whenever we want to pray, we must clean that area. So it's a lot easier to just cut it (clitoral hood) off. No need to clean.'³³

Between 30% and 60% of respondents in Malay communities that were surveyed in the literature see FGC as maintaining cleanliness or hygiene.³⁴ The belief that FGC serves cleanliness may stem from the fear that one's prayers might not be fully accepted otherwise – a belief that overlooks the biological fact that FGC has no impact on cleanliness.³⁵

Respect for Tradition/Cultural Identity

*In Malaysia, ethnic identity-markers are linked to religious identity-markers, so religion and culture are inextricably linked. Culture can and does influence practices viewed as religious.*³⁶

Some people have difficulty distinguishing between the identity components of Malays and Muslims, while some deny that Malays can be anything other than Muslim.³⁷

Adat, or 'customary practice', is cited as a driver of FGC in several studies, although the importance of tradition as a driver varies considerably from one study to another.³⁸

According to a recent study³⁹ among students across Malaysia,

It is felt to be part of the Malay Muslim culture, a tradition carried forward from one generation to another. This notion of culture and tradition is evidently emphasised among close reference networks, especially mothers and/or mothers-in-law. [...] [T]here are expectations to carry out the practice, and the possibility of negative sanctions if it is not done. There is a predominant belief, especially among the younger mothers[,] that non-adherence to the practice may result in consequences such as criticism and chastisement from the elders.

The study adds,

There is an empirical expectation that most people in the community are doing it, thus, creating a preference for continuing the practice. There seems to be an unquestioning acceptance of the practice amongst some participants. This indicates how this practice as a cultural tradition is being reinforced simply because it is normative.

In **Singapore**, FGC represents a physical marker of *masuk Melayu*, or 'enter[ing] Malayness', for newborns into the group or those converted into the faith; the long-established tradition is a way to unify the community.⁴⁰

Women's Sexual Drives and Morality

The Malay researcher Anisah Ab Ghani, in her 1994 paper,⁴⁴ put together religious arguments for FGC, which may be the basis for beliefs in Malaysia:

According to Imam Ibnu al-Qayyim, the hadith shows that the clitoris should not be cut too much because it will weaken a woman's lust and not be liked by her husband. On the other hand, if it is not immediately cut off, the woman's lust will exceed the limit. The rate that should be cut is the rate that can balance between the two conditions.

On both boys and girls, sunat would have the effect of lessening nafsu (passions), helping to control sexual desire.⁴¹

Further research in Malaysia points out different beliefs, sometimes contradictory, about the assumed role of FGC in controlling sexuality or increasing sexual function.⁴⁵

FGC is viewed as a means of reducing naturally 'wild' female libido and ensuring sexual modesty.⁴⁶

88.5% of respondents in Isa, Shuib and Othman⁴⁷ believe that FGC is a way to mark a virtuous and chaste adulthood. There is a general consensus that FGC ensures an appropriate level of sexual activity. More than 90% of female respondents who were cut in childhood think that FGC reduces women's sexual drives. 100% of the respondents are satisfied with and are enjoying their personal experiences with their husbands, however. A group discussion allowed more than a third of the participants to express fear of immoral behaviour, such as sex outside of marriage or being promiscuous, if a woman is uncut.

Dahlui⁴⁸ found that respondents are unable to specify the source of their belief in 'wildness' or promiscuous behaviour if FGC is not carried out. No explanation is offered as to how FGC plays a role in controlling sexuality.⁴⁹

Some parents (unusually, mostly fathers) demanded FGC with a view to ensuring their daughters 'would become women who could be controlled in terms of sexual prowess and needs'. The underlying belief is that women 'should not enjoy sex', according to a female obstetrician who became an anti-FGC activist after receiving these requests.⁵⁰

A publication from Malaysia stated that uncircumcised girls would be more at risk of committing 'zina' – having sexual relations out of wedlock.⁴²

The belief that FGC is a way to decrease a supposedly higher female libido does not seem to be widely shared by doctors, 79% of whom reject the concept of reduced libido (leaving, however, an alarming 21% who do not). Doctors nearly unanimously believe FGC does not increase female sensitivity.⁵¹

In glaring contrast, FGC is also viewed by some as having a positive impact on sexuality, by preventing a decrease in women's sexual enjoyment.

Rashid, Patil and Valimalar⁵² found that 100% of female respondents think FGC does not reduce female libido. A focus-group discussion revealed the belief that FGC prevents the piece of genital tissue cut during FGC from growing into a big piece, which would make sexual intimacy more difficult and cause a decrease in pleasure for the woman.⁵³

It is suggested that societies with strong control over women's sexuality paradoxically admit to the existence of women's sexual desires, which might then be considered 'much higher than men's'.⁵⁴

Little-disseminated religious and medical perspectives on the matter point out that FGC has nothing to do with female sexual appetite. According to Al-Imam al-Akbar Mahmud Syaltut,

[A] woman's lust is weak or strong due to the construction of hormones inside a person. Likewise, the morality of a person depends on the extent of moral education, the atmosphere of society and the concern of parents in educating children. It does not depend on circumcision. Therefore, circumcision for women is not due to the demands of Sharia, morals and health. It is based on human nature only.⁵⁵

Today's scientific knowledge affirms that sexual drive is driven by the brain and other factors such as one's relationship with one's partner. The essentialisation of female 'wildness' and unsatiated sexual urges without FGC have no scientific justification.⁵⁶

*Imam Abdullah Abu-Bakr of the Committee of Islamic Council of Yala in southern Thailand said, 'You must peel a banana before you can eat it, and for women, it will reduce their wildness, making them clean and strong.'*⁴³

In southern **Thailand**, FGC is seen as a way to prevent girls from becoming stubborn and of moulding the feminine character.⁵⁷

A 'Harmless' Practice

Malaysia is keen to differentiate the practice of 'female circumcision' from the term 'female genital mutilation' on the grounds of the absence of 'harm' from 'circumcision'. Hosken stated in 1981,⁵⁸ 'It seems to be a less damaging operation' (compared with Africa). Omar, in 1994,⁵⁹ discussed FGC as part of the reproductive cycle of a Malay woman and highlighted, 'One cannot find descriptions of "mutilating" procedures.' In 1982, Laderman⁶⁰ said that 'only a microscopic amount of tissue is removed, not enough to impair the organ's function but sufficient to satisfy tradition'. The practice 'should be considered as a form of almost symbolic ritual' rather than genital mutilation.⁶¹

As a matter of fact, most research confirms that FGC in Malaysia is reported as a benign practice, seeking only a 'drop of blood', causing only mild pain for a short time, and teasing out tissue 'half the size of a rice seed'.⁶² Respondents claim that there is no scarring, no clinical evidence of injury, no damage or alteration, no cutting or burning of any kind, and no infections or complications.

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.⁶³

Only more recent research has noted parents being worried by their daughters' cries, or even having palpitations during the practice.⁶⁴ A research piece 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.⁶⁵

Marriageability in Singapore⁶⁶

In the Singaporean-Malay community, strong beliefs that FGC curbs higher-by-nature female desire; prevents sex before marriage; and takes care of a woman's dignity, modesty and shyness are reportedly reflective of traditional and religious values – women being seen as the bearers of morality in society. There is a view that women all over the world struggle to control their natural desires, anger and other emotions, and those who are not cut are more easily tempted to sin or to cohabit in unmarried relationships (such as in the West). Deviance must, therefore, be weeded out as early as possible.

In this context, the prospect of marriage is often given as a reason for cutting. The lack of a scar may create tension between a newly married couple if FGC is not confirmed by the bride's mother, as it could cause embarrassment to the groom's family, and may lead to a demand for the bride to undergo FGC as an adult.

Rising voices in Singapore are starting to reject FGC in the name of body image, self-worth and the view young girls have of themselves and their identities. FGC being performed at an age when making decisions on sexual matters is impossible reportedly leads to feelings of guilt and shame in women who want to control not only their own bodies, but also their own relationships with their bodies. The links between a woman's worth, morality and sexual practice are starting to be seen as paternalistic and authoritative means to keep women within cultural or religious boundaries.

Support for FGC

Almost Universal Support

Most studies on support for FGC report rates higher than 90% across age groups, educational levels and depths of conservativeness.⁶⁷ Most surveyed women are satisfied with their own FGC, consider the practice desirable and would continue the practice on their daughters. Religious 'wisdom' on the practice, which is felt to be beneficial and not in vain; religious reward for performing *sunat*; the preparation of girls for adult life; the perceived lack of physical harm or the simple passing down of a practice that has no down side all contribute to an absence of questioning of the rationale for FGC – that is, until recently.

Support Becoming More Conditional

Recent studies indicate that support is becoming more conditional, especially in the younger generations in Malaysia and in highly modern Singapore.

A recent survey⁶⁸ found that 14% of the respondents (which consist of 50 parents, 50 medical practitioners and 50 religious leaders) do not support FGC. This is the highest percentage from all studies to date.

A generational divide is reported in another recent 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%). This research comprises about 10% non-Muslim respondents and, therefore, cannot be fully conclusive in terms of comparisons with previous studies focused solely on Malay Muslims, but the level of high hesitancy might be the mark of a growing ambivalence toward FGC.⁶⁹

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 13).

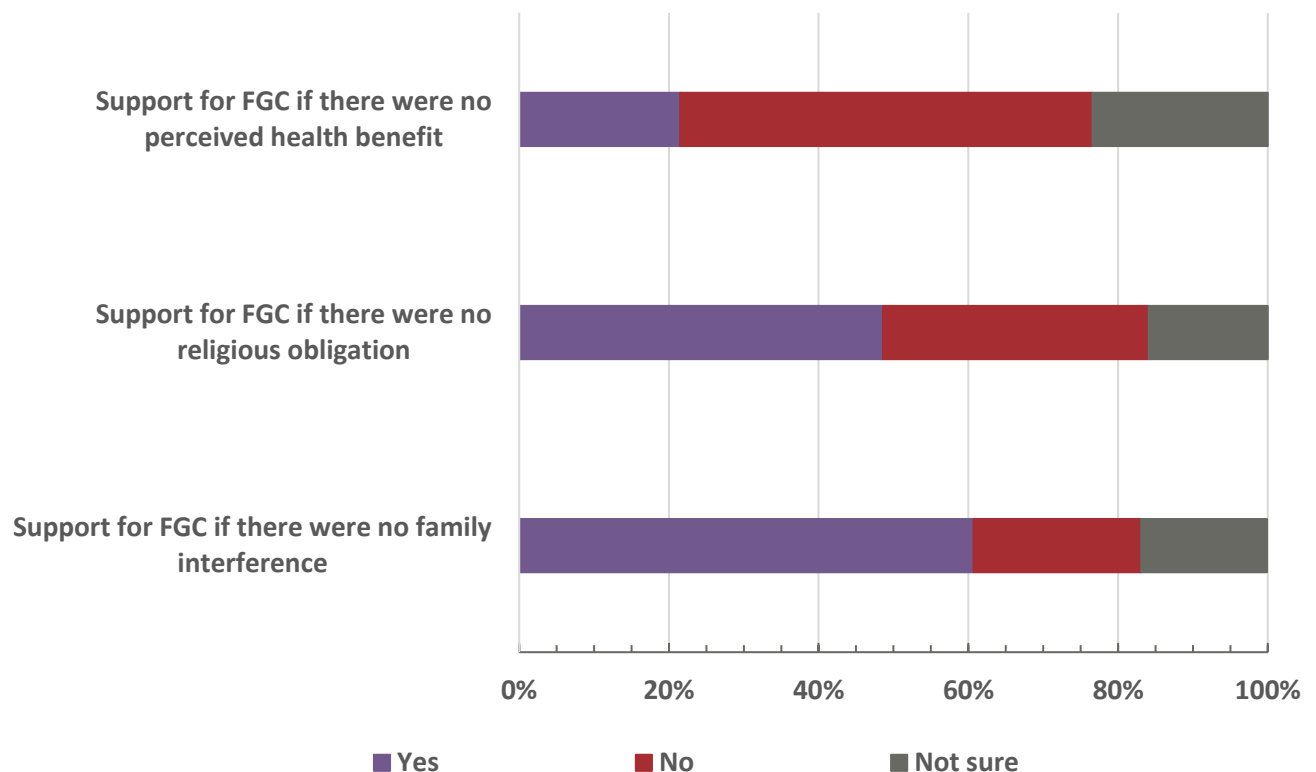


Figure 13: Support for FGC on Malaysian respondents' children, regardless of identified reasons for continuing the practice⁷⁰

In **Singapore**, interviews of 20 interlocutors also underline a certain generational divide: the 40- to 70-year-old participants support FGC, while the remaining respondents are either ambivalent about the practice (which is interpreted by the researchers as not being 'bothered' if FGC continues or not) or strongly against the practice. Some even actively campaign against FGC. When questioned on their beliefs about whether FGC will continue in Singapore, 70% of respondents answer in the negative.⁷¹

Decision-Makers and Normative Pressure

In Malaysia, according to Dahlui,⁷⁵ 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

Most bidans said that mothers decide practices of female sunat.⁷²

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.

In **Singapore**, men are not much more involved, although they may expect their daughters to be cut and know of their wives' decisions. Some have no idea and have to ask their wives for details, while others oppose FGC because they believe it to be unnecessary and un-Islamic.⁷⁶ This highlights the important role men can and must have in eliminating FGC in Malay-Muslim communities.

Women do not talk of their own sunat, which they can usually neither remember nor physically assess, but they do talk about others' sunat.⁷³

In **Thailand**, anecdotal evidence shows that a couple's decision to not cut their daughter can be overridden by local pressure: one father who was well versed in Islamic law had decided with his wife that FGC was neither necessary nor mandatory, due to the absence of a reference to it in the Koran. Confronted with the disapproval of local villagers, the couple ultimately decided to 'follow tradition'.⁷⁷

According to the same researcher, 'some individuals' agency and decision-making power are limited', especially by families who are 'not open-minded' and 'not modern' and can push young mothers to carry out FGC. In these cases, the decision rests primarily with the baby girl's grandmothers (more often the maternal than the paternal).⁷⁸

One young Thai mother stressed her confusion and feelings of insecurity and indecision about FGC, and indicated that people would prefer not to perform FGC if they had the choice.⁷⁹

According to a recent study carried out among students across **Malaysia**, half of the respondents state they are not pressured to carry out FGC, showing a social acceptance of the practice in general. One-third, however, say they are not sure if there is social pressure, perhaps indicating a reluctance to engage with the question and, therefore, normative pressure on them to follow the practice. An overwhelming majority of the respondents who do report social pressure point to their families.⁸⁰

Female circumcision in Negeri Sembilan and other parts of the Peninsula is not controlled by men.⁷⁴

In **Singapore**, some young mothers can be 'pestered' by their own mothers, being told it is a must, like sacrificing an animal or the hair-cutting ceremony. However, the pressure might be generational – there is hope that, although the younger generation might bend to it, they might yet refuse to take on the 'nagging' role, leading, eventually, to no one cutting their daughters.⁸¹

Reasons for Non-Practice of FGC

The reasons why some members of Malay-Muslim communities choose not to practise FGC have not been specifically researched. Some local studies, however, bring up arguments that negate the reasons for practising. The argument that it is a form of violence against women is recent in the Malaysian debate.

Anisah Ab Ghani⁸² found that the 5.4% of respondents who did not carry out FGC on their daughters believe that:

- FGC will reduce their daughter's sexual appetite;
- FGC is not compulsory; and
- FGC is only a custom.

More recently, Pillai *et al.*⁸³ found that, when given a list of choices by researchers, respondents most commonly choose the following reasons to disapprove of FGC:

- FGC has no health benefits (23.4%);
- FGC is a form of violence against women and children (18.7%);
- FGC is dangerous and painful (14.0%); and
- there is no clear verse stated in the Koran (12.1%).

In **Singapore**, those unsupportive of FGC question the blind following of a tradition that may not be so important to keep if it induces pain, harm and injury. They view 'the unquestioning nature of this practice as symptomatic of a larger problematic trend of traditionalism within the Malay community'. In the same piece of research, the violation of bodily rights and the negative impact on sexuality FGC induces are highlighted by English-speaking Malay women who often attend university.⁸⁴

Practitioners' Knowledge, Attitudes, Beliefs and Perspectives

One aspect that plays a key role in health care professionals deciding to do FGC is that they commonly share the same social norms regarding cutting the genitals of girls and women[;] hence resisting the pressure or the demand to do FGC from the community is challenging.

~ Leye et al.⁸⁵

Only a handful of studies have researched Mak Bidans' and doctors' perspectives in the Malay sphere, but they show that Mak Bidans and Malay doctors broadly support the practice, citing religion and culture as the main drivers for it, and seeing performing FGC as a duty. Dahlui⁸⁶ notes that FGC 'is a symbol of religious obligation or recommended for a Muslim' and 'a normal practice in Malay culture.' Cutters state that, since the practice is "'harmless'", they are "'oblige'" to do it.

Divergences exist in opinions about medical risks and beliefs about gender, and there is some uncertainty about statements in the 2009 fatwa, the legality of FGC, the hadiths, international conventions and the Sustainable Development Goals. Non-Malay doctors do not practise FGC.

Mak Bidans

As reported in a small study⁸⁷ conducted on 32 Mak Bidans and 56 doctors who practise FGC in Malaysia, 68% of Mak Bidans think FGC should be done.

Mak Bidans cite the main reasons for FGC as religion (65%), followed by culture (31.3%), curbing female sexual desire (28.1%), cleanliness (25%) and the husband's sexual pleasure (6%).

Myths related to gender are more frequently mentioned by Mak Bidans than by doctors.⁸⁸

In southern **Thailand**, many Mak Bidans share the same beliefs as the communities around them, especially when it comes to welcoming newborns to religious and ethnic communities and to the role of FGC in shaping appropriate female conduct.⁸⁹

Some Malaysian Mak Bidans are reportedly unsure whether FGC is an absolute religious requirement and insist on it being an ancestral tradition and for cleanliness;⁹⁰ when they cite Islam as a reason for the practice, many do not know why precisely their religion supposedly obliges Muslims to cut their daughters. This is not because of religious ignorance, but simply because they see FGC as part of daily life and not a topic for discussion.⁹¹

According to one Mak Bidan, she does not practise FGC for money, but because it is her duty to help community members fulfil their religious obligations.⁹²

Doctors

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.

~ Abdul Rashid, Yufu Iguchi & Siti Nur Afiah⁹³

FGC is an issue that is difficult to discuss openly, even among medical professionals.⁹⁴

Muslim doctors surveyed in 2011 most commonly (when given a list of statements from which to choose) cite religion as the main reason for FGC (95.1%), then culture (46.2%). Few mention the control of sexual urges (17.9%) or cleanliness (12.8%), and none believe that FGC is performed for the partner's sexual pleasure. Support for FGC is overwhelming among practising doctors: 81.8% think FGC should be performed, leaving about 20% of medical professionals practising it only because it is requested by parents.⁹⁵

A bigger piece of research on FGC medicalisation⁹⁶ found that 75.4% of doctors think FGC should continue and 63.9% believe doctors should be the ones to conduct it.

Doctors who support FGC wish that:

- FGC would be taught in medical schools (80.4%);
- religious experts would define the boundaries of the practice (79.7%);
- there would be regular updates on FGC (72.8%);
- the Malaysian Medical Council would officially declare the practice legal (66.3%); and
- a law would be enacted to make FGC legal (61.2%).

7.8% of practising doctors believe the practice should stop.

The 24.6% who think the practice should not continue state that:

- there is an absence of health benefits (62.2%);
- FGC is not compulsory in Islam (53.3%);
- FGC contravenes human rights (41.1%);
- FGC is not proven to reduce libido (40%);
- FGC is not taught in medical school (36.7%); and
- FGC is against international law (14.4%).

A sense of religious duty abounds as well: 76% of doctors practise FGC because of their religious beliefs. The main reason for not practising is the absence of formal training (87%). FGC being against doctors' beliefs was only cited by 6% of respondents.⁹⁷

It is worth noting that the doctors in this study were Malay-Muslim women who may share the same beliefs as the communities they live in and who might themselves have undergone FGC or maintained the tradition for their daughters.

Independently of views on FGC, support for medicalised FGC is universal, as a harm-reduction measure for the prevention of infections. Doctors claim that parents will go to the Mak Bidans and their unsterile equipment if they don't provide the service. It is, however, argued that claiming harm reduction as a pretext for conducting a practice promoted as harmless and hygienic might rather be a promotion of medicalisation. Harm reduction is usually conducted on individuals who can give consent and involves reversible strategies, neither of which is the case with FGC performed in infancy.⁹⁸

Uncertainty in the national context regarding FGC is mentioned: more than 60% of the surveyed doctors are unaware of either the 2009 fatwa or its full details; nearly 70% think FGC is legal in Malaysia; nearly 70% also think that medical doctors commonly perform FGC.⁹⁹

In the international context, doctors do not cite the Sustainable Development Goals, the 2030 Agenda or the stand taken by the World Medical Association. It is, therefore, assumed some doctors in Malaysia are unaware of international opinions or commitments to end FGC.¹⁰⁰

Most doctors, however, 'agreed that they would not conduct FGC if there were clear instructions from the medical council and if it were declared illegal.'¹⁰¹

In **Singapore**, standardisation efforts took place to ensure mutilations do not occur. Doctors learn the trade from more senior doctors, since FGC is not taught in medical school.¹⁰²

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A Deeper Dive into FGC in Malaysia and South East Asia



Religion

In Malaysia, Article 3(1) of the Constitution of the Federation of Malaysia¹ states that 'Islam is the religion of the Federation; but other religions may be practised in peace and harmony in any part of the Federation.'

The 2020 official census² shows that 63.5% of the Malaysian population practise Islam, 18.7% Buddhism, 9.1% Christianity and 6.1% Hinduism.

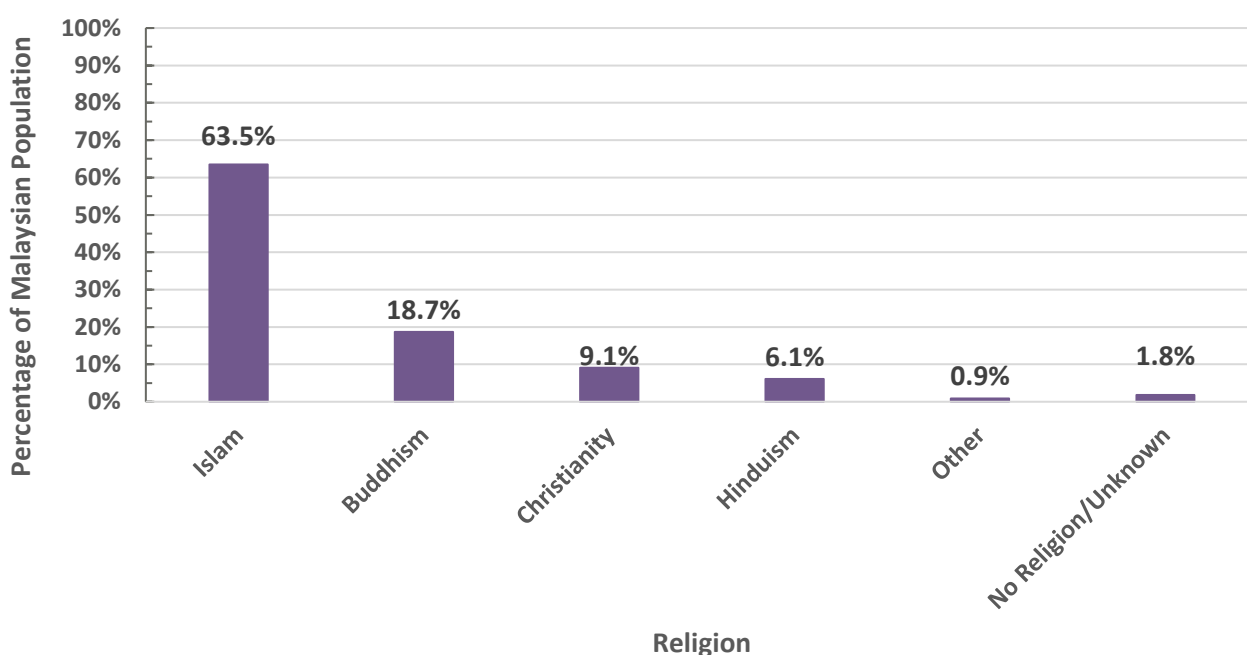


Figure 14: Religious affiliation of Malaysians, 2020³

Federal and state governments have full authority to control and restrict religious doctrine for all Muslims in the country and advance Sunni Islam, since other forms of Islam are illegal.⁴

Article 160 of the Constitution⁵ links Malay ethnicity with Islam, which religious-freedom organisations view as an infringement on religious-freedom rights. Infringements on religious freedom such as these are deemed to have worsened.⁶

Local human-rights organisations and religious leaders have expressed concerns about the strong political encouragement to embrace a more conservative interpretation of Islam. Political organisations are especially targeting youth, through social media.⁷

Schools of Thought and FGC

There are four schools of thought in Sunni Islam: Hanafi, Hanbali, Maliki and Shafi'i. While the Shafi'i school of thought is predominant in Lower Egypt, East Africa and southern Arabia, it is particularly common in southern India, South East Asia and Sri Lanka – all places deeply connected through maritime communications across the Indian Ocean.⁸

The four schools have different views on FGC:

- Hanafi do not consider FGC to be *sunnah* ('recommended');
- Hanbali have two opinions on FGC, *obligatory* and *honourable*;
- Maliki consider FGC to be *sunnah*; and
- Shafi'i consider FGC to be *obligatory*.⁹

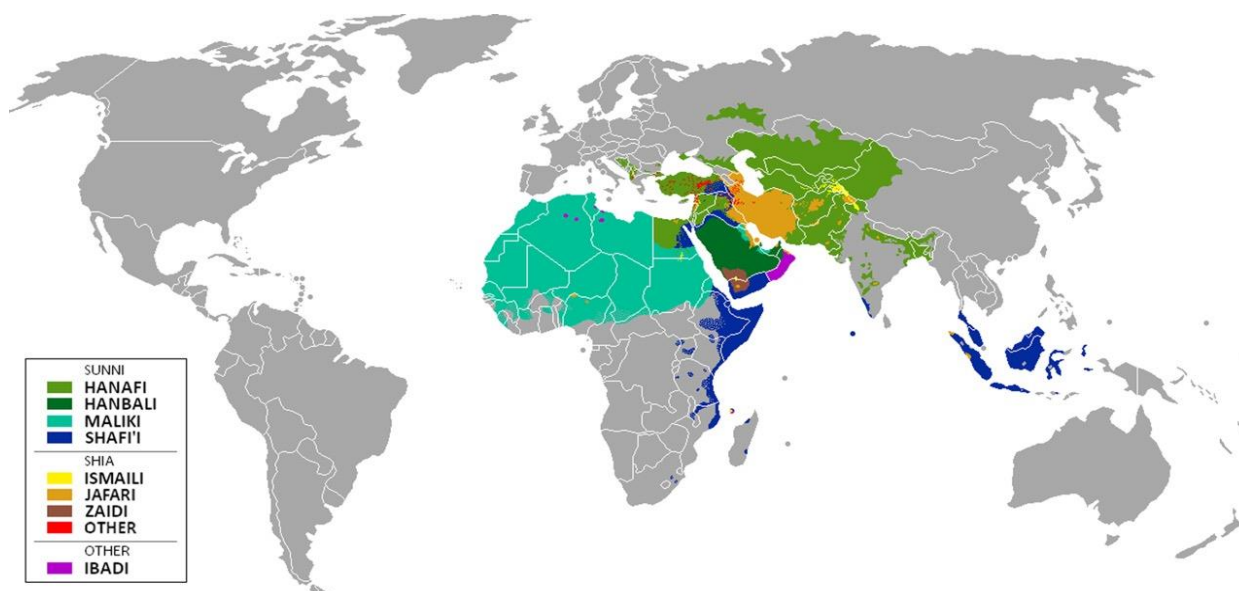


Figure 15: World map of madhhahib (schools of thought within fiqh, the Islamic jurisprudence)¹⁰

In Malaysia, the majority of Muslims follow the Shafi'i doctrine, the only *maddhab* ('school of thought') to regard FGC as mandatory in Islam, even though some Malay Muslims believe FGC is practised by all Islamic *maddhahib*.¹¹

The Shafi'i position on FGC is most known by the formulation of the famous scholar Abu Zakariyya Yahya bin Sharaf al-Nawawī (631–676 AH/1233–1277 CE) in his work *Tahāra*¹² ('purification', a term used to refer to both male and female cutting):

Circumcision is obligatory (wādhib) according to al-Shāfi'ī and many of the doctors, sunna according to Mālik and the majority of them. It is further, according to al-Shāfi'ī, equally obligatory for males and females. As regards males it is obligatory to cut off the whole skin which covers the glans, so that this later is fully denudated. As regards females, it is obligatory to cut off a small part of the skin in the highest part of the genitals.¹³

Some religious scholars deny, however, that al-Nawawī is fully representative of the Shafi'i madhhab, since the school comprises different opinions.¹⁴

The 2009 fatwa committee detailed its basis of reasoning on mandatory FGC by arguing that, '[W]hen there is benefit for a man, there is also a benefit for a woman',¹⁵ which is in keeping with the Shafi'i school of Islamic law.

The Hadiths

Religious scholars state that FGC is not a requirement in the Koran; rather, those who support the practice build their reasoning on the hadiths.¹⁶

The hadiths are statements or actions of the Prophet and his companions. Clarence-Smith¹⁷ claims all the hadiths dealing with FGC either lend themselves to different interpretations or are of uncertain authenticity; besides, 'any tradition can be overruled by deploying the fundamental injunction in the Quran to command and forbid evil', as shown in Ali.¹⁸

On the other hand, continues Clarence-Smith, there seems to be a consensus in the *ulama* that, as a whole, the holy texts do not specifically forbid FGC, despite the silence of the Koran over the practice; moreover, the Islamic prohibition of bodily mutilation seems countered by a general acceptance of male circumcision.

Three studies mention the most frequently cited hadiths and their weaknesses (Ali, 2006, Khalid *et al.*, 2017 and Clarence-Smith, 2008), as outlined below.¹⁹

- **The Honourable Deed Hadith (Makrumah)**, collected by Ibn Hanbal: 'Circumcision is sunnah for men and honour for women.'

Considered a weak argument in relation to FGC, since neither the Prophets Abraham nor Muhammad required cutting for their daughters, this hadith was nonetheless cited by the MoH in 2007 when issuing guidelines for male medical procedures.²⁰ It was the first time in Malaysia that healthcare guidelines for men included a religious justification for women, a step toward what was viewed as increasing conservatism and a gradual integration of 'cultural/religious viewpoints into government directives and policies'.²¹

- **The Hadith on Ghusl**, narrated by Muslim (349): 'Aa'ishah said, 'When a man sits between the four parts (arms and legs of his wife) and the two-circumcised parts meet, then ghusl [an Islamic ritual bath] is obligatory.'

This hadith is deemed non-prescriptive and a debate around linguistics and translation continues.

- **The Hadith about 5 acts of Fitrah**, narrated by Al Bukhari (5889) and Muslim (257): from Abu Hurayrah, that the Prophet said, 'The fitrah is five things – or five things are part of the fitrah: circumcision, shaving the pubes, cutting the nails, plucking the armpit hairs, and trimming the moustache.'

This hadith is deemed not to be directed at women.

- **The Hadith on the traditional midwife practising female circumcision**, Abu Da'ud (5271) narrated from Umm 'Atiyyah al-Ansaariyyah: 'There was a woman in Medinah whose work was to circumcise women and the Prophet said to her: "If you circumcise a woman, do not go to the extreme in cutting; that is better for the woman and more liked by the husband."'

The 'hadith on female circumcision', as it is sometimes called, is the most cited over centuries, although it only appears in the canonical collection of Abu Da'ud, who classified it as 'unreliable' in terms of its transmission.

The Current Malaysian Debate: Reassessing the Authenticity of Hadiths

Due to the extreme sensitivity of the FGC issue in Malaysia, when it was put under an international spotlight considered to serve a Western agenda to censure a harmless traditional/religious practice and, therefore, to condemn Islam and Malayness, it ignited a strong and ongoing discourse, pushing academics to reassess the hadiths' authenticity from a Malay point of view.

Sisters In Islam, a Malaysian NGO, referred to Al-Azhar guidance in its 2019 Press Statement:

Dar al-Ifta al-Misriyyah, which is among the pillars of the religious foundations in Egypt (and includes Al-Azhar Al-Sharif, Al-Azhar University, Ministry of Religious Endowments, and Dar al-Ifta al-Misriyyah), had declared all forms of FGM, including female circumcision, to be religiously forbidden from May last year. The organisation said that banning FGM should be a religious duty of all Muslim countries due to its harmful effects on the body. Al-Azhar is considered the authoritative reference for Sunni religious authorities throughout the world, including Malaysia.²²

The weakness of the hadith on female circumcision has, however, been recently contested in Malaysia: a 2023 study – part of a research piece by the Universiti Malaya entitled 'Female Circumcision According to Fiqh al-Hadith: Development of Guidelines for the Practice of Female Circumcision in Malaysia' – concluded that debate and dispute over the hadith has not yet been resolved, noting Sisters In Islam's use of 'foreign fatwas' to condemn FGC.²³ The same researchers, in a further study, 'Authenticating the Hadith of Women's Circumcision: A Reassessment',²⁴ concluded that the hadith on female circumcision is authentic and part of Islamic Sharia. For these scholars, the hadith can be used as an argument for the practice of FGC because the 'chain' of hadith mentions of FGC are able to support each other; therefore, they raised the status of this hadith from *da'if* ('weak') to *hasan* ('good').

In contrast, a 2019 study,²⁵ which reassessed all hadiths and took into consideration a 2017 study that reported on FGC harms, reached the opposite conclusion: there is no clear contradiction between Islamic law and the WHO's decision to ban FGC. The study's conclusion is based on an absence of 'valid' evidence of a command by the Prophet regarding FGC and an acceptance that scholars do not issue fatwas solely on religious texts, but also by referring to medical expertise available at the time, pursuing the Islamic care for the health aspects of every human being. The study also concludes that it is not necessary to polemicise the issue of FGC and associate it with a Western agenda or a movement to destroy Islam.

International Assessment on FGC, the Koran and the Hadiths

A regional workshop addressing the Harmful Practices' Contravention with the Objectives of Islamic Sharia was held in 2023 under the high patronage of the minister of Muslim affairs and waqf property in Djibouti, Moumen Hassan Barri, and in partnership with The United Nations Population Fund Arab States Regional Office and the International Islamic Centre for Population Studies and Research (IICPSR) – Al Azhar University.²⁶

The UNFPA-IICPSR's joint publication states:

- '[T]here was no text indicating that the Messenger of God circumcised his daughters, and this was not reported from any of the companions or followers, and in many countries that have an Islamic reference in legislation.'
- 'Hence, it is clear that the Holy Koran is devoid of any text that includes a reference – whether closely or remotely – to female circumcision and the use of names related to describing circumcision, such as legitimate circumcision, Islamic circumcision or sunnah circumcision. All of these represent a kind of deception to give it legitimacy without right.'
- 'The clear truth from the hadiths attributed to the Prophet and the opinions of some ancient and contemporary scholars and specialists in this field confirm that these narrations do not contain a single piece of authentic evidence from the main books or legislation.'
- 'After this was clarified, and it was confirmed to us, that the cutting of a woman's genital organs – as previously explained – is considered a crime whose perpetrator deserves to be punished in the manner in which the laws pertaining to that were issued, and these laws do not contravene Islamic law.'²⁷

Sunat vs Wajib (Recommended vs Compulsory Practices in Islam)

According to Isa, Shuib and Othman,²⁸ the requirement of a practice is usually graded in Islamic jurisprudence as 'compulsory' (*wajib*), 'encouraged' (*sunat*), 'not encouraged' (*makruh*) or 'forbidden' (*haram*). Accomplishing a sunat act, an encouraged and recommended act, brings religious rewards.

The word *sunat* as a recommended, encouraged act – a word derived from the Arabic word *sunnah* – is not to be semantically confused with the Malay term for 'circumcision' used in *sunat perempuan* ('female circumcision'), although they share the same linguistic origin.

The Shafi'i school of law deems FGC to be wajib (obligatory), but it clashes with the popular belief in Malaysia that FGC is only a recommended practice.²⁹

A Potential Shift Toward Stricter Doctrine

All recent studies carried out in Malaysia³⁰ report a divide in beliefs about FGC: that it is an encouraged practice (*sunat*) or a compulsory one (*wajib*). The various sets of data are not homogeneous, which might indicate uncertainty or changing beliefs in Malay society.

Earlier studies mention a dominant belief that it is 'a commendable deed by Allah, while not obligatory'.³¹

A 1999 study in northern Malaysia found that 82.8% of female respondents believe FGC is sunat, and a 2019 study found that 87.6% believe it is wajib.³² A comparison between the latter piece of research and a study conducted ten years earlier in the same provinces shows a very strong belief in those areas in FGC being wajib.³³ This might indicate a shift toward a stricter view of the doctrine, at least in the parts of Malaysia where FGC prevalence is high.

Malaysians with higher-education degrees might be more inclined to believe that FGC is sunat rather than wajib.³⁴

Knowledge of FGC Through a Religious Lens

Uncertainty Surrounding Hukum ('Religious Law') Regarding FGC

Levels of knowledge of the religious jurisprudence at the foundation of beliefs on FGC seem inconsistent across Malaysia. Studies mention some lack of knowledge, uncertainty and inaccurate beliefs regarding the religious law on FGC or on the differences between schools of thought, as demonstrated below.

- Nearly three-quarters of respondents with lesser educational levels do 'not know Hukum', the religious law.³⁵
- All ten women in a focus-group discussion who feel that FGC is compulsory for Shafi'i practitioners also believe the source is in the Holy Koran, but are unable to point to the exact verse.³⁶
- The majority of women who believe that FGC is only a recommended practice are not sure of the source of the ruling or directive in the hadiths.³⁷
- An overwhelming majority believe FGC is compulsory and legal in Malaysia and practised by all schools of thought.³⁸
- 30% of respondents (university students) declare that they are unsure of the Islamic ruling, perhaps out of reluctance to give a definite answer. None of the respondents say they have encountered a reliable source from the Koran or a hadith regarding the practice.³⁹
- The uncertainty over the hadiths and the mixed views over whether FGC is wajib or sunat were swept aside by the absolute faith that directives from God must be sound, even if not understood.⁴⁰

The Mufti of the State of Perlis, Malaysia, Dato' Dr Mohd Asri Zainul Abidin, declared in 2018:

In Malaysia, a lot of people do not know the teachings in detail. They do it because they are afraid they will be wrong if they don't do it. There is no authority which checks with every woman if she has been circumcised or not. During Prophet Nabi's time, a lot of women entered Islam. He did not ask them to be circumcised.⁴¹

Sources of Knowledge on FGC and Islam

Recent studies organised by Sisters In Islam⁴² on the sources of knowledge about FGC and Islam in Malaysia point to:

- families being the primary source of beliefs regarding both FGC and Islam;
- religious sources being little used to inform on FGC, despite the rationale of FGC being a practice based on religion;
- a satisfaction with the teachings of (admittedly limited) sources of knowledge on Islam, primarily parents and teachers before religious sources; and
- little effort to gain a more in-depth understanding of what Islam means in daily life.

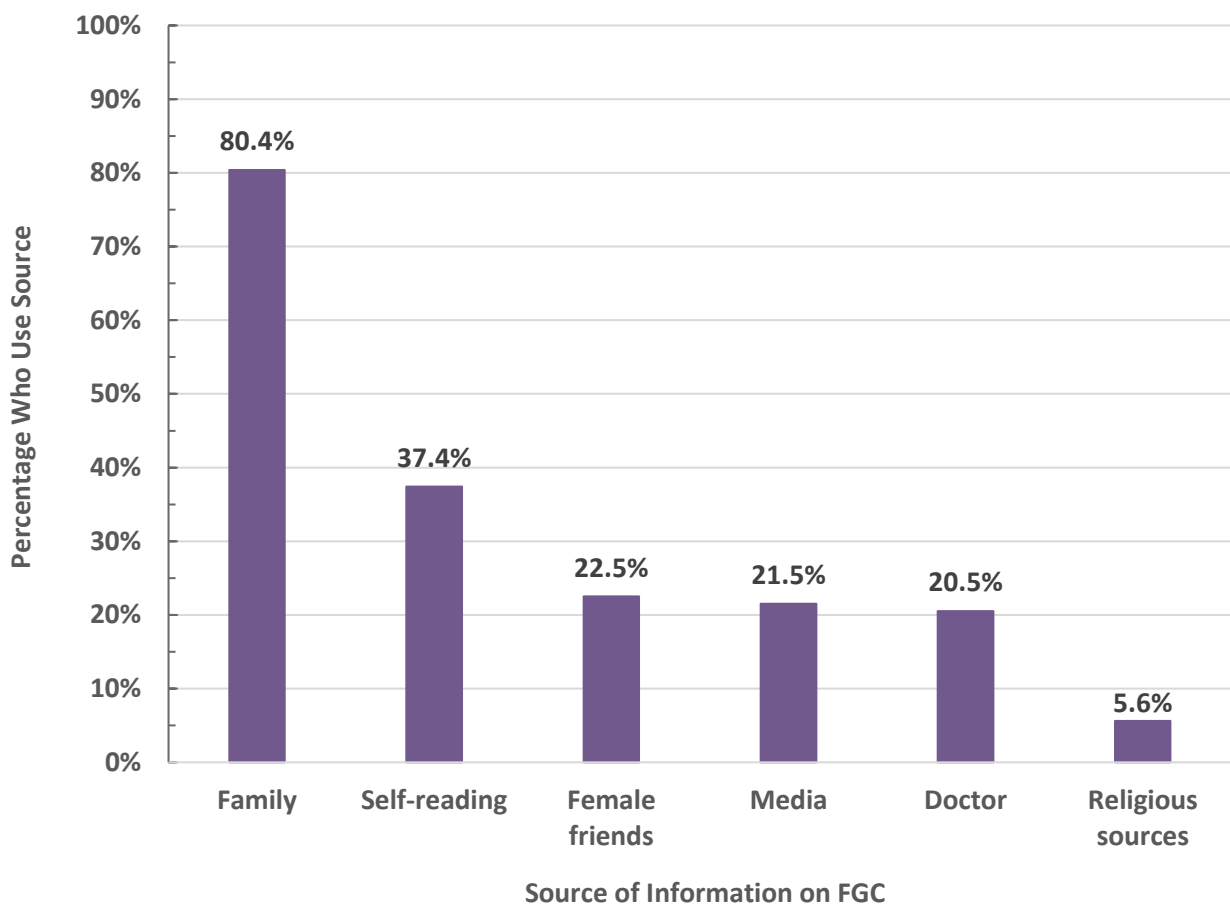


Figure 16: Sources of information on FGC used in Malaysia⁴³

The 2021 Sisters In Islam survey⁴⁴ reports that families are the main source of information for women. In addition to the observation that FGC is primarily a 'female business',⁴⁵ the extent of self-reading, media use and conversations with female friends shows that FGC is rooted in 'gendered and domestic conventions of Muslim families' (even though neither depth of knowledge nor frequency of conversations were researched in that study).⁴⁶

FGC is seen as religious practice, but women do not seem to seek knowledge from religious leaders or classes, nor do they seem to trust high-profile religious preachers or local leaders/teachers,⁴⁷ although other studies show that some level of dialogue on FGC with local leaders does take place.⁴⁸

One reason might be the general attitude toward learning and deepening knowledge of Islamic precepts, as revealed by the 2019 Sisters In Islam study.⁴⁹ Expectations and understandings of religion seem to be inculcated from a very young age by the immediate educational surroundings. Parents are the main source of information on Islam, cited by 80% of respondents, before trusted and well-versed teachers (66%), who are nearly on par with religious books or classes in mosques (both 64%).

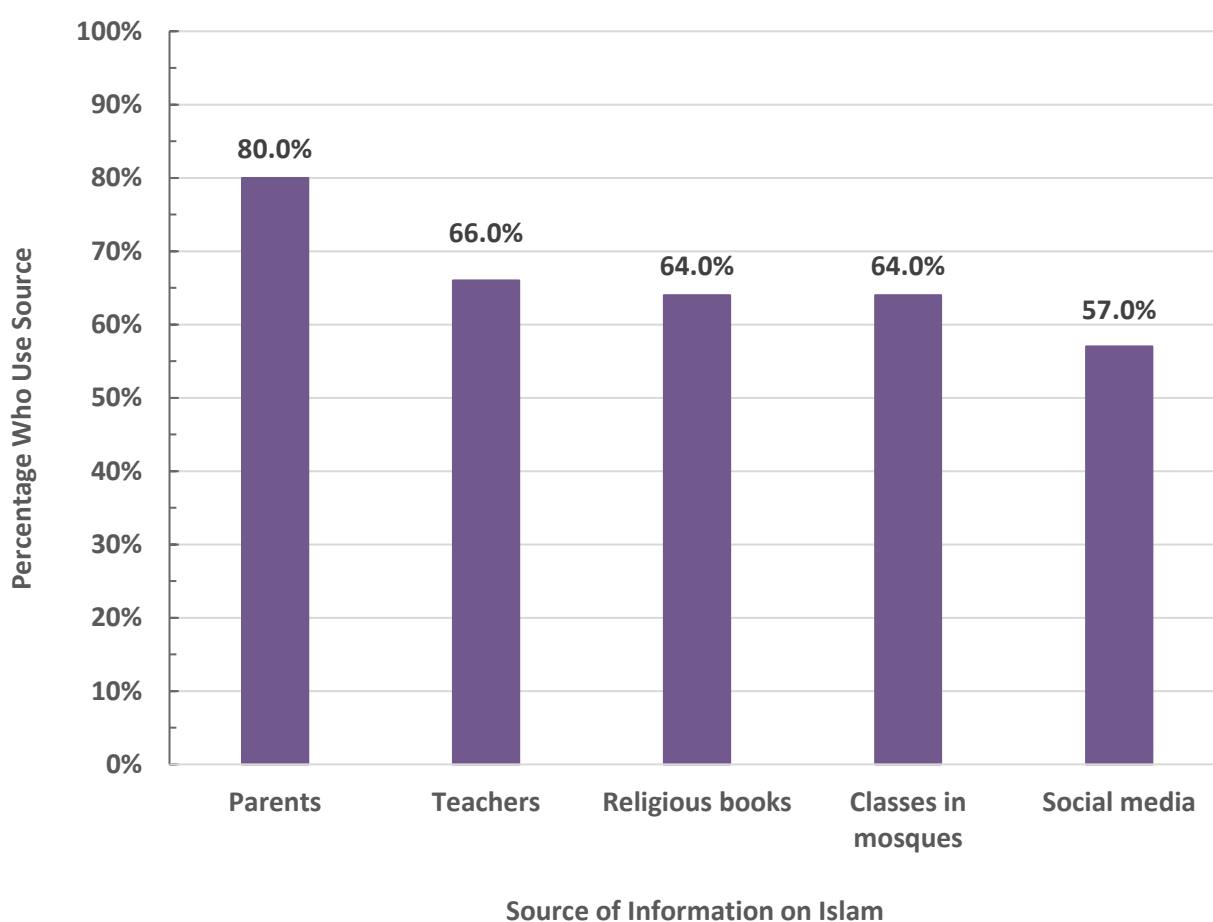


Figure 17: Sources of information on Islam used in Malaysia⁵⁰

Teachings from parents and well-versed school teachers is taken at face value, and their veracity or accuracy are seldom questioned. This contentment toward the religious concepts taught by trusted and respected sources is the driver behind the lack of active effort to gain more detailed understanding of the application of religion to day-to-day life and of the rights of Muslim women.

Many a female respondent nonetheless feels a strong need to 'push themselves' to become 'a proper Muslim woman', but very few can tell where these expectations come from.⁵¹

Positions on FGC of Religious Leaders and Teachers

Trust in Religious Leaders Regarding FGC

The MoH, high-profile religious leaders and muftis (Islamic jurists qualified to issue a nonbinding opinion – a fatwa – on a point of Islamic law) do, however, represent a level of authority that people turn to for further illumination on FGC.⁵² A focus-group discussion assigned importance to the views of local religious leaders and scholars: the fatwas and opinions of religious leaders would greatly influence the respondents' decisions to cut or not cut their daughters.⁵³

Trust in religious leaders may still, therefore, encourage Malay Muslims to commit to the practice (or not), despite differing opinions among them.⁵⁴

The Plurality of Contemporary Positions

In Malaysia, religious leaders do not always agree on whether FGC is a compulsory practice in Islam or only an encouraged one: one study,⁵⁵ for example, reports that 57.5% of religious teachers feel FGC is *sunat* ('encouraged'), while 42.5% disagree.

Another study highlights the contrast between a majority of believers displaying high trust in high-profile religious leaders, and two muftis who disagreed on whether FGC is compulsory (the reason being the women who converted to Islam during the Prophet's time were not required to undergo the practice). One mufti would not object to FGC if the ulema thought it acceptable, but the other mufti underlined the existence of many traditions pursued in the name of religion that are in fact not religious. Furthermore, the second mufti wanted to issue a fatwa stating that there is no need for FGC.⁵⁶

In **Singapore**, the MUIS strongly endorses FGC as part of the Islamic tradition, believing in to be a mandatory practice done in infancy, to avoid embarrassment, as a little cut of the prepuce. The minister of Muslim affairs, Yaacob Ibrahim, openly contradicted the position of the MUIS, declaring that he had not cut his daughter, as FGC is 'not a religiously required practice'. Unfortunately, this effort was to little avail, as there is still no public debate or data recording.⁵⁷

In **Thailand**, men and religious leaders are the most outspoken voices against FGC,⁵⁸ which illustrates the major divides between religious scholars.

- Two religious currents account for the various interpretations of ritual activities and social life: the *Kaum Tua* (the Old Group – the traditionalists following the local Shafi'i school of thought) and the *Kaum Muda* (the Young Group, who display more literalist interpretations, while advancing modern discourses on FGC – namely the lack of mentions in the Koran or the hadiths and the importance of human rights).
- Even within the Shafi'i schools of thought there are diverse interpretations.
- Individual doctrinal positions are not immutable.

- Strong personal prestige and widely recognised knowledge of Islamic jurisprudence have allowed local religious leaders to oppose the women in their families and decide against their daughters being cut.

Informing Religious Leaders

The lack of consensus among Muslim jurists on the issue of FGC not only stems from the differences in religious interpretations, but also it may be explained by a lack of knowledge of female anatomy and development and the WHO's classifications.

As mentioned by Kloos,⁵⁹ the mufti of the Malaysian state of Perlis, Mohd Asri Zainul Abidin, invited Dr Harlina Siraj in 2016 to give her input on FGC, while his office was in the midst of preparing a fatwa on the practice. The obstetrician and gynaecologist gave the all-male assembly of Islamic scholars a crash course on the differences between male and female bodies, the development of sex during pregnancy, the development of male and female reproductive organs, congenital physical and genetic conditions (including sexual ambiguity), and the traditional and religious practices of male and female circumcision in different parts of the world. The Perlis fatwa is the only one in Malaysia so far to declare FGC optional and potentially harmful.

The Emergence of Female Religious Authority in Malaysia⁶⁰

In Malaysia, modernisation over the past decades and the Islamic Revival have enabled the emergence of strong female voices. They are engaging in debates around religion and daily life and thereby gaining religious authority. The professions of these women range from qualified preacher to qualified legal or medical professional with Islamic expertise. All observe religion with piety, meet the growing demand for religious and public figures who are more sensitive to women's issues and concerns, and reach wider audiences, via popular mass media, with religious knowledge, personal experiences and charisma. Their levels of religious authority differ, however, as female preachers stay within traditional institutions and roles, whereas female professionals 'accentuate gender' by engaging in contentious religious debates. Nonetheless, both contribute to women's empowerment within a religious framework and to women's involvement in gender issues. Gender in general, and sexuality in particular, even if remaining sensitive issues, are losing their taboo statuses and becoming subjects of public debate.

This overall empowerment offers possibilities within constraints. In Malaysia, the modernisation drive of the 1960s advanced women to higher education and positions in the workplace and government, but, paradoxically, slowly contributed to restrictions of women's appearances, sexualities and rights. Women may be perceived as bringing 'disruption' with their 'out of place' bodies, but women with religious authority are seen as 'experts in femininity'.

Qualified female preachers address mixed-gender audiences on issues such as spiritual development and family management, and have challenged the traditional gender-based division of labour. If their work is often limited to knowledge-diffusion or the dissemination of moral, community-based values, their adherence to expected social norms and religious orthodoxy garners trust from both religious authorities and the public.

Qualified female professionals exhibit religious knowledge, expertise, 'occupational authority, a sense of civic responsibility and an ideal of self-governance'. They engage in debates about the roles and rights of women and reframe them, acknowledge gender norms, advocate for women's autonomy and challenge dominant ideas about Muslim women while strongly adhering to Islam. Their Islamic authority and professional expertise 'operate in a mutually transformative relationship', yet their expertise is viewed as confined to feminine themes and therefore not quite comparable on gender to that of male experts.

As far as FGC is concerned, the only fatwa offering a contrasting opinion to the 2009 fatwa, the Perlis fatwa, was influenced by Dr Harlina Siraj, an obstetrician and gynaecologist who deepened her religiosity and developed a critical attitude through the understanding of the foundational texts of Islam, while mastering concepts of psychology, medicine, and developmental and social sciences.

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Harm

Notions of harm and the medicalisation of FGC are at the core of current societal debates on FGC in Malaysia. The practice is perceived by Malay Muslims to be harmless and safe.¹

Misunderstanding of Harm: Physical

An Anatomical Perspective of Infants' Genitalia

Genital development occurs in two stages: in the womb and during puberty, when the area develops in size and shape. The removal of any amount of tissue from the clitoral hood or clitoris of an infant or child entails a disproportionate removal of nerve endings compared to a similar sized removal on a woman.²

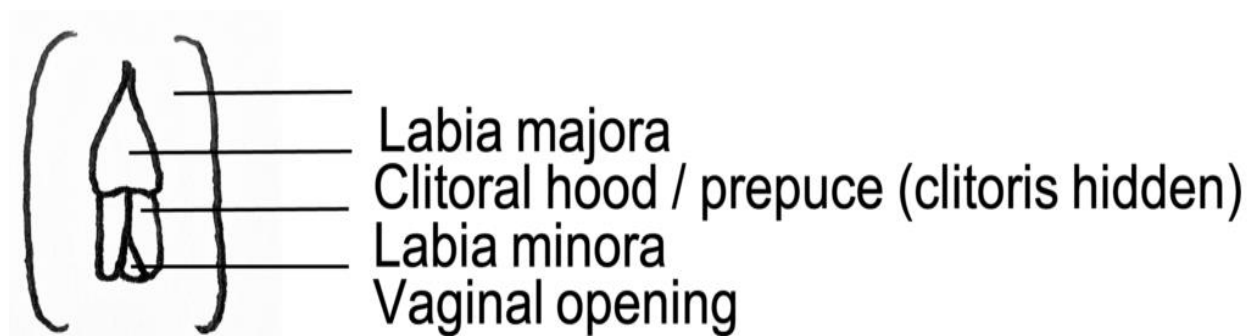
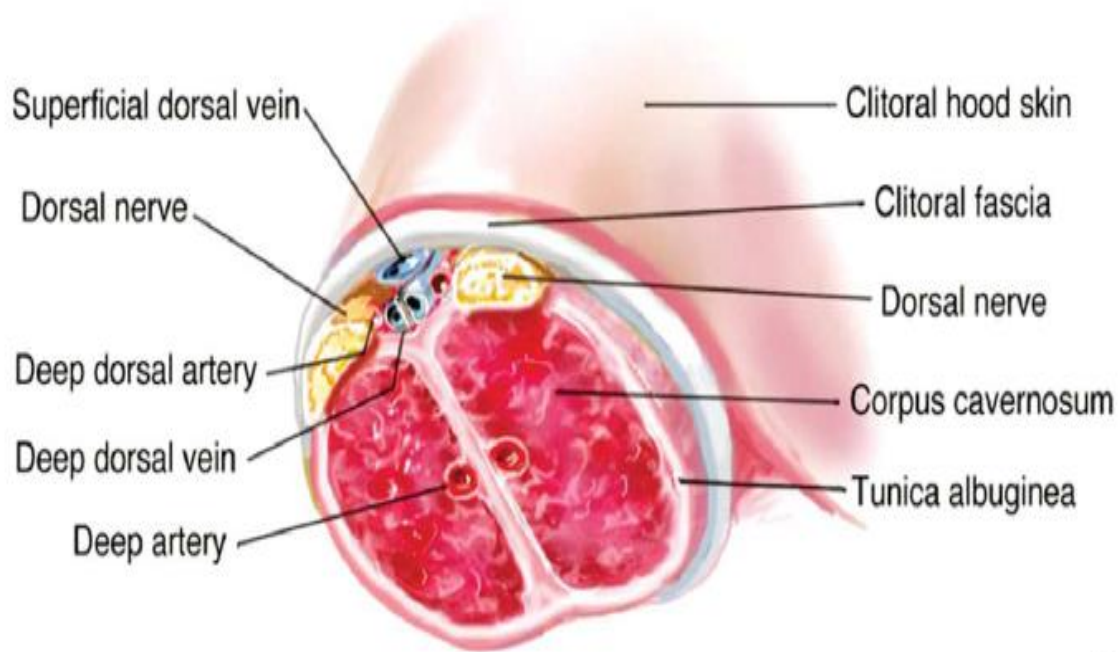


Figure 18: Female prepubescent genitalia³

Recent studies⁴ on the anatomy of the clitoris and the clitoral hood enhance medical knowledge and shed more light on the physiological harm done by FGC.

In a 2020 study⁵ looking at 0- to 3-year-old girls, it was found that the mean length of the external part of the clitoris (the visible hood and glans) amounts to only 0.87 mm and that the clitoral hood is highly adherent to the glans in newborns, only becoming more retractile later on. The 2016 Malaysian Federal Mufti Office's suggestion⁶ to 'remove part of the skin above the urinary tract, which is like a rooster's bone' entails retracting the hood from the glans and nicking or pricking an area which in itself is not much longer than a rice seed. The claim that such a cut 'does not damage nor disfigure' the external part of the clitoris may therefore be unconfirmed by medical research.

The clitoral dorsal nerves grow within 6 mm of the glans in a female adult⁷ and can contain over 10,000 fibres.⁸ Infants would also have a large number of dorsal nerves in *extremely* close proximity to the surface.



Blood vessels and the paired dorsal nerves are mere millimetres underneath the clitoral hood/prepuce.¹³

Figure 19: Anatomical dissection of the dorsal nerve of the clitoris⁹

Between two-thirds and three-quarters of the descending part of the clitoral body is external.¹⁰

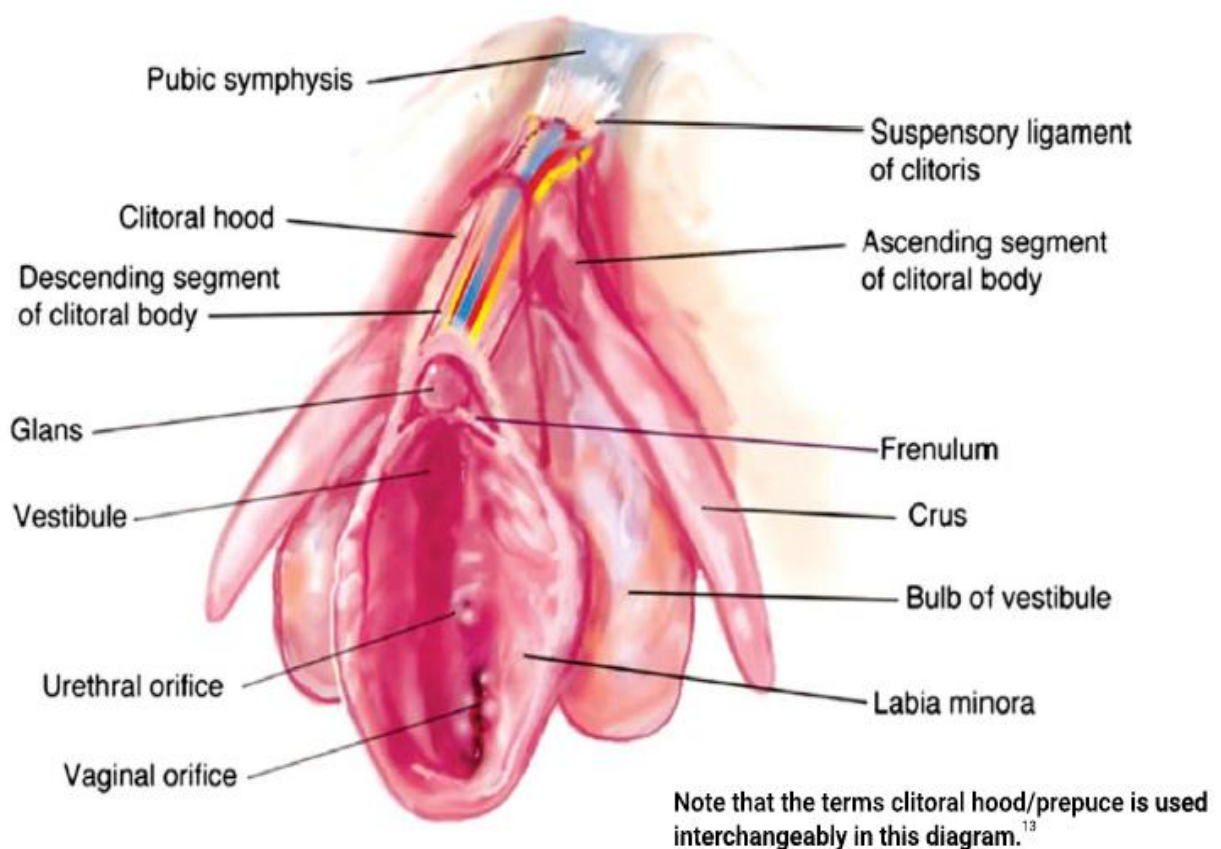


Figure 20: Blood vessels and the paired dorsal nerves¹¹

A Harmful Type 4

In Malaysia and Thailand, many religious leaders, respondents and even doctors believe their procedure of FGC is minimally invasive and harmless, but evidence is mounting that this is not the case.

An audit from the Ministry of Health Malaysia in 2018¹² showed that FGC as practised in Malaysia not only has no benefits, but also has potential harmful side-effects, such as a baby losing her clitoris.

Anecdotal evidence shows that even educated health professionals who know the WHO guidelines do not believe they contravene them: if FGC is done by a doctor with the 'right technique', a 'little incision' is deemed to be compliant with the WHO guidelines.¹³ A 'right technique' does not exist, however, according to doctors such as Nawal Nour, director of the Global Women's Health Centre at Harvard Medical School: 'There are girls who suffer short and long-term consequences, even from type IV.'¹⁴ Such consequences range from excessive bleeding to infertility.¹⁵

Generally and medically speaking, the risks entailed in clitoral-hood reduction are bleeding and bruising, infections and nerve damage.¹⁶ Type 4 FGC – as in nicking or pricking – also causes pain to infants, whose experiences closely resemble the pain that is felt by adults, and damages growing tissue, which could result in serious health consequences later in life.¹⁷

Medicalisation Increasing Type 1a, a More Invasive Form

Unlike traditional midwives in Malaysia, Thailand and Singapore who practise Type 4, a number of doctors practise more invasive forms of FGC by cutting parts of the clitoris (Type 1). Mak Bidans tend to cut minimally for fear of bleeding and pain, but doctors may cut deeper and more extensively, perhaps out of overconfidence in anaesthetics and their anatomical knowledge.¹⁸

The physiological consequences of Type 1a are harmful and well documented; for example:

- female genital tissue is rich with nerve tissue, and any loss of healthy tissue can be harmful;¹⁹
- the prepuce (of the clitoris) is so small, there is a risk of injuring the clitoris and the surrounding area;²⁰
- variations in the anatomy of the clitoral hood or clitoral cover in normal infants mean that FGC could lead to a cut, injured or even completely removed clitoris (Type 1a);²¹
- a change in the child's genital structure could lead to future problems in terms of sexual relationships;²²
- pain felt by infants is underestimated, as they cannot express their feelings yet, according to a paediatrician, Professor Doctor Zanina Abdul Latiff; and²³
- 'botch jobs' can lead to haemorrhage, infection, sepsis and death.²⁴

Misunderstanding of Harm: Psychological

We start trying to control women's bodies at infancy. It's the first sign to a child that her body is not hers; it's the community's. An infant at two weeks wouldn't know anything at all. How could she possibly consent to anything?

~ Filzah Sumartono, a project coordinator at gender-equality rights group Aware²⁵

Expressions of psychological harm caused by FGC have been recorded in **Singapore**.²⁶ Women are often not told what was done to them in infancy, or only realise when they are older. They experience confusion about their opinions and feelings surrounding the procedure. One researcher herself said she felt 'betrayed, shocked and really violated' when she learned as an adult that she had been cut.²⁷ Another woman expressed regrets about having been 'deprived for ever of a part of herself'.²⁸

In **Malaysia**, Professor Rashid Khan²⁹ regrets the lack of academic data on the psychological impact of Type 4 FGC, which is currently the most common type in Malaysia.

Research on male genital circumcision performed in infancy in the West has revealed in respondents feelings of inadequacy, of being incomplete at an older age, and of harm caused by the loss of choice.

The psychological impact of FGC on a woman will depend on the age she is cut, whether or not there is a visible change to the genital anatomy, whether there were complications and her belief that it is, or is not, a necessary cultural/religious requirement.³⁰

FGC also affects the mental health of parents when they take their daughters to be cut. Some parents express feelings of worry, fear and anger, and some even have palpitations as they are witnessing the bleeding and cries of their daughters – symptoms most commonly reported in Malaysia.³¹ Still, parents want it done; this contradiction and its mental impact need to be researched.

From a women's-rights perspective, the sexual implications of FGC and the dichotomy between normative beliefs and personal experiences may be very sensitive issues for women and lead to psychological harm.³²

Unequal relationships between men and women impact women's positions in society and their understandings of reproductive and sexual rights, including that of sexual pleasure.

I will never know what it is like to feel whole, or pure. I have been robbed of this.

~ Zube Ali, anti-FGC activist³³

Sexual Harm

In 1999, Isa, Shuib and Othman's study³⁴ revealed a 100% rate of approval of FGC, a 100% rate of satisfaction with FGC as a personal experience, a 100% rate of enjoyment of sexual experience and a belief expressed by 90.5% of female respondents that FGC helps reduce sexual drive enough to induce proper behaviour.

*However, on social media and blogs, some Malay women are ending their silence, telling their stories and questions or fears about the impact their own FGC had on them, such as long-term pain after delivering a child and a plummeting sexual desire.*³⁵

A little cut may be too much, as 'doctors are cutting growing tissue that could lead to sexual dissatisfaction later in life, due to the inability to experience orgasm adequately, which can lead to marital issues and family disharmony'.³⁶ The Malaysian Type 4 FGC may also impact sexual drive and motivations.³⁷

The anatomy of the entire clitoris includes the prepuce and the glans, which are external, and the majority of erectile tissues and structures activated during orgasm, which are internal. It is notable that the WHO's typology, especially the definition of Type 1, is deemed inaccurate as it equates the external, visible portion of the clitoris with the entire clitoris, which cannot be removed without major surgery.³⁸ The anatomical and sexual significance of the entire clitoris explains why FGC survivors can experience sexual pleasure; however, it does not follow that sexual function or quality is unaffected by cutting, or that there is no risk of sexual harm.

The Health Benefit Debate

In their 2019 editorial, Duivenbode and Padelá³⁹ note that 'procedures performed within the confines of a health care system are not always directly related to health outcome benefits.' They note, 'Our individual preferences, cultural and religious values, and societal norms necessarily inform some of what doctors do.' In another article⁴⁰ they caution, 'But it matters who "we" are when considering "our" preferences and values. If the imagined individual is a baby or young child, we do not yet know what their preferences or values will be when they grow up.'

*FGC as practised in Malaysia (or anywhere in the world) has no medical benefits.*⁴¹

The mere absence of health benefits in FGC is not a deterrent for the practice in Malaysia, as respondents or high-profile academics conflate it with the Islamic notion of 'wisdom'.⁴² Professor Doctor Rafidah Hanim Maokhtar (Faculty of Medicine and Health Science, who is a medical expert from the Malaysian Scholars Association, which approves of FGC) claimed in 2018 that,

Although from a scientific point of view so far we have not been able to prove the positive effects of the practice of female circumcision, we as Muslims need to understand that when something comes to Sharia, it must have wisdom. [. . .] As Imam Sulayman al-Bujayrami said, 'Something that the intellect does not know the meaning of, it must have a reason even if we do not know it.'⁴³

*When doctors inform mothers that FGC is unnecessary as it has no medical benefits, mothers threaten to turn to midwives instead.*⁴⁴

In one of the rare studies showing data on the medicalisation of FGC, Rashid and Iguchi⁴⁵ report that no doctors can think of a medical benefit, whereas 20.5% admit to the practice. The lack of documented medical benefits to needling, pricking or nicking the clitoris do not seem to, but should, deter any healthcare professional from performing FGC.⁴⁶

The field of ethics might shed a different light on the potentially endless struggle between those who claim there are no benefits, those who claim there are no adverse effects and those who believe there might be some benefit that science will understand one day. 'Relevant ethical concepts' differentiate between practices that are 'medically necessary, medically beneficial and medically unnecessary'.⁴⁷

- A 'medically necessary procedure' is when 'the bodily state poses a serious, time-sensitive threat to the person's well-being', and 'the intervention is the least harmful feasible means'.
- 'Medically beneficial' is a weaker standard, in which the expected health-related benefits outweigh the expected health-related harms.

Applying this ethical concept to FGC, the researcher argues that the 'medically beneficial' reasoning is not appropriate when cutting or removing healthy tissue from the genitals of a non-consenting person. If this is a person not capable of consent, such as a young child, there are strong moral reasons to delay the intervention until the person acquires the capacity to make their own decision.⁴⁸

*Healthy, nerve-laden genital tissue is valuable, so removing it or risking damage to it without urgent medical need is itself a harm.*⁴⁹

Harming vs Wronging

Mothers in Malay-Muslim communities refute that they violate anybody's rights, as they are doing what is best for their children, especially when the procedure is seen as harmless⁵⁰ and a manifestation of medical, religious or cultural 'inherent goodness'.⁵¹

In **Singapore**, according to Faradilla's research, the parental authority embedded in society includes the right to fully decide for children: FGC needs to be done at a young age before children can make up their own minds on the cut and potentially contest it. The notion of children's consent over their own genitalia is disregarded by the power of parental responsibility until the age of majority.⁵²

The literature also shows that the Western narrative – which equates the absence of a child’s consent to a violation of human rights – sets off the tension around values that are important to the Malay community. Declarations of Universal Human Rights are not taught, as the very notion is foreign in Singapore.

Malay-Muslim communities liken FGC to vaccinating children: a little painful, but good for the child.⁵³ Yet the Stephen R. Munzer, a member of the Brussels Collaboration for Bodily Integrity⁵⁴ suggests that ‘salient’ parts of the body, such as male or female genitalia, are ‘socially important and valued’ and may be tied to a person’s sense of identity. He and the Brussels Collaboration, a group of 90 professionals from all over the world, including Asia, with interdisciplinary expertise in child genital cutting, argue that ‘interfering with a child’s genitalia [has exceptional] salience compared to interference in the absence of a medical indication with many other parts of a child’s body’;⁵⁵ therefore, non-consensual pricking, nicking or piercing of genitalia is ‘wronging’ a child, irrespective of the level of harm.

The notion of *harming* as opposed to *wronging* in medical settings is underlined in Archard:

The fact that non-voluntary genital cutting can sometimes be made less physically, if not emotionally, harmful through medicalisation does not necessarily make it any less wrongful. A person can be wronged without being harmed and vice versa.⁵⁶

Medicalised FGC and Codes of Professional Conduct

The World Health Organization defines the ‘medicalisation’ of FGM(/C) as ‘situations in which FGM is practised by any category of health-care provider, whether in a public or a private clinic, at home or elsewhere.’⁵⁷

The WHO’s definition allows medicalised FGC, a ‘hotly contested’ issue, to be justified by many healthcare professionals as a form of harm reduction, which nevertheless contradicts the medical oath to ‘do no harm’.⁵⁸

There are concerns over the medicalisation of FGC in Malaysia.⁵⁹

The ‘baton of circumciser’ has been passed from the Mak Bidans, the traditional midwives, to trained government midwives and doctors. The Mak Bidans are a disappearing group, due to the professionalising of midwifery. The younger generation is shifting to using doctors, as it believes that medical professionals make cutting safer and sanitised, without fully realising the scope of potential harm created by the practice and its medicalisation. A substantial number of practising doctors share the same religious beliefs about FGC as the general population.⁶⁰

Although FGC in Malaysia is still mostly a minor procedure with relatively few adverse effects, medicalisation normalises the practice and may wrongly legitimise it as beneficial; there is no such medical benefit and medicalised FGC is a misuse of the professional medical role.

In Africa, the medicalisation of FGC is associated with a trend to choose less severe forms of cutting (such as nicking), whereas Asian medicalisation is increasing the number of more invasive procedures, changing from minor Type 4 to the more severe Type 1a.⁶¹

This dichotomy is summed up in Rashid, Iguchi and Afiqah:

The doctors believe they are preventing the risks associated with FGC performed by traditional practitioners and that if they do not provide the service, the community will revert to traditional practitioners. But using harm reduction as an excuse to practise FGC is controversial. The goal of harm reduction is to reduce the health consequences of various behaviours for both the individual and the community in which they live by offering a pragmatic and culturally acceptable set of alternatives. Most harm reduction strategies are usually conducted among individuals who can give informed consent and involve strategies that are reversible. But because children are unable to give consent and FGC is not reversible, the principles of harm reduction do not apply to medicalization of FGC, and by promoting it as harmless and hygienic is construed as promoting medicalization.⁶²

In Malaysia, FGC is practised by healthcare professionals contrary to the Medical Act 1971 and the Code of Professional Conduct – which impose a good standard of medical care and the need for consent to medical treatment – and despite the fact that FGC is not a branch of medicine, and professional training is, therefore, not officially imparted in the national medical curriculum.

The MMC is a core stakeholder in the debate, as it governs the registration and practice of medical practitioners and is responsible for the recognition of medical schools in the country.⁶³

Code of Professional Conduct

The MMC⁶⁴ defines the notions of a ‘good standard’ of medical care, ‘consent’ and ‘mistreatment’ in the Code of Professional Conduct.⁶⁵

▪ ***Good standard of medical care***

The public is entitled to expect that a registered medical practitioner will provide and maintain a good standard of medical care. This includes:

- a. conscientious assessment of the history, symptoms and signs of a patient’s condition;
- b. sufficiently thorough professional attention, examination and[,] where necessary, diagnostic investigation;
- c. competent and considerate professional management;
- d. appropriate and prompt action upon evidence suggesting the existence of a condition requiring urgent medical intervention [. . .].

The Medical Act 1971 imposes on doctors the extra requirement to be ‘qualified to practise medicine or surgery according to modern scientific methods’.⁶⁶

▪ ***Consent***

Obtaining valid consent is an important component of a sound doctor-patient relationship. For the consent to be valid, it should satisfy the requirements of informed consent. It must be given freely and voluntarily, and not induced by fraud or deceit. It must be obtained in a language which the person understands, or with

the help of an interpreter. The patient or person giving consent must have the legal capacity and soundness of mind, and must be aware of the implications of undergoing the proposed procedure. The procedure must be explained together with alternative procedures and the known complications. The patient or person giving consent must be given sufficient opportunity to seek further explanations.⁶⁷

- ***The Hippocratic Oath***

The Hippocratic Oath as understood in the West does not necessarily have like-for-like equivalence in other countries; it does not in Malaysia.⁶⁸ Consistent with what has been ordained by the Medical Act and the Professional Code, medical practitioners consulted have agreed that, following the 'first do no harm' principle of the Hippocratic Oath, FGC would be deemed 'harm', as it involves "'sharp objects coming in contact with sensitive flesh that is a healthy, normal tissue'".⁶⁹

- ***The Midwives Board Malaysia's Code of Professional Conduct and Practice of a Midwife***⁷⁰

The Midwives Code of Professional Conduct states that 'the fundamental responsibility of a midwife is three-fold, to conserve life, to alleviate suffering and to promote health.'

The total absence of health benefits from FGC leads to the conclusion that FGC is practised by midwives contrary to their Code of Professional Conduct.

- ***Branch of medicine and mistreatment of a child***

FGC is not a branch of medicine and thus cannot be a subject of medical knowledge, skill and experience. As such, a complaint could be lodged with the MMC that FGC amounts to mistreatment of a child.

The Malaysian Code of Professional Conduct stipulates,

A question of serious professional misconduct may also arise from a complaint or information about the conduct of a practitioner which suggests that he has endangered the welfare of the patient by persisting in independent practice of a branch of medicine in which he does not have the appropriate knowledge and skill and has not acquired the experience which is necessary.⁷¹

The fact that FGC is not a branch of medicine means the non-existence of official medical training in the practice. The question of a lack of official training comes up in several studies in Malaysia; for example:

There is no formal teaching or training received regarding FGC during undergraduate or postgraduate medical education. The practice is not reported as being performed in public hospitals, but mainly in private clinics or medical centres.⁷²

According to Rashid, Iguchi and Afiqah,⁷³ 20.5% of general practitioners are performing FGC. Over half of those (53%) claim they received informal training from colleagues. The nearly 80% who do not perform FGC claim that having received no training is the main reason (87%) they do not.

The Ministry of Health and Malaysian Medical Council Positions⁷⁴

The Ministry of Health's Positions on FGC

From the 1980s, rapid urbanisation moved FGC from the traditional village setting to the formal, urban healthcare environment. The increased demand for FGC opened up a debate among medical professionals on whether to perform it, and, if so, how exactly to proceed, as they were aware of the WHO anti-FGC campaign and concerned at the potential impact on their roles as physicians.

Medical professionals approached the MoH for guidance, which in turn consulted JAKIM – FGC being considered a religious matter. JAKIM's unexpected response was to issue the 2009 fatwa declaring FGC compulsory. The lack of consultation with medical practitioners and international religious organisations sparked a national and international controversy, which prevented JAKIM from issuing guidelines for doctors and led the MoH to raise concerns about potential 'abuse and misuse' of the FGC practice, potentially resulting in medical complications.

While banning FGC from government hospitals,⁷⁵ the MoH attempted in 2012 to regulate FGC. Its goals were to remove 'Malaysian FGC' from international depictions of the practice (considered reductive) and to clarify the procedure to ensure complete safety. The MoH's intended guidelines included a minimal clitoral hood cut by a trained medical professional, which would have been a misuse of the medical role contrary to the Code of Professional Conduct, but which nonetheless prompted many Malaysians to believe FGC was medically sound. The MoH's strategy placed Malaysian practice at the centre of global debates on the medicalisation of FGC and the reduction of harm. Ongoing propositions about using purely symbolic swabbing would entail JAKIM amending or even retracting the 2009 fatwa.⁷⁶ By the time of publication of this Country Profile, no medical circular or guidelines on FGC have been officially issued by either the MoH or JAKIM.

The Malaysian Medical Council's Position on FGC

The MMC represents medical professionals of all religions and all ethnic groups and is thought to regard FGC as a predominantly Muslim issue. Therefore, it chooses to be silent on the matter.

There does seem to be general agreement among government doctors that FGC is not to be performed by members of the medical profession.⁷⁷

Malaysian doctors practising FGC, however, consider the MMC's silence to be 'tacit approval'.⁷⁸ More broadly, many medical practitioners in the private sector are believed to be unaware of the official positions (or lack thereof) of the MMC, UN bodies or the World Medical Association.⁷⁹

International Commitments on the Non-Medicalisation of FGC

In 2010, the World Health Organization issued a global strategy to engage 'health professionals to support abandonment of [FGC] and never to perform it'.⁸⁰

In 2018, the General Assembly passed a resolution⁸¹ aimed at intensifying global efforts for the elimination of FGC, in which it called upon states to address the medicalisation of FGC and prohibit healthcare professionals from engaging in the practice, citing the human right to enjoy the 'highest attainable standard of mental and physical health, including sexual and reproductive health'.

What Are Internationally Defined Harmful Practices?

The 2019 CEDAW-CRC joint general recommendations on harmful practices⁸² defines them as:

Persistent practices and forms of behaviour that are grounded in discrimination on the basis of, among other things, sex, gender and age [. . .]. The harm that such practices cause to the victims surpasses the immediate physical and mental consequences and often has the purpose or effect of impairing the recognition, enjoyment and exercise of the human rights and fundamental freedoms of women and children. There is also a negative impact on their dignity, physical, psychosocial and moral integrity and development, participation, health, education and economic and social status.

Practices that meet the following criteria are classed as harmful:

- (a) They constitute a denial of the dignity and/or integrity of the individual and a violation of the human rights and fundamental freedoms enshrined in the two Conventions;
- (b) They constitute discrimination against women or children and are harmful insofar as they result in negative consequences for them as individuals or groups, including physical, psychological, economic and social harm and/or violence and limitations on their capacity to participate fully in society or develop and reach their full potential;
- (c) They are traditional, re-emerging or emerging practices that are prescribed and/or kept in place by social norms that perpetuate male dominance and inequality of women and children, on the basis of sex, gender, age and other intersecting factors;
- (d) They are imposed on women and children by family members, community members or society at large, regardless of whether the victim provides, or is able to provide, full, free and informed consent.⁸³

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FGC in Malay Communities: Between Impasse and Silence

Silence on FGC in South East Asia is cultivated by the Malay population – FGC is a very sensitive topic that is performed across generations, but not talked about, or not in detail – but also by governments in Malaysia, Thailand and Singapore. In Malaysia, the 2009 fatwa and the CEDAW negotiations had put the Malaysian practice in the forefront of global discussions, but the current status quo situation is depriving Malaysians of further debates. Both Singaporean and Thai governments see FGC as the cultural practice of an ethnic minority in which they do not wish to intervene, to avoid international attention and potentially strong domestic reactions.

The Impasse in Malaysia¹

While Malaysia has never issued any religious opinion on male circumcision, the 2009 fatwa turned FGC into a religious issue with a political agenda, both on the domestic front and on the international stage, and the 2018 CEDAW discussions further entrenched legitimising narratives that are unlikely to change soon. The current political impasse on FGC is therefore an indication of the fatwa's domestic success and of Malaysia's need to further its international position and economic development.

A growing political instability led the Government to use religion as a tool to reaffirm its dominance on the political scene. A perception of threats to the Malay-Muslim dominance and the limited impact of the 'civilisational Islam' policy (a policy aimed at supporting marginal groups such as women) led the historically dominant and traditionally moderate political party UMNO to compete for religious legitimacy against stricter political parties. The female body and religious visible markers such as the headscarf became subjects of contested debate to which FGC, a widespread, but not mandatory, and not officially recognised nor promoted practice, was added. UMNO turned to JAKIM to demonstrate the continuous 'legitimacy and authority to define Islam in a way that is theologically rigorous and politically relevant.'²

Demonstrating a Malaysian 'right way' of conducting Islamic practices was also a strategy to differentiate Malaysia from Arabic countries on the international stage and to attract foreign investment.

Neither JAKIM nor the MoH were in a position to issue official guidelines after the 2008 WHO deliberations. The WHO's definition of Type 4 being amended in 2008 from 'pricking, piercing or incision of the clitoris/labia' to 'other harmful procedures for non-medical purposes' officially put the Malaysian practice under the wider umbrella of FGM/C,³ unlike the previous categorisation. Malaysian delegates have since argued that the Malaysian practice has not been proven to be harmful.⁴

During the 2018 CEDAW discussions, the Government actively supported FGC, using various discursive strategies to legitimise the Malaysian practice.⁵

Coverage of the CEDAW discussion in the Malaysian media exposed Malays to FGC proponents' and opponents' arguments, but confusing wording and the partiality of opinions made it difficult for the general public to make full sense of the issues. Important information might, therefore, be lacking for parents who want to make informed decisions, yet research has shown that informed parents are less likely to cut their daughters.⁶ The public discourse is thus drawn along two battle lines, as shown in Table 5.

Context	Arguments Supporting FGC	Arguments Against FGC
Culture and Tradition	Socially expected practice	Outdated cultural practice
Human Rights	FGC is a woman's right Sunat is a separate concept from FGM	A violation of human rights A harmful practice FGC is violence against women
Religion	Religious obligation Encouraged practice Politicised religious issue Permissible practice	No religious basis Permissible practice only, which means women do not have to undergo it
Health	No complications/mild or harmless practice Hygienic/medically beneficial Medicalised practice	Risky practice No health benefits No clear guidelines Not a medical act
Gender	FGC lowers sexual urges and prevents sexual 'wildness' Honourable act Akin to male circumcision	FGC does not leave natural bodies intact Patriarchal practice Gender inequality

Table 5: Lines of arguments featured in Malaysian media in 2018⁷

Malaysian governments have not issued any official statements on FGC, not wanting to be seen as rejecting a deeply-rooted and supported cultural tradition, nor as legitimising on religious grounds a practice that could potentially damage diplomatic relations or jeopardise the country's aspiration of achieving a 'high-income and developed-country' status.⁸ This leaves Malaysia at an impasse in which citizens are prevented even from engaging in discussions about such a meaningful practice.

Despite ongoing discussions with the CEDAW, Malaysian CSOs note a waning interest by government authorities, including the Ministry of Women, Family and Community Development.⁹

The Singaporean ‘Hidden Cut’¹⁰

Bund is ‘an intense form of affectual solidarity, that is inherently unstable and liable to break down very rapidly unless it is consciously maintained through the symbolically mediated interactions of its members.’

~ Kevin Hetherington¹¹

In Malaysia, FGC’s high visibility on the domestic stage serves a purpose of religious, cultural and political dominance. In Singapore, where the Malay community constitutes an ethnic minority in a state-controlled form of multiculturalism, silence on FGC is, at least in part, seen as cultural resilience.

Singapore is the most ‘globalised, modernised and highly educated Southeast Asian state’, yet the ‘total’ silence can be seen in part as a relationship of power. Singapore’s modernisation plays a central role in its socio-political identity and is sustained by ‘hard multiculturalism’ and ‘religious harmony’. A national identity is deemed superior to ethnic or religious ties. The Singaporean State administratively classifies its citizens by ethnic group in the name of stability, attributes development indicators to each and legislates types of religious expression that may lead to ethnic tensions or riots.

The Malay community is seen as less modern and in need of special supervision, leading to a stereotype of ‘backwardness’, to which even some Malays opposed to FGC contribute. The strict control of ethnic communities’ social lives and religious rituals does not, however, extend to FGC, as neither the State nor MUIS, the Islamic Religious Council of Singapore, regulate the procedure or the clinics. The State has chosen silence on a practice the prohibition of which might cause defiance from the Malay-Muslim community and attract the unwanted scrutiny of the media or the UN.

Decisions to cut daughters remain with their parents. It is an ordinary act, a marker of resilience and a marker of identification physically irremovable.

FGC is thought to be widespread in Singapore and taking place across all social classes and education levels in the country’s Malay-Muslim community. A very high number of women, including non-practising or openly secular women, are believed to support FGC even as they challenge and reject the traditional drivers behind the practice. In a modern, standardised, individual-focused and cosmopolitan city, FGC recenters the family as the guardian of tradition and creates *bund* within the community, defined by Hetherington¹² as an intense form of connection and solidarity within a group. Hetherington, however, stresses that ‘continuous effort’ toward the preservation of a practice is a condition of its survival.

The silence that provides cultural resilience through an emotional attachment to a Malay-Muslim identity might be generational, since many Malay Muslims in Singapore do not know whether FGC is happening in their communities and do not usually discuss it. FGC is traditionally transmitted from one generation to the next as part of birth rituals that have now lost much of their ancient symbolism and are rarely discussed with children. A simple visit to the clinic is now the norm. Some young women are only told they have been cut upon prospects of marriage.

Young Malay Muslims are increasingly influenced by a national Singaporean identity and exposed to different ideas about religion and culture than were their elders. FGC might, therefore, lose support as a cultural 'glue'.

Bringing the topic of FGC and female sexuality in general into the open in Singapore is encouraged by local opponents of the practice, but it may also entrench partisans in their positions as they see the Western discourse on women's human rights as a threat to Islamic values, culture and traditions.

The Pragmatic Silence on FGC in Southern Thailand

The silence on FGC from all stakeholders in southern Thailand creates uncertainty as to whether and how the practice is pursued, and may yet push it underground.

Support for and the performance of FGC among the Malay-Muslim communities in southern Thailand are deemed to be universal, yet it is not a topic of discussion within the community and many women do not know if they are cut.

The number of Mak Bidans is dwindling and the medicalisation of FGC is both resisted and taking place at the same time, but access to healthcare facilities is hindered by the conflict in the southern states. Thai health authorities have taken a pragmatic, silent approach to a 'harmless' cultural practice by a minority ethnic group.¹³ Medicalising FGC could entail a legitimisation that the Government would likely be reluctant to encourage.¹⁴

1 **Summary of two pieces of research, unless otherwise stated:**

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- 10 **Summary of two pieces of research, unless otherwise stated:**
- Gabriele Marranci (2014) 'Female circumcision in multicultural Singapore: The hidden cut', *The Australian Journal of Anthropology*, 26(2), pp.276–292. Available at <https://doi.org/10.1111/taja.12070>.
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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.¹

The Government's strategic silence leaves grassroots organisations and NGOs responsible for negotiating the issue within 'shrinking civil society spaces'.²

Parents have the right to fully understand the choices they are making for their children, and children have the right to bodily autonomy,³ but increasing numbers of women do not seem to be aware of the procedures done to them in infancy, as shown in this 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.⁴

B. Polarisation of Religious Discourses

FGC is seen as a cultural and religious marker of identity.⁵

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'.⁶ 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.⁷

In **Thailand**, the scattered Islamic discourse has been further complicated by the proliferation in past decades of religious educational institutions and the return to their homeland of clerics who spent a few years in the Middle East and northern Africa. On the other hand, Thai Muslims are also very influenced by Sufism and should not be considered purely Shafi'i.⁸

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.⁹

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.¹⁰

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.¹¹ Anecdotal accounts on social media suggest there is an increasing awareness and questioning among women of the impact of FGC on their lives.¹² 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.¹³

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,¹⁴ 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.¹⁵

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.¹⁶

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.¹⁷

The Minister of Health and the Malaysian Medical Council, as well as their equivalents in **Singapore** and southern **Thailand**, 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.¹⁸

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.

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- 11 Nazri *et al.* (2023), *op. cit.*
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- 17 *Ibid.*
- 18 *Ibid.*

Responses

Pressure has been brought by the international human-rights community on the Malaysian Government to comply with its international commitments and ban the practice. However, in the context of the Government's denial of the classification and harms of the practice, these efforts have yet to result in any significant change.

Continued regional advocacy is essential to address medicalisation via existing medical-practice regulations, standardise terminology, create an empowering environment and increase data and evidence to mobilise political and religious will.

Malaysian Doctors for Women & Children

Malaysian Doctors for Women & Children is an academic forum led by Malaysian doctors who promote scientific discourse on non-medical, traditional practices that affect women and girls in Malaysia. It is committed to putting an end, by educational means, to medicalised FGC carried out by healthcare professionals in the private sector.¹

Malaysian Doctors for Women & Children has authored a comprehensive leaflet destined for medical practitioners, which will educate on the medical, ethical, legal, religious, historical and human-rights aspects of the Malaysian FGC practice. The scientific demonstration of Type 4's harm encompasses anatomical, psychological, physiological and motivational research.²

Sisters In Islam

Sisters In Islam is a Malaysian-registered company at the forefront of a Muslim women's movement committed to reforming the understanding of Islam through a rights-based lens and to influencing laws and policies enacted by Muslim decision-makers. Its work focuses primarily on violence against women, family law, the impacts of extremism against women, and a universal human-rights framework. It engages with policy-makers, the media, NGOs and grassroots movements.³

Sisters In Islam's response starts with an hermeneutical approach and a critical reading of fundamental texts to offer interpretations that lean towards equality and justice for women.

After the 2009 fatwa issuance, it insisted that 'female circumcision' was not mentioned in the Koran and that FGC was a cultural practice.⁴ It deciphered the discursive legitimisation strategies used by the Malaysian Government during the CEDAW negotiations as well as the delegitimation counterarguments brought by Malaysian civil-society organisations.⁵ It also raises awareness of FGC by advocating for a discursive, media-based space aimed at including voices and narratives from the practising community, while focusing on localised and contextualised appeals.⁶

In 2014, the Selangor Fatwa Council issued a fatwa declaring that the Sisters In Islam forum was holding on to 'liberalism and religious pluralism beliefs' and was 'deviant from the teachings of Islam'.⁷ With its publications potentially banned and seized and its social media websites blocked, Sisters In Islam has been appealing through various courts to quash the Selangor fatwa.⁸

The Asian-Pacific Resource & Research Centre for Women

The Asian-Pacific Resource & Research Centre for Women (*ARROW*) is a regional non-profit women-and-young-people's organisation established in 1993. It upholds full sexual and reproductive rights in the Asia Pacific Region. It has consultative status with the Economic and Social Council of the United Nations (*UN ECOSOC*).

Together with Orchid Project, it founded the Asia Network to End FGM/C, establishing a platform of NGOs, activists and researchers across the region to advocate for an end to FGC. The Asia Network to End FGM/C connects, collaborates with and supports over 100 Asian civil-society actors in 13 countries, to advocate for an end to all forms of FGC. It raises awareness of harmful practices at the national, regional and global levels; gathers evidence and data; facilitates knowledge-sharing across the region; and advocates for laws, policies and programmes to end FGC in Asia.⁹

Women's Aid Organisation

Women's Aid Organisation (WAO) integrates FGC in its work to end violence against women and promote gender equality in Malaysia, focusing primarily on domestic violence.

In 2012, WAO coordinated and edited the Malaysian NGO CEDAW Alternative Report Group report, underlining the various attempts to control women's bodily integrity in Malaysia, including the 2009 fatwa.¹⁰ It also coordinated the '2018 NGO CEDAW Shadow Report' for the Malaysian Government's Review by CEDAW,¹¹ and, in collaboration with the Joint Action Group for Gender Equality (JAG), the 2019 report 'The Status of Women's Human Rights: 24 Years of CEDAW'.¹² The widely spread belief in FGC's harmlessness and the lack of knowledge on the issue led JAG to work against the practice under the wider umbrella of gender-based violence.¹³

Kemban Kolektif

Kemban Kolektif PLT was formed in 2021 by feminist activists. Based in Kuala Lumpur, Malaysia, Kemban Kolektif provides consulting services in the areas of gender, human rights and their intersections – sexual and reproductive-health rights, LGBTIQ+ rights, child rights and disability rights.¹⁴

Committed to movement-building as well as structural and political change, Kemban Kolektif has written policy papers on FGC and taken part in advocacy in Malaysia.

End FGC Singapore

End FGC Singapore, founded in November 2020 by local Muslim-raised women and activists, is a community effort led by a diverse group of people who advocate for the end of FGC in Singapore and hope to encourage conversations in their communities.

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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.

Images

- Cover:** Mohd Iruan Janal (2023) *A girl pose in baju kurong, a traditional malay female outfit*. Shutterstock ID 2292806745.
- Page 3:** Udey Ismail (2018) *A Malay bride prepare her hijab with her makeup assistant get ready for wedding reception*. Shutterstock ID 2001839615.
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research@orchidproject.org

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