Chapter 8
Female Genital Cutting in Asia: The Case of Malaysia

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8.1 Introduction

This chapter is based on research conducted by the authors among the Malay Women Muslim communities (Rashid & Iguchi 2019) and Muslim doctors (Rashid et al. 2020). A mixed-method (qualitative and quantitative) study was conducted among Malay Muslim women aged 18 years and older in the rural areas of Kedah and Penang, two states located in the Northern region of Peninsular Malaysia; and among Muslim medical practitioners registered as members in two major medical associations in Malaysia. In total 605 Malay Muslim women data and 366 Muslim doctors' data were used for analysis. The qualitative component of the study included face-to-face interviews using semi-structured interview guides and using snowball sampling method until data saturation was achieved. Eight traditional midwives, known as Mak Bidans in Malay, practice or had practiced FGC and 24 doctors who had experience performing FGC were interviewed in depth. Focus group discussions were also conducted with seven participants each from two groups of women (aged 18–45 and more than 45 years old) and one group of adult married men. In-depth interviews were held with two Muftis (religious scholars or jurists qualified to issue Islamic legal opinions). No focus group discussion was held with the doctors. This study was ethically conducted and all the participants provided a written informed consent. The research only commenced after receiving the ethical approval from Ritsumeikan Asia Pacific University Research Ethics Committee.

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8.2 Background

Female Genital Mutilation (FGM) or Female Genital Cutting (FGC) involves the partial or total removal or any other injury to the female genitalia for non-medical reasons and it is categorised into four broad types (UNICEF 2013, 2014; WHO 2010).

Type I: known as clitoridectomy which is the partial or total removal of the clitoris and or the prepuce.
Type II: partial or total removal of the clitoris and labia minora with or without the excision of the labia majora.
Type III: the narrowing of the vaginal orifice by cutting and bringing together the labia minora and or the labia majora to create a type of seal with or without excision of the clitoris. When the cut edges of the labia are stitched together, it is referred to as infibulation.
Type IV: all other "harmful" procedures to the female genitalia for non-medical purposes, which include pricking, piercing, incising, scraping and cauterization to draw blood, but no removal of tissue and no permanent alteration of the external genitalia.

To eradicate the practice, the United Nations (UN) as part of its zero-tolerance policy to any forms of non-therapeutic cutting, have adopted the term Female Genital Mutilation (Newland 2006). Although the adoption of the terminology is based on the good intention to stop the practice, the term is considered derogatory by some communities and does not help with the eradication of the practice (Bagnol and Mariano 2008). Many researchers and people involved with the eradication of the practice are unhappy with the terminology because, for a myriad of reasons, it over-simplifies and fails to reflect the full extent of the varied types of practice conducted by different communities in different parts of the world. The practice has been described as violent by many, but really it is an act which is conducted by misguided parents who consider it their parental responsibility and have no intention to inflict harm on their children (Newland 2006; Wander 2017; WHO 2010). There are many different alternate terminologies proposed instead of Female Genital Mutilation. These include Female Genital Surgeries, Female Genital Operations, Female Genital Alterations, Female Circumcision and of course Female Genital Cutting (Arora and Jacobs 2016; Obermeyer and Reynolds 1999; Walley 1997). However, in Malaysia, Indonesia and Thailand the practice is more commonly referred to as Khitan, or Sunat, which is taken from the Arabic word *sunnah* (Putranti 2008; Rashid and Iguchi 2019). The authors of this chapter feel the term Female Genital Mutilation is culturally insensitive and does not aptly describe the practice in Malaysia as the type of cutting which is conducted in this region does not result in any form of mutilation. For the purposes of this chapter the authors will rather use the term Female Genital Cutting (FGC). There are also reports that the term FGM is an impediment to the goal of eradicating this practice (Bagnol and Mariano 2008). In Malaysia, the community and the traditional practitioners, as well as the doctors, consider FGM as reported in

Africa as a foreign practice, something completely different that has no relation nor bears any resemblance to what is practiced in Malaysia. This sentiment emboldens resistance to the eradication of the practice.

8.3 Prevalence

Worldwide, millions of girls have been cut and millions more will be cut each year (UNFPA 2018; UNICEF 2013, 2014). The practice is most prevalent in Africa and in the Middle East, but it is also prevalent among the Muslim communities in South East Asia including Malaysia, Thailand, Singapore, Brunei, Philippines and Indonesia. While there is an abundance of information available concerning the practice in Africa and in the Middle East there is little information concerning the practice in South East Asia (Clarence-Smith 2008; Marranci 2015; Putranti and Kebijakan 2003; Rashid and Iguchi 2019). There are only a handful of published studies on FGC in Malaysia and no official data relating to its practice. From the studies that have been conducted, the prevalence of FGC is about 99% in the Muslim community (Ab. Rahman et al. 1999; Rashid and Iguchi 2019; Rashid et al. 2009). In Indonesia FGC is reported to range from 43 to 95% (Putranti and Kebijakan 2003). There is no official data for Singapore and Thailand (Clarence-Smith 2008; Marranci 2015) but it is believed that most Muslims in these countries practice FGC. The practice of FGC has been prevalent in the Muslim community especially the Malay Muslim community in Malaysia for centuries. Although largely considered a religious practice, culture has also been commonly cited as a reason. FGC in Malaysia is not openly discussed or planned as is done for male circumcision; however, it is sanctioned by the community elders.

8.4 Malaysia

Malaysia is located in Southeast Asia and has a population of about 32 million, of whom 23.3% are 0–14 years old, 70.0% between 15 and 64 years old and 6.7% are above 65. The ratio of male to female is 106:100. Islam is the most professed religion with 61.3% of the population being Muslims, most of whom are Malays (Malaysia 2020). Islam falls under the jurisdiction of each state, and the Sultan of each state is the head of all Islamic matters and Malay customs. Each state can issue a *fatwa*, a non-binding religious edict. Except for the national *fatwa* and the *fatwa* from the state of Kelantan (on the east coast of peninsular Malaysia) in which state FGC is considered *wajib* or mandatory, all other states in the country are silent concerning FGC. *Fatwas* have become something of an academic matter rather than a legal practical issue. (The usual and most common access to the *fatwas* for the common folks are during the Friday prayer sermons which in Malaysia are not attended by

women.) By comparison, in Singapore the Islamic department endorses FGC and the religious experts there believe that FGC is mandatory (Marranci 2015).

8.4.1 History of Malay and Islam in Malaysia

The Malays make up the majority of the Muslim population in Malaysia. Historically, it is hypothesised that the Malay race originated in the Yunnan province of China and then settled in the wetlands of South East Asia. Others speculate they originate from Borneo (Halimi 2008). Most likely the Malays are an eclectic mix of people who settled in the South East Asia region because of its strategic location for trade and its fertile land which made it optimal for farming. The "Indians" from present day India used to travel to the northern parts of peninsular Malaysia for trade and along with it introduced their religion, culture and even food. Traders, and much later missionaries, introduced Hinduism and Buddhism to the population (Halimi 2008; Sivanantham and Suberamaniam 2014). The spread of Hinduism, Buddhism and later Islam were most likely not as a result of organized missionary movements but rather due to the economic standing of these merchants which attracted the local population. Even today, there is still a strong influence of Sanskrit in the Malay language. Many archaeological sites are still being discovered today showing Hindu and Buddhist relics in peninsular Malaysia, especially in the northern region which boasts of the first Malay sultanate. Similarly, Islam was introduced to the region by the Muslim traders and probably only much later by missionaries from India and the Arabian Peninsula. The traders/missionaries probably introduced to the natives the brand of Islam which they practiced, the sects and schools of thought and probably other influences from their own personal beliefs or cultures. There is conflict of opinion as to who was the first Sultan to convert to Islam but irrespective of who was the first Sultan to convert, the masses did not adopt Islam but rather historians believe the conversion of the population was much slower and not coerced.

8.4.2 FGC in Malaysia

In Malaysia, the practice of FGC is categorised as type IV which involves nicking the tip of the clitoris and/or teasing out a piece of the tissue from the prepuce of the clitoris (Ab. Rahman et al. 1999; Rashid et al. 2009). The practice of FGC has been commonly associated with patriarchy, but interestingly in Malaysia men have very little or no role in the practice. The mothers, grandmothers and the aunties are the ones involved. At most, the men are tasked to drive the mother and daughter to the location where the FGC will be conducted. No discussions are held with the father nor is he consulted, which is not to say that the fathers are unaware or opposed to the practice. Just like the mothers, they too believe that the practice is obligatory in Islam (Rashid and Iguchi 2019; Rashid et al. 2009).

8.4.2.1 A Traditional Practice

FGC in Malaysia was and is predominantly conducted by traditional practitioners who have no medical training, and is performed without any anaesthesia and sterilization (Momoh 2010; UNICEF 2013).

Malaya, now Malaysia, was colonized by the British for almost 200 years. The colonials were interested in the abundance of natural resources available in the occupied territory. Initially the interest was in the spices but later included tin and rubber. Although there were hospitals and clinics, they were mainly for the colonials and their families and for the workforce, so that the supply chain was not disrupted due to sickness and death. Most of the populace were left to seek traditional health services which were provided by either the shamans or the traditional birth attendants called the *bidan*. Besides the shamans and the *bidans* who were important health care providers, Imams, who were religious leaders, would double up as health educationists especially for "problems" of the soul. This was achieved mainly by supplications. Even today Imams along with *ustaz* (male religious teachers) and *ustazahs* (female religious teachers) are important sources of reference for religious issues and wield tremendous influence on the villagers on religious matters and practices.

Bidans were important health providers especially for the rural folks, particularly in matters related to childbirth. They were also essential in the practice of FGC. However, this changed after independence. With a better more modern health care system, especially for mothers and children, maternal and child mortality decreased. Currently, all births are attended by trained health personnel, making the jobs of *bidan* redundant.

It is not certain how the *bidans* got involved with the practice of FGC but it's safe to postulate that because *bidans* were easily accessible, and had traditionally been consulted on issues related to female wellbeing and the birth of babies, it seems natural that they took up FGC. The *bidans* would traditionally massage both the mother and child using herbs and recite specific verses from the Koran. This practice of massaging is still considered important especially in the Malay Muslim community. The traditional *bidans* have no formal training and most of their practice is learned from their parents or other family members.

A retired *bidan* from a remote village had this to say:

> My aunty taught me…my family has a history of Mak Bidans, we are all Mak Bidans even my aunty…I followed her, she would take me around and teach me and how to recite prayers, read the right recitations…I was a village *bidan*, in the old days everyone gave birth at home…when they have labour pains, the family members came to fetch me, all I do is wait. My aunty also taught me to do *sunat*. I watched and then when I did, she supervised. I have siblings but they were not interested in learning, they didn't want, they said no, not even massage.

Most *bidans* still practice their art not because of money but rather for altruistic reasons. However as mentioned earlier, the *bidans* are a dying breed and not many are interested in plying the trade. Most young women would prefer to find more "glamorous" employment in the city with higher paying jobs that come with benefits.

Hence, very few are interested in learning the trade from the older *bidans*. Although the older women of the community still prefer for a *bidan* to conduct the FGC, mostly because of the association of the practice with religion and culture, *bidans* are now difficult to come by. Even the *bidans* themselves are resigned to this fate but most have no issues with doctors performing FGC. However, they do emphasize that the practice should be done by a Muslim doctor who will able to recite a prayer before the procedure.

A 77-year-old practicing *bidan*:

> …there is no other *bidan* around this village, they have all died, of old age…it will disappear…no one wants to learn, no young people want to learn…maybe they are shy, not interested…I am willing to teach. Nowadays everyone goes to doctors…it's okay, the *bidans* are all old, the only ones left, are old, all are old, no replacements, no more.

There is no financial incentive for the *bidans* to practice FGC. Being part of the society they live in, the *bidans* share the same beliefs, which is motivation enough to continue with FGC. For the *bidans*, the main source of income is post-natal care which includes massage and use of herbs etc. They consider the practice as part of their social and religious responsibilities and do not set a fee. Rather the parents pay as much as they like as a token of charity which may range from Ringgit Malaysia (RM)1 to RM 20 (1USD = RM4).

FGC is commonly conducted on girls from the age of 0 to 15 years old in South East Asia (Merli 2008; Putranti 2008). There are no cultural or religious reasons for this. In Indonesia and in Thailand, girls undergo FGC more commonly in the first 40 days of life (Feillard and Marcoes 1998; Putranti 2008; Putranti and Kebijakan 2003). In Singapore, FGC is commonly conducted on children as young as one or two months of age (Marranci 2015). In Malaysia, the median age of girls undergoing FGC is six years old. A younger age is preferred by the *bidans* because it is easier to restrain the child. The *bidans* also reason that when done on younger children it prevents embarrassing the girl and they also claim it helps with wound healing (Rashid and Iguchi 2019; Rashid et al. 2009). Although traditionally FGC is conducted on young girls, because the practice is related to religion there are reports of FGC being done on women who convert to Islam. Some Muslim clerics and family members of the spouse insist that, irrespective of age, a woman who marries a Muslim man must undergo FGC. However, there is no directive from the Muslim authorities in the country for this practice. Even a Mufti (a Muslim legal expert who acts as an advisor to the sultan on Islamic matters and is authorized to issue a *fatwa*) who was interviewed by the authors was against this practice emphasizing that this is not a requirement.

The most common type of FGC conducted in Malaysia is type IV. The *bidans* most commonly nick the tip or the tissue overlying the clitoris and may remove a very small bit of the tissue. The common instruments used by the *bidans* include razor blades, scissors and penknife, but other instruments including nail clippers have also reportedly been used. Razor blades are now preferred because they are easily available and cheap. In most instances the razor is used once and then discarded. Interestingly, the *bidans* insist on a drop of blood for the fulfilment of the practice. The type of cutting and the instrument are not important; the emphasis is on a drop

of blood, which one *bidan* specified must be as big as a mosquito. There are reports of parents getting their children to undergo the procedure twice because there was no blood in the first instance. However, no one is able to explain why this requirement is mandatory and what this belief is based upon. The tissue over the clitoris is either cut, nicked, pricked or scraped but *no* part of the clitoris is ever cut or removed. No sterilization, gloves, sedation or anaesthesia is used. But the *bidan* will usually wash her hands with soap and water before and after the procedure. She will usually recite a prayer and supplications are made for the wellbeing of the child. She will then open the vagina using her fingers and the cut or nick is then done. Once a drop of blood is seen, a piece of cotton is applied. The procedure is done either in the *bidan*'s home or in the home of the clients.

A 70-year-old *bidan* who still practices FGC

> Sometimes they (parents) come, sometimes I go to their house, but mostly they come to my house. I read Bismilliah (in the name of Allah) and Niat (intention) that we are doing it because of Islam, just like when I help deliver a child. I wash the area using a cotton with clean water…it's just a small thing like the comb of a chicken, if we can't find it, we take the tissue a bit…tease off using a very small knife…I use a razor blade, the edge of the blade….I tie the end of the blade with cloth to prevent cutting myself…I just tease the skin outside only…its *sunnah* to have some blood…otherwise difficult… it has to bleed a bit, it's a requirement…I put a bit of cotton over the bleeding area. Sometimes I throw away the blade but sometimes I reuse it…I also do on adults…usually at home…same as doing for children…sometimes they cry because they are scared, it's the blade (that scares them), hahaha (laughs). The skin of the adult is harder, in children its soft, adult have tough skin.

8.4.2.2 Medicalization

Internationally, health campaigns have highlighted the dangers and risks of FGC being conducted by traditional "cutters" thus driving the practice from traditional practitioners to health care professionals. In the past 30 years, Malaysia has transitioned from a mostly rural population to an urban one. Modern health care is now ubiquitous and the level of education among the population is high and access to information easy. Health clinics, both private and public, are available almost everywhere. With modern medicine easily accessible and affordable and an increase in awareness of the importance of hygiene and infections, more parents are turning to doctors to perform FGC on their children, hence the trend toward medicalization of FGC in Malaysia (Rashid and Iguchi 2019; Rashid et al. 2009).

A 45-year-old mother:

> I prefer doctors, female doctors …they do it so fast, sometimes the girls may not even cry and if she does, its only for a short while. The doctor uses a small scissors and removes a very small piece of the tissue…Nowadays everyone prefers the doctors, it's difficult to find *bidans*, can't find them and not every *bidan* can *sunat*, some only massage…the old ones can't see properly anymore hahaha (laughs). Those days we preferred *bidans* but now, hmm, but it's okay the doctors have better medicine, if something happens…and doctors nowadays know how to recite prayers and bismillah…and clean, the cleanliness is guaranteed, and they don't recycle the blades.

Medicalization is defined by the World Health Organization (WHO) as the "situation in which FGC is practiced by any category of health care providers, whether in a public or private clinic, at home or elsewhere" (UNFPA 2018; WHO 2010). The prevalence of FGC carried out by health care workers is 18% but the rates reported actually range between 1 and 74%. In Malaysia, the prevalence of medicalization is reported as 20.5%, but the community's self-reported medicalization rate ranges from 28 to 39% (Rashid and Iguchi 2019; Rashid et al. 2009). In Malaysia, besides doctors, no other health care providers have been reported to practice FGC (Rashid et al. 2020).

There are several issues related to doctors conducting FGC. A major issue is that the involvement of doctors creates an impression that the practice is a health necessity and thus legitimizes it in the eyes of the population. (El-Gibaly et al. 2019; Foldes and Martz 2015; Johansen 2011; Kimani and Shell-Duncan 2018; Pearce and Bewley 2014; UNFPA 2018). Doctors in Malaysia, as in most other countries, are not trained to perform FGC. The parents assume that the doctors are experts and are trained to do FGC and hence are unlikely to harm their children. The reasons cited by the doctors in Malaysia for practicing FGC include that it is a harmless cultural procedure and they do not see any harm in fulfilling the wishes of the parents. Another important reason cited is harm reduction. This is discussed later. But monetary reasons, which are commonly mentioned in reports elsewhere in the world as an important motivator for the practice by doctors, is not an incentive for doctors in Malaysia.

Only Muslim doctors have been reported to practice FGC. Most of the doctors who practice FGC are older and are not working with the Ministry of Health. Because the doctors themselves are from the same community, they have similar religious, social and cultural motivations as those who request their services (being Sunni Muslim and followers of the Shafi'i sect). Some of the doctors have themselves undergone the practice and see no reason to abandon it (El-Gibaly et al. 2019; Rashid et al. 2020; UNFPA 2018).

There is no official training on FGC in the medical curriculum. The doctors have learned the art from their seniors who themselves have not undergone any formal training. Most of the doctors have learned the art from the *bidans*, by observation and by talking to them on how to perform it. The doctors supplement their knowledge by reading books, watching videos online and asking religious figures. They then adapt and modify according to what suits them best.

A 53-year-old doctor:

> …actually, I learned from a senior doctor, and I also learned from this village *bidan*. I did some reading from the internet…I asked the *ustaz*, what is female circumcision and it's stand in our religion. He explained about the *madhab*,* and that we are madhab shafi'i and it is *wajib*…must perform female circumcision. And then according to this kitab written by Abdullah Nasir Ulwan, it mentions how it's supposed to be done, when it's supposed to be done and what are the things that we are looking for.
>
> *discussed in detail later.

The doctors, just like the *bidans*, do not practice FGC for money. They charge on average about RM31. This is a paltry sum hence unlikely to be a motivator for the

practice. Just like the *bidans*, they are part of the community with the same beliefs, and perform FGC because they consider it part of their societal responsibility.

Doctors in general perform FGC on girls aged from 7 to 12 months of age, with most preferring children between the ages of 4 and 6 months. Again, the most common reason given is because the child is easy to restrain. In general, most doctors do not perform FGC on adults.

All the FGC performed by doctors is done in their clinics. Most doctors get verbal consent from the parents and some of the doctors verbally ask the parents if the child has any bleeding disorders. Most doctors conduct type IV FGC by either nicking or cutting off a small piece of the tissue, sometimes with the use of local anaesthesia. A minute drop of blood is mentioned by the doctors too. This is not surprising considering most learned the art from the *bidans*. But some doctors claim that the parents are the ones who insist on seeing the drop of blood to ensure that the procedure is properly done. Essential medical supplies such as flavin, povidone, hibitane, saline, gauze, cotton, paracetamol, antibiotic creams and anaesthetic creams are often used. Instruments commonly used for "cutting" include needles, surgical blades, scalpels and curved scissors. Antibiotics are almost never used due to the minimal cut inflicted. In most cases the prepuce of the clitoris is scraped, pricked, incised or cut, after reciting some verses which vary between the practitioners, and supplications for the wellbeing of the child. This is done even by doctors who don't believe that the practice is related to religion.

A 37-year-old doctor:

> First, I examine the baby, I ask how old the baby is, because usually I don't do if more than six months old. If the baby is older than that (age) I will ask them to go to another centre, maybe they are more experienced…so for me I only do on a less than six months old baby and if the baby has no fever and is healthy. I put the baby on the couch then I open the private area and clean with alcohol swab only for around one or two minutes. I don't use any anaesthesia because it is a simple procedure. I use a needle, clean needle, a single use needle, then find the clitoris…I only prick, very superficial prick above the clitoris. I make sure 5 cent blood (size), I mean, I estimate the blood stain on the cotton around 5 cents, it is more than enough…I check to make sure there is no injury to the urethra, as a doctor I know the anatomy. After that, I compress the area using a cotton dipped in flavin and tell the mother to remove the cotton at home and if there is still bleeding, if it is just a small oozing, keep pressing, that's it.

Alarmingly, there are a few who cut a portion of the clitoris, transitioning the practice from type IV to type I, that is, from a minimal practice to that of mutilation.

8.4.2.3 Reasons

Many reasons have been cited for the practice, including religion, culture, fertility and even cleanliness. Some in the community believe that the type of FGC practiced in Malaysia helps to clean the parts over the clitoris and eventually leads to improved vaginal health and prevention of sexually transmittable infections. This belief of course has no scientific basis or logical reasoning but is something which has been

shared over the years by generations. Although health benefits have been mentioned, overwhelmingly the practice of FGC is tied to religion and, to some extent, culture. In Malaysia, like in other South East Asian countries where FGC is practiced, the main reason cited for the practice is Islam (Clarence-Smith 2008; Rashid et al. 2009). Worth noting is that there are reports of small communities of Hindus, Catholics and Buddhists in Indonesia who practice FGC but this is mainly for cultural rather than religious reasons (Putranti 2008; Putranti and Kebijakan 2003).

Islam

FGC predates Islam but most of the practice of FGC is prevalent in Islamic countries although it is not exclusively practiced by Muslims. Not all Islamic countries report the practice of FGC because it is dependent mainly on the type of *madhab* which the community follows. In Malaysia, FGC is solely practiced by the Muslim community especially the Malay Muslim community.

This chapter is related to the practice of FGC in Malaysia but because Islam is the primary motivator for FGC in Malaysia, it is important to understand the religion of Islam. It would be amiss if there is no introduction to Islam in this chapter, but the authors are cognizant it would take more than a chapter, if not a book to discuss Islam. The discussion provided here is brief and should suffice for a basic understanding of this chapter. Islam is a monotheistic religion which is based upon the teachings of the Koran which were revealed to the Prophet Mohammad [Peace be Upon Him (PBUH)]. There are almost two billion followers of Islam and it is fast expanding. The two largest denominations currently in Islam are the Sunnah Wal Jamaah, or Sunni, for short, and Shia. Most of the Muslim community in Malaysia are followers of the Sunni sect from the Shafi'i school of jurisprudence. There are four major schools of jurisprudence or *madhabs* in the Sunni sect. The four major *madhabs* are based on the teachings of the four revered Imams. Imam Hanifah is the founder of the first of the four *madhabs* and has the greatest number of followers. Others are Imam Malik, Imam Muhammad Ibn Idriss Ash-Shafi'i better known as the Imam Shafi'i who was the student of Imam Malik, and the last founder of the main four *madhabs,* Imam Ahmad Ibn Hanbal. It is said that it is because of Imam Shafi'i that the collection of sound and authenticated *hadiths* were collected (Bewley and Rifai 2013). Although most Muslim scholars believe that there are little or inconsequential differences between the *madhabs*, there are differences of opinion or *khilaf* on some issues. Different parts of the world have different *madhabs* which would predominate depending of course on the ancient day traders and preachers who introduced Islam there. In Malaysia, Thailand, Indonesia, Brunei, Philippines and Singapore, the Shafi'i school of jurisprudence dominates. Concerning FGC, there are differences of opinion with regard to the Islamic law and guidance. The Hanafi teachings do not consider FGC as *sunnah* whereas the Maliki and the Hanbali schools consider FGC as a recommended practice. However, the Shafi'i school considers the practice as mandatory.

The Koran is the revelation from Allah, Subhana Wa Ta'ala (SWT) (meaning the most glorified, the most high), and as such it is indisputable. *Hadiths,* on the other

hand are texts which are considered important in Islam. Some *hadiths* were documented during the time of the prophet Mohammad (PBUH) but most were collected after his passing. *Hadiths* or traditions are the words, actions and the silent approval of the Prophet Mohammad (PBUH) and his closest companions. *Hadiths* have been collected by the Islamic scholars using a meticulous scientific process based on the transmission called *Isnad*. The *hadiths* are classified into broad categories which include *Sahih* or authentic, *Hassan* or good, and *Daif* or weak. *Sunnah*, which is often interchanged with *hadith*, actually refers to the acts of the prophet Mohammad (PBUH) while *hadith* refers to the narration of words, deeds or tacit approval of the prophet Mohammad (PBUH) which is transmitted from person to person. There is no mention of FGC in the Koran. There are some *hadiths* from which proponents of FGC commonly quote but on the other hand those who do not consider the practice as mandatory claim that these *hadiths* are *Daif* or weak. This opinion is also shared by a local Mufti who was interviewed by the authors.

Most people in the Nusantara, a Malay realm which encompasses south of Thailand, Malaysia, Singapore, Indonesia and Brunei, either believe FGC is *wajib* (mandatory) or at the very least it is *sunnah* i.e., it is encouraged but is not mandatory. There are however people in the community who believe that FGC is just a custom and has no relation to religion. In Indonesia, a large proportion of the Muslim population believe the practice is *wajib*. In Malaysia, most of the Malay Muslim community too consider the practice as *wajib* and some believe that those who have not undergone the procedure are not Muslims (Rashid and Iguchi 2019; Rashid et al. 2020). Although nothing is mentioned concerning FGC in the Koran, there are people in the community, *bidans* and even religious teachers, who falsely claim that there are verses in the Koran which mention the obligation of the practice in girls and women.

According to a young woman from a village in northern Malaysia:

> According to the Islamic religion, it is *wajib* in Islam, all Muslims must do, irrespective of whether they are male or female…must do…can't say cannot do, or its okay not to do, cannot be like that, it's *wajib*, must do…from the viewpoint of prayers, it is not acceptable.

A Muslim woman's identity, Muslimah, is often associated with FGC. Just as for the Muslim man wearing a beard and a skull cap reflects his identity as a Muslim man, a woman's identity includes wearing a hijab to reflect her identity as a Muslim woman. Although most will never use FGC as a marker of being a Muslim woman, there are people in the community who do. But there are many Muslim women and men, *bidans* and religious leaders, who are very clear in stating that just because a person has not undergone FGC does not make them any less a Muslim than others.

Muslims in this region consider it their responsibility as good Muslim parents to ensure that their daughters/granddaughters are accepted into mosques and that their prayers are accepted and not rejected because of being unclean (Feillard and Marcoes 1998; Newland 2006; Putranti 2008; UNICEF 2013). Some Muslims who practice FGC in Malaysia feel that FGC is *wajib*. They are of the opinion that without FGC the girl/woman is not a Muslim; the vagina will be dirty resulting in her prayers not being accepted. It is this religious concern for their children that makes parents insist their daughters/granddaughters undergo FGC. They consider it a parental responsibility,

not a violent or an oppressive act (Newland 2006). This would suggest that the practice is taken so seriously in the community that they would take notice of the persons who are not cut and ostracise their parents and families. But in reality, FGC is not spoken of. Some younger women are not even aware of whether they have undergone FGC because they were not informed of this by their parents. FGC is a topic which is neither spoken of nor discussed on just any occasion, not because of shame but rather because the community considers it a very private issue. One gentleman who was interviewed by the authors even commented that he does not know if his wife had undergone FGC and it would be embarrassing to ask her about this. The persons who have not been cut are not ostracised nor are their families isolated. Neither they nor their family members will have any issues in getting married. This is in sharp contrast with the reports from Africa where the girl and even the family members are shunned by the community and the daughters are not considered marriage worthy (Molleman and Franse 2009). In contrast to what is reported in Africa where even those who don't believe in the practice succumb to the pressure of society (Kaplan et al. 2013), because FGC is practiced in such a quiet manner in Malaysia and no one discusses it, societal pressure does not occur. But it is a common and accepted belief in the community that all the women undergo the procedure. During the author's discussions with Muslim women in rural areas, they expressed shock that there are Muslim women in Malaysia who have not undergone FGC. They believe that all Muslim women in the world undergo the exact same type of procedure as that in Malaysia. This belief strengthens their resolve that the practice is ubiquitous among the Muslim communities and hence what they are doing is right and is in accordance with the teachings of Islam.

The doctors who practice FGC on the other hand are more aware, and know that FGC is not *wajib* but rather believe it is *sunnah*. They are more knowledgeable concerning the jurisprudence of the different sects in relation to FGC and most are aware of the *fatwas* issued concerning FGC. They are also aware that there are no health benefits or health justifications for the practice, but they practice it because they believe it is recommended in their religion.

A 58-year-old male general practitioner:

> …first of all being a Muslim, I believe it is a religious obligation. I don't know if it's *wajib.* I am not a religious person to say it is *wajib* or not. But I believe in my religion and we have to do it. Because there are certain things you cannot see, you cannot understand…you just follow.

The *bidans* and the Muslims in the community are quick to disassociate what is done in Malaysia with that in Africa and the Middle East and they are quick to condemn the latter. They consider it a very different practice, unrelated to religion.

Culture and Ritual

Culture is another commonly cited reason for the practice not only in Malaysia but also around the region. In the case of male circumcision, the practice is commonly discussed in the community. Male circumcision is done in groups in the villages, and even in the cities it is conducted along with the siblings and other family members in

a festive environment, and a feast is usually held afterwards. However, in the case of FGC, it occurs without any festivities and in most cases, the matter is not discussed outside the immediate family. FGC, when practiced by the *bidans*, has an element of ritual. Rituals include having betel leaves and areca nut placed on a plate and the parents then "offer alms" on this plate. The fee for the practice is not discussed in advance and it is commonly up to the parents to pay the fee which is referred to as alms. A special meal made from yellow rice is made for the occasion for immediate family members. These rituals are fast disappearing but some of the elderly women in the villages insist on them.

Doctors too believe that FGC is a cultural practice and not a religious obligation. Some will tell this to the parents but if the parents insist on wanting to proceed, the doctors usually oblige. After all, they share the same cultural beliefs with the community. There are no rituals when FGC is conducted in doctors' clinics.

Libido

Another common reason cited for the practice of FGC is to control the libido of girls. The women in the community believe that girls who do not undergo the practice will end up being "wild" and have a high sexual drive which may result in them becoming promiscuous. They believe FGC is able to reduce the sexual drive of women and keep them chaste. Interestingly, there are older women in the community who rationalize that removing the layer of tissue over the clitoris will enhance the sensitivity and hence increase the sexual pleasure of women (Rashid and Iguchi 2019; Rashid et al. 2009). Some doctors too have such beliefs. They rationalize that removing the tissue over the clitoris increases sensitivity leading to greater pleasure during intercourse. Others in the community believe that besides libido, girls who do not undergo FGC will end up being stubborn and have bad attitudes.

Harm Reduction

The doctors in Malaysia who practice FGC cite harm reduction as a reason for the practice. They worry that if not done in a sterilized environment, the parents will take their children to the *bidans* who may inadvertently inflict harm on the girls. This view is even shared by some doctors in the west (Doucet et al. 2017; Serour 2013; Johansen 2011). Although harm reduction as a strategy in reducing the extreme forms of the practice has been shown to be effective in places where the more serious forms of FGC are practiced (Bedri et al. 2018; Pearce and Bewley 2014), this justification is flawed in the case of Malaysia where the practice is minimal in comparison. Rather, it legitimizes this irreversible practice which, moreover, is being done on children who are not able to provide consent (Berggren et al. 2004; Johansen et al. 2013; Kimani and Shell-Duncan 2018; Pearce and Bewley 2014; Shell-Duncan 2001; WHO 2010).

8.4.2.4 Health Effects of FGC

There are many reported health effects of FGC, most if not all related to type I, II and III. These include bleeding, infections, urinary problems, reproductive problems

including infertility and labour problems, adhesions and obstructions. In addition to the physical side effects, there are also mental health issues (Muteshi et al. 2016; Obermeyer and Reynolds 1999). The possibility of health risks related to FGC is associated not only with the type but also the skills of the practitioner and the instruments used. (Khaja et al. 2010). However, studies conducted in Malaysia, Indonesia and Singapore have not reported any evidence of injury to the clitoris or the labia; there were no signs of excised tissues nor was any loss of libido reported (Ab. Rahman et al. 1999; Marranci 2015; Newland 2006; Rashid et al. 2009). Similarly, there have been no reported complications from FGC performed by *bidans* or doctors in Malaysia (Rashid and Iguchi 2019; Rashid et al. 2020). On the contrary, some women in the community believe that FGC has health benefits related to hygiene. This of course has no scientific basis. It is crucial to mention, however, that the authors noted blood stains and rust on the tools used by the traditional practitioners which can potentially pose a risk of cross infection.

8.4.2.5 Law

WHO considers FGC a traditional practice that endangers the health of girls and women and hence has recommended it be made illegal by member countries. The UN has adopted a resolution for a global effort to end FGC. By law, most international communities treat FGC as a violation of the human rights of children and consider it a harmful practice. The international medical fraternity describes the procedure as harmful both physically and mentally. Gender rights activists view it as detrimental to women's health and a sign of deep gender inequality (Obermeyer and Reynolds 1999). But enacting a law does not necessarily correspond with a decline of the practice in local communities. This is especially true when the people in the community are not informed of the reasons for the law, their concerns are not addressed and their participation is not included in the programme. It is reported that in some countries in Africa, laws have been enacted to make the practice illegal but in spite of this FGC is still prevalent in communities. In Malaysia, there is no specific law that prohibits FGC. The Malaysian Medical Council is silent on the practice by doctors and most doctors who practice FGC consider the silence as a tacit approval. Most doctors are unaware of the stand taken by the UN bodies and the World Medical Association concerning the practice.

8.5 Conclusion

The number of *bidans* have decreased tremendously and are now a dying breed but this has not reduced the enthusiasm for FGC in the Muslim community. There is now a transition of FGC from a traditional-style practice towards medicalization. As it stands presently, the practice is unlikely to decrease, let alone stop, as the Muslim community considers the practice an integral part of their religion, and mandatory.

The doctors who practice FGC are of the opinion that the practice must continue since they feel it is a religious obligation and a harmless procedure. It is imperative that the practice of FGC is stopped, as advocated by the international community, but stigmatizing and criminalizing the practice without taking into consideration the sensitivity and the complexity of the issue will only result in distrust and confrontation. It is pertinent to understand and respect the community's beliefs and culture and not assume that what works in other parts of the world will work here as well. There is no one solution that fits all; it's like trying to insert a round peg into a square hole. The community and religious leaders must be engaged in open and frank discussions and adopt programmes to gradually but surely stop the practice. Doctors, on the other hand, must stop the practice. They are not trained to perform FGC and must cease conducting it. The Malaysian Medical Council must ban outright the practice among the doctors. Researchers and academics from different backgrounds must work together rather than in silos and there must be intelligent discourse among them rather than confrontations. Only then can there be a reasonable expectation of the complete elimination of the practice in Malaysia.

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