



REPORT EXTRACT

Cutting: An overview of female genital mutilation/cutting (FGM/C) in Malaysia

This report extract is from Chapter 4 of Women's Aid Organisation's full report entitled "A Study on Malaysian Public Attitudes and Perceptions towards Violence Against Women (VAW): Initial Findings and Recommendations." This section presents an overview of the issue of female genital mutilation/cutting (FGM/C) in Malaysia and was written in collaboration with the Asian-Pacific Resource and Research Centre for Women (ARROW) and Sisters in Islamic, two organisations organisations that have done extensive work on the issue of FGM/C in Malaysia.

Introduction

Female genital mutilation/cutting (FGM/C) is a persistent but hidden form of VAW in Malaysia, practiced within particular segments of the Malaysian population. The subject matter is entangled with a host of cultural and religious sensitivities currently being explored and unpacked at an in-depth level by experts within the field. For all of these reasons, it was decided that a large-scale nationally representative survey would not yet be a suitable method of inquiry in understanding Malaysian public attitudes and perceptions towards FGM/C.

Yet, this study recognises FGM/C as an important and prevalent form of VAW in Malaysia. As such, this chapter reviews existing literature to better understand Malaysian attitudes and perceptions towards FGM/C and its persistence with the aim of identifying initial recommendations for prevention work on FGM/C in Malaysia and prompting more reflections on how FGM/C should, if at all, be included in future attitudinal surveys on VAW.

1 What is FGM/C?

FGM/C, as defined by the World Health Organization (WHO), refers to all procedures involving partial or total removal of the external female genitalia, or any other injury to the female genital organ for nonmedical reasons.¹ FGM/C is often a collective, cultural practice, underpinned by a complex interplay of beliefs which encompasses sexuality, religion, and health.

From a human rights perspective, FGM/C is a violation of human rights and is recognised as such in the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), and the Convention on the Rights of the Child (CRC) - two international conventions to which Malaysia is a party to. In 2008, ten international agencies, including the WHO, UNFPA, and UNICEF, banded together to produce a joint interagency statement renewing their calls for governments to end the practice of FGM/C.

¹ World Health Organization, *Eliminating Female Genital Mutilation: An Interagency Statement - OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO* Geneva: World Health Organization, 2008, bit.ly/3ADk8gz.

WHO has broadly identified four different types of FGM/C:²

- Type I: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy)
- Type II: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision)
- Type III: Narrowing of the vaginal orifice with creation of a covering seal by cutting and apposition of the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation)
- Type IV: Unclassified; all other harmful procedures to the female genitalia for nonmedical purposes, e.g., pricking, piercing, incising, scraping, and cauterisation

The use of the term 'mutilation' within the Malaysian context evokes strong emotion, with many feeling that what is practiced in Malaysia is harmless and cannot be equated to mutilation, especially when compared to FGM/C practices in other parts of the world. The term 'cutting', however, appears to be the more generally accepted term within Southeast Asian literature as it does not carry the same negative emotional valence.

Despite these nuances and the different sentiments evoked around these terms, the practice still falls under the WHO's categorisation of female genital mutilation. As such, this chapter will refer to the practice as 'FGM/C.' While male circumcision will be referred to, this chapter will not touch on or address any issues associated with the practice as it is beyond the scope of this piece.

2 Contextualising FGM/C

The practice of FGM/C can be found across countries in Southeast Asia, including in Thailand, Singapore, the Philippines, Indonesia, and Malaysia.³ Within, these areas, it is usually practiced by Muslim communities.⁴ Therefore, in Southeast Asia, FGM/C is largely viewed as a Muslim practice. While FGM/C is not regarded as a taboo, since the practice is generally normalised and encouraged within Muslim communities, it is hidden, meaning outside of those who practice it, FGM/C may not be a well-known issue.

For Muslim communities in Southeast Asia, the most prevalent types practiced are type I and IV.⁵ This holds true in Malaysia, too, though there are no standardised procedures or formal guidelines for the practice. There are also no official prevalence rates in Malaysia.

In absence of official prevalence rates, the most comprehensive study thus far is by Dr. Maznah Dahlui who found that, of the ethnically Malay respondents surveyed in her study, 93.9% were circumcised. FGM/C, according to the same study, is also practiced by a small portion of *orang asli* communities (22%) in Malaysia.⁶ No one outside of these communities are known to be involved in the practice. As such, there exists a binary in Malaysia, of those in the know, who partake in and perpetuate the practice, and those who likely will never encounter it because it is outside of their cultural scope. In this, FGM/C becomes a sensitive topic to those who practice it, because they see it as linked to their religious and cultural identities.

While acknowledging that the *orang asli* also practice FGM/C, very little is known about the reasons why *orang asli* communities practice FGM/C. Given the lack of resources on this, this chapter will focus on FGM/C as it is practiced by the Malay Muslim community. Malays comprise over 60% of the multi-ethnic, multi-cultural, and multi-religious society of Malaysia. The majority of Malay Muslims are Sunni Muslims and follow the Shafe'i *mazhab*. The majority of *imams* under the Shafe'i *mazhab* strongly support FGM/C.

FGM/C is viewed as a rite of passage, akin to how male circumcision is seen as a rite of passage for boys. Oftentimes, FGM/C occurs when a girl is still young, with the logic being that if a child is young enough, there is less trauma.

² World Health Organization, "Female Genital Mutilation."

³ Angela Dawson et al., "Addressing Female Genital Mutilation in the Asia Pacific: The Neglected Sustainable Development Target," *Australian and New Zealand Journal of Public Health* 44, no. 1 (November 2019): pp. 8-10, doi:10.1111/1753-6405.12956.

⁴ *ibid.*

⁵ Asian-Pacific Resource and Research Centre for Women (ARROW) and Orchid Project, "Asia Network to End Female Genital Mutilation/Cutting (FGM/C) Consultation Report," 2020, <https://bit.ly/3lz504w>.

⁶ The Edge Markets, "Docs' Role in Female Circumcision Growing," The Edge Markets, Last modified August 21, 2014, <https://bit.ly/3lz3B97>.

FGM/C, being a sensitive topic, is also under-researched. This means there is a lot unknown not just about how common the practice is, but also the types and extents of the procedures being performed. Furthermore, a relative absence of data on its subsequent effects and follow-up care within the Malaysian context adds to our lack of understanding both currently and longitudinally.

The purpose of this chapter, thus, is to provide further context and clarity on the practice as it occurs in Malaysia, including the reasons why FGM/C is still practiced and the issues identified with the practice.

3 Why is FGM/C Practiced?

3.1 Religious Reasons

Religious obligation is often the most cited reason for FGM/C. Below is evidence from some studies conducted.

Table 1 - Overview of studies examining where respondents have cited religious reason for the practice FGM/C.

Study	Percentage of total respondents citing religious reasons for why they practice FGM/C	Respondent population
Rashid et al. ⁷	76%	Doctors
Maznah Dahlui ⁸	Around 83%	Women, including mothers and traditional midwives
Rashid and Iguchi ⁹	More than 85%	Malay women, including traditional midwives, in northern Malaysian states

In April 2009, JAKIM through the National Fatwa Council released a fatwa making FGM/C compulsory as part of religious calls.¹⁰ However, according to the fatwa, if it leads to harm, it should be avoided. Although no law obligates Muslim women in Malaysia undergo FGM/C, the fatwa issued has a significant weight and value in society. However, rulings stating that FGM/C is compulsory and recommended are merely *ijtihad* (independent reasoning) from *ulama'* (religious scholar). The practice is not a religious injunction. Some of the jurists and *ulama'* believe that the practice does not fall as '*wajib*' (compulsory) and not even '*sunat*' (recommended). It is '*sunnah qadimah*' (old tradition), as the practice predates Islam.

Although FGM/C is commonly associated with Islam, not all Islamic countries practice FGM/C and the practice is not exclusive to Muslims. Historically, FGM/C was practised by the Jews, Arabs, and other societies predating Islam.¹¹ There was no record showing that circumcision took place before Islam came to the Malay Peninsula,¹² suggesting the tradition was brought by the missionaries.¹³

There is also no clear verse from the Quran or hadiths that supports the practice.

⁷ Abdul Rashid, Yufu Iguchi, and Siti Nur Afiqah, "Medicalization of Female Genital Cutting in Malaysia: A Mixed Methods Study," *PLOS Medicine* 17, no. 10 (2020), doi:10.1371/journal.pmed.1003303.

⁸ Maznah Dahlui, "The Practice of Female Circumcision in Malaysia," in *Paper Presentation at Universiti Sains Malaya (USM) Pulau Pinang*, 2012, <https://bit.ly/3BQynAK>.

⁹ Abdul Rashid and Yufu Iguchi, "Female Genital Cutting in Malaysia: A Mixed-Methods Study," *BMJ Open* 9, no. 4 (2019), doi:10.1136/bmjopen-2018-025078.

¹⁰ JAKIM, "Hukum Pemetongan Genitalia Wanita (Female Genital Mutilation)," *Sumber Maklumat Al-Ahkam Al-Fiqhiyyah*, Last modified 2009, <https://bit.ly/3Avlxos>.

¹¹ Rushwan, Hamid, "Female circumcision," *World Health*, vol. 48 (1995): pp. 16 - 17, <https://bit.ly/3nfP9m9>.

¹² Ab.Rahman Isa, Rashidah Shuib, and M.Shukri Othman, "The Practice of Female Circumcision among Muslims in Kelantan, Malaysia," *Reproductive Health Matters* 7, no. 13 (1999): pp. 137-144, doi:10.1016/s0968-8080(99)90125-8.

¹³ Hamid Rushwan, "Female Circumcision."

Some traditional jurists refer to the verse in surah *al-Nahl* (16: 123):

المشركين من كان وما حنيفاً إبراهيم ملة أتبع أن إليك أوحيتم

Translation: So, We have taught thee the inspired (Message), «Follow the ways of Abraham the True in Faith, and he joined not gods with Allah.»

However, some of the *ulama'* argue this verse is only applicable to males and, thus, cannot be extended to females.

Proponents of FGM/C as a religious obligation also seek support from hadiths. There are two in particular which hardliners often refer to, provided in the following table.

Table 2 - Hadiths used by hardliners to justify FGM/C.

Hadith	Source	Issues
“There are five natural tendencies for men (to maintain cleanliness) namely; to shave pubic hairs, circumcise, pluck armpit hairs, trim nails, and trim moustache.”	Hadith narrated by Al-Bukhari and Muslim	Proponents of FGM/C see this hadith as making the practice compulsory or recommended. However, there is no strong evidence to indicate that this hadith, which speaks to men, can be applied to women as well.
From Umm Atiyah al-Ansariyyah, circumcision took place among women in Medina, then the Prophet Muhammad s.a.w instructed her: “Do not cut everything, because it is beneficial for the woman and it will be an honour to the husband.”	Hadith narrated by Al-Tabrani, Al-Baihaqi and Al-Baghdadi	This hadith is considered weak and fabricated when examining its chain of narrators. Therefore, this hadith cannot be used to derive a ruling saying that FGM/C is obligatory or recommended. Furthermore, the Prophet gave an order to a specific midwife and it was not a general instruction to circumcise other women at large.

In Islam, it is also important to consider rulings from *imams* (religious leader) and *ulama'*. The *imams* from the four major Sunni *mazhab*, i.e. Hanafi, Hanbali, Maliki and Shafe'i, have different views on FGM/C, deriving from a mixture of tradition and culture in interpreting the religious texts and sources. The general consensus from the *imams* of the four major Sunni *mazhab* fall along *wajib* (compulsory), *mustahab* (highly recommended), or *sunat* (recommended).¹⁴

However, modern and contemporary *ulama'*, such as Dr Wahbah az-Zuhaili, stated that it is not sinful if a woman does not exercise circumcision, as it is her right not to do so.¹⁵ Another *ulama'*, Dr Yusuf Al-Qaradhawi, said there is no evidence from al-Quran, hadiths, *ijmak* (consensus among *ulama'*), and *qiyas* (the process of deductive analogy between al-Quran and hadith) to make FGM/C compulsory.¹⁶

The value of the opinions of contemporary *ulama'* lies in their access to the breadth of research and knowledge available about FGM/C, including its harms. Classical *ulama'* made their rulings based purely on what they knew at the time. Contemporary *ulama'* who discuss FGM/C are also often doctors, who understand the issue not only from an Islamic perspective, but also a medical one.

¹⁴ Imam Shafe'i: *Wajib* (from Al-Khulasah Al-Fiqhiyyah); Imam Ahmad ibn Hanbal: *Wajib* (from Al-Ma'aani Al-Badi'ah); Imam Abu Hanifah: *mustahab* or *sunat* (from Nihayah Al-Mathlab fi Dirayah Al-Mazhab); Imam Malik: *mustahab* or *sunat muakkad* (from Al-Aziz Syarh al-Wazir)

¹⁵ Al-Fiqh Al-Islami Wa Adillatuhu

¹⁶ Al-Hukm al-Shar'i fi Khatan al-Inath

The *Fiqh* methods used by contemporary *ulama'* are:

- i. Sadd Az-Zaraie - (preventing evil); سد الذرائع
- ii. La Dharar Wala Dhirar - (do not cause harm to others directly or indirectly); لا ضرر ولا ضرار

Therefore, FGM/C is 'haram' (forbidden) as it injures or harms the human body (which is an evil).

In reviewing the Quran, hadiths, and interpretations from contemporary *ulama'*, FGM/C does not have religious necessity or obligation. In this, it is safe to assume that the practice, in Malaysia, perpetuates because of cultural reasons, which will be further examined in the next section.

3.2 Cultural reasons

Sisters in Islam's 2021 report¹⁷ on the perceptions of FGM/C in Malaysia calls the practice "a collective behaviour governed by an interplay of aspects, mainly culture, religion, and health." Collective behaviours are often linked to culture and supported by a community, in this case the Muslim (and Malay) community.

Religion and culture are inextricably linked in Malaysia due to how racial identity markers are linked to religious identity markers. However, the variation in how different Islamic societies perceive and understand FGM/C as part of their religious obligation suggests that culture also influences the practice. For example, the practice has been outlawed through official fatwas in Mauritania and Somaliland. In fact, in 2006, Dar al-Ifta al-Misriyyah, a pioneering foundation for fatwa in the Islamic world, located in Egypt, declared FGM/C as a cultural practice, therefore unnecessary and lacking foundation in Islam.¹⁸

As examined in the previous section, there is no official verse in the Quran related to FGM/C and hadiths on the matter are contestable. The confusion regarding this matter is further supported by the findings in Sister in Islam's report,¹⁹ where, through qualitative interviews, they learned that the women interviewed were uncertain about where Islam actually stands on the matter, but still wanted the tradition to continue for cultural reasons.

It is hard to precisely pinpoint how FGM/C became a cultural marker, but this phenomenon can be observed through how people speak about the practice. For example, one participant interviewed by Rashid and Iguchi stated, "this is one of the ways to determine (differentiate) a Muslim and a non-Muslim,"²⁰ where, in this context the *cultural* meaning of being Muslim, especially within a Malaysian context, is transposed onto the practice. Sisters in Islam's report also picked up on how FGM/C is "felt to be a part of the Malay Muslim culture, a tradition carried forward from one generation to another."²¹ Interestingly, when Rashid and Iguchi²² interviewed the *Mak Bidans* who carried out the practice in the Northern States of Malaysia, they did not know what the actual roots of the practice were but disagreed that it was done because of religious obligation.

In Malaysia, the cultural reasons are supported by a belief that, through FGM/C, one can control female sexuality and desire and this is a social good. Gruenbaum observes that "pious Muslims would generally accept the idea that they bear some duty to help others fulfil their moral obligations, even if that means restricting their own freedoms or those of their family members."²³ Within Malay culture, specifically, it is desirable for a woman to have less sexual desire, as it means she will be less likely to cause or bring trouble. Female sexual desire is still a taboo topic within these communities and anything extending from female sexuality, especially outside of wedlock, is an undesirable social ill. In this way, as Saza Faradilla observes, "[FGM/C] functions as a means to unite a community by ensuring everyone toes the moral

¹⁷ Sisters in Islam, "Perception Towards Female Circumcision in Malaysia" Sisters in Islam, 2021, <https://bit.ly/2YKcRyd>.

¹⁸ Hend El-Beahy, "Female Genital Mutilation Is Forbidden in Islam: Dar Al-Ifta," Egypt Independent, Last modified June 6, 2018, <https://bit.ly/3ngek9F>.

¹⁹ Sisters in Islam, "Perception Towards Female Circumcision in Malaysia."

²⁰ Rashid and Iguchi, "Female Genital Cutting in Malaysia."

²¹ Sisters in Islam, "Perception Towards Female Circumcision in Malaysia."

²² Rashid and Iguchi, "Female Genital Cutting in Malaysia."

²³ Ellen Gruenbaum, *The Female Circumcision Controversy: An Anthropological Perspective* Philadelphia, PA: University of Pennsylvania Press, 2001.

line.”²⁴ This belief is not found in any scripture and is not supported by religious texts in any way but it is consistently reproduced in research conducted within the region, suggesting it must be rooted in a cultural belief. The issue with this belief, though, is that sexual desire does not rest in the sexual organs, but in the brain.²⁵ Further, if performing FGM/C is purely for lessening women’s sexual desires, it is then, from a religious perspective, ‘haram’ (forbidden) following the contemporary *ulama*.²⁶

There also appears to be a link to cultural understandings of cleanliness, with 41.3% of respondents surveyed by Maznah Dahlui endorsing FGM/C for hygiene²⁷, the second most popular reason after religious obligation. There is a belief that the genitals are generally dirty and one way to overcome this is through FGM/C,²⁸ as removing part of the clitoral hood allows easier access to clean the area. Ritual cleanliness is essential in Islam, with the idea that “if you are not physically clean, you cannot be ritually clean,”²⁹ which would invalidate your religious practice. While this masquerades as a religious reason, it is important to note that this belief of the dirtiness of the genitals is not replicated across all Islamic societies. This is a cultural interpretation of the religion which gains legitimacy through mirroring one of the key reasons for male circumcision. It is hard to justify this parallel for girls, however, because male and female anatomy are radically different and due to the varying degrees to which the clitoral hood is removed and the lack of standardisation of the practice makes it difficult to say anything conclusively about cleanliness, if cleanliness is measured by the amount removed of the clitoral hood. More importantly, there is no evidence to support that undergoing FGM/C makes one cleaner.

3.3 Medical Reasons

In Malaysia, there is a growing trend towards medicalised FGM/C despite international condemnation. Medicalisation refers to cases where FGM/C is carried out by a healthcare worker or professional, in any location, but usually in healthcare settings. While public hospitals are banned from performing FGM/C, private clinics offer the procedure. The shift towards the medicalisation of FGM/C stems from the perception that the practice will not be harmful if it is carried out by medical professionals.³⁰ The expertise of doctors and the use of surgical tools, anaesthetics, and antiseptics in the hope of mitigating any immediate complications, lend legitimacy to the procedure.

Across the country, the medicalised procedure is carried out without any regulation and is reported to result in side effects among 15% of the girls who undergo it.³¹ These include mild and short pain, minor bleeding and pain during urination. In a currently unpublished study, when parents who had sent their daughters for FGM/C were asked if they witnessed any complications during the procedure, 59% of them had answered yes.³²

While there is a growing body of evidence of the short-term clinical complications of the procedure,^{33 34 35} long-term clinical complications remain understudied. Conducting a study on the side effects of FGM/C in Malaysia poses its own set of challenges since the practice here is considered minor. This also makes it difficult to raise awareness on the harmful and traumatic nature of the practice as physical harm may not be explicitly visible. Further complicating the issue is how the procedure is conducted on girls who are often below the age of one,³⁶ who cannot speak up about the pain they are experiencing and might not connect issues they experience as they grow up with the FGM/C they underwent as babies.

²⁴ Saza Faradilla, “The Complexities of Female Genital Cutting,” *BA (Honours) in ANTHROPOLOGY* capstone final report, 2018, <https://bit.ly/3HWAamR>.

²⁵ Viatcheslav Wlassoff, “Sex – Is It All in the Brain?,” *Brain Blogger*, Last modified November 28, 2015, <https://bit.ly/3oXT61u>.

²⁶ If FGM/C is practiced to lessen women’s sexual desire, it goes against *Sadd Az-Zaraie* - (preventing evil) *بسد الذرائع*, as sexual desire is not an explicit evil from an Islamic perspective, whereas causing bodily harm is and it goes against *La Dharar Wala Dhirar* - (do not cause harm to others directly or indirectly) *لا ضرر ولا ضرار* because FGM/C is unnecessary bodily harm

²⁷ Maznah Dahlui, “The Practice of Female Circumcision in Malaysia.”

²⁸ Human Rights Watch, “Q&A On Female Genital Mutilation,” Human Rights Watch, Last modified October 28, 2020, <https://www.hrw.org/news/2010/06/16/qa-female-genital-mutilation>.

²⁹ *Female Genital Cutting in Singapore, New Naratif’s Political Agenda New Naratif*, 2021, <https://spoti.fi/2YCqQ0R>.

³⁰ ARROW and Orchid Project, “Asia Network to End Female Genital Mutilation/Cutting (FGM/C).”

³¹ May Lee Lim, “The Hidden Cut,” *The Star R.AGE*, Last modified January 9, 2019, <https://bit.ly/3pwiTOn>.

³² *Kajian Rintis Impak Kesihatan Female Genital Mutilation* YouTube, 2020, <https://bit.ly/3B6rjOP>.

³³ Adriana Kaplan et al., “Health Consequences of Female Genital Mutilation/Cutting in the Gambia, Evidence into Action,” *Reproductive Health* 8, no. 1 (March 2011), doi:10.1186/1742-4755-8-26.

³⁴ S. O. Ekenze, H. U. Ezegwui, and C. O. Adiri, “Genital Lesions Complicating Female Genital Cutting in Infancy: A Hospital-Based Study in South-East Nigeria,” *Annals of Tropical Paediatrics* 27, no. 4 (2007): pp. 285-290, doi:10.1179/146532807x245670.

³⁵ World Health Organization. “Female Genital Mutilation.”

³⁶ *Kajian Rintis Impak Kesihatan Female Genital Mutilation*.

Steering away from the traditional practice, medicalised FGM/C is viewed as a matter of cleanliness and hygiene. Traditional practitioners are not medically trained and most perform the procedure without any anaesthesia or sterilisation.³⁷ Traditionally, it involves nicking the tip of the clitoris or prepuce with a pen-knife or sharp tool, with midwives usually insisting on a drop of blood as a requirement for the fulfilment of the practice.³⁸ Dr. Maznah's study documented the use of penknives, small scissors, needles, and even nail clippers.³⁹ Hence, most parents feel they are doing their daughters a favour by opting for the procedure to be performed in a sterile environment that ensures safe clinical practice. Besides hygiene, another perpetuating factor is the lack of knowledge regarding the health consequences associated with FGM/C, no matter how minor the procedure may seem. Many parents are also unaware that circumcision has no medical benefits and are even more in the dark on the healthcare providers' lack of knowledge and training related to FGM/C.⁴⁰

Unlike male circumcision, there is no official training on female circumcision in the medical curriculum. Anecdotal evidence shared by Malaysian medical practitioners in a focus group discussion by ARROW this year revealed that they learned the skill from seniors and colleagues who themselves had no formal training. This mirrored the findings of Rashid et al.⁴¹ in a study to determine the extent of medicalisation of FGM/C among Muslim doctors in Malaysia. One of the most significant findings of Rashid's study was that there may be a shift towards a more harmful type of FGM/C, from Type IV to Type I.⁴² In the absence of specific guidelines for the procedure, some healthcare professionals practiced more invasive forms of FGM/C by cutting parts of the clitoris, a practice that falls under Type I FGM.

Research has shown that the harm reduction perspective is one of the most common motivations of health-care providers to perform FGM/C.⁴³ Despite the lack of standard operating procedures, some doctors in Rashid et al.'s study⁴⁴ still preferred the practice be conducted in a clinic or hospital by a health professional, primarily for harm reduction. Most medical practitioners who participated in ARROW's focus group discussion felt the procedure should only be conducted by a medically qualified health practitioner to mitigate risks and prevent complications. However, it raises the question of whether such medicalisation is harm reduction or the promotion of a dangerous practice - with the latter being a violation of medical ethics. The move towards a medicalised model of FGM/C presents with itself several issues, which we touch on in our next section.

4 Underlying Challenges and Issues

This section considers some underlying challenges and issues that may affect efforts and progress on preventing FGM/C in Malaysia. It considers the role of stakeholders, the danger of stop-gap solutions, misunderstandings of harm, and issues associated with the nuance of the language used around FGM/C.

4.1 Inaction and a lack of consensus among stakeholders

The biggest issue with FGM/C in Malaysia is that there seems to be no motivation on the part of those in positions of power to further look into the issue. Despite the fact that CEDAW has called for the practice to be stopped in Malaysia, there has been little official efforts to gauge how widespread the practice is or to put together a comprehensive plan on eliminating FGM/C practices in Malaysia.

³⁷ Rashid and Iguchi. "Female Genital Cutting in Malaysia."

³⁸ Isa, Shuib, and Othman, "The Practice of Female Circumcision among Muslims in Kelantan, Malaysia."

³⁹ Lim, "The Hidden Cut."

⁴⁰ Rashid, Iguchi, and Siti Nur Afiqah, "Medicalization of Female Genital Cutting in Malaysia."

⁴¹ *ibid*

⁴² *ibid*

⁴³ Marie-Hélène Doucet, Christina Pallitto, and Danielle Groleau, "Understanding the Motivations of Health-Care Providers in Performing Female Genital Mutilation: An Integrative Review of the Literature," *Reproductive Health* 14, no. 1 (2017), doi:10.1186/s12978-017-0306-5.

⁴⁴ Rashid, Iguchi, and Siti Nur Afiqah, "Medicalization of Female Genital Cutting in Malaysia."

The Ministry of Health (MOH) and religious leaders represent the two biggest authoritative stakeholders. In *Sisters in Islam's* report,⁴⁵ the women in the focus group discussions cited the Muftis as the key authoritative figure. This finding is replicated in Rashid and Iguchi's study,⁴⁶ too, with those interviewed saying they look towards Muftis as well as medical practitioners for further illumination on the matter of FGM/C.

Presently, the Malaysian Medical Council (MMC) has not stated its official stance on the practice of FGM/C among doctors. In Rashid et al.'s study, most doctors agreed that they would not conduct FGM/C if there were clear instructions from the medical council or if it was declared illegal.⁴⁷ There is a lack of consensus amongst religious leaders as well, making it confusing and difficult for Muslims to navigate the issue. There is a national fatwa citing the practice as compulsory, yet individual states are allowed to gazette fatwas which contradict the national fatwa. For example, Perlis has a gazetted a fatwa declaring FGM/C not compulsory.⁴⁸ Consequently, Muslims lack clarity on the actual *hukum* of the practice.

4.2 The Danger of Stop-Gap Solutions

In 2012, Malaysia's Ministry of Health announced that it was developing guidelines for FGM/C in Malaysia. The current status of the guidelines is not in the public domain. During ARROW's focus group discussion, most medical practitioners were in support of standard operating procedures for FGM/C which they believe would make the procedure safer. Presently, the Malaysian Medical Council (MMC) has not stated its official stance on the practice. In Rashid et al.'s study, most doctors agreed that they would not conduct FGM/C if there were clear instructions from the medical council or if it was declared illegal.

In R.AGE's interview with a number of medical doctors, it is evident that some health practitioners who want FGM/C abolished view standardisation and regulation as a much-needed stop-gap solution.⁴⁹ In how FGM/C is linked to culture and religion, efforts to abolish the practice remain contentious. According to research, a common argument is the belief that medicalisation could be a first step towards full abandonment of the practice. However, the WHO asserts that there is no evidence to support this argument.⁵⁰ As Dr. Maznah says, classifying FGM/C as a medical procedure "constitutes a misuse of the professional medical role and may wrongly legitimise female circumcision as medically safe and beneficial."⁵¹

4.3 Misunderstandings of Harm

Related to the issue of medicalisation is the issue of harm. FGM/C is often spoken about in the context of harm reduction but harm seems to be narrowly constructed as physical harm in the moment, focusing on issues such as whether the practice is hygienic, whether the girls are bleeding too much when they are cut, and whether anaesthesia is necessary. In this narrow view, the possible harm perpetuated in the long term is completely ignored. There are questions which need to be asked surrounding a girl's right to her bodily autonomy and ownership. Oftentimes, when a girl undergoes FGM/C, she is young and will not find out until she is older - if at all. While there is scant research on how a girl's self-image and understanding of her own body, sexuality, and desire and her relationship to these things changes as a result of coming to terms with having undergone FGM/C, conversations and confessions on social media sites such as Instagram and Twitter suggest that some women find it hard to reconcile these issues. There are women who disclose how they cannot experience orgasms, cannot enjoy sex without experiencing pain, and an array of other issues which they feel, in part, is due to the FGM/C they underwent as children.

⁴⁵ Sisters in Islam, "Perception Towards Female Circumcision in Malaysia."

⁴⁶ Rashid and Iguchi. "Female Genital Cutting in Malaysia."

⁴⁷ Rashid, Iguchi, and Siti Nur Afiqah, "Medicalization of Female Genital Cutting in Malaysia."

⁴⁸ Malay Mail, "Perlis Mufti Decrees Female Circumcision Optional, Says No Proof It Cuts Libido: Malay Mail," Malay Mail, Last modified June 8, 2017, <https://bit.ly/3oWVOEd>.

⁴⁹ Lim, "The Hidden Cut."

⁵⁰ World Health Organization, "Global Strategy to Stop Health-Care Providers from Performing Female Genital Mutilation" World Health Organization, 2010, <https://www.refworld.org/docid/4ca3385b2.html>.

⁵¹ The Edge Markets, "Docs' Role in Female Circumcision Growing."

FGM/C is often touted as something done for the good of the girl in question, but this good cannot and should not be myopic. These conversations need to be had in tandem with conversations on the rights of a child to consent to what happens to their body. At its core, FGM/C can be framed as an issue rooted in a desire to control female sexuality. But a child's body should not be subject to speculation for her sexuality and the deviance that may arise from it. That young girls and their bodies are problematised and used as sites of control and shame is an issue that has yet to be adequately addressed.

4.4 The Nuance of Language

One of the biggest issues with FGM/C in Malaysia is that there is a variety of ways to talk about it. While the practice falls under the umbrella of female genital mutilation, the ways FGM/C is talked about in Malaysia is much milder. Arguably, the words used for FGM/C in Malaysia aim to distance and differentiate from more extreme versions elsewhere.

In Malaysia, it can be referred to as 'female circumcision', which lends legitimacy to the practice as a parallel to male circumcision. This language medicalises the practice. In Bahasa Malaysia, it is referred to as 'sunat perempuan', which is another parallel to the male 'sunat' (though not to be confused with the Muslim meaning of the word 'sunat', which generally refers to a good/encouraged practice). This, again, confers legitimacy to FGM/C, enabling a transference of meaning of the male sunat to the female sunat, including the ideas of cleanliness and necessity. Finally, religion adds another layer of complexity by referring to the practice as 'khitan' or 'khatan.' In the hierarchy of languages that Bahasa Malaysia borrows from, Arabic has a special place in its link to Islam. This allows Arabic to extend a special legitimacy. By removing all connotations of mutilation from how the practice is referred to and using an Arabic word in its place, FGM/C appears more Islamic and, thus, it cannot be bad for Muslims.

However, the confusing language and layers of complexity in the breadth of ways to refer to FGM/C is, in and of itself, a problem, making it difficult for the layperson to navigate the issues. Sisters in Islam⁵² conducted a discourse analysis where they explored the language used to talk about FGM/C and found that coverage differed depending on the language used. News articles written in Bahasa Malaysia tended to write more favourably about the practice, whereas news articles in English were more likely to address the myths. This means crucial information about FGM/C might be inaccessible to people who only understand and know the practice as "sunat perempuan" or "khitan." Based on focus group discussions conducted by Sisters in Islam,⁵³ all fathers raised a concern that there are limited credible and reliable resources in Malaysia on FGM/C for them to refer to. This presents an issue because research has shown that, usually, when parents are given enough information to make an informed decision about FGM/C, they were less likely to submit their daughters to the practice.⁵⁴

This clearly demonstrates a need to speak to people in ways they can understand, using language which is familiar to them. Given that sources in Bahasa Malaysia tend to overlook debunking myths in favour of reaffirming the goodness of FGM/C, there is a clear bias in media coverage and a segmentation of knowledge received based on language spoken. This is a huge issue because Bahasa Malaysia is the predominantly spoken language of the community which most practices FGM/C in Malaysia. In an ongoing study, 90% of parents who had sent their daughters for FGM/C did not know that the practice falls under WHO classifications of FGM.⁵⁵ It is irresponsible that the only accessible media for a large amount of the community does not provide enough information for parents to make informed decisions.

Understandably, FGM/C is a sensitive topic, especially since it is seen as an important cultural and religious marker of identity. The issue needs to be approached with empathy and from a human rights perspective. Parents have a right to fully understand the decisions and choices they are making for their children just as much as children have the right to bodily autonomy.

⁵² Sisters in Islam, "A Discourse Analysis of Media Representations of Female Circumcision in Malaysia" Sisters in Islam, 2021, <https://bit.ly/3iYsUje>.

⁵³ Study yet unpublished as of this publication

⁵⁴ Angi Alradie-Mohamed, Russell Kabir, and S.M. Yasir Arafat, "Decision-Making Process in Female Genital Mutilation: A Systematic Review," *International Journal of Environmental Research and Public Health* 17, no. 10 (December 2020): p. 3362, doi:10.3390/ijerph17103362.

⁵⁵ *Kajian Rintis Impak Kesihatan Female Genital Mutilation*.

Conclusion

Any effort to design prevention strategies or programmes for eradication of FGM/C in Malaysia should take this host of underlying issues into consideration:

- the lack of consensus and communication by religious and government stakeholders,
- misunderstandings of religious obligation,
- cultural interpretations of religion, sexuality, and, hygiene,
- the medicalisation of FGM/C in Malaysia,
- the nuances of the Malay language that make it difficult to expound on the harmful impact of the practice.

There is also a general lack of information and knowledge on FGM/C, indicating a strong need for more research. We also need more information on the long-term psychological impact of FGM/C, investigating how a woman's relationship to her body, sexuality, and sexual desire are affected.

This survey on Malaysian's public attitudes towards violence against women can be further expanded to incorporate a subsection on FGM/C. Such an initiative should be taken up by relevant and interested ministries, such as the **Ministry of Health and the Ministry of Women, Family and Community Development**. This would allow more insight on how the issue of FGM/C is perceived and understood by the general public.

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About WAO

Since 1982, Women's Aid Organisation has provided free shelter, access to counselling, and crisis support to women and children who experience abuse. We help women and their children rebuild their lives, after surviving domestic violence, rape, trafficking, and other atrocities. Learning from women's experiences, we advocate to improve public policies and shift public mindsets. Together, we change lives. For enquiries, you may contact us at info@wao.org.my

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