

FEMALE GENITAL MUTILATION/ CUTTING (FGM/C) IN MALAYSIA

Grounding Human Rights in Malaysia for All: Embracing Change **ADVOCACY BRIEF**

FEMALE GENITAL MUTILATION/CUTTING (FGM/C) IN MALAYSIA

Female genital cutting is a contentious subject in Malaysia. This divide between those who believe the practice should continue and those who do not, was compounded in 2009 after the National Fatwa Committee issued a fatwa that made it obligatory (wajib) for Muslim women to be circumcised unless this was potentially harmful to their wellbeing.¹

Furthermore, the Malaysian Islamic Department of Development (JAKIM) published guidelines for medicalised FGM/C in 2018, thus legitimising the practice as acceptable, despite international condemnation.² Though there is much debate on the issue, there is little to no prevalence data and research available on FGM/C within the country.

From the little research available, it is understood that 90% of Muslim women in the country have been circumcised, with reasons ranging from health and hygiene concerns to cultural and religious beliefs.

In its 2008 CEDAW review, the Malaysian government reported that the type of female circumcision practiced in the country fell under Type 4 of the World Health Organization FGM/C classification scheme, i.e., “all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.” However, in 2018, at their CEDAW review, the Malaysian government revised its categorisation of the practice and said that Type 1a, “removal of the prepuce/clitoral hood only” was also carried out. Though traditionally performed by village midwives, the practice is now becoming available and popular through the services of medical doctors. Malaysia has been consistent in reiterating that female circumcision that is practised in the country does not cause adverse effects on maternal or perinatal mortality or morbidity.³ Although WHO passed a resolution forbidding the medicalisation of FGM/C and discouraging health professionals from performing such surgery, unfortunately in Malaysia where it is illegal for doctors to perform FGM/C, some doctors are performing the procedure and are becoming a popular choice among parents.⁴



It is understood that about 90% of Muslim women in Malaysia have been circumcised.

¹ <https://arrow.org.my/wp-content/uploads/2021/01/Gender-Equality-In-Malaysia-.pdf>

² <https://arrow.org.my/wp-content/uploads/2020/03/Asia-Network-to-End-FGMC-Report.pdf>

³ CEDAW/C/MYS/FCO/3-5: <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N21/042/74/PDF/N2104274.pdf?OpenElement>

⁴ A Rashid, S Patil, A Valimalar. The Practice Of Female Genital Mutilation Among The Rural Malays In North Malaysia. The Internet Journal of Third World Medicine. 2009 Volume 9 Number 1.



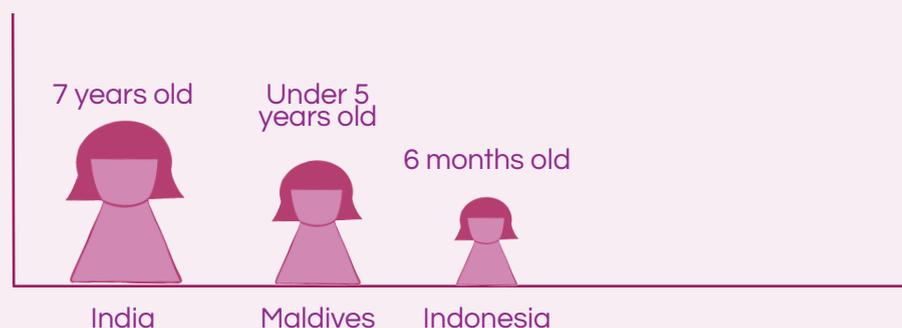
Different communities have cited various reasons for the practice including religion, passage to womanhood, hygiene, social identity (norms), tradition, culture, health, controlling or enhancing women's sexuality, protection of virginity, peer pressure, socio economic status and marriageability.⁵ A study conducted by Rashid et al. (2019) found that almost everyone in the community believed FGM/C is compulsory in Islam and wanted the practice to continue, whereas the traditional practitioners and more importantly the Muftis, who are responsible for issuing religious edicts, say it is not a religious requirement.⁶

Data from UNFPA presents to us that an additional 12 million child marriages and two million cases of female genital mutilation or cutting in the aftermath of COVID-19 will need to be averted to achieve Agenda 2030.



Even so, this figure does not include potential survivors from most Asian countries. Asian countries in the region are signatories to the Convention on the Rights of the Child. This constitutes that States are obligated to act in the best interest of the child to enable the protection, promotion and fulfilments of the political, economic, social, health and cultural rights of the child. Yet again, there has been little to no progress on eliminating FGM/C in the region.

Based on studies, a majority of girls are violated through this irreversible procedure which is performed without the consent of the child. They are cut at the age of seven (India), under the age of 5 (Maldives), before their first birthday (Malaysia), and at less than 6 months old (Indonesia). FGM/C undermines the right of the child to bodily integrity and their rights to protection.



Statistics based on studies of the age of girls being violated through FGM/C in South East Asia.

⁵Rashid A, Iguchi YFemale genital cutting in Malaysia: a mixed-methods studyBMJ Open 2019;9:e025078. doi: 10.1136/bmjopen-2018-025078

⁶Ibid



A long list of physical harms may be inflicted on and experienced by a girl during and immediately after cutting such as severe pain, hemorrhaging, shock, vaginal infections, cysts, urine retention, damage to adjoining organs, and in extreme cases, death. Inevitably, more severe forms of FGM/C will lead to greater risks. Nonetheless, all forms of FGM/C, including medicalised FGM/C, may cause immediate and life-long health adverse effects on the child. Long-term complications can include sexual problems such as pain during intercourse and decreased satisfaction, and psychological trauma. Regardless of the evidence of harm inflicted by FGM/C, there is still no sight of anti-FGM/C laws in the Asian region.⁷

RECOMMENDATIONS AND THE WAYS FORWARD⁸

The government must bring together all relevant stakeholders, including religious authorities, health professionals, and civil society, to participate in a constructive dialogue to break the existing impasse on female circumcision/genital cutting/genital mutilation caused by divergent viewpoints.

The government must look into intersectional, gender responsive, human rights based and multi-sectoral response and recovery efforts, especially to account for the particular needs and lived experiences of women and girls that are at risk of, or are survivors of, female genital mutilation or cutting.

Develop evidence-based National Action Plans, establish national budget lines and carry out national and community-level awareness and education programmes aimed at FGM/C prevention.

Take concrete steps to implement the recommendations of the Committee for the Elimination of Discrimination against Women and the Committee on the Rights of the Child which relate to prevention of FGM/C, where applicable.

Legislate laws and policies to prohibit all forms of FGM/C, sending a clear message that the practice is a violation of girls' rights.

Consult and engage religious leaders, scholars and institutions to issue rulings (fatwas) against all forms of the practice and support and fund awareness and education campaigns.

⁷ HRC statement

⁸ <https://arrow.org.my/wp-content/uploads/2021/01/Gender-Equality-In-Malaysia-.pdf>



Carry out representative household surveys and fund other forms of research to strengthen the evidence base on prevalence, incidence and types of FGM/C being practised nationally.

Support community-led data collection, monitoring and reporting on the impact of COVID-19 on female genital mutilation or cutting to inform real-time crisis response and recovery efforts.

Recognise that girls and women play a critical role in COVID-19 crisis management and mitigation and include them equally and meaningfully in the designing, implementation, financing and monitoring of emergency response for female genital mutilation or cutting at local, national, regional and international levels.