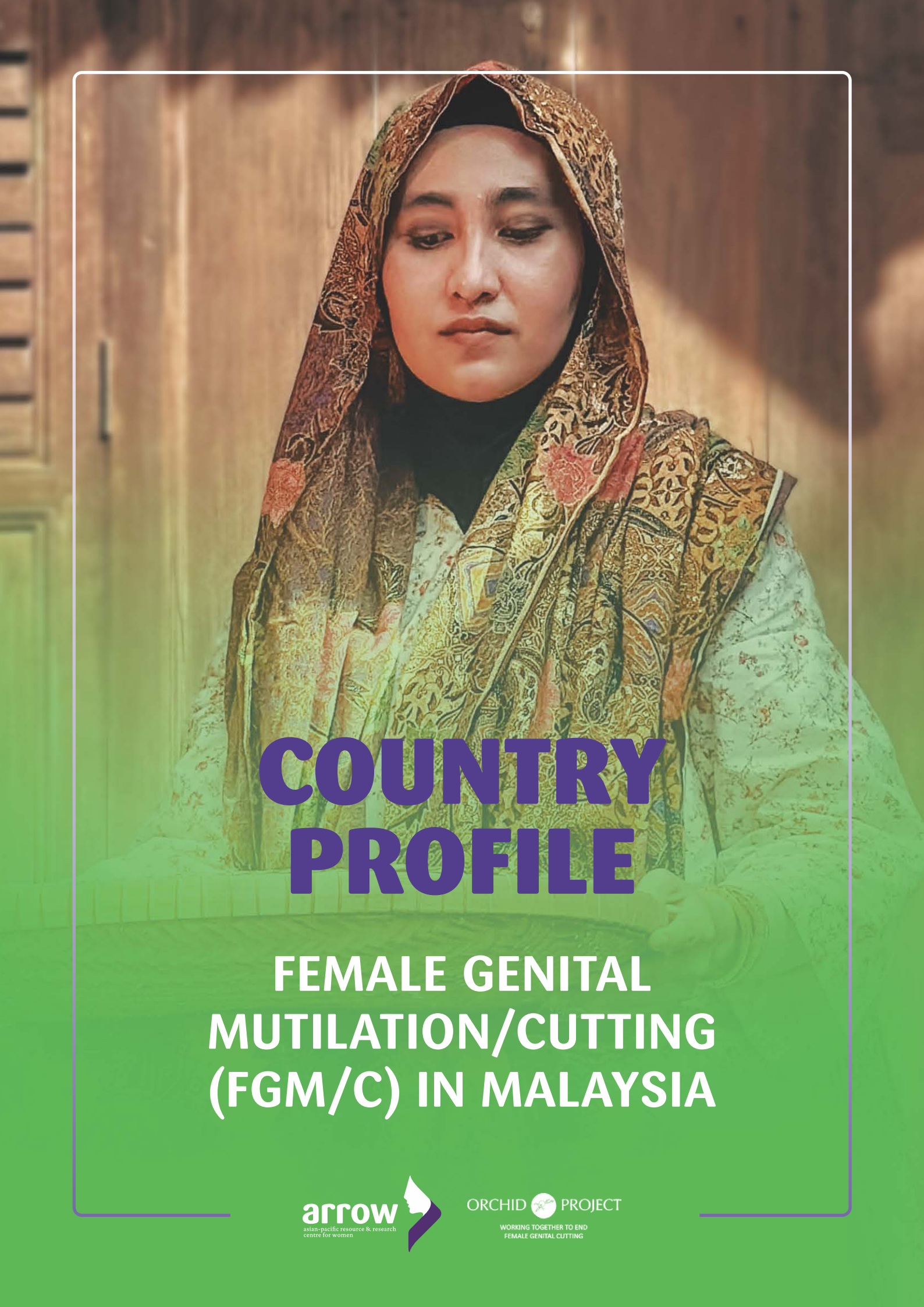

COUNTRY PROFILE

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

arrow
asian-pacific resource & research centre for women

ORCHID PROJECT
WORKING TOGETHER TO END FEMALE GENITAL CUTTING

COUNTRY PROFILE:
FEMALE GENITAL MUTILATION/CUTTING (FGM/C)
IN MALAYSIA

2025

ABOUT ARROW

ARROW is a regional non-profit women and young people's organization based in Kuala Lumpur, Malaysia. It was established in 1993 upon a needs assessment arising out of a regional women's health project, where the originating vision was to create a resource center that would 'enable women to better define and control their lives.

ABOUT ORCHID PROJECT

Orchid Project is an international NGO, with offices in Nairobi and London, working at the forefront of the global movement to create a world free from FGM/C. At the heart of our mission are grassroots organisations that are pioneering change, and by working together, one step at a time, we believe we can help to end FGM/C globally.

PUBLISHED BY

Asian-Pacific Resource & Research Centre for Women (ARROW)
1 & 2 Jalan Scott, Brickfields 50470, Kuala Lumpur, Malaysia

Telephone +603 2273 9913/9914/9915
Fax +603 2273 9916
Email arrow@arrow.org.my
Web arrow.org.my
Bluesky arrowomen.bsky.social
Facebook ARROW.Women
Instagram arrow_women
YouTube ARROW_Women
LinkedIn arrowomen

PUBLICATIONS TEAM

Managing Editors:
Sivananthi Thanenthiran and Anjali Shenoi (ARROW)
Authors:
Anne-Marie Morin, Sean Callaghan (Orchid Project); and Safiya Riyaz (ARROW)
Researchers:
Ika Agustina, Rena Herdiyani, Lailatin Mubarokah (Kalyanamitra); and Syarifatul Adibah (Sisters in Islam)
Overall Coordination:
Safiya Riyaz and Sharmilah Rajendran (ARROW)
Reviewers:
Professor Rashidah Shuib, Melissa Mohd Akhir, Satyawanti Mashudi, Ludhiya Johnson, and Riris Adianti
Copy Editors:
Stephanie Peters and Deepshikha Ghosh
Graphic Design:
Nicolette Mallari
Cover Image:
eedafizie@Shutterstock.com
Additional Images:
FamVeld@Shutterstock.com
pink stockers@Shutterstock.com

CONTENTS

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This document presents the country profile of Malaysia and forms part of a broader research study on Female Genital Mutilation/Cutting (FGM/C) in Southeast Asia. This report covers prevalence, trends, drivers, barriers, and forces for change related to FGM/C in Malaysia and includes detailed case studies on Penang, Sarawak, Sabah, and Orang Asli communities.

This research was conducted by the Orchid Project in collaboration with ARROW (Asian-Pacific Resource & Research Centre for Women), in partnership with Sisters in Islam, who led the fieldwork in Malaysia. The study was supported by the South and Southeast Asia Research Innovation Hub (SSEARIH), of the Foreign, Commonwealth & Development Office (FCDO), UK Government. The views expressed herein do not necessarily reflect the official policies of the UK Government.

We would like to acknowledge the research team:

- Anne-Marie Morin, Orchid Project
- Sean Callaghan, Orchid Project
- Safiya Riyaz, ARROW
- Ika Agustina, Kalyanamitra
- Rena Herdiyani, Kalyanamitra
- Lailatin Mubarokah, Kalyanamitra
- Syarifatul Adibah, Sisters in Islam

For further inquiries or additional information regarding this study, please contact:

Anne-Marie Morin
annemarie@orchidproject.org

Safiya Riyaz
safiya@arrow.org.my

The research advisor and contact at the Foreign, Commonwealth & Development Office (FCDO):
Ludhiya Johnson
ludhiya.johnson@fcdo.gov.uk.

EXECUTIVE SUMMARY

Female Genital Mutilation/Cutting (FGM/C) is internationally recognised as a violation of human rights, particularly the Sexual and Reproductive Health and Rights (SRHR) of girls and women. It involves the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. **Globally, an estimated 230 million women and girls have undergone FGM/C, with an additional four million girls at risk each year**. FGM/C has no health or medical benefits. The harms caused are severe and lifelong. Recent evidence indicates that FGM/C is a leading cause of death among women and girls in practicing countries—exceeding fatalities from HIV/AIDS, measles, and meningitis. **The practice is documented in 31 countries across Africa, the Middle East, and Asia, underscoring its status as a global human rights and public health issue.**

In Southeast Asia, FGM/C remains significantly underreported. Asia accounts for at least 35% of the global FGM/C burden, affecting approximately 80 million[1] women and girls, with documented cases in India, Pakistan, Sri Lanka, Maldives, Vietnam, Cambodia, Thailand, Brunei, Singapore, Philippines, Indonesia, and Malaysia.[2] In Malaysia alone, at least 7.5 million women and girls are affected. Due to limited data and legal protections, the actual prevalence is likely higher, making FGM/C a critical issue requiring urgent attention in the region. FGM/C has no health or medical benefits and has no sound scientific basis, and the harm caused by the practice is recognised as a violation of child and women's rights. The sheer numbers of women and girls affected, make FGM/C a critical Child and Health Rights issue, highlighting concerns about consent, bodily autonomy and negative sexual and reproductive health outcomes, thus requiring urgent attention in the region. This report presents key findings on FGM/C in Malaysia, focusing on its prevalence, drivers, barriers to change, and opportunities for intervention, including sub-regional and community-level dynamics. The study employed a mixed-methods approach, including desk review, data analysis, stakeholder mapping, interviews, focus group discussions, participatory methods, and field-based case studies in Penang, Sarawak, Sabah, and with Orang Asli communities.

KEY FINDINGS OF THE REPORT

FGM/C remains widespread in Malaysia, with a national prevalence of at least 53%, affecting over 7.5 million women and girls. Among Malay Muslims, prevalence is estimated at 93%. The most common types are Type 4 (pricking, piercing, incising, scraping, cauterisation), followed by Type 1 (partial or total removal of the clitoris and/or prepuce) due to increased medicalisation.

The practice is typically performed on infants between seven to 14 days after birth, though it can occur up to 12 months of age. Approximately 75% undergo FGM/C before six months. Procedures are carried out by traditional midwives (Mak Bidan or indigenous midwives), doctors, nurses, or trained midwives, with a growing shift toward medical professionals due to hygiene and perceived safety.

Malaysia lacks a cohesive national policy or legal framework addressing FGM/C. Public support remains high, and government bodies have not officially acknowledged the practice. Data availability is inconsistent, limiting effective response.

DRIVERS AND BARRIERS TO ENDING FGM/C IN MALAYSIA

1. SOCIAL NORMS AND CULTURAL DRIVERS

Cultural acceptance of FGM/C remains a significant barrier to change. In Malaysia, societal discourse continues to favour the practice, which is often viewed as a rite of passage, a marker of adulthood, and a religious obligation. In Malaysia, support is nearly universal, and many women report satisfaction with their experience of FGM/C, further cementing its social legitimacy. Across all the communities studied (Penang, Sarawak, Sabah, and Orang Asli communities), FGM/C is widely perceived as harmless, with respondents describing it as causing minimal pain and no complications. These perceptions contribute to the continued acceptance of the practice.

Women family members play a key role in the perpetuation of FGM/C, which is most commonly performed within the first year after birth in Malaysia. The belief that FGM/C is a religious obligation is widespread, regardless of theological accuracy. This perception is reinforced by deeply held views linking the practice to physical hygiene and religious cleanliness. These are further compounded by beliefs that FGM/C is necessary to control female sexuality, and/ or it enhances health, fertility, or sexual satisfaction for either partner. In Malaysia, the use of the term "female circumcision" is particularly significant, as it is often used to distinguish the practice from forms of FGM/C in Africa, which are viewed as more severe and unacceptable.[3] This linguistic framing contributes to the normalisation of the practice and undermines recognition of its harmful effects.

2. ROLE OF RELIGION

Religion plays a pivotal role in shaping perceptions and practices surrounding FGM/C in Malaysia. The practice is widely regarded as a religious obligation, even though it is not explicitly mandated by Islamic texts or universally endorsed by religious scholars. Most Malaysian Muslims follow the *Shafi'i* school of thought—the only Islamic school that considers FGM/C obligatory. Among Malay Muslims, there is a widespread belief that all Islamic schools require the practice, reinforcing its status as both a religious duty and a symbol of Muslim identity. A broader trend toward religious conservatism in Malaysia has further solidified these beliefs, creating additional barriers to reform.

The Department of Islamic Development Malaysia (JAKIM) equates FGM/C with male circumcision, asserting that "when there is benefit for a man, there is also a benefit for a woman." The practice, commonly referred to as *sunat* (circumcision), is often justified on the grounds of cleanliness, aligning with Islamic teachings on purification and ritual ablution. This framing combines religious doctrine with cultural tradition, thereby reinforcing the practice's legitimacy and acceptance within certain communities.

Community-level findings from Penang, Sarawak, Sabah, and Orang Asli communities reveal that FGM/C persists even in the absence of strong religious mandates. In these areas, the practice is often culturally motivated, whereas religion is usually evoked to substantiate these practices, highlighting a disconnect between national religious narratives and local beliefs.

3. LEGAL AND POLICY FRAMEWORKS

Malaysia operates within a regulatory vacuum and lacks a specific and cohesive national policy framework addressing FGM/C, with neither the Ministry of Health nor the Department of Islamic Development (JAKIM) providing clear guidance or regulation. The performance of FGM/C could fall under various general criminal laws and codes, depending on the circumstances, intentionality, and degree of harm inflicted, but this regulatory vacuum is further complicated by the country's dual legal system, where common law and Islamic law coexist, and religion is constitutionally a matter for individual states.

The decentralised nature of religious authority allows each state to interpret and enforce Islamic law independently, particularly on matters related to religious practice(s). This includes jurisdiction over practices like FGM/C, which are often framed as religious obligations. The sensitivity around acknowledging "female circumcision" as a harmful practice, especially when it is culturally and religiously normalised, further hinders policy development and implementation.

Within the communities, a policy–practice disconnect is evident. The absence of a national policy, combined with fragmented religious endorsements and limited public health messaging, has created a gap between official positions and community realities. Many communities remain unaware of the health risks and human rights implications of FGM/C.

4. MEDICALISATION AND THE HEALTH WORKFORCE

The medicalisation of FGM/C presents a growing challenge in Malaysia. The practice has increasingly shifted from traditional settings to clinical environments, particularly in urban areas. A 2017 study found that 73% of women of childbearing age preferred doctors to perform FGM/C. Among girls under the age of 26, 44.3% of procedures were carried out by doctors and 12.9% by nurses or trained midwives.

Support for FGM/C remains high among Malay doctors and traditional practitioners, who often cite religious and cultural obligations. Some healthcare professionals have even advocated for the inclusion of FGM/C in medical school curricula, further legitimising the practice within the health system.

Despite growing international concern and awareness of global health and human rights, the standards related to FGM/C remain limited. The Malaysian Medical Council (MMC), composed of professionals from diverse backgrounds, has largely remained silent on the issue, viewing it as a religious matter specific to the Muslim community. This silence contributes to a regulatory gap and hinders efforts to address the practice from a public health and human rights perspective.

RECOMMENDATIONS

This report presents a set of recommendations that are informed by extensive consultation with local partners and grassroots organisations, and are shaped by the cultural, political, and operational realities of the country. The recommendations are tailored to reflect regional specificities.

RECOMMENDATIONS FOR MALAYSIA

1. **Establish Reliable, Comprehensive, Consistent and Standardised Data Collection**
   - **Explore the possibility of integrating FGM/C indicators into upcoming national health surveys**—building on the precedent set by the inclusion of intimate partner violence (IPV) in the recent National Health and Morbidity Survey (NHMS), particularly within the mother and child health module. This could include supporting compulsory reporting through postnatal care services and/or exploring a national survey in collaboration with the Prime Minister's Office.

2. **Strengthen National Policy and Institutional Frameworks on FGM/C**

   The Malaysian Government is encouraged to establish a clear national policy on FGM/C that addresses its health, ethical, and legal dimensions. To ensure cultural relevance, local ownership, and effective implementation, these policies should be developed with direct input from diverse communities. Potential interventions include:
   - **Collaborate with the Ministry of Health to develop comprehensive guidance for healthcare professionals (including midwives)**, outlining the lack of health and medical benefits of FGM/C and how it is non-scientific practice.
   - **Integrating FGM/C awareness into healthcare services, including postpartum care education, by training healthcare providers and midwives** to address the issue sensitively during routine maternal and child health visits, creating opportunities for education and early intervention.

3. **Promote Religious Re-interpretation and Engagement**
   - **Facilitate evidence-based dialogue with religious authorities to clarify theological positions mandating FGM/C**, and help distinguish cultural practices from religious obligations.
   - **Engage respected religious leaders, including young religious leaders, in advocacy efforts to foster community acceptance** of change and reduce resistance by aligning messages with religious values.

4. **Invest in Community Education and Behaviour Change**
   - **Implement targeted Community Behaviour Change strategies tailored to specific community contexts in partnership with organisations.** These should challenge entrenched social norms, dispel misconceptions, and promote positive narratives around bodily autonomy, health, and human rights through culturally sensitive messaging. Strategies could include integrating age-appropriate content on FGM/C into school curricula; developing youth-led advocacy programmes and peer education initiatives leveraging digital platforms, social media, and youth-friendly communication methods; and amplifying stories of resistance and change, such as young mothers choosing not to circumcise their daughters to inspire broader community reflection.

RECOMMENDATIONS FOR THE UK

The government of UK is encouraged to adopt a multi-pronged, strategic approach to support the elimination of Female Genital Mutilation/Cutting (FGM/C) in Malaysia, aligning with national, regional, and international frameworks:

1. **Support Malaysian Civil Societies to advance Community-Level Awareness and Behaviour Change**
   - **Strengthen partnerships with civil society organisations** that have strong local networks and understanding of the context to lead grassroots advocacy efforts on FGM/C, particularly in underserved and high-prevalence areas, particularly for the development and dissemination of culturally

tailored Behaviour Change Communication (BCC) strategies that challenge harmful social and cultural norms and promote rights-based narratives.

- **Support members of the Asia Network to End FGM/C** in participating in national CEDAW reporting processes. This includes contributing to consultations and developing a shadow report that integrates FGM/C into CEDAW submissions. In Malaysia, it is important to provide support that constructively addresses the government's framing of FGM/C as "merely circumcision," and highlights its broader impacts on women and girls. Support knowledge generation and evidence-based advocacy by working with regional feminist and human rights organisations working on research, advocacy, and grassroots mobilisation such as Asia Network to End FGM/C.

2. **Support UN agencies programmes addressing FGM/C in Malaysia:**
   - **Strengthen Multisectoral Collaboration in both countries through UNFPA's ongoing efforts.** In Malaysia, actively engage with the newly established multi-sectoral steering committee on FGM/C convened by UNFPA Malaysia.

3. **Support and leverage Human Rights Mechanisms that call for the elimination of FGM/C**
   - **Leverage Global Accountability Mechanisms to Advocate for SDG 5.3.** Utilise Malaysia's 2025 Voluntary National Review (VNR) at the High-Level Political Forum (HLPF) to advocate for the explicit inclusion of FGM/C under SDG 5 on gender equality, SGD 3 on Good Health and Well-being, and SDG 16 on Peace, Justice, and Strong Institutions.
   - **Support Human Rights-Based Legislative Change via Malaysia's Universal Periodic Review (UPR) Follow-Up**. Continue engagement with the Human Rights Commission of Malaysia (SUHAKAM) and the Children's Commissioner to provide technical assistance, particularly through child rights advisors, to strengthen child protection policies and frameworks.
   - **Support Data Collection efforts being carried out in the country**, aligning with International Human Right's Standards.

REGIONAL RECOMMENDATIONS ON POLICY PRIORITIES FOR GOVERNMENTS, HUMAN RIGHTS AND DEVELOPMENT PARTNERS

- **Leverage the Beijing +30 and ICPD commitments**, which explicitly call for the prohibition and elimination of FGM/C, by reinforcing FGM/C as a violation of gender equality and SRHR, particularly in the areas of violence against women and girls (Critical Area D), women's health (Critical Area C), the rights of the girl child (Critical Area L).
- **Support regional platforms and align stakeholders to advance shared goals** on gender equality and the elimination of harmful practices such as FGM/C. This includes supporting the 2025 regional convening organised by ARROW and UNFPA, supporting the DFAT–UNFPA Regional Accountability Framework Programme and exploring collaboration with the Government of Australia through the Southeast Asia Gender-Based Violence Prevention Platform.
- **Leverage international human rights treaties to reinforce norms and standards that advocate an end to FGM/C**, particularly the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of the Child (CRC) and the Convention Against Torture (CAT). Both Malaysia (CEDAW) and Indonesia (CRC) are scheduled for upcoming reviews, presenting key opportunities to submit evidence, challenge harmful state narratives, and push for alignment of national laws and practices with international human rights standards. The next Universal Periodic Review (UPR) cycle is also an opportunity to challenge Malaysia's stance on FGM/C as a cultural practice and advocate for policy alignment with human rights obligations.
- **Strengthen international and regional partnerships with agencies such as ASEAN, WHO and UNESCO** and engage actively to ensure that FGM/C is integrated into broader gender equality and child protection agendas. This includes supporting ASEAN's renewed 10-year Gender Mainstreaming Strategic Framework and advocating for the explicit inclusion of FGM/C as a priority issue within its implementation under the women and children's Agenda (ACWC).
- **Support regional medical and midwifery associations in developing and promoting professional guidelines** that explicitly oppose the medicalisation of FGM/C. These include The Midwives Alliance of Asia (MAA), Asia and Oceania Federation of Obstetrics and Gynaecology (AOFOG), Asian Oceanic Society of Paediatric and Adolescent Gynaecology (AOSPAG).

1. INTRODUCTION

Despite growing international concern and awareness of global health and human rights, the standards related to FGM/C remain limited. The Malaysian Medical Council (MMC), composed of professionals from diverse backgrounds, has largely remained silent on the issue, viewing it as a religious matter specific to the Muslim community. This silence contributes to a regulatory gap and hinders efforts to address the practice from a public health and human rights perspective.

Female genital mutilation, Female circumcision or Female Genital Mutilation / Cutting is the practice of partially or wholly removing the external female genitalia or otherwise injuring the female genital organs for non-medical or non-health reasons. It is mostly carried out on young girls between infancy and age 15. The terminology applied to the FGM/C practice has undergone evolutions over time and contexts, which indicate changes in how the practice is perceived and the variations of the advocacy strategies. In 2019, the CEDAW and the Committee on the Rights of the Child (CRC) issued joint general recommendations on harmful practices, establishing a connection between the various terms and a single practice.

The practice of FGM/C is internationally recognised as a gross violation of girls' and women's fundamental human rights, including their rights to health, physical integrity, security and dignity and is a manifestation of deep-rooted gender inequality. Although today a girl is **one third less likely** to be subject to FGM/C than 30 years ago, a growing population in countries where FGM/C is practised means that **over 4 million girls are at risk of undergoing FGM/C annually**.

The World Health Organization (WHO) classifies FGM/C into four types- from a symbolic prick to the clitoris or prepuce, to the fairly extensive removal and narrowing of the vaginal opening.

- **TYPE 1** Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).
- **TYPE 2** Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).
- **TYPE 3** Narrowing of the vaginal orifice with creation of a covering seal by cutting and re-positioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).
- **TYPE 4** All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterisation

FGM/C can result in severe complication. Types 1 and 4 are the most common in Indonesia and Malaysia. Physical complications of Type 1 include severe pain, genital swelling, haemorrhage, infection, tetanus, risk of septicaemia and death. Longer term complications include chronic pain due to trapped or exposed nerve endings, keloid scarring, neuroma causing pain during intercourse, cysts that can become infected and sexual dysfunction. The short- and long-term effects of Type 4 FGM/C are unreported and further research is required to unpack the harm caused by Type 4.

DEFINING TERMS

FEMALE CIRCUMCISION. Initially termed 'female circumcision' when it gained international attention, early anthropological research in Africa described it alongside male circumcision as part of adulthood rites. By the mid-1970s, this comparison was abandoned as focus shifted to its health impacts on women and girls. The practice was later addressed from both health and human rights perspectives, becoming known as "mutilation".

UNFPA[4] and UNICEF[5] emphasise that unlike male circumcision, which is used in Africa for HIV prevention, female circumcision offers no medical benefits and fails to convey its "severe physical and psychological impact on women."

In Malaysia and Indonesia, the term 'female circumcision' normalises the practice by falsely equating it with male circumcision and lending it unwarranted medical and religious legitimacy. *Sunnah* is an Arabic word meaning "recommended". *Sunat* is the Malaysian and Indonesian word for circumcision, which applied to both men and women. In Malaysia or Indonesia *"sunat"* can be either *"sunnah"* (recommended), *wajib* (compulsory), or *haram* (forbidden).

FEMALE GENITAL MUTILATION (FGM). The 2008 interagency statement[6] issued by WHO, OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF and UNIFEM clearly emphasises that *'The guiding principles for considering genital practices as female genital mutilation should be those of human rights, including the right to health, the rights of children and the right to non-discrimination on the basis of sex'*.

The 2008 statement terminology note indicates that the 'use of the word 'mutilation' helps to promote national and international advocacy for its abandonment'.

UNFPA, UNICEF and the UK use the term FGM.

FEMALE GENITAL CUTTING (FGC). The 2008 Interagency Statement also introduced the term "Female Genital Cutting." It explicitly emphasises that the use of "cutting" is not intended to minimise the mutilating and harmful nature of the procedure and notes that the term FGM may hinder the process of social change.

Researchers in Malaysia strongly advocate for the use of the term Female Genital Cutting, on the grounds that the term Female Genital Mutilation is culturally insensitive and does not accurately describe the practice as the type of cutting which is conducted in this region.

FEMALE GENITAL MUTILATION/CUTTING (FGM/C). The term FGM/C is used to highlight the significance of the word "mutilation" in policy contexts, while also recognising the need for non-judgmental language when engaging with communities that practice this tradition. In this report, FGM/C is the terminology used.

HARM REDUCTION, SYMBOLIC PRACTICES AND ALTERNATIVE RITES OF PASSAGE. In some parts of the world, for instance East Africa, alternative rites of passage or symbolic practices[7] are a popular strategy to encourage abandonment of FGM/C, although their effectiveness is contested and more evidence is needed.

Furthermore, the use of harm reduction to justify medicalised FGM/C is controversial. Harm reduction typically aims to minimise health risks through pragmatic, culturally acceptable alternatives, usually for individuals capable of giving informed consent and for reversible practices. As children cannot provide consent and FGM/C is irreversible, the principles of harm reduction do not apply. Promoting medicalised FGM/C as a safe and hygienic procedure risks legitimising and encouraging its continuation rather than preventing harm.[8]

Some advocate using symbolic rituals to eliminate harmful FGM/C, based on the premise that cultural norms can evolve. This gradual approach would transition from physically harmful procedures to symbolic acts without bodily harm.

However, Dr. Maria Ulfah Anshor from Komnas Perempuan in Jakarta states, "Even symbolic (action) is violence, because this symbolic practice of circumcision departs from the same perspective: distrusting female sexuality."[9, 10, 11]

THE STATE OF FGM/C IN SOUTH AND SOUTH-EAST ASIA

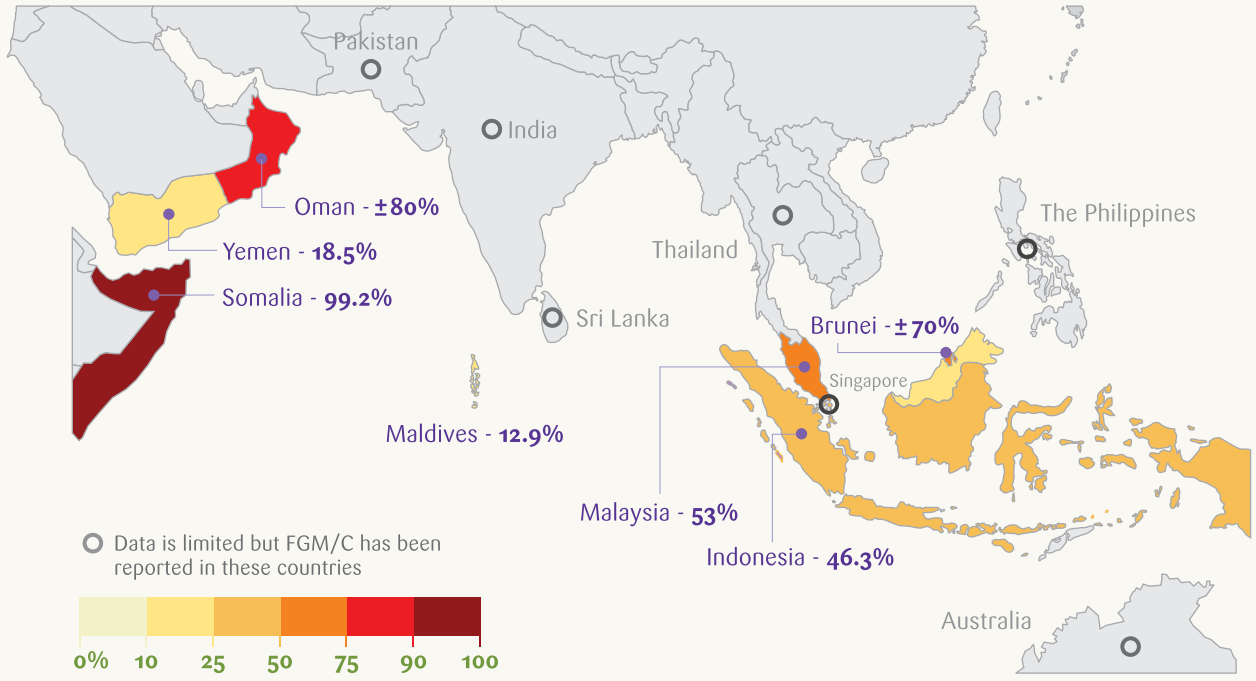
Globally, it is estimated that over 230 million girls and women alive today have undergone FGM.[12] About 144 million (63%) cases of FGM are reported in Africa, followed by 80 million (35%) in Asia and 6 million in the Middle East and other small practising communities in the rest of the world.

Female genital mutilation/cutting (FGM/C) remains a significant yet underreported issue in Southeast Asia, with Indonesia and Malaysia alone accounting for approximately 70 million[13] **and 7.5 million**[14] **affected women and girls, respectively—representing nearly 30% of the global burden.** The practice, commonly known as 'sunat' across the region, exists in at least 12 countries with particularly high prevalence rates amongst ethnic Malay communities (over 90% in Malaysia) and in specific Indonesian regions (reaching 81.2% in Sulawesi).[15] Prevalence also occurs in the whole of Asia, in countries such as India, Pakistan, Sri Lanka, The Maldives, Vietnam, Cambodia, as well as in Australia.

Despite its widespread nature, there is little regulatory provision across the region to prevent girls and women from being subjected to the practice. Data collection remains severely limited, with only Indonesia and the Maldives including FGM/C in their population surveys, which may indicate that the actual prevalence of FGM/C in Asia may be higher than current estimates, given likely underreporting and limited data from other countries.

The practice is increasingly being medicalised, particularly in Malaysia where healthcare professionals perform the majority of procedures. In Southeast Asia, most interventions occur during infancy, with nearly 70% of Indonesian girls undergoing the procedure before their first birthday. Types 1 and 4 (according to WHO classification) are most common, with religious obligation frequently cited as the primary justification. Symbolic procedures take place in Indonesia and Sri Lanka. Like alternative rites of passage in Africa (such as pouring milk on a girl's pelvis), these procedures are physically non-invasive. In Indonesia, they include cleansing of the genitalia with Betadine or cutting turmeric.

MAP 1: THE PREVALENCE OF FGM/C IN ASIA



Data source: *Orchid Project.*

RESEARCH APPROACH AND METHODOLOGY

This report follows an iterative mixed-methods approach, combining desk reviews, stakeholder mapping, and both primary and secondary data collection and analysis. The methodology includes semi-structured interviews, focus group discussions (FGDs), participatory techniques, and case studies.

The overarching research question guiding this study is:

What are the key trends, drivers, and norms of FGM/C in Malaysia and Indonesia (including within sub-regions and communities), what are the forces for change and what actions could the UK take to reduce the prevalence, including working with and through national and regional actors?

This central question is supported by the following sub-questions:

A: **Prevalence of FGM/C:** What are the prevalent trends of FGM/C and what types are most common in Malaysia and Indonesia (including within sub-regions and communities)?

B: **Drivers and Norms:** What are the key drivers of FGM/C in Malaysia and Indonesia (including within sub regions and communities)? What do we know about the social, legal and wider norms that underpin FGM/C in these contexts?

C: **Barriers to change:** What factors sustain and continue the practice of FGM/C in these contexts? What factors pose as the biggest barriers towards abandonment of FGM/C? What are the socio-cultural risks involved in moving towards abandonment? What are the risks to those who seek to oppose the practice? What are the risks to the other work of organisations (local and international) if they also oppose FGM/C?

D: **Government responses to FGM/C:** What local and national action has been taken to date (both positive advancements and rollback/setback)? What is the country's record in key multilateral forums? Does their domestic record influence their international stance?

E: **Community/Civil society responses to FGM/C:** What local and national actors are seeking to tackle FGM/C? Who are the positive voices for change (women's rights organisations and movements, progressive religious leaders etc)? Are these forces for change aligned/coordinating or are there significant differences in approach? What has been promising/effective?

F. **International and regional response to FGM/C:** What activity is underway by international organisations to support national community level action to combat FGM/C? What is the wider regional action across borders? Has it been effective? Are there examples of regional and international actions having caused harm/increased risks for communities?

G: **Lessons from other regions:** What can we learn from regions with similar experiences such as North-east Africa and the Middle East (both in terms of the FGM/C practice and the wider political economy)?

CASE-STUDIES IN MALAYSIA

To address gaps in existing research which often focuses on medical or legal aspects, this study explores the sociocultural dimensions of FGM/C through the lived experiences of women across different life stages and roles. These include mothers raising daughters, single women, grandmothers, and traditional midwives.

Data collection in Malaysia involved a combination of focus group discussions (FGDs) and **key informant interviews (KIIs)** across four key locations:

- **Balik Pulau, Penang:** A predominantly Malay-Muslim community with a significant Chinese presence, offering cultural diversity within a traditional setting.
- **Kuching, Sarawak:** A culturally diverse city with a mix of Muslim and non-Muslim populations, known for its religious tolerance.
- **Orang Asli Communities:** A diverse group of indigenous communities across Malaysia, offering insights into traditional beliefs and practices. Participants were engaged virtually, reflecting both geographic dispersion and digital accessibility.
- **Sabah:** A multi-ethnic region with participants from Sandakan, Tawau, Kota Kinabalu, and Kuala Lumpur, interviewed virtually. The inclusion of urban and semi-urban voices provides a broader understanding of regional variations and migration-linked perspectives.

In total, **seven focus group discussions (FGDs)** were conducted—six in person and one online—with **27 participants**. These included 17 mothers with daughters, 8 single women, grandmothers, one husband, and both professional and traditional midwives. The FGDs, along with **key informant interviews (KIIs)**, explored participants' sociodemographic backgrounds, their knowledge and personal experiences of female genital mutilation/cutting (FGM/C), and their perceptions of the practice. Additionally, two local KIIs were conducted to enrich the qualitative insights: one with a gynaecologist specialising in female sexual health, and another with a podcaster focused on sexual and reproductive rights.

2. KEY FINDINGS

2.1 FGM/C PREVALENCE, TRENDS, DRIVERS AND NORMS

The Malaysian Government has not collected official data on FGM/C and does not recognise the Malaysian practice of female circumcision as FGM/C, nor any morbidity or mortality associated with it. This absence of recognition and lack of data are compounded by Malaysian health records being largely undigitised, with only 3% of clinics keeping digital health records.

2.1.1 PREVALENCE OF FGM/C IN MALAYSIA

KEY FINDING 2.1.1

An estimated **national prevalence of 53%** (93% among Malay Muslims).[16]

Seven academic and NGO studies to date provide data on the prevalence of FGM/C in Malaysia, suggesting the rate is 93% in ethnic Malay women. **Prevalence figures remain consistent over time and across rural and urban environments, despite variations in scope, aim, geography, and size.** Possible explanations include widespread support among Malay Muslim communities, strong religious and cultural influences, taboos regarding sexuality, and a lack of discourse surrounding the practice.

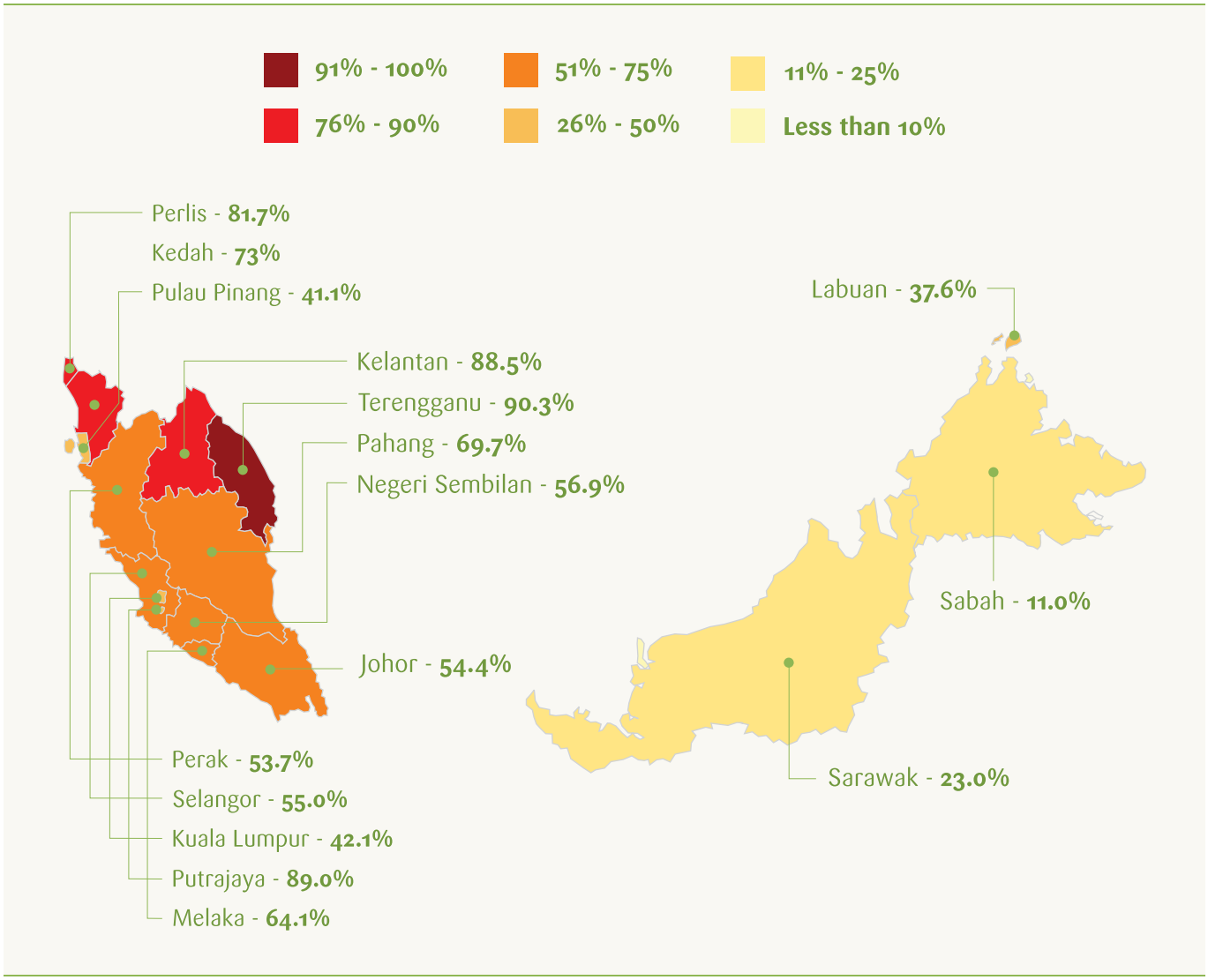
Based on this analysis and data from the Malaysian 2020 census, Orchid Project estimates:

- A prevalence of 93% among Malay Muslim girls and women.
- A national prevalence of 53% (this figure does not include Orang Asli and other indigenous people in Peninsular Malaysia, Sabah, and Sarawak).
- 7.5 million Malay Muslim girls and women potentially affected. This number is based on prevalence figures above and 2020 Census data and is detailed in the table below.
- A national prevalence potentially as high as 60%, based on the hypothesis that all Muslims in Malaysia practice FGM/C in the same way as ethnic Malays.

BASED ON ANALYSIS AND ON DATA FROM THE MALAYSIAN 2020 CENSUS, ORCHID PROJECT ESTIMATES:

93%	Prevalence of FGM/C among Malay Muslim girls and women.
53%	The national FGM/C prevalence (this figure does not include Orang Asli and other Indigenous People in Peninsular Malaysia, Sabah and Sarawak).
7.5 million	Number of Malay Muslim girls and women potentially affected. This number is based on prevalence figures and 2020 Census data and is detailed in Table 1.
60%	A national prevalence potentially as high as 60%, based on the hypothesis that all Muslims in Malaysia practice FGM/C in the same way as ethnic Malays.

FIGURE 1:
PREVALENCE OF FGM/C IN MALAYSIA PER REGION



Data source: *Orchid Project.*

TABLE 1:
NUMBER OF FEMALE, MALAY-MUSLIM CITIZENS POTENTIALLY AFFECTED BY FGM/C IN EACH STATE OR FEDERAL TERRITORY OF MALAYSIA, AND ESTIMATED PREVALENCE OF FGM/C AMONG ALL FEMALE CITIZENS

STATE OR FEDERAL TERRITORY	NUMBER OF MALAY-MUSLIM FEMALE CITIZENS POTENTIALLY UNDERGONE FGM/C	PERCENTAGE OF FEMALE CITIZENS POTENTIALLY UNDERGONE FGM/C
Selangor	1,661,156	55.00%
Johor	934,936	54.00%
Sabah	137,105	11.00%
Perak	607,784	53.70%
Sarawak	258,257	23.00%
Kedah	728,735	73.00%
WP Kuala Lumpur	348,099	42.10%
Kelantan	773,651	88.50%
Pulau Pinang	320,612	41.10%
Pahang	495,302	69.70%
Negeri Sembilan	309,632	56.90%
Terengganu	495,403	90.30%
Melaka	281,855	64.10%
Perlis	113,713	81.70%
WP Putrajaya	48,229	89.00%
WP Labuan	15,396	37.60%
TOTAL	**7,529,865**	**53.0%**

Data source: *Orchid Project (2024) Country Profile: FGC in Malaysia, p.56.*

It is challenging to establish a definitive trend in FGM/C prevalence in Malaysia. Current evidence offers little indication that a decline is likely soon. The absence of political recognition, a limited understanding of FGM/C by the Malaysian population, insufficient understanding of harm and women's sexual and reproductive health among doctors, and potential legal challenges indicate an impasse for progress in Malaysia.[17]

2.1.2 TYPE OF FGM/C IN MALAYSIA

KEY FINDING 2.1.2

The most common FGM/C types in Malaysia are **Type 4** and, increasingly, **Type 1 due to medicalisation**.[18]

Type 4 FGM/C in Malay-Muslim communities has been consistently documented in existing academic literature. Pricking is prevalent, and tissue equivalent to the size of a rice grain is occasionally excised. The literature describes how the prepuce undergoes a minute incision: it is 'incised' (not removed), 'nicked', 'pricked', 'scratched', 'braised' or 'pierced minimally' until one drop of blood emerges. The term 'prepuce' does not exist in Malay and is therefore sometimes substituted in surveys or studies with the ambiguous phrase 'tip of the clitoris', which can lead to misinterpretation.

There is an ongoing debate regarding the classification of this practice according to the WHO typology. The majority categorise Malaysian practices as Type 4 (pricking, piercing, incising, scraping, and cauterising), while others classify them as Type 1a (removal of the prepuce/clitoral hood).

A substantial number of professional practitioners report conducting their procedures on the clitoris itself (Rashid et al., 2020).[19] This exemplifies the paradoxical outcomes of medicalisation, which, despite aiming to mitigate harm, occasionally engenders overconfidence in medical equipment and facilities, resulting in more extensive incisions or excisions on the clitoris rather than the prepuce.

2.1.3 AGE OF FGM/C IN MALAYSIA

KEY FINDING 2.1.3

A trend towards a younger age of FGM/C with **75%** of occurrences **before the age of 6 months**.[20]

In the Malaysian context, FGM/C is typically performed on infants between seven and 14 days after birth and one year of age, with a growing tendency to conduct the procedure before six months. However, it may occur in girls up to 10 years old. 75% of infants are subjected to FGM/C before reaching six months (Dayang, 2021),[21] and a minimum of 89% before 12 months of age (Khalid 2017).[22]

The traditional practice of performing FGM/C 40 days after giving birth to a daughter coincides with the end of the 'postpartum period' (a maternal confinement period following childbirth). Participants in studies primarily emphasise the infant's low activity level, absence of shame or embarrassment, skin pliability, and the brief duration required for the procedure at this age. Any time is deemed suitable for FGM/C, provided the child is "too young to remember." The increasing availability of FGM/C in Malaysian private clinics, often offered alongside ear piercing (a practice already established in Singapore and Indonesia), suggests a potential link between an earlier age of cutting and the medicalisation of FGM/C.

In the Malaysian context, FGM/C is typically performed on infants between seven and 14 days after birth and one year of age, **with a growing tendency to conduct the procedure before six months**. Participants in studies primarily emphasise the infant's **low activity level, absence of shame or embarrassment, skin pliability, and the brief duration** required for the procedure at this age.

Any time is deemed suitable for FGM/C, provided the child is **"too young to remember."**

FIGURE 2: EXAMPLES OF DELIVERY PACKAGE PROMOTIONAL MATERIALS[23]

"Does it hurt to circumcise a baby girl?"

The process only involves cutting away some of the skin on upper part of the urinary tract that covers the clitoris. And the part that is cut is very small.

"When is the appropriate time to bring a baby girl in for circumcision?"

Often the doctor will recommend circumcision as early as possible. In our clinic we accept babies from the time of birth until 6 months old.

This is because circumcision of baby girls is better early in life.

2.1.4 DECISION-MAKERS OF FGM/C IN MALAYSIA

KEY FINDING 2.1.4

The primary decision-maker is **the girl's mother**.

In Malaysia, the decision to circumcise a daughter is mainly made by the mother, followed by other members of her family, such as her mother or mother-in-law. FGM/C is seen as a 'women's domain', so husbands defer decisions to their wives. Mothers discuss the practice with female relatives and friends but usually decide autonomously. In a few cases, fathers make decisions independently or consult with mothers. Conversely, the decision not to perform the procedure is made primarily jointly by parents in a few instances of rejection of the practice. This underlines the fact that men can play a greater role in ending practices.

Contemporary research has revealed the presence of subtle coercion, predominantly from family members, especially female and senior relatives such as mothers-in-law, grandmothers, aunts, and sisters. This form of pressure has the potential to erode an individual's sense of autonomy and agency. The practice is so deeply embedded in the social fabric of a largely patriarchal society that women may continue to enforce it as a means of maintaining their influence. **In Malaysia, women are considered the guardians of cultural traditions within the household.**[24]

2.1.5 PRACTITIONERS OF FGM/C IN MALAYSIA

KEY FINDING 2.1.5

In rural areas, **57.2% of women under the age of 26 undergo FGM/C** procedures performed by medical professionals.[25]

73% of respondents of childbearing age chose doctors as their preferred practitioners.[26]

Since the 1980s, Malaysian women have gradually shifted from traditional midwives to health professionals when it comes to carrying out FGM/C. Currently, 44.3% of FGM/C procedures are performed by doctors, and 12.9% by nurses or trained midwives. Over 85% of Muslim doctors are also noted to support FGM/C and two-thirds of them opine that FGM/C should be conducted by healthcare professionals themselves.[27]

The younger generation opts for private clinics, primarily due to hygiene considerations (sterile equipment and environments) as well as medical experience and expertise. Additionally, rapid urbanisation has contributed to the relocation of FGM/C procedures to more accessible formal healthcare settings.

There are three categories of FGM/C practitioners in Malaysia.

- Traditional midwives known as Mak Bidan (indigenous midwives)
- General practitioners, particularly doctors who own their clinics
- Nurses/trained midwives

Professional midwives assist with deliveries, provide postnatal care, and are registered with local health centres where they receive training. Under the 1966 Midwives Act, only government midwives, nurses, and doctors may manage childbirth, restricting traditional midwives from performing traditional rituals. Home deliveries are declining in Malaysia, even in rural areas, and traditional midwives are ageing. There appears to be little interest from younger generations in learning their skills.

Traditional midwives use disposable razor blades, scissors, penknives, needles, nail clippers or blades (often unsterilised). Despite caution, they sometimes lack infection prevention knowledge or struggle with poor vision and tremors.

Older generations trust traditional midwives for their knowledge, understanding of appropriate FGM/C incision extent, sensitivity to feminine issues, lower fees, and home visits. Younger generations increasingly prefer doctors for perceived harm reduction, aseptic conditions, and concerns about age-related impairments.

Women who choose traditional midwives do so to adhere to tradition and culture, believing there will be no adverse effects. Those preferring clinics view doctors as guarantors of modern, clean, and expert approaches to FGM/C.

2.1.6 KEY DRIVERS AND NORMS FOR FGM/C IN MALAYSIA

KEY FINDING 2.1.6_1

As a social norm, FGM/C has **a near universal support** from the Malay Muslim community.[28]

Support rates for FGM/C are believed to exceed 90% among Malay Muslims, with most women surveyed expressing satisfaction with their own FGM/C experience, considering it desirable, and intending to continue the practice with their daughters. Recent studies indicate that support is becoming marginally more conditional, particularly among the younger generations in Malaysia and Singapore. Research on why some Malay-Muslim community members choose not to practice FGM/C remains limited; however, certain local studies have highlighted arguments, some recent in the Malaysian national discourse, that challenge justifications for their continuation. These include:

- FGM/C constitutes violence against women and children
- FGM/C may reduce a daughter's sexual desire
- FGM/C is not a religious obligation and/or lacks explicit endorsements in the Quran
- FGM/C is merely a cultural tradition.
- FGM/C has no health benefits, and/or is dangerous and painful

A generational disparity was noted in another study of Malaysian students aged between 18 and 45 years: the older participants were more in favour of female circumcision than the younger ones. In the younger group, 60.7% favoured the practice, 23.4% were uncertain, and 15.9% were sceptical.[29] This hesitancy might indicate a growing ambivalence toward FGM/C. In the same study, many respondents affirmed that FGM/C should continue, even without religious obligations or family influence. More knowledge on the risks and absolute lack of health benefits may persuade younger generations to refrain from subjecting their daughters to the procedure.

Health benefits are frequently cited as a key reason for continuing FGM/C. A study by Rashid and Iguchi (2020)[30] found that 69% of respondents identified health as a motivation, nearly matching the 78% who cited religious belief. This belief persists despite the lack of scientific or medical evidence supporting any health benefits. The idea that FGM/C promotes health has been passed down through generations and remains deeply rooted in many communities. Recent trends suggest that in some contexts, particularly where the practice is medicalised, health and hygiene concerns may now be the primary motivation, sometimes even outweighing other traditional justifications.

The precise meaning of 'health reasons' in these studies remains unclear. There appears to be a perception that FGM/C results in 'improved vaginal health' and 'prevention of sexually transmitted infections', possibly because of the conflation of beliefs surrounding male circumcision with those pertaining to FGM/C. In terms of semantics, the term 'health' does not seem to be employed solely in a 'medical' sense but may also be conflated with holistic notions of wellbeing, hygiene, ablutions, and cleanliness as prerequisites for prayer.

Adat, or 'customary practice',[31] is frequently cited as a driver of FGM/C, though the significance of tradition varies across contexts. Among Malay Muslim communities, the practice is often viewed as an integral part of cultural identity passed down from one generation to the next. This emphasis on tradition is especially strong within close familial networks, particularly among mothers and mothers-in-law, who play a key role in its continuation. There is a prevailing assumption that most people in the community practice FGM/C, creating a strong social expectation to conform. In some cases, this leads to an unquestioning acceptance of the practice, reinforcing its continuation simply because it is perceived as the norm.

KEY FINDING 2.1.6_2

There is a widespread belief that FGM/C is an **Islamic requirement**.[32]

Most Malaysian Muslims follow *Shafi'i* doctrine, the only school considering FGM/C obligatory in Islam, though some Malay Muslims believe it's practiced across all schools of thought.

Malaysia's Department of Islamic Development, JAKIM, equates FGM/C with male circumcision, stating: "When there is benefit for a man, there is also a benefit for a woman," aligning with *Shafi'i* Law. Most Muslim women, regardless of education or age, cite religion as the primary reason for performing FGM/C on daughters. In Malaysia, FGM/C is considered a religious obligation and identity marker distinguishing Muslims from non-Muslims. It's viewed as *Fitrah* (natural disposition), conferring honour and signifying formal acceptance into the Islamic community, whether as an adult convert or child. It's conceptualised as a primordial inscription upon the body.

Sunat (Malaysian for circumcision) is often justified for cleanliness, with the clitoral hood seen as harbouring dirt requiring removal. This aligns with Islamic purification teachings and ritual cleansing before prayer. Some argue it facilitates hygiene, reducing cleaning needs during ritual ablution *(wudu)* and full-body purification *(ghusl)* required after menstruation and sexual intercourse. This cleanliness rationale integrates religious principles with cultural practices, reinforcing its acceptance in certain communities.

Malaysia has a dual judicial system consisting of common law and Islamic law, and religion is a state matter. The Constitution grants States the power to apply their versions of Islamic law on certain topics and to give jurisdiction to Sharia courts over personal law, matters related to religious practice and offences deemed to be against the precepts of Islam. Globally, *fatwas* are non-binding, formal rulings or opinions on a point of Islamic law. Still, the Malaysian dual judicial system gives *fatwas* the force of law once gazetted,[33] i.e., adopted and published by the individual states as part of their own legislation.

KEY FINDING 2.1.6_3

Paradoxical beliefs that FGM/C **regulates female sexuality** and **enhances female sexual enjoyment**.[34]

Gender norms are an important driver of FGM/C practice in Malaysia. There is a prevalent perception in Malaysia that FGM/C ensures an appropriate level of sexual activity, either by regulating sexuality or enhancing sexual function. FGM/C is regarded as a method to diminish female libido and ensure sexual modesty, signifying virtuous and chaste adulthood. A group discussion[35] revealed that over one-third of participants expressed concern about potential immoral behaviour, such as extramarital sexual relations, if a woman remained uncut. All believed that FGM/C enhances the husband's sexual pleasure, but no explanation was given to support that claim. As highlighted in a recent research[36] some fathers demand FGM/C on their daughters so that they 'could become women who could be controlled in terms of sexual prowess and needs'.

Conversely, some individuals perceive FGM/C to have a positive impact on sexuality, preventing a decrease in women's sexual enjoyment. FGM/C is sometimes believed to prevent genital tissue growth, which ostensibly impedes sexual intimacy and diminishes pleasure for women. It is posited that societies with stringent control over women's sexuality paradoxically acknowledge women's sexual desires, which might be considered much higher than those of men and hence in need of being kept in check.

The study identified a set of **common drivers sustaining FGM/C** across diverse communities, including perceptions of hygiene and health benefits, strong associations with cultural identity, social pressure to conform to perceived community norms, and **a widely shared belief that the practice is a religious obligation.**

2.1.7 COMMUNITY-LEVEL FINDINGS FROM PENANG, SARAWAK, SABAH, AND ORANG ASLI AREAS

Previous research has primarily focused on medical or legal aspects of FGM/C, with limited attention to the sociocultural factors that sustain the practice. This study addressed that gap by exploring women's lived experiences across different life stages and social roles—including mothers raising daughters, single women, grandmothers with granddaughters, and traditional midwives involved in childbirth. The research team conducted focus group discussions and interviews across field sites in Penang, Sarawak, Sabah, and Orang Asli communities, offering valuable insights into the diverse cultural contexts in which FGM/C persists

The study identified a set of common drivers sustaining FGM/C across diverse communities, including perceptions of hygiene and health benefits, strong associations with cultural identity, social pressure to conform to perceived community norms, and a widely shared belief that the practice is a religious obligation.

By comparing local and national perspectives, several key findings emerged:

- **Policy–Practice Gap:** National religious endorsements, such as *fatwas*, often operate in isolation from health authority guidance. Communities continue the practice without awareness of official positions or associated health risks, revealing a critical lack of mechanisms to translate policy into effective community education.
- **Barriers to Information Flow:** Despite the existence of relevant f*atwas*, local participants remain largely unaware of these positions. Religious pronouncements are rarely accompanied by community-level education, and limited research and data collection further hinder the development of evidence-based policies.
- **Cultural–Religious Tension:** While national religious authorities frame FGM/C as a religious obligation, local practices are primarily driven by cultural norms, with religious justifications added secondarily. Evidence from communities indicates that cultural identity and social cohesion are key drivers sustaining the practice, even in the absence of religious obligation.
- **Perception of Harmlessness:** Across all communities studied, FGM/C is consistently described as causing minimal pain and no complications. This perception contributes to its continued acceptance and reinforces the belief that the practice is benign.

2.2 BARRIERS AND OPPORTUNITIES FOR CHANGE

2.2.1 SOCIAL NORMS WITH IMPACT ON FGM/C PRACTICE IN MALAYSIA

Due to the taboo surrounding FGM/C, the practice remains shrouded in intergenerational silence with individuals reluctant to engage in open or detailed discussions despite its continued prevalence. However, a growing number of Malay women are beginning to break this silence through online platforms such as social media and blogs. These women have started sharing personal experiences and concerns, including long-term effects such as discomfort during childbirth and reduced libido.

While most Malay Muslims know about FGM/C, detailed knowledge of the procedure is less common. One study found that 98.5% of women knew who performed their FGM/C, either through memory or parental disclosure. However, many parents do not inform their children about the procedure, and some women believe they have undergone FGM/C without confirmation, often avoiding inquiries due to cultural shame.[37, 38] Men typically assume their wives have undergone the procedure but refrain from asking, also due to embarrassment. Even among those aware of the practice, understanding of the specific type of cutting is limited—one study found that only 28% of women could identify the form of FGM/C they had experienced.[39] Among students surveyed in 2021, uncertainty about the procedure remained widespread.

Most Malaysians fail to see any connection between their local practice of *sunat* and the global issue of FGM/C. There is minimal understanding of FGM/C as the international community addresses it within the context of human rights and women's health. Furthermore, most Malaysians are unaware that their local practices were problematic and do not recognise them as being harmful, as the practice involves the removal of a rice-sized piece of tissue, typically producing a single drop of blood.[40] There is insufficient clinical evidence regarding injuries, complications, or structural damage to the clitoris. Ethnic Malays maintain a strong belief in the health advantages of FGM/C and continue to support this practice.

The belief that FGM/C prevents promiscuity is common, yet most individuals are unable to identify the origin of this conviction. Cultural taboos surrounding women's genitalia further reinforce the idea that detailed knowledge or visual understanding is inappropriate or unnecessary.

KEY FINDING 2.2.1

Social sanctions in Malaysia are **largely unreported** in research.

A 2021 survey conducted among Malaysian students revealed that 50% of participants claim they do not experience pressure to undergo FGM/C, suggesting a general societal acceptance of the practice.[41] Conversely, one-third of respondents expressed uncertainty about social pressure, potentially indicating a hesitancy to address the issue and, consequently, an implicit societal expectation to conform to the practice. The vast majority of those who acknowledged experiencing social pressure identified their families as the primary source.

A prevalent belief, particularly amongst younger mothers, suggests that failing to adhere to the practice may lead to adverse outcomes, including reproach and admonishment from senior community members. Apprehensions regarding the potential repercussions of not circumcising girls also encompass issues such as genital odour, difficulties during childbirth, vulnerability to diseases, and perceived immoral conduct, all of which are deemed to contradict the religious and moral tenets of Islam as outlined in the Quran.[42]

While most Malay Muslims know about FGM/C, **detailed knowledge of the procedure is less common**. Many parents do not inform their children about the procedure, **and some women believe they have undergone FGM/C without confirmation**, often avoiding inquiries due to cultural shame.

BOX 1:
INSIGHTS FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUP DISCUSSIONS

In **Balik Pulau, Penang**, three focus group discussions were conducted with a total of ten participants, including seven mothers with daughters and three single women, aged between 18 and 99. **Five participants expressed support for female circumcision, citing cultural preservation and hygiene as primary motivations. None referenced religious texts or cited specific verses from the Quran or *Hadith* to justify the practice.** Two participants opposed the practice, citing a lack of information and understanding about its effects and consequences. These responses reflect broader national trends, where female circumcision is widely perceived as *wajib* (mandatory) among Malay Muslims, despite variations in *fatwa* rulings across states. Although *fatwas* have been issued, the practice continues largely unchallenged, and participants reported no severe harm associated with it.

In **Kuching, Sarawak**, three focus group discussions and one interview were conducted with 10 participants, including six mothers with daughters, three single women, and one husband, aged between 19 and 50. All participants identified as Muslim, representing diverse ethnic backgrounds including Melanau, Bugis-Jawa, Iban, Chinese, and Malay. Two participants were Muslim converts, and one was a non-Muslim from the Iban community. **All 10 respondents, including the non-Muslim participant, expressed support for FGM/C, viewing it as an important cultural tradition and a means of promoting hygiene. Their support was rooted primarily in cultural continuity rather than religious doctrine.** Most participants were unfamiliar with religious texts endorsing the practice. Two converts reported voluntarily undergoing circumcision as part of their religious transition. Despite Sarawak's reputation for religious tolerance, this has not translated into a critical reassessment of the practice.

2.2.2 THE ROLE OF RELIGION IN THE CONTINUATION OF THE PRACTICE OF FGM/C IN MALAYSIA

KEY FINDING 2.2.2_1

FGM/C is considered **'mandatory'** as per classical Islamic jurisprudence.[43]

In April 2009, the *Fatwa* Committee of Malaysia's National Council for Islamic Religious Affairs issued a ruling commonly referred to as the 2009 *fatwa* stating that FGM/C is an integral part of Islamic teachings and should be observed by Muslims.[44] However, the *fatwa* also included a caveat: the procedure should be avoided if it is found to be harmful. This ruling effectively elevated FGM/C from a recommended practice to an obligatory one within the Malaysian Islamic context, diverging from the position of institutions such as Al-Azhar University, whose Grand *Mufti* has not endorsed the practice as a religious requirement.[45]

Islamic authority is decentralised, and *fatwas* issued by local religious bodies often carry more influence within their jurisdictions than those issued by international scholars. In Malaysia, even non-gazetted *fatwas*, those not formally codified into law, can significantly shape personal and community decisions. As a result, many Malay Muslims have come to view FGM/C as a religious obligation, prompting parents to seek medicalised forms of the procedure despite the *fatwa's* non-binding legal status.

The 2009 *fatwa* issued by Malaysia's National Council for Islamic Religious Affairs was likely intended to assert an Islamic perspective on FGM/C in response to growing international opposition, particularly from the World Health Organization. The *fatwa* framed FGM/C as part of Islamic teachings while cautioning that the practice should be avoided if proven harmful. It aimed to distinguish between harmful forms of mutilation and what was perceived as a traditional practice that honours women, in line with *Fiqh* principles.

The issue became increasingly sensitive as international scrutiny was perceived by some as external criticism of Islam and Malay identity. This prompted renewed interest among local scholars in re-examining the authenticity of *hadiths* related to FGM/C from a Malaysian perspective. In Malaysia,

classical *Fiqh* remains the primary reference for interpreting such texts, even though many scholars in other Muslim-majority countries consider the relevant *hadiths* to be weak.

According to the *Shafi'i* school of jurisprudence, which is dominant in Malaysia, FGM/C is considered *wajib* (mandatory), contradicting the more widespread public belief that it is merely *sunnah* (recommended). Research suggests a divergence in understanding and evolving attitudes within Malay society, with some evidence pointing to a trend toward stricter doctrinal interpretations in regions where FGM/C is prevalent. However, higher-educated Malaysians are more likely to view the practice as *sunnah* rather than *wajib*, indicating a potential shift in perception.

KEY FINDING 2.2.2_2

A new bill could make current *fatwas* related to FGM/C **legally binding** if it is applied retrospectively.[46]

FGM/C functions as a cultural and religious identifier. While Malay-Muslim tradition was historically 'moderate', a shift towards unprecedented conservatism could reshape Islam in Malaysia. A trend toward literal interpretation might confine women to domestic roles and diminish their rights, potentially reversing Malaysia's gender parity progress.

Several Malaysian state *fatwa* committees endorsed the 2009 national FGM/C ruling: *Wilayah Persekutuan* Kuala Lumpur deemed it obligatory; Johor declared it acceptable if performed by medical professionals; Sabah and Negeri Sembilan adopted federal interpretations; and Kelantan made it mandatory. However, these *fatwas* haven't been officially gazetted at the state level, rendering them legally non-binding. This lack of gazetting leads some to view these religious opinions as theoretical exercises rather than practical legal matters.

Only one State, Perlis, has ruled FGM/C not compulsory, emphasising women's consent and bodily autonomy. Their *fatwa* doesn't mandate it for all women but requires undefined "need" and "expertise", preserving space for 'honourable' FGM/C when needed. It rejects claims that FGM/C reduces female libido, citing a lack of evidence. The Perlis *mufti* stated FGM/C has no foundation in Sharia and poses risks to infants if done incorrectly, though children's consent remains unaddressed.

BOX 2:
INSIGHTS FROM KEY INFORMANT INTERVIEW AND FOCUS GROUP DISCUSSION IN SABAH

One key informant interview and one focus group discussion (FGD) were conducted virtually with three participants: two mothers of female children and a single woman, all aged between 30 and 40 years. The participants were Muslim women from the Suluk, Bajau, and Dusun ethnic groups. One of the participants was a convert from the Dusun ethnic group.

Two participants stated that female circumcision is considered obligatory for Muslim women and girls. However, the convert was unaware of this belief. None of the participants cited religious texts explicitly endorsing female genital mutilation/cutting (FGM/C); the practice appears to be more culturally than religiously motivated. In Suluk and Bajau communities, FGM/C is often accompanied by a modest feast among close associates. The Suluk typically perform FGM/C on girls around the age of one, while the Bajau conduct it on the third, seventh, or tenth day after birth..

While some responses aligned with expectations, it is notable that the participant who had recently embraced Islam did not undergo circumcision, despite the broader perception that it serves as a symbolic marker of Muslim identity.

Research suggests a divergence in understanding and evolving attitudes within Malay society, with some evidence pointing to a trend toward stricter doctrinal interpretations in regions where FGM/C is prevalent. **Higher-educated Malaysians are more likely to view the practice as *sunnah* rather than *wajib***, indicating a potential shift in perception.

2.3 LEGAL, REGULATORY AND POLICY FRAMEWORKS

Malaysia operates in a regulatory vacuum with no cohesive national policies and monitoring frameworks, specifically addressing FGM/C from either the Ministry of Health or the Department of Islamic Development (JAKIM). Under the penal code (Section 44), FGM/C is prosecutable as 'hurt' or 'grievous hurt' for causing harm. It can also be prohibited without exception under the Child Act, in line with Malaysia's obligations under the Convention on the Rights of the Child (CRC).

However, in recent years, religious conservative groups in Malaysia have increasingly advocated for the stricter implementation of Islamic regulations within governmental affairs. The current Madani administration appears to be seeking support from traditional Islamic constituencies through the introduction of the *Mufti Bill 2024*.[47]

Tabled in Parliament in 2024, the *Mufti* Bill 2024 outlines the roles and responsibilities of Islamic legal authorities in Malaysia's federal territories. Notably, Article 10 of the bill proposes that *fatwas*—Islamic legal opinions—could become law upon publication in the Official Gazette, bypassing parliamentary scrutiny and approvals. This provision has raised concerns among legal scholars and religious leaders, including Perlis *Mufti* Mohd Asri, who argues that it could lead to unchecked religious authority and curtail intellectual pluralism.

The bill limits Islamic jurisprudence to the four Sunni schools of thought – *Shafi'i*, *Hanbali*, *Maliki*, and *Hanafi*, thereby excluding interpretations from Shia, Sufi, and Ahmadi traditions. **Civil society organisations such as the Islamic Renaissance Front, and Sisters in Islam have warned that legally binding *fatwas* may infringe upon individual rights and potentially criminalise behaviours not prohibited under secular law.** Proponents, however, contend that the bill would promote consistency in Islamic rulings across federal territories.

Although the bill applies only to federal territories, constitutional analysts have noted that state religious authorities may choose to align with the Department of Islamic Development Malaysia (JAKIM), as has already been observed in the standardisation of Friday sermons.[48] Critics have also raised constitutional concerns, arguing that the bill would grant disproportionate authority to *muftis* without adequate checks and balances.[49]

As of June 2025, the bill has not yet undergone its second reading in Parliament.[50] However, it is expected to be scheduled for debate in the upcoming parliamentary session, likely in July 2025.[51] In May 2025, Sisters in Islam reported that a Member of Parliament expressed confidence that the bill would pass with minimal amendments.

In parallel, public opinion on related issues to FGM/C appears to be shifting. A recent poll (Sisters in Islam, 2022)[52] conducted in 2022 among Malaysian youths aged 15-25 indicated limited support for the criminalisation of FGM/C. Only 18% endorsed making FGM/C unlawful, suggesting a modest decline in its previously reported widespread acceptance.

The survey found gender and educational disparities in attitudes:

- Female respondents were more resistant to criminalisation than their male counterparts (82% versus 70%)
- Young Muslims attending religious educational institutions were less inclined to support a prohibition compared to those who did not (84% versus 72%).

Regional differences were also evident. The strongest advocacy for outlawing FGM/C was observed in Sabah and Sarawak (24%), in contrast to the northern states where FGM/C is most prevalent, and only 14% favoured criminalisation.

Malaysia operates in a regulatory vacuum with **no cohesive national policies and monitoring frameworks, specifically addressing FGM/C** from either the Ministry of Health or the Department of Islamic Development (JAKIM). However, in recent years, religious conservative groups in Malaysia have **increasingly advocated for the stricter implementation of Islamic regulations** within governmental affairs.

2.4 MEDICALISATION AND THE HEALTH WORKFORCE

KEY FINDING 2.4

Medical professionals consider FGM/C to be harmless, and **widespread medical support sustains FGM/C** despite ethical concerns.[53]

In Malaysia, support for FGM/C remains prevalent among Malay medical professionals and traditional practitioners, who often cite religious and cultural obligations as justification. Traditional practitioners regard the practice as harmless and consider it a duty. Perspectives on the medical risks and gender-related implications of FGM/C vary, while non-Malay doctors generally abstain from the practice.

Despite the absence of formal medical endorsement or structured training, FGM/C continues to be performed by private healthcare providers upon parental request, particularly when the parents share similar cultural or religious beliefs. Informal training is typically acquired through mentorship by more experienced medical staff. A study found that 75.4% of Muslim physicians supported the continuation of FGM/C, with two-thirds believing that healthcare professionals should be responsible for performing the procedure.[54]

Investigations into clinical practices revealed that 20.5% of Malay-Muslim doctors admitted to performing FGM/C, primarily to prevent the use of unsterile instruments by traditional practitioners. However, medical professionals were unable to identify any health benefits associated with the procedure. Techniques such as pricking, nicking, or needling of the clitoris lack any proven medical advantage and should, in principle, deter clinical involvement. Nevertheless, this has not significantly influenced practice patterns. Importantly, financial incentives do not appear to be a motivating factor for the continuation of FGM/C in Malaysia.

Among proponents within the medical community, there have been calls to integrate FGM/C into medical school curricula. These advocates have suggested that religious authorities should define the parameters of the practice and that regular updates on FGM/C should be disseminated. Furthermore, they have urged the Malaysian Medical Council (MMC) to formally recognise the procedure as lawful and to support legislative efforts to legalise it.

Awareness of the legal, ethical, and international dimensions of FGM/C remains limited among healthcare professionals. Many are unclear about the implications of the 2009 *fatwa*, the legal status of FGM/C in Malaysia, relevant *Hadiths*, and the country's commitments under international agreements and the Sustainable Development Goals. Some physicians have indicated a willingness to cease the practice if explicitly prohibited by law or if the MMC issued clear guidance. Recent studies suggest that educational interventions, particularly those focused on female genital anatomy, nerve distribution, and infant pain perception, can influence physicians to reconsider their stance on FGM/C.

THE MINISTRY OF HEALTH'S POSITIONS ON FGM/C

Since the 1980s, urbanisation has shifted FGM/C practices from rural areas to urban healthcare settings. This transition prompted medical professionals to seek religious guidance, resulting in the 2009 *fatwa* issued by the Department of Islamic Development Malaysia (JAKIM), which declared FGM/C obligatory for Muslim women and girls. The Ministry of Health responded by attempting to regulate, rather than prohibit, the practice. This approach created policy contradictions: while FGM/C was banned in government hospitals through a 2012 directive, the Ministry simultaneously proposed guidelines to formalise a uniquely "Malaysian" version of FGM/C, distinct from international definitions. These harm-reduction measures risked legitimising the practice and contravening medical ethics. Despite the official prohibition in public healthcare facilities, private clinics continue to offer FGM/C services without regulatory oversight. Practitioners who own clinics, believe in the religious necessity of the procedure, and have received informal training are the most likely to perform FGM/C. These services are often actively promoted to parents through various informal channels.

THE MALAYSIAN MEDICAL COUNCIL'S POSITION ON FGM/C

The Malaysian Medical Council (MMC), composed of healthcare professionals from diverse religious and ethnic backgrounds, has remained largely silent on the issue of FGM/C, viewing it as a matter specific to the Muslim community.

While there appears to be a consensus among government physicians that medical professionals should not perform FGM/C, the absence of a formal position from the MMC has been interpreted by some practitioners as tacit approval. Furthermore, many private-sector doctors remain unaware of the MMC's stance, or lack thereof, as well as the positions held by international bodies such as the United Nations and the World Medical Association.

BOX 3:
INTERVIEW WITH A MEDICAL DOCTOR IN PUTRAJAYA

This interview highlights the tension between cultural traditions and medical ethics concerning FGM/C. The interviewee, a medical doctor based in Putrajaya, expressed strong opposition to the practice, citing both medical and ethical grounds.

The doctor described FGM/C as "a form of abuse against women," emphasising that the clitoris contains approximately 8,000 nerve endings, and its removal can severely impair sexual function. Her clinic regularly treats women experiencing sexual dysfunction, including cases linked to childhood circumcision. She reported treating patients who are unable to achieve orgasm due to procedures performed in early childhood.

While acknowledging that some facilities perform less invasive forms of FGM/C—such as symbolic scraping rather than removal, she neither performs nor endorses any variation of the practice. She noted that although symbolic forms may not result in long-term physical harm, their necessity remains questionable.

The doctor also addressed prevailing cultural beliefs that FGM/C curbs excessive sexual desire or prevents girls from becoming "wild," asserting that such claims lack scientific basis. She recalled treating severe cases, particularly among women from Somalia, where extensive FGM/C had led to complications during childbirth, including the need for caesarean sections.

Her clinic offers advanced treatments such as laser therapy and platelet-rich plasma (PRP) to support women dealing with sexual dysfunction, including those affected by FGM/C.

While there appears to be a consensus among government physicians that medical professionals should not perform FGM/C, **the absence of a formal position from the MMC has been interpreted by some practitioners as tacit approval**. Many private-sector doctors remain unaware of the MMC's stance, as well as the positions held by international bodies such as the United Nations and the World Medical Association.

3. KEY ACTORS AND THEIR RESPONSES TO FGM/C

3.1 GOVERNMENT RESPONSES TO FGM/C IN MALAYSIA

KEY FINDING 3.1

The Malaysian government remains silent on FGM/C, avoiding both the **rejection of a culturally entrenched practice** and **its legitimisation on religious grounds**, to safeguard diplomatic relations and economic interests.[55]

Despite international scrutiny, Malaysia has made limited progress in addressing FGM/C. The issue gained global attention during CEDAW negotiations, yet the current impasse has stifled national debate and hindered open dialogue. Religion continues to serve as a political instrument to reinforce Malay-Muslim dominance, particularly during periods of political instability. By the late 2010s, the moderate UMNO party, facing pressure from more conservative factions, leveraged JAKIM to shape Islamic discourse, including matters related to female bodies, such as the headscarf and FGM/C. Malaysia has also promoted a distinct Islamic identity to differentiate itself from Arab nations and attract foreign investment.

In 2008, the World Health Organization reclassified Malaysia's practice under Type 4 FGM/C. The following year, a federal *fatwa* declared FGM/C mandatory, placing Malaysia at the centre of global criticism. **International pressure prevented JAKIM and the Ministry of Health from issuing formal guidelines. Since then, Malaysian officials have argued that the practice is culturally distinct and not medically harmful.**

Malaysia has ratified both the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child (CRC), both of which condemn harmful traditional practices. However, Malaysia has placed reservations on key CRC articles:[56]

- **Article 14** – Concerning a child's right to freedom of thought, conscience, and religion.: Malaysia retains the right to interpret this article in accordance with its domestic laws and religious principles, potentially justifying FGM/C as a religious or cultural practice.
- **Article 37** – Regarding protection from torture, cruel, inhuman, or degrading treatment.: Malaysia's reservation diminishes the ability to contend that FGM/C constitutes cruel, inhuman, or degrading treatment.
- **Article 24(3)** – Which urges states to eliminate harmful traditional practices: Malaysia has not fully implemented this provision.

In 2018, CEDAW condemned FGM/C as a harmful practice unjustifiable by religion or *fatwas,* urging Malaysia to prohibit and eradicate it. In response, the government shifted its framing of FGM/C from a religious obligation to a cultural tradition and committed to dialogue with religious authorities, civil society, and medical professionals. It also emphasised that legal jurisdiction over the issue rests with individual states and claimed that the Malaysian practice does not pose maternal or perinatal health risks.

In 2023, Malaysia denied the existence of FGM among girls up to 14 years old, stating that 'Data on FGM is not available as there is no practice of FGM in Malaysia.'[57]

At the 2024 CEDAW meeting, Malaysia's delegation lead by Nancy Shukri, Minister of Women, Family and Community Development and head of the delegation.[58] affirmed the government's commitment to the Committee's recommendations. Officials reported increased high-level discussions and consultations with religious leaders, civil society organisations, and medical professionals. They acknowledged growing public awareness that the practice is culturally rooted and lacks health benefits, and expressed interest in learning from global best practices

TABLE 2:
KEY GOVERNMENT STAKEHOLDERS AND THEIR ENGAGEMENT

CATEGORY	INSTITUTION	DESCRIPTION	ENGAGEMENT STATUS
Religious Authority	Department of Islamic Development Malaysia (JAKIM)	JAKIM vision is to be the leader in managing Islamic affairs in Malaysia. Its mission is to strengthen governance in Islamic affairs through a compassionate approach aimed at enhancing the well-being of the Ummah.	**Disengaged.** Some of JAKIM staff were disengaged and clueless as to why there are efforts to eradicate FGM/C in Malaysia
Key Opportunities: JAKIM serves as the federal religious authority and plays a pivotal role in shaping fatwa discourse on FGM/C. There is an opportunity to engage JAKIM in evidence-based dialogue to promote religious interpretations that align with human rights and public health standards.			
Health Sector	Ministry of Health	The Ministry of Health is responsible for public health policy and service delivery in Malaysia. Dr. Zakiah Mohd Said, a Public Health Medicine Specialist and Head at the Family Health Development Division, has represented the Ministry in the discussions.	**Engaged in goodwill but inactive**
Key Opportunities: The Ministry could adopt a stronger and more public stance against FGM/C, enforce existing prohibitions in public healthcare settings, and issue clear guidance to private practitioners to discourage the medicalisation of the practice.			
Human Rights	Human Rights Commission of Malaysia (SUHAKAM)	Office of the Children's Commissioner (OCC) is the specific division under SUHAKAM that caters and carries the mandate on child rights in Malaysia.	**Positively engaged, but seen as ineffective**
Key Opportunities: As Malaysia's national human rights institution, SUHAKAM is well-positioned to advocate for the protection of women and children from harmful practices. However, it must strengthen its public engagement and enforcement capacity to overcome perceptions of ineffectiveness in defending the rights of citizens particularly marginalised groups such as women and children and fulfil its mandate.			
Women and Family Affairs	Ministry of Women, Family and Community Development (KPWKM)	KPWKM is a leading entity in the development and well-being of women, family and society.	**Engaged but cautious**
Key Opportunities: While the Ministry has participated in stakeholder consultations and supported awareness initiatives, such as the 2019 advocacy video with UKM, it must take further action to align national policies with international commitments. Engagements, such as the 2020 dialogue with civil society and religious leaders, including Sisters in Islam, offer a foundation for developing a national strategy to address FGM/C and fulfil CEDAW recommendations..			

Malaysia's current stance remains ambiguous, and while dialogue has increased, policy changes remain stalled. Stronger leadership from health authorities, women's rights institutions, and human rights bodies is needed to move beyond diplomatic rhetoric toward concrete policy action.

3.2 CIVIL SOCIETY RESPONSES TO FGM/C IN MALAYSIA

Malaysia's civil society response to FGM/C is driven by a diverse coalition of actors, including medical professionals, feminist organisations, and advocacy networks. In the absence of a strong governmental stance, these groups have taken the lead in shifting public discourse, raising awareness, and advocating for policy reform.

While these actors share the common goal of ending FGM/C, they employ varied strategies, ranging from religious reinterpretation to legal and human rights advocacy, reflecting the multifaceted nature of the movement.

TABLE 3: KEY CIVIL SOCIETY ACTORS AND THEIR ENGAGEMENT

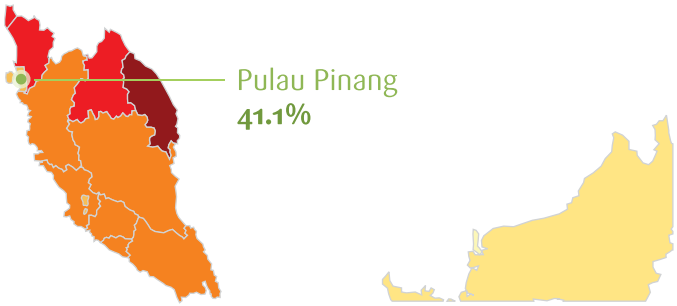
CATEGORY	ORGANISATION/INDIVIDUAL	STATUS	KEY OPPORTUNITIES
Medical Experts	Dr. Harlina Siraj, Professor and Consultant in Obstetrics and Gynaecology at the Faculty of Medicine, Universiti Kebangsaan Malaysia, who played a pivotal role in influencing the Perlis *fatwa*, the only *fatwa* in Malaysia disapproving of FGM/C.	**Positively engaged**	Collaborate on developing and leading gender justice and Islamic ethics workshops for medical professionals and community leaders.
Feminist and Rights-Based Advocacy	Sisters in Islam (SIS), along with members of the Joint Action Group for Gender Equality (JAG), are leading feminist organisations advocating for the abolition of child marriage, elimination of FGM/C, gender equality in Muslim marriages and family laws, and the end of gender-based violence and moral policing.	**Positively engaged**	Support advocacy campaigns, legal reform proposals, and Islamic reinterpretation resources to broaden the impact of FGM/C advocacy in religious and policy spaces.
Human Rights Networks	International Women's Rights Action Watch Asia Pacific (IWRAW AP) is a feminist organisation committed to the realisation of women's human rights through systemic reform. IWRAW disrupts patriarchal structures, strengthens movements, and amplifies women's voices to shape alternative political narratives and spaces.	**Positively engaged**	Support international reporting (e.g. CEDAW shadow reports), develop joint advocacy briefs on FGM/C, and amplify FGM/C voices in regional and global human rights forums.
Regional Advocacy	The Asia Network to End Female Genital Mutilation/Cutting (FGM/C) connects civil society actors across Asia to eliminate FGM/C through regional research, collaboration, and survivor-led advocacy.	**Positively engaged**	Leverage the network to co-host regional knowledge exchanges, coordinate cross-country campaigns, and build the capacity of grassroots organisations to engage in national-level policy dialogue.

3.3 INTERNATIONAL AND REGIONAL RESPONSES TO FGM/C IN MALAYSIA

International engagement on FGM/C in Malaysia remains limited. UN Women has no active presence in the country, and UNICEF is not currently addressing the issue within its programming. However, the United Nations Population Fund (UNFPA) is in the early stages of developing an internal strategy paper focused on advancing efforts to address FGM/C in Malaysia. This emerging initiative presents a timely and strategic entry point for the FCDO to engage and contribute meaningfully to shaping the direction and ambition of international efforts.

4. COUNTRY CASE STUDIES

As part of the research, the team conducted in-depth case studies in Penang, Sarawak, and Sabah, including engagement with Orang Asli communities. These studies employed qualitative methodologies, including interviews and focus group discussions, to gather diverse community perspectives on the practice of female circumcision. The findings provide insight into local beliefs, motivations, and lived experiences that shape attitudes toward the practice.



4.1 CASE STUDY: BALIK PULAU, PENANG

CONTEXT: Balik Pulau is a predominantly Malay-Muslim community located in Penang with a significant number of Chinese residents. It is a state characterised by its cultural and religious diversity. According to the Department of Statistics (2020), Penang's religious composition includes 45.5% Sunni Muslims (official), 37.6% Buddhists, 8.4% Hindus, 4.3% Christians, 2.4% adherents of other religions, and 1.7% identifying with no religion. While Islam is the official religion, Penang is one of only two Malaysian states where Muslims are not the majority population, the other being Sarawak. Notably, Penang is recognised for its constitutional protections of religious freedom and is one of three states to have a department dedicated to non-Muslim affairs. In 2021, the Penang Harmony Corporation was established to enhance interreligious dialogue and promote social cohesion.

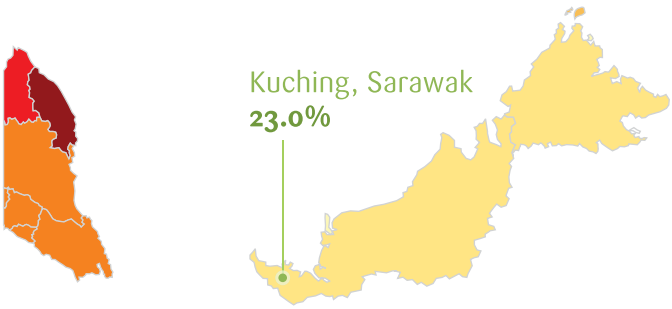
Three focus group discussions (FGDs) were conducted with 10 Malay-Muslim women in Balik Pulau, comprising seven mothers with daughters and three single women aged 18, 19, and 99.

KEY FINDINGS FROM THE DISCUSSIONS:

- **Support for the FGM/C Practice:** Five participants expressed strong support for female circumcision, citing cultural preservation and hygiene as primary motivations. Notably, their views were rooted in tradition rather than religious doctrine, and none of the participants were able to identify specific Quranic verses or *Hadiths* mandating the practice.
- **Opposition and Uncertainty:** Two participants opposed the practice, attributing their stance to a lack of information and clarity around its rationale. They expressed uncertainty regarding its relevance or safety, reflecting a growing tension between traditional practices and evolving awareness of health and human rights concerns.
- **Generational Perspectives**: The findings reflect a persistence of traditional practices across generations. The 76-year-old participant reported having performed female circumcision on her daughters. Meanwhile, the 99-year-old participant had no recollection or information regarding the practice, highlighting the variation in individual knowledge even within older cohorts.
- **Religious Understanding and *Fatwa* Awareness:** Most participants believed that female circumcision is *wajib* (obligatory) in Islam. However, there was limited awareness of the religious *fatwas* governing the practice. Although the state *fatwa* body has issued varying rulings across Malaysia, participants indicated that such rulings are rarely consulted or disseminated at the community level. The continued practice was justified mainly by its intergenerational transmission and the perception of no severe harm being associated with it.
- **Alignment with Existing Literature:** The study's findings are consistent with previous literature, confirming that public understanding and available information on female circumcision in Malaysia remain largely unchanged. There is a notable absence of updated research or community education initiatives that would offer fresh insights into shifting perceptions or practices.
- **Drivers of Change:** Participants identified early Comprehensive Sexuality Education (CSE) as a potential driver of change. They highlighted the importance of age-appropriate education that addresses bodily autonomy, relationships, consent, and emotional well-being. Early

CSE was seen as essential in equipping young people with the knowledge and confidence to make informed decisions about their health and rights.

- **Barriers to Change:** Entrenched cultural norms and the high value placed on tradition were seen as significant barriers. The community's adherence to long-standing customs poses a challenge to reform efforts, particularly when religious and cultural lines are perceived to overlap.
- **Perceptions of National Awareness Campaigns:** Participants emphasised the need for nationwide awareness campaigns highlighting the health risks and lack of medical benefit associated with female circumcision. They acknowledged that the practice could cause physical harm and long-term complications but felt that public education on these risks was insufficient.
- **Reactions to Policy and NGO Interventions:** Awareness of the 2009 National *Fatwa* declaring female circumcision as *wajib* was limited. Participants noted that the practice persists primarily due to deep-rooted cultural beliefs rather than direct influence from formal religious rulings. The *fatwa*, in their view, reinforced pre-existing community attitudes rather than altering them. There was consensus on the need for sustained awareness-raising and dialogue to challenge misconceptions and encourage more informed, rights-based perspectives.



4.2 CASE STUDY: KUCHING, SARAWAK

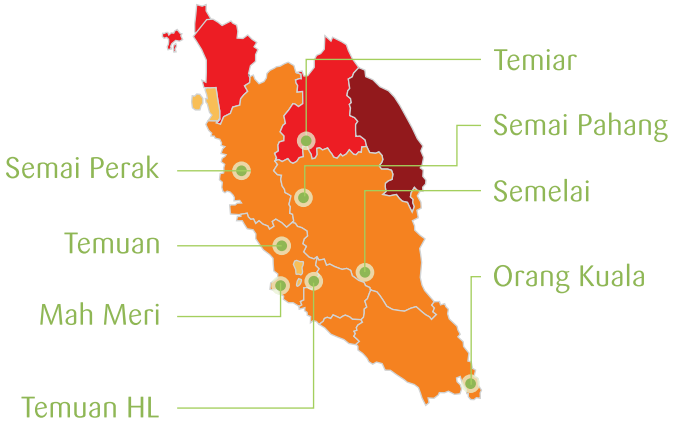
CONTEXT: Kuching, the capital of Sarawak, is home to a culturally diverse population, with approximately 50% identifying as Malay Muslims. Sarawak has a population of 2.9 million and is the only Malaysian state with a Christian majority: 50.1% identify as Christian, 34.2% as Sunni Muslim, 12.8% as Buddhist, 0.1% as Hindu, 0.5% as other religions, and 2.2% as others. The state does not have an official religion, although the state assembly retains the authority to legislate on Islamic affairs. The federal-level *Mufti* Bill, even if enacted, may not have direct legal implications in Sarawak.

Three focus group discussions (FGDs) and one in-depth interview were conducted in Kuching with nine participants: six mothers with daughters, three single women, and one husband, aged between 19 and 50 years. All participants identified as Muslim, representing Melanau, Bugis-Jawa, and Malay ethnicities. Among them, two were converts from Iban and Chinese backgrounds, and one participant was a non-Muslim woman from the Iban community.

KEY FINDINGS FROM THE DISCUSSIONS:

- **Support for FGM/C practice:** All 10 respondents, including the non-Muslim participant, expressed strong support for female circumcision, citing cultural preservation and hygiene as primary motivations. Most participants acknowledged that their support was rooted in cultural tradition rather than religious doctrine. Only two to three participants referenced specific Quranic verses or *Hadith* in support of the practice; the majority were unaware of any religious texts endorsing it.
- **Resistance to Change:** Despite Sarawak's reputation for religious tolerance, participants demonstrated a strong attachment to traditional practices. Some non-Muslim mothers were reported to circumcise their daughters, and two converts to Islam voluntarily underwent circumcision as a symbolic affirmation of their new faith. These findings suggest that cultural identity and social cohesion are key drivers sustaining the practice, even in the absence of religious obligation.
- **Community Perspectives on Broader Change Efforts:** Many Muslim participants believed that FGM/C practice is *wajib* (compulsory), despite the lack of direct religious evidence. Cultural continuity and respect for tradition were prioritised over critical examination of the practice. Participants viewed FGM/C as integral to community identity and social harmony.
- **Lack of Research and Data:** There is currently no official research documenting the practice of female circumcision among Muslims in Sarawak. This absence of data has contributed to a stagnant discourse, limiting opportunities for evidence-based policy development and public education.
- **Key Drivers of Change:** Participants echoed findings from Case Study 1, emphasising the importance of introducing Comprehensive Sexuality Education (CSE) at an early age. They believed that age-appropriate education on anatomy, consent, relationships, and emotional well-being could empower young people to make informed decisions and foster respect for bodily autonomy.

- **Key Barriers to Change:** Deep-rooted cultural norms and the high value placed on tradition were identified as significant barriers to reform. These societal expectations make it difficult to challenge or abandon long-standing practices such as FGM/C.
- **Local Perspectives on National Efforts:** Participants acknowledged the importance of national awareness campaigns highlighting the health risks and lack of medical benefits associated with FGM/C. They noted that the practice can result in physical trauma and long-term complications, underscoring the need for public education.
- **Awareness of Religious and Legal Frameworks:** Most participants were unaware of the 2009[59] National *Fatwa* on FGM/C, and even less informed about any state-level religious rulings.[60] The practice was perceived as a long-standing cultural tradition, often conflated with religious obligation(s). The *fatwa* was seen by some as legitimising the practice, making it more difficult to challenge. Participants stressed the need for increased awareness and open dialogue to shift public perceptions and promote change.



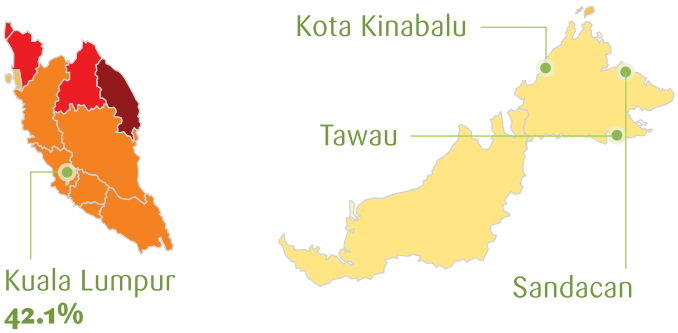
4.3 CASE STUDY: ORANG ASLI WOMEN

CONTEXT: A focus group discussion (FGD) was conducted in Kuala Lumpur with Orang Asli women, coinciding with their participation in a training session on land rights. Participants represented various subgroups, including the Negrito, Senoi, and Melayu Proto communities, and came from multiple states. Most participants practised animism[61] and identified as non-Muslim, with one participant having converted to Islam.

KEY FINDINGS FROM THE DISCUSSIONS:

- **Prevalence of Female Circumcision (FC):** Most participants from the Orang Asli community reported that female circumcision was not practised within their communities and that they had limited awareness of the practice. In contrast, male circumcision was more common, particularly among groups such as the *Jah Hut* and *Semelai*, where it is considered a customary obligation *(wajib)* under traditional law *(adat)*.
- **Religious Conversion and Practices:** Participants who had converted to Islam acknowledged that female circumcision was commonly practised among Muslim Orang Asli, based on the belief that it is a religious requirement. However, this belief was not universally held and appeared to stem from limited religious guidance post-conversion.
- **Cultural Beliefs and Bodily Integrity:** A strong cultural belief in bodily integrity and accountability in the afterlife was cited as a key reason for rejecting female circumcision. Participants explained that surgically removed body parts are believed to question the individual in the afterlife, including those removed through FGM/C. This belief reinforces the community's resistance to the practice.
- **Gendered Views on Circumcision:** While female circumcision was largely rejected, male circumcision remained culturally accepted and was viewed through different lenses, often associated with masculinity, religious identity, or tradition. This distinction highlights the complex interplay between gender, culture, and belief systems within Orang Asli communities.
- **Concerns Around Religious Conversion:** Participants raised concerns about mass conversion initiatives targeting the Orang Asli. Some conversions were voluntary, while others were perceived as coerced through promises of financial incentives, land ownership, or other benefits, many of which were reportedly unfulfilled. Converts often lacked adequate religious education and support, leading to confusion and the uncritical adoption of practices such as female circumcision.
- **Gaps in Research:** Although two studies[62] have explored the use of compassionate approaches to encourage Islamic lifestyles among the Orang Asli, no formal research has been conducted on the prevalence or nature of female circumcision within these communities. This lack of data limits understanding and policy development.

- **Drivers of Change:** Participants emphasised the need for clear, accessible religious education for converts to help distinguish between cultural practices and Islamic teachings. Such efforts would empower younger generations to make informed decisions and prevent the continuation of practices mistakenly attributed to religion.
- **Perspectives on National Awareness Efforts:** Participants supported nationwide campaigns to raise awareness about the health risks and lack of medical benefits associated with female circumcision. They highlighted the potential for long-term physical harm and psychological trauma resulting from the practice.
- **Community Responses to Government and NGO Initiatives:** The mass conversion of Orang Asli communities was described as unethical and coercive. Participants reported that some individuals were misled by promises from missionaries, only to be left unsupported post-conversion. The imposition of unfamiliar religious values, including practices like FGM/C, was viewed as unjust and culturally insensitive.



4.4 CASE STUDY: SABAHAN WOMEN FROM SANDAKAN, TAWAU, KOTA KINABALU, AND KUALA LUMPUR

CONTEXT: One in-depth interview and one focus group discussion (FGD) were conducted virtually with three Muslim women aged between 30 and 40 years. The participants included two mothers with daughters and one single woman, representing the Suluk, Bajau, and Dusun ethnic groups. Among them, one participant was a convert to Islam from the Dusun community.

KEY FINDINGS FROM THE DISCUSSIONS:

- **Perceptions of Female Circumcision (FC):** Two participants believed that female circumcision is mandatory *(wajib)* for Muslim women and girls. The convert, however, was unaware of this belief, indicating a lack of exposure to such information. None of the participants were familiar with religious texts explicitly endorsing the practice, suggesting that its continuation is rooted more in cultural tradition than in religious doctrine. In Suluk and Bajau communities, FC is often accompanied by a modest feast. The Suluk typically perform the procedure when the child is around one year old, while the Bajau do so on the third, seventh, or tenth day after birth.
- **Prevalence and Symbolism:** Previous findings have indicated that some converts undergo circumcision upon embracing Islam, viewing it as a symbolic affirmation of religious identity. However, the convert interviewed in this case study did not undergo the procedure, highlighting variability in practice and interpretation.
- **Community Perspectives on Change:** Many Muslims in Sabah continue to view FGM/C as compulsory, despite the absence of direct religious justification. Cultural preservation was prioritised over questioning the practice, with participants linking FGM/C to social cohesion, respect for tradition, and community identity.
- **Gaps in Research:** There is currently no official research documenting the practice of FGM/C among Muslims in Sabah. This lack of data has contributed to a stagnant discourse, with no new insights to inform policy or public understanding.
- **Drivers of Change:** Participants reiterated the importance of introducing Comprehensive Sexuality Education (CSE) at an early age. They emphasised that age-appropriate education on anatomy, consent, relationships, and emotional well-being would empower children to make informed decisions and develop respect for bodily autonomy.
- **Barriers to Change:** Deep-rooted cultural norms and the high value placed on tradition were identified as significant barriers to reform. These societal expectations make it difficult to challenge or abandon long-standing practices such as FGM/C.
- **Perspectives on National Awareness Efforts:** Participants supported nationwide campaigns to raise awareness about the health risks and lack of medical benefits associated with FGM/C. They acknowledged that the practice could result in physical trauma and long-term complications, underscoring the need for public education.

- **Awareness of Religious and Legal Frameworks:** Participants were unaware of the 2009[63] National *Fatwa* on FGM/C. The practice was perceived as a long-standing cultural tradition, often conflated with religious obligation. This religious framing creates significant barriers to change, as FGM/C is deeply intertwined with faith and identity. Participants stressed the need for targeted awareness campaigns and open dialogue to challenge misconceptions and promote alternative perspectives.

4.5 CROSS-CASE ANALYSIS

- **Prevalence:** Across all case studies, FGM/C continues to be practised in certain communities, despite the absence of clear religious justification. This highlights the complex interplay between cultural tradition, perceived health benefits, and gender norms. While some communities reject the practice entirely (e.g., most Orang Asli groups), others uphold it as a cultural or religious obligation (e.g., Suluk and Bajau communities in Sabah).
- **Major Barriers to Change:** The most significant barrier is the deep-rooted cultural attachment to FGM/C. In many communities, tradition outweighs medical or human rights considerations. The lack of religious clarity and the silence of national institutions further entrench the practice.
- **Common Drivers of the Practice and Perceptions:** Survey responses and qualitative data across case studies indicate that many individuals perceive FGM/C as a benign procedure, often reporting minimal pain, no complications, and various perceived benefits. The cultural, social, and health-related justifications contribute to the normalisation of the practice within communities. Key drivers of FGM/C include:
  - ***Cultural Continuity:*** FGM/C is viewed as a marker of identity, social belonging, and respect for tradition. It is often upheld as a rite of passage and a symbol of cultural heritage.
  - ***Perceived Hygiene:*** The practice is frequently equated with cleanliness and is sometimes compared to male circumcision in terms of perceived health benefits.
  - ***Religious Misinterpretation:*** Some participants believe that FGM/C is recommended or required in Islam, despite the absence of explicit scriptural support.

The cultural, social, and health-related justifications **contribute to the normalisation** of the practice within communities.

These drivers operate at multiple levels—individual, familial, and community—and are **reinforced by social norms, limited access to accurate information, and the absence of clear religious or governmental guidance**. The persistence of these beliefs, despite known health risks and lack of medical evidence, underscores the need for targeted education and culturally sensitive interventions.

These drivers operate at multiple levels—individual, familial, and community—and are reinforced by social norms, limited access to accurate information, and the absence of clear religious or governmental guidance. The persistence of these beliefs, despite known health risks and lack of medical evidence, underscores the need for targeted education and culturally sensitive interventions.

- **Disconnect between National Policies and Local Realities:** Malaysia lacks a national policy explicitly addressing or prohibiting FGM/C. The absence of clear guidance from key institutions such as the Ministry of Health and JAKIM has allowed the practice to persist unchallenged. This policy vacuum undermines efforts to raise awareness and protect the rights and well-being of women and girls, particularly in rural and marginalised communities.
- **Implications for Advocacy, Policy, and Programming:** To achieve meaningful change, advocacy efforts must begin early, particularly through the integration of Comprehensive Sexuality Education (CSE) into primary education. Embedding these topics in the curriculum can help children develop critical thinking, challenge harmful norms, and make informed decisions. Additionally, targeted awareness campaigns, community dialogues, and engagement with religious and cultural leaders are essential to shift perceptions and promote rights-based approaches to bodily autonomy.

5. RECOMMENDATIONS

This report presents a set of recommendations that are informed by extensive consultation with local partners and grassroots organisations, and are shaped by the cultural, political, and operational realities of the country.

The recommendations are tailored to reflect regional specificities. The report examines the applicability of global approaches and learnings to the Southeast Asian context. In particular, the relevance of survivor-led strategies and the integration of FGM/C into medical curricula may not be suitable for the region. Many women in Southeast Asia do not identify as survivors, often because they do not recall undergoing the procedure or do not perceive it as harmful. Similarly, efforts to mainstream FGM/C education in health training institutions and to support model health facilities are unlikely to succeed without more substantial government commitment and more region-specific data on health impacts. The report encourages the use of locally grounded data and narratives, noting that approaches rooted in external contexts may not always resonate with local communities and could risk being perceived as less relevant

RECOMMENDATIONS FOR MALAYSIA

1. ESTABLISH RELIABLE, COMPREHENSIVE, CONSISTENT AND STANDARDISED DATA COLLECTION

Explore the possibility of integrating FGM/C indicators into upcoming national health surveys—building on the precedent set by the inclusion of intimate partner violence (IPV) in the recent National Health and Morbidity Survey (NHMS), particularly within the mother and child health module. This could include supporting compulsory reporting through postnatal care services and/or exploring a national survey in collaboration with the Prime Minister's Office.

2. STRENGTHEN NATIONAL POLICY AND INSTITUTIONAL FRAMEWORKS ON FGM/C

The Malaysian Government is encouraged to establish a clear national policy on FGM/C that addresses its health, ethical, and legal dimensions. To ensure cultural relevance, local ownership, and effective implementation, these policies should be developed with direct input from diverse communities. Potential interventions include:

- **Collaborating with the Ministry of Health to develop comprehensive guidance** for healthcare professionals (including midwives), outlining the lack of health and medical benefits of FGM/C and how it is non-scientific practice.
- **Integrating FGM/C awareness into healthcare services, including postpartum care education**, by training healthcare providers and midwives to address the issue sensitively during routine maternal and child health visits, creating opportunities for education and early intervention.

3. PROMOTE RELIGIOUS RE-INTERPRETATION AND ENGAGEMENT

- **Facilitate evidence-based dialogue with religious authorities to clarify theological positions mandating FGM/C,** and help distinguish cultural practices from religious obligations.
- **Engage respected religious leaders, including young religious leaders, in advocacy efforts to foster community acceptance** of change and reduce resistance by aligning messages with religious values.

4. INVEST IN COMMUNITY EDUCATION AND BEHAVIOUR CHANGE

Implement targeted Community Behaviour Change strategies in partnership with organisations tailored to specific community contexts. These should challenge entrenched social norms, dispel misconceptions, and promote positive narratives around bodily autonomy, health, and human rights through culturally sensitive messaging. Strategies could include integrating age-appropriate content on FGM/C into school curricula; developing youth-led advocacy programmes and peer education initiatives leveraging digital platforms, social media, and youth-friendly communication methods; and amplifying stories of resistance and change, such as young mothers choosing not to circumcise their daughters to inspire broader community reflection.

RECOMMENDATIONS FOR THE UK

The government of UK is encouraged to adopt a multi-pronged, strategic approach to support the elimination of Female Genital Mutilation/Cutting (FGM/C) in Malaysia, aligning with national, regional, and international frameworks:

1. SUPPORT MALAYSIAN CIVIL SOCIETIES TO ADVANCE COMMUNITY-LEVEL AWARENESS AND BEHAVIOUR CHANGE

- **Strengthen partnerships with civil society organisations** that have strong local networks and understanding of the context to lead grassroots advocacy efforts on FGM/C, particularly in underserved and high-prevalence areas, for the development and dissemination of culturally tailored Behaviour Change Communication (BCC) strategies that challenge harmful social and cultural norms and promote rights-based narratives.
- **Support members of the Asia Network to End FGM/C** in participating in national CEDAW reporting processes. This includes contributing to consultations and developing a shadow report that integrates FGM/C into CEDAW submissions. In Malaysia, directed support is necessary to contest the government's claim that underplays the impact of FGM/C as "merely circumcision."

2. SUPPORT UN AGENCIES PROGRAMMES IN MALAYSIA:

- **Strengthen Multisectoral Collaboration in both countries through UNFPA's ongoing efforts.** In Malaysia, actively engage with the newly established multi-sectoral steering committee on FGM/C convened by UNFPA Malaysia.

3. SUPPORT AND LEVERAGE HUMAN RIGHTS MECHANISMS THAT CALL FOR THE ELIMINATION OF FGM/C

- **Leverage Global Accountability Mechanisms to Advocate for SDG 5.3.** Utilise Malaysia's 2025 Voluntary National Review (VNR) at the High-Level Political Forum (HLPF) to advocate for the explicit inclusion of FGM/C under SDG 5 on gender equality, SGD 3 on Good Health and Well-being, and SDG 16 on Peace, Justice, and Strong Institutions.
- **Support Human Rights-Based Legislative Change via Malaysia's Universal Periodic Review (UPR) Follow-Up.** Continue engagement with the Human Rights Commission of Malaysia (SUHAKAM) and the Children's Commissioner to provide technical assistance, particularly through child rights advisors, to strengthen child protection policies and frameworks.
- **Support Data Collection efforts being carried out in the country**, aligning with International Human Right's Standards.

REGIONAL POLICY PRIORITIES FOR GOVERNMENTS, HUMAN RIGHTS AND DEVELOPMENT PARTNERS

- **Leverage the Beijing +30 and ICPD commitments**, which explicitly call for the prohibition and elimination of FGM/C, by reinforcing FGM/C as a violation of gender equality and SRHR, particularly in the areas of violence against women and girls (Critical Area D), women's health (Critical Area C), the rights of the girl child (Critical Area L).
- **Support regional platforms and align stakeholders to advance shared goals** on gender equality and the elimination of harmful practices such as FGM/C. This includes supporting the 2025 regional convening organised by ARROW and UNFPA, supporting the DFAT–UNFPA Regional Accountability Framework Programme and exploring collaboration with the Government of Australia through the Southeast Asia Gender-Based Violence Prevention Platform.
- **Leverage international human rights treaties to reinforce norms and standards that advocate an end to FGM/C**, particularly the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of the Child (CRC) and the Convention Against Torture (CAT). Both Malaysia (CEDAW) and Indonesia (CRC) are scheduled for upcoming reviews, presenting key opportunities to submit evidence, challenge harmful state narratives, and push for alignment of national laws and practices with international human rights standards. The next Universal Periodic Review (UPR) cycle is also an opportunity to challenge Malaysia's stance on FGM/C as a cultural practice and advocate for policy alignment with human rights obligations.

- **Strengthen international and regional partnerships with agencies such as ASEAN, WHO and UNESCO** and engage actively to ensure that FGM/C is integrated into broader gender equality and child protection agendas. This includes supporting ASEAN's renewed 10-year Gender Mainstreaming Strategic Framework and advocating for the explicit inclusion of FGM/C as a priority issue within its implementation under the women and children's Agenda (ACWC).
- **Support regional medical and midwifery associations in developing and promoting professional guidelines** that explicitly oppose the medicalisation of FGM/C. These include The Midwives Alliance of Asia (MAA), Asia & Oceania Federation of Obstetrics & Gynaecology (AOFOG), Asian Oceanic Society of Paediatric and Adolescent Gynaecology (AOSPAG).

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ARROW is a regional non-profit women's NGO based in Kuala Lumpur, Malaysia, and has consultative status with the Economic and Social Council of the United Nations. Established in 1993, it envisions an equal, just, and equitable world, where every woman enjoys her full sexual and reproductive rights. ARROW promotes and defends women's rights and needs, particularly in the areas of health and sexuality, and to reaffirm their agency to claim these rights.

Asian-Pacific Resource & Research Centre for Women (ARROW)
1 & 2 Jalan Scott, Brickfields 50470, Kuala Lumpur, Malaysia

Telephone +603 2273 9913/9914/9915
Fax +603 2273 9916
Email arrow@arrow.org.my
Web arrow.org.my
Bluesky arrowomen.bsky.social
Facebook ARROW.Women
Instagram arrow_women
YouTube ARROW_Women
LinkedIn arrowomen