ADDRESSING THE MEDICALISATION OF FGM/C IN MALAYSIA: WAYS FORWARD FOR RESEARCH

IDENTIFYING AND PRIORITISING RESEARCH TO END FEMALE GENITAL MUTILATION/ CUTTING (FGM/C)

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Executive Summary

Female genital mutilation, also known as female genital circumcision or cutting, (FGM/C), is recognised as a form of violence against women and girls, and a violation of human rights. This practice which is rooted in culture and tradition has been linked to immediate and long-term health implications; physically, psychologically, sexually, and psychosocially, resulting in injury, disability, and death. Malaysia and all United Nations Member States adopted the Sustainable Development Goal (SDG) target 5.3.2 to eliminate all harmful practices, including FGM/C. Malaysia has also ratified several international treaties, including the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) (OHCHR 1979) to "…take appropriate and effective measures intending to eradicate the practice of female circumcision" (CEDAW 1990). Despite these ratifications FGM/C continues to be practiced in Malaysia.

There are no laws prohibiting the practice of FGM/C in Malaysia. In 2009, the Fatwa Committee National Council of Religious Affairs at its 86th Conference announced that FGM/C is obligatory and should be practiced though the Fatwa Committee distanced itself from the extreme form of FGM/C, associated with the African countries, declaring those harmful procedures as not part of Islamic obligations. The Fatwa Committee does not see the types of FGM/C practiced in Malaysia as genital mutilation. In 2018, the Ministry of Health Malaysia shifted the discourse from religious obligation to "cultural responsibility" of Malaysians.

There is no national data on FGM/C and are few research studies on this practice. Nevertheless, the available data have shown gaps in knowledge to inform the prevention of this practice and a worrying trend towards the medicalization of FGM/C in Malaysia. Taking cognizance of the lack of evidence, the trend in medicalization and the minimal discourse on FGM/C in this country, the Asian-Pacific Resource and Research Centre on Women (ARROW) and the Orchid Project (a British Charity), initiated a workshop to bring Malaysian researchers together with the aim of identifying research questions and future plans. This report presents the summary of the state of knowledge on FGM/C in Malaysia based on the available peer-reviewed primary research literature, the findings from an on-line Delphi survey of researchers and the findings of the research workshop.

Summary of the state of knowledge

The most common types reported to be practiced are Type 1 and IV FGM/C. The most common reason cited for doing it was religious obligation while other reasons were hygiene, to control women's sexual desire which is essentially to curb promiscuity. The procedure was performed on one to 78 months baby after birth. In the past the *bidan* or the village midwives performed the FGM/C, but more recently the procedure was performed by medical practitioners at private clinics and hospitals.

Findings of the Survey of Researchers and the Workshop

The respondents who completed the survey were largely researching social, religious, and cultural aspects of FGM/C, violence and women's rights and medicalisation. Among the research gaps identified were evidence of complications, the social expectations of the

practice and men and health professionals who are against the practice. Community-based studies and qualitative research methods with key stakeholders were identified as important.

The findings from the workshop raised the following current issues:

- Religion and the issuance of fatwa that FGM/C is obligatory as well as the need to offer alternative interpretations.
- The shift to medicalisation with harm reduction as the justification, and the lack of "visible" harm to convince the Fatwa Committee to review the current fatwa.
- Lack of political will and legislation.
- The disconnect between international and national organisations.
- The need to reframe the narratives of FGM/C using religious, legal, ethical, and human rights arguments.
- The need for intervention, multisectoral research for change.
- Identification of new stakeholders and allies.
- Research questions to prioritise women and doctors choosing not to circumcise, as well as involving men in prevention efforts.
- Capacity building of researchers is important.

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Introduction

Female genital mutilation also known as female genital circumcision or cutting (FGM/C), is a practice that involves the partial or complete removal of the external female genitalia or any other injury to the genitalia (WHO, 2016). This procedure is performed on infant girls and adult women. There are four different types of FGM/C. The most common type (1) entails the excision of all or part of the clitoris and the labia minora. The most extreme form is type 3 or infibulation, which entails removing all or part of the external genitalia and the stitching of the two cut sides, closing the vagina to varying degrees (WHO, 2016).

FGM/C is internationally recognised as a form of violence against women and girls and a violation of human rights (CRR, 2008; WHO, 2018). It is associated with adverse obstetric outcomes and immediate and long-term physical, sexual and psychosocial complications resulting in injury, disability, and death (WHO, 2018). The practice is deeply rooted in culture and tradition. The Sustainable Development Goal (SDG) target 5.3.2, adopted by all United Nations Member States in 2015 (UN, 2015), including Malaysia, focuses on eliminating all harmful practices, including FGM/C.

Malaysia has ratified several international treaties and conventions that declare the country's resolve to protect human rights and protect women and girls against violence. Malaysia signed and ratified the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) (OHCHR 1979) in 1995 that included the 1990, the General Recommendation No. 14 on Female Circumcision that recommended that "States parties take appropriate and effective measures intending to eradicate the practice of female circumcision" (CEDAW 1990). In 1995, the country ratified the UN Convention on the Rights of the Child (OHCHR 1989). Article 19 of this Convention is relevant to protecting children against FGM/C (OHCHR, 1989).

Despite the support of these international declarations to eliminate FGM/C in 2009, at the 86th Conference of the Fatwa Committee National Council of Islamic Religious Affairs it was declared that FGM/C was part of Islamic teachings, and therefore should be practiced (Abiyanti, 2017; Ainslie, 2015; Kemaskini, 2014). In 2012, the Ministry of Health in Malaysia called for the procedure to be standardized and in 2018 the Minister of Health described the practice as a "cultural responsibility" of Malaysians (Bernama, 2018). There are no laws that specifically prohibit FGM/C in Malaysia and there is no nationally-representative, FGM/C data available. Few research studies on this practice in Malaysia highlight a gap in knowledge concerning ways to address this practice. Calls for research and priority setting in this area have ignored Asian countries including Malaysia (Abdulcadir, Rodriguez, & Say, 2015; Ashford, Naik, & Greenbaum, 2020; Dixon et al., 2018).

In response to the lack of evidence to inform prevention efforts, the Asian-Pacific Resource and Research Centre for Women (ARROW) a regional non-profit women's organization and the Orchid Project (a British Charity) proposed a workshop to bring Malaysian researchers together to identify shared interests and stimulate partnerships for research. This activity is part of the Asia Network to End FGM/C an initiative designed to build a community of stakeholders to share updates, information and support each other to end FGM/C across Asia.

In preparation for this workshop, a situational analysis was undertaken to determine current work, interests and needs of Malaysian researchers at academic institutions and related organisations in the country. Peer-reviewed primary research literature was first collated. Researchers were identified and invited to complete an on-line Delphi survey to share their current work, research priorities and capacity building needs in FGM/C. We sought to determine what research participants were familiar with, views on knowledge gaps and what areas they regarded as priorities for research. Participants were also asked how research in FGM/C can make a difference and for early career researchers what skills they would like to build to research FGM/C. The survey was approved by UTS Human Ethics Committee ETH21-5795 and sent out to researchers in late 2020. The dialogue was recorded with the participants' informed consent.

Based on the survey findings, an on-line workshop was held on the 26th January 2021 to explore these priorities further and determine how researchers could be supported to move ahead. The session was divided into two parts. The first involves expert presentations to summarize the political, cultural and religious context of the practice of FGM/C followed by an exploration of the clinical and public health context. This dialogue was held on-line on Zoom platform due to the COVID-19 pandemic.

Summary of the state of knowledge on FGM/C in Malaysia

Type 1 and IV FGM/C is reported to be practiced in Malaysia (Rashid, Iguchi, & Afiqah, 2020; Rashid, Patil, & Valimalar, 2009). A study of 402 Malay Muslims in northern Malaysia, 87.8% (353/402) of the participants reported having been circumcised. Of the 402 participants 95% said female circumcision was necessary (Khalid et al., 2017). The majority of the 605 participants in a study in northern Malaysia had undergone FGM/C (99.3%), believed that the practice is compulsory in Islam (87.6%) and wished it to continue (99.3%) (Rashid & Iguchi, 2019).

In addition to religious obligation, the practice includes hygienic purposes and the need to control female sexual desire (Khalid et al., 2017). In a study in Kelantan, women believed that FGM/C reduced women's sexual desire and enhanced men's sexual pleasure (Isa, Shuib, & Othman, 1999). More than a third of the 262 pregnant women surveyed in this study indicated that those who were not cut had a strong inclination towards promiscuity or had extramarital affairs (Isa et al., 1999). However in contrast, some participants in a study of 597 women in rural area of north Malaysia who had been cut believed that FGM/C did not reduce sexual desire (Rashid et al., 2009).

In terms of the timing of FGM/C, Rashid (Rashid et al., 2009) reported that FGM/C had been carried out between one to 78 months after birth. The study showed that the majority (529) of participants had undergone FGM/C when they were less than 12 months old. Of the 402 Muslim women attending an outpatient Obstetrics and Gynaecology clinic in Hospital Ampang in Khalid et al. (Khalid et al., 2017) study, 79% (318/402) of the respondents stated that they would choose to have the circumcision performed on their daughter between 0-6 months of age while 10% (40/402) preferred to defer circumcision until 7-12 months. Most participants (94.3%) believed that there were no complications associated with FGM/C.

FGM/C has historically been performed by the "bidan" or village midwife, but more recently FGM/C is performed in clinics and hospitals by medical practitioners. However it is largely medicalised and practiced by nurses, midwives and doctors (Rashid & Iguchi, 2019; Rashid et al., 2020). Dahlui, Wong, and Choo (Dahlui, Wong, & Choo, 2012) surveyed 307 healthcare providers comprising 269 trained professionals and 38 lay health workers who conducted FGM/C. All practitioners reported using small knives and scissors to undertake FGM/C. The only difference was that the trained professionals sterilised their equipment. No adverse health outcomes were reported by these practitioners (Dahlui et al., 2012).

Findings of the survey of researchers

Twenty-Five respondents completed the survey and identified that they were working on research that related to the social, religious, and cultural aspects of FGM/C, violence and women's rights and medicalisation. The key knowledge gaps included evidence of complications, the social expectations related to the practice, the roles and positions of female Muslim scholars, men and health professionals who are against the practice. Another gap was the lack of insight into the discourses that counter FGM/C and their effect on uptake. In terms of the changes that research could make to change behaviour and end the practice of FGM/C, the researcher noted the importance of research to shed light on the "complex interrelation of actors that enable the practice" and provide suggestions for "alternative" practices. Respondents noted the need to develop community-based studies, conduct studies with representative samples and qualitative research methods with key stakeholders.

Findings of the Research Workshop

Sixteen academic researchers and representatives participated in the two-hour dialogue from academic institutions and Non-Government Organisations in Malaysia. Participants represented a range of disciplines, including medicine, public health, gender studies, languages, religious studies, and law (see Appendix 1). The forum began with presentations from four Malaysia researchers and clinicians who outlined the current situation concerning the prevalence of FGM/C and the social, cultural, religious and clinical context of the practice in the country (see Appendix 2 and 3).

Participants were then given an opportunity to ask questions and share their challenges, experiences, and ideas for research in relation to their specific academic disciplines. The discussion centred on two key areas current challenges and ways forward. The discussion is summarised below.

Current Issues

Religion and the issuance of the fatwa

Religion continues to be the most cited reason for performing FGM/C in Malaysia. In 2009, the JAKIM (Jabatan Kemajuan Islam Malaysia — Department of Islamic Development Malaysia) issued a fatwa stating that FGM/C is mandatory for Muslims, and no longer *sunat* or *sunat muakkad* (the practices that are encouraged, but will not affect any aspects of the individual's ibadah if not performed). This fatwa was issued as an attempt to defend Malaysia against the zero tolerance measures promulgated by the WHO to end FGM/C. The mandatory fatwa was seen as a way, for Malaysia and JAKIM to exert their authority against threats to the practice of Islam.

The shift to medicalisation and harm reduction

When the narrative of FGM/C is centred around the adverse outcomes for girls, proponents of FGM/C have called for the medicalisation of the practice to reduce harm. These arguments include the need to undertake the practice in hygienic clinical settings to reduce the likelihood of infection and error.

Most doctors do not see the conduct of FGM/C in medical settings as a problem, as they are seen to be 'helping' the parents to reduce the harm**.** Due to this, it was also hypothesised that there could be a possibility that the doctors tend to do more cutting.

However, the evidence of harm of FGM/C —both physically and psychologically—is not always apparent. This lack of "visible" harm provides a challenge to arguing the case for a review of the *fatwa*, as authorities, including JAKIM often ask for evidence of harm. Some social narratives may exert pressure on parents to have their daughters circumcised, including that they may be harmed and at risk if it is not performed. For example, there is a belief that if a girl is not circumcised, she would grow up 'fierce', easily sexually aroused, and outspoken, which are frowned upon in the culture.

It is likely that cultural, societal, and religious coercion (including the implementation of the *fatwa*) has contributed to the increased medicalisation of FGM/C in clinical settings, particularly among younger generations. In older generations, *berkhitan perempuan* or FGM/C was always regarded as *sunat muakkad* instead of *wajib* (mandatory).

Lack of political will, legislation

Most advocacy work on FGM/C is made about the commitments Malaysia has made to CEDAW, the CRC, and the UDHR in eradicating FGM/C. There is no basis for arguments supporting harm reduction strategies such as the medicalisation of FGM/C, which should be reflected in laws that need to be introduced into Malaysia. During the engagements with CEDAW and UDHR in 2018 and 2019 respectively, Malaysia was condemned for the continued practice of FGM/C. However, to date, there has been no response or any action on the issue.

There is no continuous discussion on FGM/C and there is a disconnect in commitments and actions. This waning interest of the government authorities means that they have little interest in correcting or changing the legal situation regarding FGM/C.

Although this issue affects women and children, the Ministry of Women, Family and Community Development does not seem to show commitment either. The narrative on FGM/C medicalisation only seems to be on the basis of medical health, which falls solely under the purview of the Ministry of Health (MOH).

The disconnect between international and national organisations

There is a disconnect between the stance of the bodies such as WHO, medical bodies in Malaysia, and the MOH. The MOH is reported to have a fair understanding of human rights and women's rights regarding FGM/C.

FGM/C has also been regarded as a predominantly Muslim issue. As a result, the Malaysian Medical Association (MMA) refuses to take a stand on the issue, including all practitioners

from all religions. While there is a general agreement among government doctors that they should not perform FGM/C, medical practitioners have no awareness of this stance on FGM/C. The pandemic has exacerbated this situation. Due to the lack of clear rules and regulations on FGM/C in Malaysia, the MOH do not feel comfortable issuing any guidelines to the medical community, as it could be seen as against the recommendations of the JAKIM. However, the MoH have also tried to engage with JAKIM several times to convince them to change the fatwa.

Gaps in research on the medicalisation of FGM/C in Malaysia

Overall research on the medicalisation of FGM/C in Malaysia is very fragmented. The issue of medicalisation of FGM/C was widely discussed at the International Conference on Population and Development (ICPD) in Cairo in 1994. However, at the time, there was a low level of awareness of the issues in Malaysia and other Asian countries including Indonesia and Singapore. This lack of awareness coupled with the localised nature of the practice in Malaysia has affected the lack of research FGM/C. Research on medicalisation has not included Indigenous Orang Asli communities or migrants, and refugees in Malaysia.

Need for funding, support and capacity to undertake applied research

There has been minimal implementation or applied research examining the eliminating FGM/C in Malaysia. Applied research can demonstrate change and have been undertaken in some countries Examples include community education interventions that have shown to increase awareness and understanding of harm caused by FGM/C, which can lead to the willingness of community members and religious leaders to abandon the practice in. Alternative rites of passage of womanhood have been tried in Kenyan girls, which had affected mothers' decisions not to practise FGM/C. However, there is a lack of research funding, support and capacity in Malaysia to undertake applied research.

The way Forward

Identification of new stakeholders and allies

The need to focus research on specific groups of stakeholders and allies was discussed including young parents, fathers and men more broadly, health practitioners and celebrity preachers and doctors.

Research is required to examine the motives of young parents who have chosen not to circumcise their daughters, why men do not support the practice, and understand the factors that have dissuaded health professionals from performing FGM/C. Understanding their motivations could be one of the first steps to advocate towards eliminating the practice of FGM/C and providing support for the young parents.

As FGM/C is a socially sanctioned procedure, evidence-based advocacy informed by a collective narrative it likely to be a successful strategy. Therefore, it was suggested that we could consider sociological perspectives in investigating the rise of FGM/C among young parents, especially concerning social norms and social changes.

It was also suggested that the researcher engage with influential preachers (such as Prof Muhaya) and celebrity doctors (such as Dr Imelda Bachin) in designing research so that there

is early ownership of the work can help advocacy efforts and translation of the findings into practice. However, there is a need to check their stand on FGM/C first.

Need to reframe the narrative of FGM/C

When arguing for the need for research to end FGM/C there is a need to ensure a consistent narrative in relation to the justification of abandonment using religious, legal and human stand points.

Religious narrative

There are multiple legitimate insights in classical and contemporary Islamic legal texts and perspectives that highlight that FGM/C is a practice that is not mandatory in Islam. These views can help to change the narrative around the need for FGM/C in Malaysia from a religious standpoint, especially since religion is the highest cited reason why the practice is still occurring. The Shafie school states FGM/C as obligatory, while the other mazhabs (Hanafi, Maliki, and Hambali) only offer evidence of male circumcision. As such, they apply it to female circumcision as well. In all schools, one theme is apparent: the circumcision of women is for the honour of the husband through sexual relationships, and it increases the pleasure of sexual intercourse for men. This is a very patriarchal interpretation because it was deemed that intercourse with a circumcised woman is more enjoyable. There is no mention of FGM/C in Islamic legal texts for worship.

It was also noted that since the practice is considered pre-Islamic, there were no reports in the hadith or any legal texts noting that the Prophet had circumcised his daughters. In making the ruling obligatory, the jurists based their argument on Surah Al Imran versus 67, which states about following 'hanif', the righteous part of Ibrahim. This verse however, was interpreted very broadly to include all practices of Ibrahim including circumcision, which was not supposed to be so.

According to Sheikh Ali Gomaa—one of the grand muftis of Al-Azhar and a contemporary scholar of Sunni Muslim stated that while FGM/C was previously practiced as a social custom, it is not a religious custom and it poses serious negative effects on women. As such, it becomes a religious obligation to say unequivocally that the practice of FGM/C is today forbidden in Islam.

According to Ibn Taymiyyah, an Islamic jurist scholar, the legal ruling for circumcision for men is mandatory if it is believed to be safe. However, if the practice may cause adverse effects among vulnerable groups such as the elderly or the infirm, they are exempted from the practice. Hence, if there is a visible or foreseen harmful or negative implications, we can apply this to the context of FGM/C as well, particularly for infants as they are a vulnerable group.

Perlis issued a *fatwa* on FGM/C that includes the need to have the agreement of the woman before conducting a circumcision on her. This state-based *fatwa* clearly stresses on the importance of the woman's consent and bodily autonomy. The *fatwa*, however, fails to outline the position of babies, of whose consent might be relegated to the parents.

All these classical and contemporary views provide more detail on the context of the practice of FGM/C in Islam, and this information could be used to counter the narrative that FGM/C is obligatory in the religion.

Human rights

There is an uncertainty about using the human rights language in pushing for the agenda against FGM/C in Malaysia, as this does not resonate very well in local settings. However, the narrative can be focused on the child's rights to bodily autonomy and integrity. FGM/C therefore violates these rights. It was also noted that if the injury to the clitoris would interfere with sexual arousal, it can be said that FGM/C violates a woman's sexual rights.

Ethics

FGM/C also violates the Hippocratic Oath that all medical doctors take to "do no harm". The practice of FGM/C, involves the use of sharp objects to cut or prick sensitive, healthy, normal tissue. There is no therapeutic or medical reason for undertaking the practice.

However, using the language of harm reduction may encourage the medicalisation of FGM/C. To counter this evidence of harm has to be presented. Research in Malaysia is required to highlight these harms.

We need also to consider the ethical issues of FGM/C. A good question to ponder comes from Earp (2017)'s essay: Are we medicalising morality, or moralising medical research? The essay provides a good insight into investigating biases of your own scientific research if we are partial towards any stand, and to move beyond the dichotomies of male versus female, religion versus culture, and health benefits versus no health benefits—and instead consider the bodily autonomy and consent of children.

Researchers need to maintain an objective lens. This should start with formulating a research question that will deliver fair, non-biased and rigorous evidence. The research question must be one that can be justified and deliver useful findings to translate into practice.

Intervention research for change

There is a need to invest in more applied research towards preventing the medicalisation of FGM/C. A few things to consider around research to influence service utilisation and disrupt the current medicalization model towards abandonment.

First research needs to focus on understanding the supply and demand issues of FGM/C. What are the motivations of providers, how does professional regulation fit, how can education and legislation work to prevent FGM/C. In terms of the demand side we need to understand the values and motivations, behaviours of those seeking to circumcise girls and make sure that the voices of women and community people are heard. This research should consider the voices or marginalised communities such as refugees.

We need to consider what "good" FGM/C research look like? Intervention research is probably the best approach. Researchers should consider bundles of interventions (communications, mentoring, and training) that involve multiple sectors (health, education

and justice sectors) and individual, community, provincial and national levels. These studies can be single or multi-site.

Research may want to consider a phased approach of interventions rather than a large roll out**.** For example, the medical community could be engaged first, then religious authorities and so on so we might be able to leverage on an intervention on a larger scale. It may be useful to identify what grants are available to fund applied research on FGM/C.

Advocacy and research

Undertaking research on FGM/C is in fact a form of advocacy to end the practice. Research can also deliver evidence to prevent FGM.

There is a need to undertake research to inform the most effective means of communicating with individuals, communities, and the nation. Research can identify what messages are successful and the right format for this information so that women can make informed decisions about FGM/C. Research can also provide insight into ways that community people and health professionals can be engaged in discussion on FGM/C.

Research can deliver evidence to support the need for FGM/C the legislation and policy at national level and for health professionals to abide by. There is a need to bring on board multiple organisations and champions from all areas pertaining FGM/C e.g. JAKIM, the MOH and the Ministry of Women. All these organisations have a major role to play in the fight towards eliminating FGM/C.

Conclusion

This report has summarised the findings from a desk review of the peer-reviewed literature on FGM/C in Malaysia, an on-line Delphi survey of Malaysian researchers and a Zoom workshop of researchers and stakeholders to identify and prioritise research for changing behaviour to end the practice of FGM/C in Malaysia.

There is a death of research literature and few researchers working in the area. Decisions need to be made concerning the narrative researchers will take and a consistent approach taken. It was suggested that the narrative should be reframed using religious, legal, ethical, and human rights arguments. This will inform how the discourses are framed in all research design and reporting aspects.

Research questions that are a priority include the following:

- why do women choose not to circumcise?
- What do doctors choose not to circumcise?
- How should men be involved in prevention?

There was strong support for applied research and a phased approach that also involved building the capacity of researchers.

Alliances need to be built with key stakeholders across sectors and at community, provincial, national and international levels to facilitate this research that incorporate an advocacy and dissemination plan for translation into policy and practice.

Appendix

List of Participants

Title	First name	Surname	Designation	Institution
Professor Dato' Dr	Rashidah	Shuib	Honorary Professor, School of Health Sciences	Universiti Sains Malaysia
Professor Dr.	Noraida	Endut	Centre for Research on Women and Gender (KANITA)	Universiti Sains Malaysia
Dr.	Sharifah	Zahhurah	Centre for Research on Women and Gender (KANITA), Nutritional anthropologist	Universiti Sains Malaysia, Penang
Dr	Rusaslina	Idrus	Gender Studies Unit	University of Malaya
Ms.	Nik	Sofiyya	Faculty of Languages and Linguistics	University of Malaya
Ms	Syazwani	Izatti	Faculty of Languages and Linguistics	University of Malaya
Ms	Siti Nur Afiqah	Zahari	Administrative Executive (Academic) Department of Public Health Medicine	RCSI & UCD Malaysia campus
Professor Datuk Dr	Harlina	Siraj	Professor of O&G and Medical Education	Universiti Kebangsaan Malaysia
Assoc. Prof. Dr.	Al-Adib	Samuri	Deputy Director, Institut Islam Hadhari (*Institute of Islamic Civilization*) & Lecturer, Fakulti Pengajian Islam (Faculty of Islamic Studies)	Universiti Kebangsaan Malaysia
Ms	Shareena	Sheriff	Programme Manager	Sisters in Islam
Ms	Sivananthi	Thanenthiran	Executive Director	Asian Pacific Resource and Research Centre for Women (ARROW)
Ms	Fara	Rom	Programme Officer	Asian Pacific Resource and Research Centre for Women (ARROW)
Ms	Siti Hawa	Ali	Chair, Education Committee for Reproductive Health Association Kelantan	ReHAK Reproductive Health Association of Kelantan

Workshop Programme

Time	
1500hrs (KL time)	Welcome and overview of the workshop and objectives Quick round of introductions Facilitator: Prof. Dato' Dr Rashidah Shuib Honorary Professor, School of Health, Universiti Sains Malaysia FGM/C: The current situation in Malaysia • Prof Rashidah Shuib - Policy & Sociocultural context • Shareena Sheriff, Sisters In Islam - Religious context • Dr Al-Adib Samuri Deputy Director, Institut Islam Hadhari, Lecturer, Fakulti Pengajian Islam - Clinical context: Medicalisation • Dr Harlina Siraj, Professor of O&G and Medical Education, Universiti Kebangsaan Malaysia Question & Answer session
1600hrs 1700hrs	Identifying and prioritising FGM/C research Facilitator: Dr Angela Dawson Public Health professor, Faculty of Health, University of Technology Sydney - How research can aid the prevention of medicalised FGM/C (interventions, engaging medical community, alternative practices, sociocultural practices) - Consequences of medicalisation - Supply/demand concept: Triggers that might stop medicalisation Overview of the findings of the survey (Plenary discussion) • Sociocultural aspects - practices in different ethnic groups, the role of religion, alternative practices • Medicalisation and the clinical context Summary Next steps

arrow championing women's sexual and reproductive rights

ORCHID PROJECT
WORKING TOGETHER TO END FEMALE GENITAL CUTTING

Medicalisation of FGM/C in Malaysia

Stakeholder dialogue with academics and researchers

Facilitators:

Prof. Dato' Dr Rashidah Shuib & Dr Angela Dawson

Organised by the **Asia Network to End FGM/C**

RESEARCHERS DIALOGUE

26 JAN 2021

zoom

"Harmful practice is the start of a cascade of harm"
UNFPA (2020)

Asia Network to End FGM/C

(Coordinated by Orchid Project & ARROW)

MEDICALIZATION OF FGM

FGM/C

The panel ahead of International Day of Zero Tolerance for #FGM discusses how the practice which is present in #malaysiabaru is a violation of human rights, rights to consent, bodily autonomy & choice of young girls & women.

It also looks at strategies to #EndFGM #EndFGC

3:52 AM · Jan 29,2019

No Time for Global Inaction: Unite, Fund, and Act to End Female Genital Mutilation

END MEDICALISATION OF FGM

FGM IN MALAYSIA

- Overall research on FGC: few and scattered.
- Anisah (1995): subdistrict prevalence 94.6%
- Isa, Shuib & Othman 1999: clinical findings > no signs of injury or mutilation.
- Rashid et al 2010: FGM/C in rural Malaysia
- Dahlui, M. (2011), 4 states representing 4 zones
- Minimal research: Abdul Rashid, Yufu Iguchi & Siti Nur Afiqah. Medicalization of female genital cutting in Malaysia: A mixed methods study. *PLOS Medicine* . October 27 2020.

MAZNAH DAHLUI'S STUDY

- A cross-sectional study; 1086 Muslim females (98% Malays 2% Aborigines.
- 93.6% reported being circumcised
- 13.02% daughters , 93.2 % circumcised

REASONS:

- Religious obligation(80.4%)
- Cleanliness (39.2%)
- Cultural practices (23.4%)
- Control female's sexual desire (16.2%)
- Partner's sexual pleasure (8.5%)

RASHID: MAIN FINDINGS

- Prevalence 20.5% performed by health care professionals
- Majority female doctors, trained by seniors
- Venue: clinics, private.
- Age: less than one year of age
- Most practiced Type IV though many did TypeI.**
- Reasons: Harm reduction, religion, culture BUT not money (African countries)
- Most wanted to continue FGC.
- No official training in medical curriculum
- Not aware of the stand taken by WHO

** Traditional midwives in Indonesia, Malaysia, Thailand and Singapore practices Type IV but more doctors performed Type I!

➢ Better anaesthetic and knowledge?

MOVING FORWARD…

- Need a better reframing?
  - FGM/C as harm >>medicalization
  - Dr Hama Sholkamy, an anthropologist suggests reframing sexuality as something normal: "healthy sexuality & healthy gender relations".

- Interventions:
  - Legislation & policy
  - Public education & awareness raising >>govt. & NGOs
  - Empower women & men to say NO>>individual
  - FGM is socially sanctioned >>empower collective decision

DIALOGUE

26 JAN 2021

Thank You

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FGM / FGMC / Khitan

Mohd Al Adib Samuri,

Institute of Islamic Studies, Universiti Kebangsaan Malaysia

School of Laws	Legal Rulings on Circumcission
Hanafi	It is for the honour of the husband as it facilitates the sexual relation satisfaction.
Maliki	Preferred deed for the sexual satisfaction of the husband.
Shafie	Obligatory for both genders (Wajib)
Hanbali	Preferred deed (Sunnah)

Legal Reasoning:

Hanbali: It is to regulate women's desire so it will be moderate.
Hanafi/ Maliki : For the sexual satisfaction of the husband.

FGM / FGMC / Khitan

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- This culture is considered as pre-Islamic. The hadith was reported after the Hijrah when the Prophet was asked by a Medinan women about this practice among Medinan people.
- There is no report in the hadith that the Prophet did this practice to his daughters.
- There is no strong evidence to support this practice. The jurists who made it as obligatoy based their argument on the Quran (Ali Imran: 67) which mentions about following the Haneef of Ibrahim. 'Haneef' in that verse, supposedly means as Tawheed (The Oneness of God), and does not include all of the Ibrahim's practices such as circumcision.

FGM / FGMC / Khitan

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- The jurists argued that the female circumcission is meant for the **conjugal relationship,** specifically for husband's sexual satisfaction. However, unlike the male circumcission, it is not related to the performance of worship (ibadah).
- Sheikh Ali Jumuah (Grand Mufti of al-Azhar):

  While FGM was previously practised as a social custom (and not a religious matter), the state of today's knowledge makes clear the serious negative effects of such practices on women. As such, it becomes a religious obligation to say unequivocally that the practice of FGM is today forbidden in Islam.

Bunga Telang @ Butterfly pea

Clinical Context of FEMALE CIRCUMCISION

Prof Datuk Dr Harlina Halizah Siraj

Pusat Citra Universiti

(CITRA – UKM)

PRINCIPLE OF MEDICAL ETHICS
Non-Maleficence

FEMALE CIRCUMCISION

(FGM Type 1a & IV)

Procedures involving sharp objects coming into contact with sensitive flesh (clitoris) which is a healthy, normal tissue.

This poses some risk of PHYSICAL & PSYCHOLOGICAL harm, however small .

however small .

Health benefits of FC ?

- **Opponent of FGM/FC :**
  - Risk of physical & psychological harm outweighs health benefits (if any).
  - Interferes with the natural functions of girls' and women's bodies.
  - Violation of individual's right to health & decision on bodily physical integrity.
- **Proponent of FGM/C :**
  - Minor procedure, low risk with rare long-term health adverse consequences.
  - Social benefits (cultural & religious) outweigh health benefits.
  - Medicalization of traditional FC- will ensure safe clinical practice & less complications.

African Journal of Reproductive Health

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Health benefits of FC?

The Relationship between Female Genital Mutilation and HIV Transmission in Sub-Saharan Africa

Olaniran AA. The relationship between female genital mutilation and HIV transmission in sub-Saharan Africa. Afr J Reprod Health. 2013 Dec;17(4 Spec No):156-60. PMID: 24689327. https://www.ajol.info/index.php/ajrh/article/view/99768

CONCLUSION : While the hypothesis and argument supporting the association are covered within the limits of scientific reasoning, **very few objective researches have been able to affirm the claim of positive association between these two.** These sentiments of entrenching or abolishing FGM will in no small measure becloud scientific reasoning and judgment. **An objective lens is therefore required in formulating and viewing research questions**.

Ethical issues of Female Circumcision

Blog | Journal of Medical Ethics

Does Female Genital Mutilation Have Health Benefits? The Problem with Medicalizing Morality

Posted on August 15, 2017

By Brian D. Earp (@briandavidearp)

- FC proponent legal argument: “Low-risk” FC shouldn’t really count as mutilation/criminal act. Far less invasive than the ritual, medically accepted & more invasive male circumcision, which is legally allowed on minors in most countries in the world (double standard).
- Are we medicalizing moral reasoning & moralizing medical research?

Extended essay

Published : 18 January 2021

Male or female genital cutting: why 'health benefits' are morally irrelevant

Journal of Medical Ethics

Brian D Earp

Yale-Hastings Program in Ethics and Health Policy, Yale University

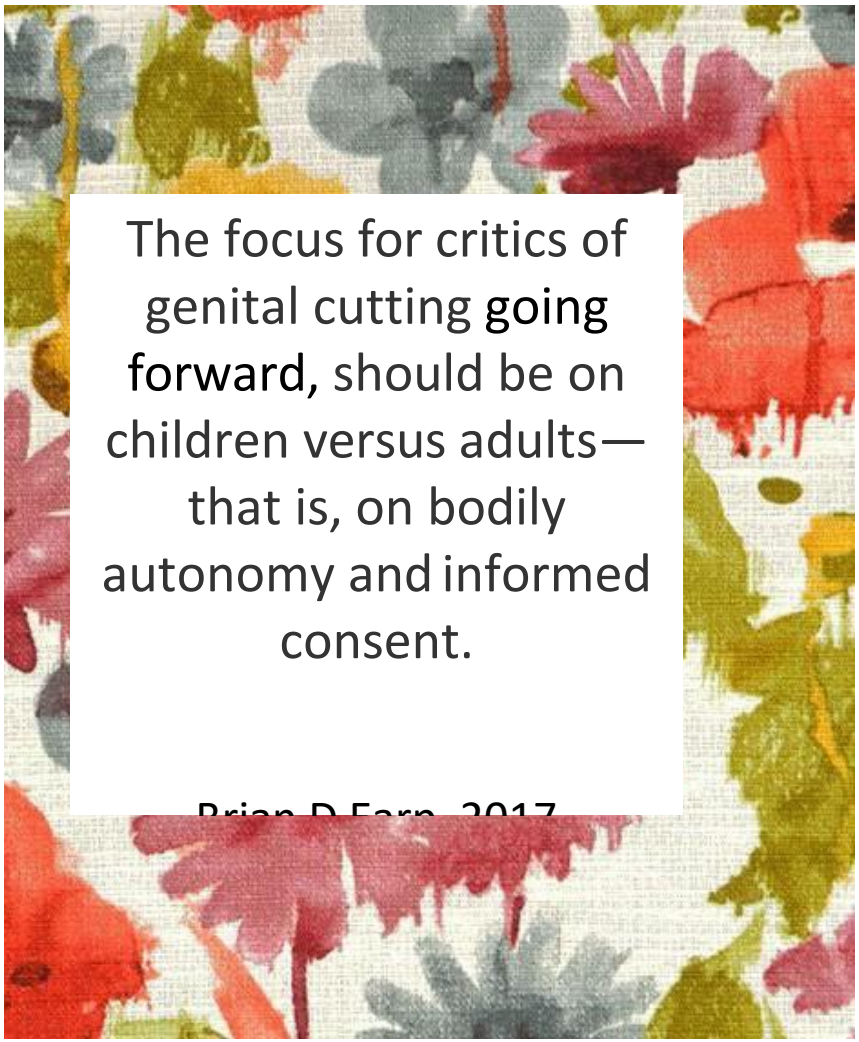
ABSTRACT

- The WHO, American Academy of Pediatrics and other Western medical bodies currently maintain that all medically unnecessary female genital cutting of minors is categorically a human rights violation, while either tolerating or actively endorsing medically unnecessary male genital cutting of minors, especially in the form of penile circumcision.
- Given that some forms of female genital cutting, such as ritual pricking or nicking of the clitoral hood, are less severe than penile circumcision, yet are often performed within the same families for similar (eg, religious) reasons, it may seem that there is an unjust double standard.
- Against this view, it is sometimes claimed that while female genital cutting has 'no health benefits', male genital cutting has at least some. Is that really the case? And if it is the case, can it justify the disparate treatment of children with different sex characteristics when it comes to protecting their genital integrity?

I argue that, even if one accepts the health claims that are sometimes raised in this context, they cannot justify such disparate treatment. Rather, children of all sexes and genders have an equal right to (future) bodily autonomy.

This includes the right to decide whether their own 'private' anatomy should be exposed to surgical risk, much less permanently altered, for reasons they themselves endorse when they are sufficiently mature.

https://jme.bmj.com/content/early/2021/01/17/medethics-2020-106782



VOICES OF

Empowered Women :

Please leave our clitorises

ALONE!

Identifying and prioritising FGM/C research for change

Malaysian Research Stakeholder Dialogue on FGM/C Professor Angela Dawson

A Focus on Generating evidence for Prevention

- Sustainable Development Goal Target **5.3**
- Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

- Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) General Recommendation No. 14 on FGM
- UN Convention on the Rights of the Child Article 19
- No basis for arguments in support of harm reduction strategies such as the medicalisation of FGM/C

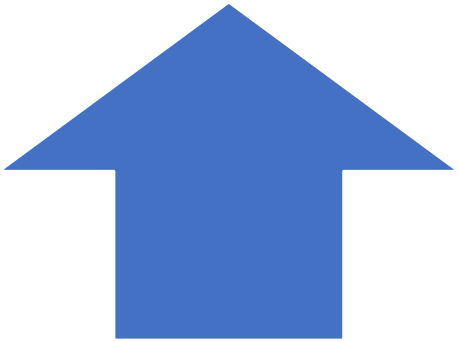
Need for Applied Research to Prevent medicalisation

Demand

Understanding values / motivations, behaviours, women and community voices

Supply

Motivations of providers, type of practice, medical ethics, professional regulation, education, legislation



What might good FGM/C research in this area look like?

Applied research

- Intervention research- what types of interventions?
- Cross sector multi-disciplinary interventions
- Multi-level interventions
- Different levels of prevention
- bundles of interventions
- Single site vs. Multi-site studies?
- complex vs simple?
- FGM/C research in the time of COVID-19

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