

SHORT REPORT:
FGC in Singapore
July 2024



About Orchid Project

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

Orchid Project's aim to expedite the building of a knowledge base for researchers and activists is being fulfilled in the **FGM/C Research Initiative**.

About ARROW

The Asian-Pacific Resource and Research Centre for Women is a non-profit women's NGO with a consultative status with the Economic and Social Council of the United Nations and an observer status with the United Nations Framework Convention on Climate Change. Based in Kuala Lumpur, Malaysia, ARROW has been working since 1993 to champion women and young people's sexual and reproductive rights. ARROW occupies a strategic niche in the Asia-Pacific region and is a Global South-based, feminist, and women-led organisation that focuses on the equality, gender, health, and human rights of women.

About Asia Network to End FGM/C

The Asia Network to End Female Genital Mutilation/Cutting (FGM/C) is a group of civil-society actors, led by Orchid Project and ARROW, working across Asia to end all forms of FGM/C. It does this by connecting, collaborating and supporting Asian actors and survivors to advocate for an end to this harmful practice.

Introduction

There are no official data on the practice of female genital cutting (FGC) in Singapore. However, the prevalence of the practice is estimated to be between 75% and 85% of women in the Malay and Dawoodi Bohra communities.

A Note on Data

No government health or other surveys have been undertaken in Singapore that include questions about FGC, so there is no official source of data to assess the extent of its occurrence.

End FGC Singapore (EFS) (<https://www.endfgcsg.com/>) is an initiative that works from the ground level up. It conducted a survey of 360 women in 2020, to which 275 women responded that they believe they underwent FGC. Further analysis has not been published yet, although interim results are available at <https://www.instagram.com/p/CP0OSZzBQE3/>. This Short Report draws on those interim results, where relevant.

Two other small-sample surveys have been conducted among Muslim Singaporeans, from both of which this Short Report draws: *Female circumcision in multicultural Singapore: The hidden cut* (Gabriele Marranci, 2015),¹ and *The Complexities of Female Genital Cutting in Singapore* (Saza Faradilla, 2019).² Although both were qualitative surveys comprising informant interviews with a small number of people, their findings reflect the range of views held by Muslims in Singapore about the reasons for FGC and whether it should be continued.

Other sources used in this Short Report are news stories and journal articles that make specific reference to the practice in Singapore.

A Note on Terminology

Sunat perempuan, sunat or *khitan*, meaning 'female circumcision' are the terms most commonly used in Singapore to refer to FGC. The term 'female genital mutilation' is not used, as affected communities in Singapore do not regard the practice to be 'mutilation'. 'FGC' and 'sunat' are used interchangeably in this Short Report, according to context.

Authors:	Caroline Pinder, Anne Morin, Sean Callaghan, Danica Issell (ed.)
Recommended citation:	Orchid Project and Asia Network to End FGM/C (2024) <i>Short Report: FGC in Singapore</i> . Available at https://www.fgmcri.org/country/singapore/ .
Cover image design:	Natalia Stafeeva (https://stafeeva.site/)

Key Findings and Indicators



Prevalence: In Singapore, the prevalence of FGC is estimated to be between 75% and 85% among women in the Malay and Dawoodi Bohra communities



Terminology: FGC is referred to as *sunat perempuan*, *sunat* or *khitan*



Age: Girls are typically cut in infancy



Type: The most-commonly practised types appear to be Type 1 and Type 4



Agent: While almost a third of women don't know who performed their FGC, nearly 50% are cut by doctors



Attitudes: There is less support for FGC among the younger generations; nevertheless, many do not oppose medicalised FGC



HDI Rank: 9 out of 193 countries ('Very high')³



SDG Gender Index Rating: 20 out of 144 countries in 2022 (score of 83)⁴



Population: 6,313,430 (as at 12 February 2024) with a 1.97% growth rate (est.)⁵



Infant Mortality Rate: 1.5 deaths per 1,000 live births (2024 est.)⁶



Maternal Mortality Ratio: 7 deaths per 100,000 live births (2020 est.)⁷



Literacy: 97.5% of the total population aged 15 and over can read/write⁸

Prevalence of FGC

There are no clear data to indicate the prevalence of female genital cutting (FGC) in Singapore, where, anecdotally, the practice appears to be limited to Muslims, including the Malay and Dawoodi Bohra communities.

According to Singapore's 2020 census, Muslims comprise 15.6% of Singapore's population (aged 15 and over). 98.8% of Malays in Singapore identify as Muslim. In the census, 'Malays' are divided into 'ethnic Malays' (370,445), 'Javanese' (94,584), 'Boyaneses' (60,285) and 'other Malays' (20,184), bringing the total to approximately 545,500.⁹

*The extent of FGC within each of these groups is not known, but a 2020 pilot study conducted by End FGC Singapore with Malay women living in Singapore found **an FGC prevalence of 75% among the 360 participants.***¹⁰

Although there is no reference to the Dawoodi Bohra in the census report, the Bohra's website says there is a population of more than a thousand residing in Singapore.¹¹

*Surveys carried out with Dawoodi Bohra women in India¹² suggest **an FGC prevalence of between 75% and 85%**, but there have been no surveys to assess the extent of FGC among Bohra women living in Singapore.*

Geography

Although it is not possible to say in which parts of Singapore FGC mostly takes place, it is believed that most girls are cut in general practitioner clinics. The End FGC Singapore survey found that 45.9% of respondents had been cut by doctors in general practitioner clinics.¹³

Age of Cutting

*It is likely that the majority of girls in Singapore (as is the case for Malay girls across all of South East Asia) are cut as infants, or before two years of age.*¹⁴

75% of the EFS pilot study respondents said they were less than a year old, but 18.8% said they did not know when they experienced sunat. Of the remainder, 4.2% reported that they were 4–5 years of age, and a few (unquantified) said they were either 2–3 or 6–8 years of age.¹⁵

Several researchers have noted the reason for sunat in infancy or at a young age among Malays in Malaysia being to avoid 'shame or embarrassment', and the prevailing belief is that it should be performed when 'the child is too young to remember'.¹⁶

One study (in Malaysia) comparing findings by age cohort found that younger mothers are agreeing to their daughters undergoing FGC at younger ages than their own mothers did, because of the increased use of doctors to perform the cut.¹⁷

Type of Cutting

Researchers of FGC in Malaysia have found the most common types of FGC are those classified as Type 1 and Type 4 by the World Health Organization (see the box below).¹⁸

Type 1 refers to the partial or total removal of the clitoris and/or the prepuce. 8.9% of the EFS pilot study respondents say their clitoris has been cut, 26.3% said the prepuce, but most (61.6%) do not know what has been done to them. A few report that their labia minora and majora have been cut, which, depending on the extent, is classified as Type 2 or 3 by the World Health Organization.¹⁹ 34.4% of the EFS participants report 'surgical removal of tissue', which could constitute Types 1, 2 or 3, depending on the extent of it. 5.7% report 'pricking', 5% 'scraping', and 0.6% 'swabbing or a symbolic act', all of which are classified as Type 4. Again, however, the majority (54.3%) do not know what happened to them.²⁰

Female genital cutting is classified into four major types by the World Health Organization:

Type 1: This is the 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), and/or the prepuce/clitoral hood (the fold of skin surrounding the clitoral glans).

Type 2: This is the 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).

Type 3: Also known as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans.

Type 4: This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping and cauterizing the genital area.²¹

Practitioners

In Singapore it is likely that most cases of FGC are undertaken by health professionals – in particular, general practitioners.

The End FGC Singapore survey found that 45.9% are cut by doctors, 14% by *bidans* (traditional midwives) and 4.8% by 'others', which includes religious teachers, masseuse and other family members. 35.3% do not know who performed the cut.²²

Attitudes

In its *Sixth periodic report* to the Committee on the Elimination of All Forms of Discrimination against Women (CEDAW) in 2021,²³ the Singapore Government made no mention of FGC and no reference to its intention to meet Sustainable Development Goals Target 5.3 (*Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation*).

Following up, EFS and Equality Now submitted a paper to the CEDAW setting out questions they would like the Committee to ask of the Singapore Government.²⁴ A question was then raised in the List of Issues put to the Government in November 2022, the reply to which was as follows:

XII. Reply to paragraph 11 of the list of issues and questions

42. Singapore does not condone harmful practices and where harm to an individual can be established in a procedure, the procedure should be avoided. Female genital mutilation is not a recognised medical procedure in Singapore.

43. Singapore does not track the prevalence of this practice.²⁵

In the absence of official data, it is difficult to assess the extent of the practice of FGC in Singapore and whether there is support for its continuance.

Research conducted among Malay Muslims residing in Malaysia has found that, on one hand, there is less support for its continuance among the younger generations, but, on the other hand, many people in the Malay community, young and old, male and female, support medicalised FGC.

Among the Dawoodi Bohra in India, 81% of one survey's 385 participants were 'not okay' with the continuance of FGC. Only 7% said they were 'okay' or 'slightly okay'. The remainder were 'unsure' (8%) and 'slightly not okay' (4%).²⁶

In the context of Singapore, Faradilla's survey found a generational divide: participants aged 40–70 years support the practice, while other, younger participants are either 'not bothered' whether it continues or are strongly against its continuation; however, 70% of respondents believe it will not continue.²⁷

Drivers of FGC

Many researchers cite religion as the main driver of Malay Muslims undertaking FGC across South East Asia. Statements by researchers include:

- 'The reasons for female circumcision are religious.'²⁸
- 'FGC is a religious requirement in Malaysia.'²⁹
- 'FGC differentiates Muslims from non-Muslims.'³⁰
- 'FGC is Fitrah, honour for female, preserving Muslim identity.'³¹
- 'FGC marks the entry of a women into faith, whether as an adult convert, or as a child born into the community.'³²

Religion is also cited as the main driver in the few surveys conducted in Singapore.

Faradilla sets out the difficulties with challenging the belief that FGC is a requirement of Islam:

Those who believe FGC is mandated by Islam through the readings of various hadiths do not necessarily think there needs to be a rational reason to support it. They believe that as long as it is a directive from God, it must be sound or possess knowledge that we, as humans, might not have realised yet.³³

She goes on to quote one of her interviewees as follows:

When something is linked with religion, it makes it harder to dispute. The way that Islam is practiced in this region is quite ritualistic. It's unquestioning[;] it has been passed down and people are afraid to question religion.³⁴

Closely linked to religion as a reason for FGC is Malay community identity.

Marranci notes that the practice in Singapore is only among Malay-Muslim women, which distinguishes them from non-Malay-Muslim women to the extent that 'the identification between "Malayness" and being Muslim is so strong for the great majority of my respondents that the ethnic and religious identification conflate into a single entity.'³⁵

Faradilla sees this question of identity as more complex and that the secrecy surrounding FGC might influence the value placed on it as an identity marker: 'It was a 50/50 split, with some not believing it is (an identity marker) because they do not even know it is happening and cannot confirm or even discuss much with others about this practice.'³⁶

Cleanliness was another reason given by participants in both surveys of Singaporeans, although it was interrelated with other reasons, such as control of women's sexuality and enhancing their marriageability.

As one of Marranci’s younger (26 years) respondents put it, ‘My mother told me it is done for hygiene. Yet I know that this cannot be the case. I think it is done for marriage.’ Another said, ‘I think the reason is to prevent women from thinking about men before marriage.’³⁷

Linked to cleanliness was health as a reason given for undergoing FGC.

Some researchers have uncovered a belief that FGC improves vaginal health and prevents sexually transmitted diseases, even though there is no scientific basis for this – simply, it is an assumed reason for undergoing FGC that has been transmitted across generations of women.³⁸

In 2019 the Asia Network to End FGM/C conducted a consultation exercise with activists, survivors, donors and other stakeholders across the Asia region, including Singapore. Its aim was to gain a better understanding of the drivers and challenges in the different countries, which could then be taken into account in the campaign to end FGC in Asia.

Individual responses were collected through an online survey, and a series of structured interviews were held with representatives from all the countries. While admitting this was a small sample and qualitative in methodology, the researchers gained some useful insights that apply across the region. One feature that emerged was the commonality of religion as the main FGC driver in each country.³⁹

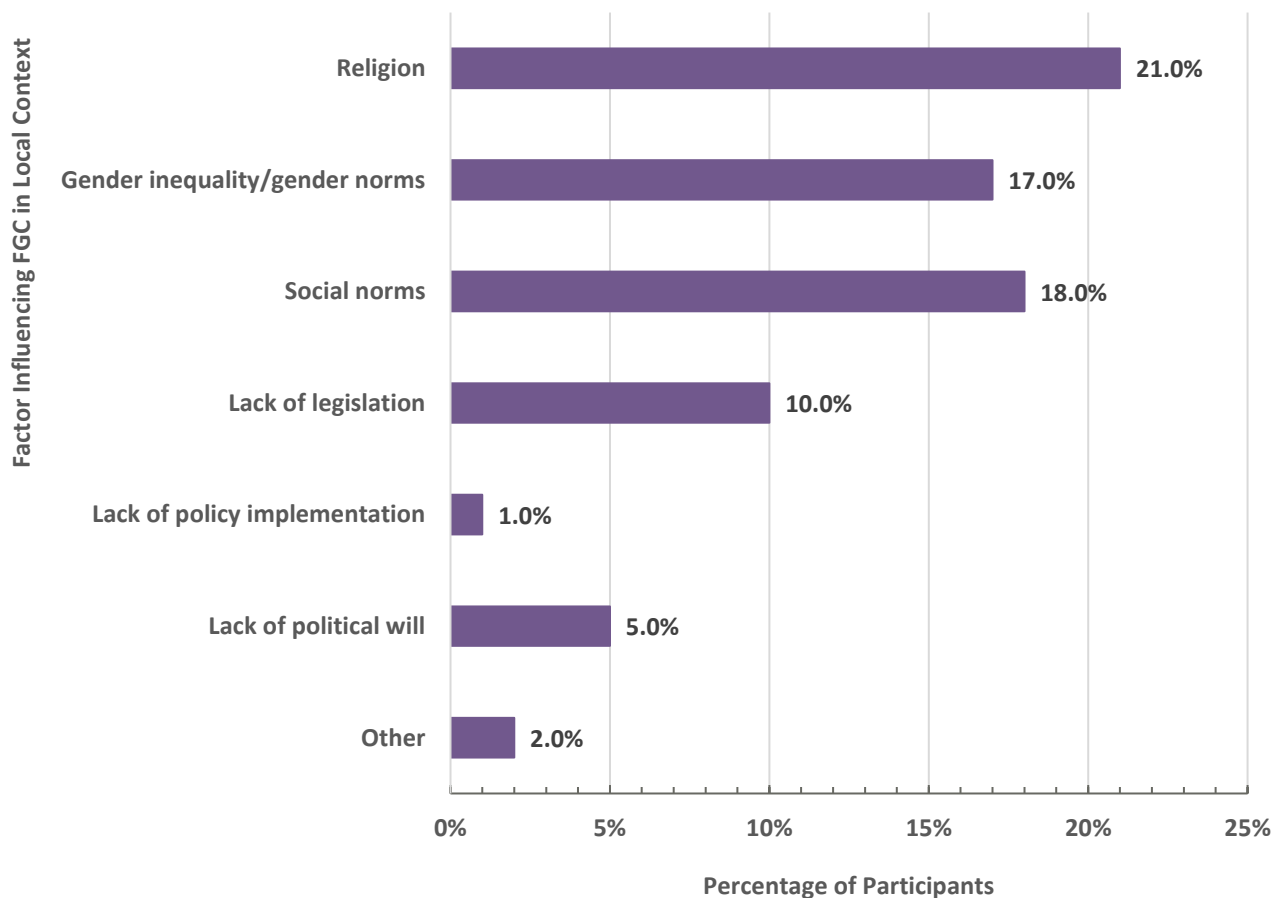


Figure 1: Participants’ perceptions of factors influencing FGC in their local contexts across South East Asia⁴⁰

Legislation

There is no law against FGC in Singapore.

Potentially, FGC could fall under Sections 319–322 of the Penal Code, which relate to voluntarily causing hurt to another person: an act that is done either with intention to cause hurt or with knowledge that hurt will likely be caused.⁴¹

Alternatively, it might be considered ‘ill-treatment’ under Sections 5 and 6 of the Children and Young Persons Act, which deal with children in need of care and protection from ill-treatment.⁴²

However, no cases have been brought under either of these pieces of legislation.

Given the current secrecy surrounding FGC, there is a danger that criminalisation might push the practice further ‘underground’.

Raising awareness in the Muslim community about the physical and psychological harms that can result from FGC is as important as legislation.

The SDG Gender Index

Singapore’s overall performance moving towards achievement of the Sustainable Development Goals (SDGs) is scored at 71.41, ranking it 65th out of 166 countries and well above the regional average of 67.2.⁴³

However, it is falling behind with regard to Goal 5 (gender equality), rating as ‘Challenges remain; score moderately improving, insufficient to attain goal’. Singapore’s score did rise, but slowly, from 69.1 in 2015 to 76.6 in 2020.⁴⁴ No rating is available specifically for Target 5.3 (Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation).

In terms of the Gender Index, Singapore ranks 20th out of 144 countries globally and 3rd out of 26 countries in the Asia region.⁴⁵

Cross-Border FGC

There is no evidence to suggest that girls are taken out of Singapore to undergo FGC in other countries, as currently there is no law against it being performed in Singapore. Neither is there any evidence to suggest that children are being brought into Singapore to undergo FGC from countries where it is illegal (for example, Australia and the United Kingdom).

Medicalised FGC

In 2006 all state parties were asked to submit answers to a series of questions posed in the *United Nations Study on Violence Against Children*. Singapore responded as follows:

- 8. Provide information on the way in which harmful or violent traditional practices, including but not limited to female genital mutilation, child marriage or honour crimes[,] are addressed in your country.**

Answer

- 8.1 As cited in Singapore's Initial Report to the UN Committee on the Rights of the Child, there are no known cases of harmful or violent traditions in Singapore. Female circumcision is very rare and private to a Muslim family in their choice of practice for girls. Female circumcisions, as practiced in Singapore, do not mutilate the female genitalia. These procedures take place in a sterile, private environment, and are performed by qualified female doctors.⁴⁶

This is a recognition by the Government of Singapore that FGC is taking place in the country and that it is being undertaken by health professionals.

In their submission to the CEDAW in 2022, in response to Singapore's 6th periodic review, EFS and Equality Now stated their belief that 'almost 100% of FGM/C in Singapore has been medicalized, occurring in about 5 General Practitioner (GP) clinics by Muslim female doctors across the island'.⁴⁷ That FGC is now mostly medicalised in Singapore is supported by the two surveys undertaken in the country. Faradilla states,

Previously, this procedure was performed by traditional midwives at homes, but now it is mostly conducted at 5–10 private clinics by female Malay doctors around the island. It costs about \$30–50 and takes less than 30 minutes.⁴⁸

Marranci, in his survey, refers to the procedure as 'Female Genital Operation' and notes, 'The procedures are conducted in hospital and/or by medical practitioners.'⁴⁹

Trends and Challenges to Ending FGC

EFS and Equality Now's submission to the CEDAW⁵⁰ puts forward issues that need to be addressed to open up discussions about FGC in Singapore. These include:

- the need for statistical and other relevant data on the number of women and girls who have either undergone FGC or are at risk of undergoing the procedure;
- data – statistical and qualitative – on the health consequences and outcomes for women and girls who have undergone FGC;
- awareness-raising throughout Singapore of the harms FGC causes; and
- the implementation of legal and policy measures to prevent and address the practice in Singapore, including how to address the medicalisation of the practice.

Marranci makes the point, however, that the Government may be reluctant to draw attention to the issue for fear of provoking a reaction from the Malay-Muslim community and damaging the country's public image of cultural diversity, globalisation and modernity.⁵¹

At the moment, according to Faradilla, the practice is largely hidden and not talked about openly, even within the Malay community. It is a procedure that has

become so normalised that the community does not think it even merits or requires any discussion around it. It is simply viewed as a childhood ritual one undergoes before one even has any memory.⁵²

Working to End FGC



End FGC Singapore

Contact: endfgcsg@gmail.com

Website: **End FGC Singapore**

End FGC Singapore campaigns for the end of female genital cutting in Singapore.

EFS was founded in November 2020 by local Muslim-raised women and activists. It is a community effort led by a diverse group of people who hope to encourage conversations about sunat perempuan (FGC) among their communities, so as to inspire care and change.

EFS has created a booklet called *Let's Talk About Sunat Perempuan*, which explores questions about cutting. It presents existing scientific and religious research and includes the experiences of parents and those who have undergone FGC.



Website: **Asia and The Pacific – Equality Now**

Equality Now is an international NGO campaigning for legal and systemic change to address violence and discrimination against women and girls around the world. It is a feminist organisation using the law to protect and promote the human rights of all women and girls by challenging and seeking reform of laws to establish enduring equality for women and girls everywhere.

Founded in 1992, Equality Now has an international network of lawyers, activists, and supporters that has held governments responsible for ending legal inequality, sexual exploitation, sexual violence and harmful practices. It is a resource centre with toolkits and guidelines, fact sheets and reports about FGC.



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Based in Kuala Lumpur, Malaysia, *ARROW* has been working since 1993 to champion women and young people's sexual and reproductive rights in partnership with women's-rights organisations, youth-led and youth-serving organisations, and *NGOs* working on gender equality and sexual and reproductive rights.

ARROW occupies a strategic niche in the Asia-Pacific region and is a Global-South-based, feminist and women-led organisation that focuses on the equality, gender, health and human rights of women.

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