

# PERCEPTIONS TOWARDS FEMALE CIRCUMCISION IN MALAYSIA

JANUARY 2021

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# Contents

<i>List of Figures</i>	v	
<i>List of Tables</i>	vii	
<i>Executive Summary</i>	ix	
<i>Report Team</i>	xiii	
<i>Acknowledgements</i>	xv	
<b>1</b>	<b>Research Background</b>	<b>1</b>
1.1	Introduction	1
1.2	Research objectives	2
1.3	Research questions	2
1.4	Research methodology	2
	1.4.1. Instruments and data collection procedures	3
	1.4.2 Analytical framework of the study	9
1.5	Structure of the report	10
<b>2</b>	<b>Findings and Discussion</b>	<b>11</b>
2.1	Overview of findings	11
2.2	Findings from the questionnaire	11
	2.2.1 Respondents' knowledge about female circumcision	11
	2.2.2 Respondents' perception of and attitude towards female circumcision in their community	15
2.3	Findings from focus group discussions (FGDs)	16
	2.3.1 Discourse patterns of the focus group discussions	16
	2.3.2 Overview of findings for the focus group discussions	17
	2.3.3 Salient themes from the focus group discussions	18
	2.3.4 Participants' suggestions for advocacy	24
<b>3</b>	<b>Conclusion</b>	<b>27</b>
	<b>References</b>	<b>29</b>
	<b>Appendices</b>	<b>31</b>



# List of Figures

Figure 1.	The recursive procedure of thematic analysis adapted from Terry et al. (2017)	9
Figure 2.	Fifty most frequently occurring words in the focus group discussion transcriptions	17



# List of Tables

Table 1.	Outline of the online questionnaire for university students	3
Table 2.	Feedback on the pilot test of the questionnaire	4
Table 3.	Comparison of the initial and modified items in the questionnaire	4
Table 4.	List of finalised focus group questions, according to sub-topics	6
Table 5.	List of probing and follow-up questions according to sub-topics	8
Table 6.	Sources of information on female circumcision	12
Table 7.	Respondents' opinions of female circumcision based on religion and personal perspectives	13
Table 8.	Respondents' reasons to encourage and discourage female circumcision, and its perceived benefits	13
Table 9.	Respondents' perception of risks and awareness of female circumcision procedures	14
Table 10.	Respondents' perceptions of social pressure towards female circumcision	14
Table 11.	Respondents' experience with circumcision	14
Table 12.	Respondents' perception of individuals qualified to carry out female circumcision	15
Table 13.	Respondents' perception of female circumcision in their community	15



# Executive Summary

## **Background**

The practice of female circumcision in Malaysia is multifaceted; it is a collective behaviour governed by an interplay of aspects, mainly culture, religion, and health. This study seeks to extend the existing knowledge on female circumcision in Malaysia by researching the perception of Muslim Malays towards the practice, in particular youth and mothers, through an online questionnaire and focus group discussions. The questionnaire was analysed using descriptive statistics, while the transcripts from the focus group discussions were analysed thematically.

## **Main findings from the online questionnaire**

Key findings from the online questionnaire suggest that the majority of the respondents held the belief that the practice is justified by religion. A large majority believed the practice can promote self-hygiene. Furthermore, almost a third of respondents perceived that female circumcision has no risks or poses a minimum risk, although a minority also believed it is a high-risk practice. Over half of the respondents stated that they do not receive pressure from any party to practice female circumcision. Family pressure is one of the main reasons for the continuing of the practice for respondents who do indicate some sort of pressure is upon them. Most respondents were likely to carry out female circumcision even without religious or cultural obligations. More than half of the respondents indicated that they would not continue with the practice if there were no health benefits. The level of trust in doctors was perceived as very high among the respondents which could lead to possibilities for education.

## **Main findings from the focus group discussions**

Salient themes identified from the focus group discussions were hygiene and cleanliness as a perceived benefit of female circumcision; the link between the practice and custom, culture and tradition; and the notion of religious obligation associated with the practice. There appeared to be differing opinions about religious rulings, comparison of female circumcision to male circumcision, the mildness of the practice, and influence of, and trust towards doctors.

### **Hygiene and cleanliness as the perceived benefit of the practice**

There is a prevailing belief among most of the participants and their close reference networks about the perceived benefits of the practice. Similar to the findings in the questionnaire, hygiene and cleanliness are commonly seen as the main benefits of female circumcision. This is closely tied to and associated with the aspect of religion based on the responses from the participants, for example, having heard about the benefit from their religious teachers.

### **The aspect of custom, culture, and tradition related to the practice**

Another prominent theme is the aspect of culture and tradition associated with the practice. For most of the participants, the practice is considered a custom, a collective behaviour performed for various reasons. However, there was mention of sanctions based on non-adherence to the practice. Non-adherence may result in negative responses from the close reference networks of participants. Other than that, there seems to be an expectation that everyone in the community has their daughters circumcised.

### **The notion of obligation associated with the practice despite differing opinions on religious rulings**

Some participants were aware of the differing opinions religious authorities have regarding the practice. However, most of them were unaware about the national fatwa issued in 2009. Those who took note of fatwas referred to state fatwas, but most participants reported that they had not come across any sources from the Quran or hadiths. Many participants shared that they view the practice as an obligation too, having the expectations that everyone else in the community is practising it.

### **Influence of and trust in the medical fraternity**

Doctors seem to be viewed as a reliable source of information, a medical authority that is immediately and more easily accessible to participants. The reported trend of medicalisation in the existing literature is also reflected in this report. Participants especially the younger mothers, mostly go to the doctors for consultation as well as the procedure itself. Based on this finding, it can be inferred that doctors play an important role in educating the practicing community on the issue of female circumcision.

### **Perceived mildness of the practice**

Another prevalent theme is the perceived mildness of the practice. Participants perceive the practice as a benign practice which is not harmful to babies, and if there is any pain, it is only temporary and does not mutilate the child's genitals. The participants did not remember their experience being circumcised and stated that babies generally would not remember it because they are too small when the procedure is carried out on them.

### **Comparison of female circumcision to male circumcision**

Participants across all groups drew a comparison to male circumcision without being prompted by moderators. Most of them acknowledged the gap in knowledge about female circumcision as opposed to male circumcision. Female circumcision is shrouded in ambiguities as opposed to male circumcision.

### **Advocacy suggestions from focus group participants**

The participants suggested three main ways through which advocacy can be carried out, namely, raising awareness, enabling a safe space for the practising community's voices, as well as cross-engagement with religious authorities and medical practitioners.



# Report Team

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# 1

## Research Background

### 1.1 Introduction

Female circumcision is also referred to as 'female genital cutting (FGC)', 'female genital mutilation (FGM)', 'female genital cutting/mutilation (FGM/C)' among others. In Malaysia, it is commonly referred to as '*sunat*', '*khatan*', or '*khitan*'. Female circumcision is a practice that is prevalent in several parts of the world, including Southeast Asia. However, there is only a limited number of studies examining the practice of female circumcision in Malaysia, and in the Southeast Asian context. Several studies have investigated public perceptions of the practice of female circumcision in Malaysia. One of the earlier studies, by Isa et al. (1999), surveyed the attitude of Malay women, specifically women who mostly resided in rural areas in Kelantan, through questionnaire-based interviews. It was found that all the respondents viewed female circumcision as a desirable practice, and were satisfied with their experience of the practice, stating that the practice did not cause any negative side effects. Ten years later, Rashid and Iguchi (2019) conducted a mixed-methods study consisting of questionnaires and interviews to explore the reasons behind the practice of female circumcision in Malaysia as perceived by the Muslim community and traditional practitioners and based on the views of religious scholars. Most of the participants (87.6% of 605 participants) in Rashid and Iguchi (2019) viewed the practice as a compulsory religious practice in Islam. An interesting similarity between the two studies, which are separated by ten years, is that in both studies, participants seemed to be mostly inclined towards the practice. All the respondents in Isa et al. (1999) confirmed the likelihood of continuing the practice on their daughters due to the perceived lack of harm in the procedure; similarly, almost all the participants (99.3%) in Rashid and Iguchi (2019) indicated that they would like the practice to continue.

Another study that was conducted more recently by Rashid et al. (2020) focused on the views and experiences of Malaysian doctors in relation to the practice of female circumcision in Malaysia. An important issue to note is that just like the law, health authorities in Malaysia such as the Malaysian Medical Council are also silent regarding the practice of female circumcision (Rashid et al., 2020). One of the significant findings from Rashid et al. (2020) is that religion is the main reason given for performing female circumcision. Doctors who do not conduct female circumcision mainly cited the absence of training on how to conduct female circumcision as the reason for not carrying out the practice. Other reasons for not circumcising females were that the practice is against their beliefs, the practice is against Islam, and the practice is against the law. In-depth interviews also indicated that religion was the main reason for this practice. In general, Rashid et al. (2020) provide

an overview of the perception of Malaysian doctors on the practice of female circumcision, where the doctors seem to be in favour of the practice.

At present, there is still much controversy surrounding the issue of female circumcision in Malaysia. More evidence-based research is integral to understanding the current views on the practice of female circumcision among the Malay Muslim community in Malaysia. A study focusing on the perception of the practice of female circumcision will contribute to our understanding of the practice. This is relevant now more than ever, so that intervention programmes can be established, as Rashid et al. (2020) found a more invasive form of female circumcision (Type I of FGM) being practised in Malaysia. Previous studies had focused on the perception of the practising community, but were limited to specific, mostly rural, locations, and one of those studies was conducted ten years ago. The practice of female circumcision in urban settings in Malaysia is still not widely examined, and knowledge about it remains unclear despite the practice being a collective behaviour in the Malay Muslim community. It is undoubtedly a difficult topic to study considering its sensitive nature. This study aims to extend the research to a Klang Valley-centric setting to allow for a big-picture view of the practice in Malaysia. It is crucial to gauge the views of young Malaysian adults (in this case, represented by university students), and mothers to understand the current views of female circumcision, because in the drive to either change or encourage a collective behaviour, the nature and rationale of the practice must be understood and investigated (Bicchieri, 2017).

## 1.2 Research objectives

This study aimed to examine perceptions about female circumcision among university students and Malay Muslim mothers in Malaysia. Investigating perceptions can uncover the underlying cultural beliefs that support or discourage the practice, awareness about its benefits and risks, and access to information regarding female circumcision.

In relation to this aim, the objectives of this study are as follows:

- 1) To determine the perceptions of university students about female circumcision in Malaysia.
- 2) To determine the perceptions of Malay Muslim mothers about the practice of female circumcision in Malaysia.

## 1.3 Research questions

Based on the research objectives, the following research questions were addressed:

1. What are the perceptions of university students towards female circumcision in Malaysia?  
*This question focuses on obtaining the perspectives of Malaysian university students on female circumcision. These perspectives are obtained through an online questionnaire. This specifically requires respondents to share their knowledge of female circumcision based on their own understanding, as well as their attitude towards and personal experience with the practice.*
2. What are Malay Muslim mothers' perceptions of and attitudes towards the practice of female circumcision in Malaysia?  
*This question addresses the need to identify the perspectives of Malay Muslim mothers towards female circumcision in Malaysia. Data were elicited from focus group discussions with Malay Muslim mothers. This approach focuses on mothers' overall opinion and their stance towards the practice.*

## 1.4 Research methodology

To address the objectives and research questions of this study, two main data collection approaches were included:

- (a) an online questionnaire was developed for the university students using Google Forms; and,
- (b) focus group discussions were held with selected Malay Muslim mothers.

The following section elaborates on the research instruments and data collection procedures selected for the study and the framework adopted to facilitate the data analysis.

#### **1.4.1. Instruments and data collection procedures**

##### **A. The questionnaire**

After conducting a literature survey concerning the perceptions of the public and other stakeholders towards female circumcision, a structured online questionnaire was formulated for the university students. Variables pertaining to respondents' sociodemographic characteristics, their knowledge of female circumcision as practiced in Malaysia, respondents' attitudes and beliefs (in terms of both cultural and religious aspects), previous personal experience, and the risks and advantages of the practice were included. Table 1 shows the overall outline and themes that were included in the questionnaire designed for the students, pertaining to their perception of female circumcision as practised in Malaysia.

**Table 1.** *Outline of the online questionnaire for university students*

<p>Questions 1-10:                      Respondents' sociodemographic information:</p> <ul style="list-style-type: none"> <li>• Age group</li> <li>• Sex</li> <li>• Nationality</li> <li>• Religious belief</li> <li>• Marital status</li> <li>• Number of children (female and male)</li> <li>• Highest level of education</li> </ul>
<p>Questions 11-21:                      Respondents' knowledge about female circumcision:</p> <ul style="list-style-type: none"> <li>• Sources of information</li> <li>• Islamic perspective on female circumcision</li> <li>• Benefits and risks of the practice</li> <li>• The medical procedures involved</li> </ul> <p>The existence of pressure from the surrounding community</p>
<p>Questions 22-25:                      Respondents' personal experience with female circumcision:</p> <ul style="list-style-type: none"> <li>• Social informants who disclose their experience with the practice</li> <li>• The opinion of individuals qualified to conduct female circumcision</li> <li>• Preferred sources of information</li> </ul>
<p>Questions 26-32:                      Respondents' perception of and attitude towards female circumcision:</p> <ul style="list-style-type: none"> <li>• Stance towards the practice</li> <li>• The existence of female circumcision in the community</li> <li>• The expected attitudes of others towards the practice</li> </ul>

##### **The population and sample size**

Our target respondents consisted of university students from higher education institutions across Malaysia. University students' perspectives were sought because this demographic is seen as the

pacesetters for any transformations in cultural and societal practices. The questionnaire was open to both male and female students from the ages of 18 to over 45 years. A convenience sampling method and snowballing approach were used to circulate the online questionnaire link to the university students via social media platforms such as Twitter and Facebook, as well as messaging applications that included WhatsApp and Telegram. The link to the questionnaire was enabled for two weeks between 18 to 30 September 2020. To address students' varying language competencies, the instructions and questions were made available in both Malay and English. It was estimated that the time to complete the questionnaires was 10 minutes. By the end of the questionnaire distribution period, the research team obtained 107 responses.

### ***Pilot test for the questionnaire***

A pilot test was conducted to test the online questionnaire among students who shared characteristics similar to the overall target population of university students in this study. There were several reasons for the pilot test to be carried out. These included:

- To ensure that the instructions and questions were clear and comprehensible.
- To ascertain if the questions were organised in a cohesive sequence from start to finish in all four sections.
- To test the duration taken to complete the questionnaire.

The pilot test of the online questionnaire was conducted from 14 to 16 September 2020 and received a total of 19 responses. The researchers obtained feedback from each respondent, which was later used to further improve the questionnaire. The feedback is tabulated in Table 2 as follows.

**Table 2.** *Feedback on the pilot test of the questionnaire*

Students' feedback	<ul style="list-style-type: none"> <li>• Fix technical answer selection issues in the response panel</li> <li>• Rephrase particular questions to clarify their meanings</li> <li>• Allow for more multiple-answer options for relevant questions</li> <li>• The questionnaire was overall easy to understand and complete</li> </ul>
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Table 3 demonstrates the modification made on several of the items upon taking into account the feedback in the pilot test.

**Table 3.** *Comparison of the initial and modified items in the questionnaire*

<b>Question Items</b>	<b>Initial Question Item</b>	<b>New Item</b>
12	Bagaimana anda tahu tentang amalan ini / How do you know about this practice?	Bagaimana anda tahu tentang amalan ini? (Anda boleh jawab lebih dari satu) / How do you know about this practice? (You can select more than one option)?
14	Pada pandangan anda, siapa yang layak melakukan sunat atau khitan perempuan? / In your opinion, who is qualified to perform female circumcision?	Pada pandangan anda, siapa yang layak melakukan sunat atau khitan perempuan? (Anda boleh jawab lebih dari satu) / In your opinion, who is qualified to perform female circumcision? (You can select more than one option)
23	Jika anda tahu, siapa yang beritahu anda? / If you do, who told you?	Jika anda tahu anda pernah disunat/khitankan, siapa yang beritahu anda? (Anda boleh jawab lebih dari satu) / If you know that you have been circumcised, who had informed you about it? (You can select more than one option)

**Table 3.** Comparison of the initial and modified items in the questionnaire (continued)

Question Items	Initial Question Item	New Item
28	Adakah anda percaya bahawa orang di sekeliling anda (contohnya, ibu, ibu mertua dan nenek, atau masyarakat setempat) percaya bahawa sunat/khitan perempuan perlu dilakukan? / Do you believe that your close circle (family, for example, your mother, mother-in-law and grandmother, or community) believe that female circumcision should be done?	Adakah orang di sekeliling anda (contohnya, ibu, ibu mertua dan nenek, atau masyarakat setempat) percaya bahawa sunat/khitan perempuan perlu dilakukan? / Do people in your close circle (family, for example, your mother, mother-in-law and grandmother, or community) believe that female circumcision should be done?

### **B. Focus Group Discussions (FGDs)**

The second source of data used in this study is derived from focus group discussions. A focus group discussion (henceforth, FGD) is a useful method to obtain people's opinions about an issue. The key features of a focus group according to Krueger (2014) are:

- it consists of small groups of participants;
- its participants are selected based on a set of eligibility criteria;
- it provides a qualitative form of data;
- it contains a focused discussion; and,
- it helps in the process of understanding the topic of interest.

The focus group discussions were conducted face-to-face and through virtual means due to the restrictions imposed under the Conditional Movement Control Order imposed by the Malaysian government. To ensure the effectiveness of a focus group, several participant-centric considerations were taken into account, such as the provision of a comfortable space for opinion sharing, freedom to express one's opinion, and a sense of respect (Krueger, 2014).

#### **Target FGD participants**

The eligibility condition for participants was that they must be Malay Muslim women, especially mothers with daughter(s), though mothers with no daughters were also included. The mothers came from two age segments, one consisting of mothers in the older age group (40 to 70 years old), and the other, mothers in the younger age group (20 to 30 years old). Participants were largely sourced through convenience based on the set criteria and snowball sampling. Snowball sampling is a method that is part of convenience sampling, suitable for circumstances when potential participants who fulfil the target criteria are difficult to access (Naderifar et al., 2017). This sampling method is well-suited to the timeline of this study as well as the conditions imposed by the pandemic. In terms of composition, it must be observed that some of the participants from the older age group knew each other based on prior engagements through their network of non-government organisations. This helped to make them feel more comfortable sharing their experiences and views. The majority of the participants for all the focus group discussions were based in the Klang Valley or greater Kuala Lumpur. Others came from other parts of Malaysia, specifically Melaka and Kelantan.

Four focus groups were held with 18 participants in total. The first two groups comprised five participants in each group whereas the two other groups consisted of four participants and three participants respectively. Several prospective participants did not appear during the virtual focus group discussions due to problems connecting online or other commitments.

## Data analysis of the FGDs

The face-to-face FGDs were audio-recorded with participants' consent. The virtual focus group discussions were recorded with the consent of the participants. The audio from these video recordings was extracted and saved as MP3 files. Notes were also taken during both face-to-face and online FGDs. The audio data were then broadly transcribed. Then, a textual analysis was carried out to identify emerging themes from the transcriptions, and with reference to the notes made by the researchers present at the FGDs. The notes were used to corroborate the transcriptions.

### *Formulating questions for focus group discussions*

Draft questions for the focus groups were prepared. A total of 13 questions were divided into four sub-topics:

- awareness of the practice and personal experience with the practice;
- opinion on the practice;
- beliefs about the practice; and,
- responsibilities of relevant stakeholders regarding the practice.

There were 13 questions in total, but during the discussions, participants and researchers were allowed to ask follow-up questions to seek clarity and explore the topic under discussion in more detail. The questions were sequenced from general to specific ones, with the introductory questions focusing on the awareness of participants and their personal experiences with the practice. This is a vital part of the discussion as it contains an indication of the view of participants about the practice (Krueger, 2014). No transition questions were asked to expedite the discussion; the key questions were delved into immediately. Probing questions were also asked any time ambiguities and/or interesting points were brought up. The ending question focuses on the opinion of participants on the roles of different stakeholders in the advocacy works related to the practice. Questions were worded slightly differently by moderators to ease the understanding of participants, sometimes containing more elaboration on the sub-topics. The list of the main questions is shown in Table 4.

**Table 4.** *List of finalised focus group questions, according to sub-topics*

<b>Sub-topics</b>	<b>Questions</b>
Awareness of the practice and personal experience with the practice	Apakah anda tahu apa itu sunat/khatan perempuan? Jika ya, apa yang anda faham tentang praktik tersebut? Jika tidak, adakah ini pertama kali anda mendengar tentang praktik ini? <i>Do you know about female circumcision? If yes, what do you understand about the practice? If not, is this your first time hearing about this practice?</i>  Adakah anda tahu yang anda telah dikhatankan oleh ibu atau nenek anda? (Anggapan yang anda telah bertanya dari ibu atau nenek). Jika ya, apakah alasan ibu atau nenek anda berbuat demikian? <i>Do you know whether you were circumcised by your mother or grandmother? (On the assumption that you did ask your mother or grandmother about the practice). If yes, what were the reasons your mother or grandmother chose to practice female circumcision on you?</i>
Personal opinion and knowledge of the practice	Apakah pendapat anda tentang praktik sunat/khatan perempuan? <i>What is your view on the practice of female circumcision?</i>  Adakah anda tahu hukum sunat/khatan perempuan dalam Islam? Jika ya, dalil (al-Quran atau Hadith) apa yang anda rujuk? <i>Do you know the religious ruling of female circumcision in Islam? If yes, which sources (from the Quran or Hadith) did you refer to?</i>

**Table 4.** List of finalised focus group questions, according to sub-topics (continued)

Sub-topics	Questions
	<p>Adakah anda rasa praktik ini ada kebaikannya? Senaraikan.  <i>In your opinion, is there a benefit to the practice? List the benefit(s) down.</i></p> <p><i>*For mothers with daughters:</i></p> <p>Adakah anda mengkhatakan anak perempuan anda? Jika ya, mengapa andamelakukannya? Dan jika tidak, mengapa?  <i>Do you circumcise your daughter(s)? If yes, why did you do it? And if not, why?</i></p> <p><i>*For mothers with daughters:</i></p> <p>Berapa umur anak anda ketika dia menjalani proses ini?  <i>How old were your daughter(s) when they underwent the process of circumcision?</i></p> <p><i>*For mothers with daughters:</i></p> <p>Siapa yang melakukan upacara khatan tersebut?  <i>Who performed the circumcision?</i></p> <p><i>*For mothers with daughters:</i></p> <p>Dari pemerhatian anda, adakah apa-apa komplikasi yang berlaku kepada anak perempuan anda selepas berkhatan?  <i>Based on your observation, were there any complications after your daughter's circumcision?</i></p>
Beliefs related to the practice	<p>Adakah anda percaya bahawa dengan mengkhatakan anak perempuan, beliau tidak akan berkelakuan 'liar' dan lebih memelihara akhlak? Jika ya, dari mana anda mendapat kepercayaan ini?  <i>Do you believe that female circumcision will prevent your daughter(s) from becoming 'wild' and encourage them to behave? If yes, where does this belief stem from?</i></p> <p>Sekiranya anda tidak mahu meneruskan praktik ini kepada anak-anak perempuan anda, adakah anda rasa berdosa kerana tidak meneruskan kelaziman dahulu?  <i>If you do not wish to continue the practice on your daughter(s), would you feel like you have committed a sin for not continuing the norm?</i></p> <p>Adakah anda rasa sunat/khatan perempuan ini suruhan agama? Mengapa anda berfikiran demikian?  <i>Do you believe that female circumcision is a religious commandment? Why do you think so?</i></p>
Roles of relevant stakeholders in advocacy works related to the practice	<p>Apakah peranan yang perlu dimainkan oleh pihak berkuasa agama, Kementerian Kesihatan Malaysia, Kementerian Pembangunan Wanita, Keluarga dan Masyarakat dan ibu bapa untuk memberi advokasi terhadap praktik ini?  <i>What are the roles that must be played by religious authorities, the Ministry of Health, Ministry of Women, Family and Community Development, and parents in the advocacy work related to this practice?</i></p>

Besides the main set of questions, a set of probing and follow-up questions was also prepared beforehand or created extemporaneously. Table 5 displays the list of probing and follow-up questions based on particular sub-topics.

**Table 5.** List of probing and follow-up questions according to sub-topics

Sub-topics	Questions and objective
Personal opinion and knowledge of the practice	<p><i>*For mothers with daughters:</i></p> <p>Adakah ada tekanan dari keluarga atau rakan-rakan dalam lingkungan terdekat anda untuk melakukan sunat/khatan perempuan kepada anak perempuan anda?  <i>Were there any forms of pressure from your family or friends in your closest circle to circumcise your daughter(s)?</i></p>
Beliefs	<p>Secara hipotetikal, jika pihak berkuasa agama dalam negara mengatakan yang kita tidak boleh melakukan sunat/khatan perempuan, adakah anda masih akan melakukannya ke atas anak-anak perempuan anda?  <i>Hypothetically, if the religious authorities in the country tell us that we must not practice female circumcision, would you still have it done on your daughter(s)?</i></p> <p>Secara hipotetikal, jika pihak berkuasa kesihatan dalam negara mengatakan yang kita tidak boleh melakukan sunat/khatan perempuan, adakah anda masih akan melakukannya ke atas anak-anak perempuan anda?  <i>Hypothetically, if the medical authorities in the country tell us that we must not practice female circumcision, would you still have it done on your daughter(s)?</i></p>

These questions were asked throughout the duration of the session or towards the end before the session was ended. The probing and follow-up questions differed from one group to another based on the direction of the discussion. The use of vignettes or hypotheticals is adapted from Bicchieri (2017) as one of the tools in measuring norms.

### ***Outlining the research design for focus group discussions***

The face-to-face focus group discussions were done in an appropriate and comfortable setting agreed on by the participants, using their preferred language (either Malay, English, or bilingually), within 40 to 60 minutes, with breaks in between if necessary. Short durations for the sessions are important to prevent participant lethargy. Participants for each group consisted of four or five members, joined by a moderator, an observer, and a representative from the research team. For all sessions, there were fewer than ten people present, allowing adequate room and time for each participant to speak when they wanted to.

To begin the session, the moderator asked everyone to introduce themselves briefly before questions were asked. The aim was to ensure that the participants were relaxed and comfortable with each other. The recordings of the focus group discussions were transcribed verbatim for analysis. The transcription conventions are provided in Appendix B. Before the session commenced, participants were reassured that there were no right or wrong answers. The moderator had a set of questions to generally guide the flow of the discussion, but some questions were posed to follow up on the participants responded. As stated earlier, some questions differed between the groups depending on the topics that received more attention from the participants. Prior to the discussions, a consent form was distributed to the participants for them to sign as proof of consent for their participation in the study and collection of data.

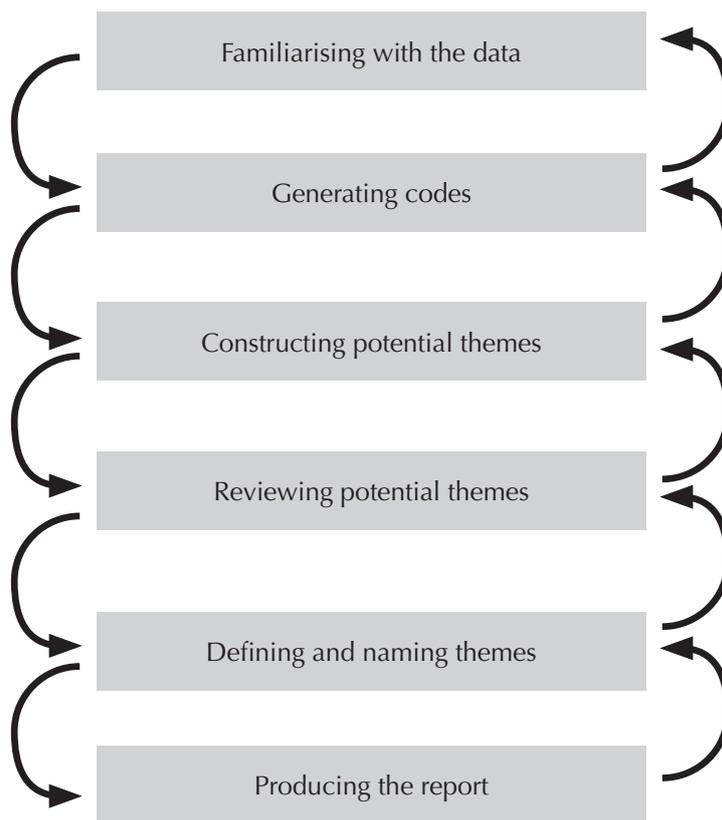
Representatives from the research team were present to take notes and to occasionally ask follow-up or probing questions for clarity and accuracy of information. The same procedure applied to the online FGDs. A consent form was emailed to the participants before the session, and the participants were also given a small cash token.

**Strengths and limitations of face-to-face and virtual focus group discussions**

The discussions were conducted face-to-face for the first batch of participants, comprising two groups. Participants for the first batch consisted of mothers from the older age group who are in their 40 to mid-70s. The following FGD comprising two groups was conducted virtually via Zoom. Participants for the second batch consisted of young mothers, who were in their mid-20s to late-30s. However, several participants did not manage to take part in the virtual discussions despite their initial agreement and confirmation. There were limitations for the virtual focus groups due to unstable Internet connection and distractions coming from their surroundings, but participants seemed to be able to comfortably share their views and experiences on the topic despite the problems. There were more opportunities for all participants to talk and share their thoughts during the virtual sessions. Moderators directly addressed the participants, and encouraged them to give a response to each question. There were fewer overlapping conversations as well compared to the face-to-face discussions. No participant dominated the conversation in the virtual focus group discussions.

**1.4.2 Analytical framework of the study**

Descriptive statistics were used to analyse the questionnaire results, whereas a thematic analysis was conducted to analyse the focus group discussion transcripts following the recursive six-phase procedure outlined in Terry et al. (2017). The procedure is illustrated in Figure 1.



**Figure 1.** The recursive procedure of thematic analysis adapted from Terry et al. (2017)

The first step of conducting a thematic analysis involves the process of familiarisation with the data through immersion in the data set. This is achieved by (re)listening to the audio recordings and (re)reading the transcripts. The generation of codes involves examining the relevant segments and labelling the segments systematically. This is an integral foundation for the development of themes. Construction of themes is the process of identifying patterns and salient elements in the data set based

on the codes created earlier. After the themes are provisionally constructed, they are then reviewed. In the review process, adjustments may have to be made if there is any incongruity in the whole data set or anything contentious within the themes. The step of defining and naming the themes requires clarity, cohesion, and precision. These are the bedrock of the research that will tie up all the data and analysis together for the reporting stage. Reporting the data is supposed to show the overall picture of the research topic through two means: illustrative reporting and analytical reporting. Illustrative reporting is the illustration, in the analysis, of some extracts of the data as an example by focusing on the evidence from the data. Analytical reporting involves a more detailed analysis that describes certain particulars, aspects, or features of the extract. Besides the thematic analysis, the FGD data was also analysed using a computer-assisted qualitative data analysis software, revealing the top occurring words in the data visualised through a word cloud.

## **1.5 Structure of the report**

The first section of this report describes the context of the study which uncovers issues surrounding female circumcision as practiced in Malaysia, followed by an elaboration on the current research gap, the rationale for conducting this research, the focus of the study, and its methodology. The second section presents findings on the perceptions of university students and young mothers about the practice in Malaysia via the data elicited from the questionnaires and FGDs. The third section will discuss the overall findings of the research. The report concludes with the fourth section, which highlights the overall significant findings and discussion of this research.

# 2

## Findings and Discussion

### 2.1 Overview of findings

This section highlights the students' perceptions, attitudes, and knowledge towards female circumcision in Malaysia, obtained through online questionnaires that were distributed over the course of approximately two weeks. Furthermore, a comprehensive discussion of views from Malay Muslim mothers regarding the practice is also presented in this section.

### 2.2 Findings from the questionnaire

Details of the general demographic information of the respondents are provided in Appendix A. The following sections present the findings from the descriptive analysis of the respondents' feedback.

#### 2.2.1 Respondents' knowledge about female circumcision

The first question in the questionnaire was about the respondents' awareness of female circumcision. The vast majority of them responded that they were familiar with the subject. Only four respondents said that they were 'unaware', and another two respondents said that they were 'unsure', out of which all but one of them were female Malaysian Muslims. It is possible that respondents who reported being unsure did not have knowledge of female circumcision or were not ready to engage with the question.

More than 80% of the respondents, the majority of them female, reported that families were their main source of information. Literature has shown that women generally share intimate information with one another, particularly in family settings. This finding could indicate that the practice is talked about within the female circles of a family. The practice then is deeply rooted in the gendered and domestic conventions of Muslim families, which in turn points towards an acceptance of normative socio-cultural traditions. The source of information from friends also shows a gendered element with more females reporting it (similar to that of the family as a source of information). This indicates that the practice is almost exclusively talked about among female circles – whether among family or friends. It must be pointed out, however, that these statistics do not indicate the depth of knowledge imparted, nor the frequency of the conversations among these female circles.

Another frequently selected option for a source of information about female circumcision was self-reading. This indicates that a number of respondents probably preferred to find out about the practice through their own initiative. In terms of friends, the media and doctors, approximately 10% of each of these options were selected by the respondents. The responses selected by the respondents

suggest that appropriate literature in various platforms and sources, including the influence of the media and close peers, could play an important role in the awareness of, and education on the issue of female circumcision. In relation to the selection of doctors as a source of information, this suggests that there may be a level of trust in the medical profession, and thus, they can help to educate women about the practice. Even though respondents were allowed to select more than one source of information, there were fewer than 10 responses for religious sources. Despite the main rationale for carrying out female circumcision being based on religion, this finding reveals that religious settings are not necessarily the main or relied upon source for information on the practice respondents. Table 6 shows the main sources of information that developed respondents' sense of awareness about female circumcision.

**Table 6.** Sources of information on female circumcision

Variable	Frequency of responses selected
Sources of Information	
Family	86
Self-reading	40
Friends	24
Media	23
Doctor	22
Religious practices	6
Others	8

Note: Respondents were allowed to select more than one option

Table 7 presents an overview of the responses on the respondents' perspectives of female circumcision from a religious and personal standpoint. While more than 40 respondents thought that it was recommended in Islam, the number of respondents who viewed it as mandatory or who were unsure of the Islamic ruling regarding the practice, were almost equal. Despite religious obligation playing a large role in the perpetuation of this practice, the number of "unsure" responses suggests that some respondents may have been hesitant to commit to a definitive answer because this religious link.

In relation to whether female circumcision should be encouraged, the findings showed some contradictions. While the majority of the respondents unequivocally indicated that it should be carried out, 31 were unsure whether the practice should be continued. This indicates some form of hesitancy to engage with this question, which in turn, points to an ambivalent stance towards the practice.

As shown in Table 8, the most frequently selected responses indicating respondents' reasons to encourage female circumcision were to fulfil their religious obligation and for health purposes, by 66 and 64 responses respectively. This suggests that for the respondents who accepted the practice, their acceptance may be rooted deeply in both religious and health reasons. Other responses selected were that the practice had no benefits and that it was a form of violation towards women and children. Other reasons selected were that it was a dangerous and painful procedure, and it was not explicitly mentioned in the Quran. In relation to the perceived benefits of female circumcision, the most frequently selected response was hygiene.

**Table 7.** Respondents' opinions of female circumcision based on religion and personal perspectives

Variable	Frequency of responses selected	Percentage (%) of respondents
Islamic ruling of female circumcision		
Recommended	42	39.2
Mandatory	32	29.9
Forbidden	2	1.8
Not sure	31	28.9
Respondents' personal perspective of female circumcision		
Should be carried out	65	60.7
Should not be carried out	17	15.9
Unsure	25	23.4

**Table 8.** Respondents' reasons to encourage and discourage female circumcision, and its perceived benefits

Variable	Frequency of responses selected
Reasons to encourage female circumcision	
Religious obligation	66
Health purposes	64
Tradition or practiced over generations	13
Doctor's advice	8
Insistence by elders	6
Hygienic purposes	1
Reasons to disapprove of female circumcision	
It has no health benefits	25
A form of violence against women and children	20
It is dangerous and painful	15
No clear verse stated in the al-Quran	13
Others	3
Benefits of female circumcision	
Hygiene	83
Reduce desire	23
No benefits	22
Health purposes	2
Others	3

Note: Respondents were allowed more than one answer option regarding reasons to encourage and discourage female circumcision, as well as the benefits of the practice.

In relation to respondents' perception of risks from the practice (see Table 9), more than one-third of the overall responses suggested that female circumcision has no risks followed by about just under a quarter who stated it carried a minimum risk. A small frequency of responses indicated that female circumcision is a high-risk practice, whilst more than a quarter stated being unsure about the possible dangers of female circumcision. In relation to the procedures involved, and what occurs during female circumcision, more than one-third of the respondents indicated that they were aware of the procedures involved. However, 29 respondents expressed their unfamiliarity or lack of knowledge regarding the procedure. This is significant because this group, like the group that is unsure about the risks involved in female circumcision, can be the focus of awareness and educational literature and campaigns.

**Table 9.** Respondents' perception of risks and awareness of female circumcision procedures

Variable	Frequency of responses selected	Percentage (%) of respondents
Perception of risks of female circumcision		
No risk	42	39.2
Not sure	31	29.9
Minimum risk	23	1.8
High risk	11	28.9
Awareness of female circumcision procedures		
Yes	40	60.7
No	38	15.9
Not sure	29	23.4

In the final question in the knowledge section (see Table 10), respondents were asked if there was any social pressure to have females circumcised. Over half of the respondents stated that they were not pressured. This indicates that there is social acceptance of the practice in general among this group. About one-third of the respondents indicated that they were not sure if there was social pressure to carry out the practice. This may be an indication that there is a reluctance to engage with the question, which in itself indicates normative pressure on them to follow the practice. The overwhelming majority of the 18 respondents who reported that there was social pressure to conform to the practice of female circumcision, indicated that the pressure was from their family. This points to a normative and common place acceptance of the practice.

**Table 10.** Respondents' perceptions of social pressure towards female circumcision

Variable	Frequency	Percentage (%)
Existence of social pressure to undergo female circumcision		
Yes	18	16.8
No	58	54.2
Not sure	31	29.0
Sources of social pressure		
Family	16	88.8
Culture	1	5.5
Society	1	5.5

Note: Respondents were allowed more than one answer option for sources of social pressure

Table 11 presents respondents' experience, particularly if they had undergone the procedure. The majority of the respondents had been circumcised and were aware that they had been circumcised. This indicates that female circumcision is a common practice in Malaysia.

**Table 11.** Respondents' experience with circumcision

Variable	Frequency	Percentage (%)
Respondents who have undergone circumcision		
Yes	85	79.4
No	13	12.1
Not sure	9	8.4

Table 12 shows the respondents' opinions regarding which individuals were qualified to carry out female circumcision. Based on the number of responses, trained doctors were perceived as the most qualified individuals to carry out the procedure. This suggests a high level of trust in doctors, and thus, this may be the avenue for educational opportunities on the issue.

**Table 12.** *Respondents' perception of individuals qualified to carry out female circumcision*

Variable	Frequency of responses	Percentage (%)
Individuals qualified to carry out female circumcision		
Trained doctor	90	84.1
Midwife	29	27.1
Nurse	26	24.3
No one should perform female circumcision	17	15.8
Family members	1	0.9

Note: Respondents were allowed more than one answer option

### 2.2.2 Respondents' perception of and attitude towards female circumcision in their community

In relation to the family stance towards female circumcision, three-quarters of respondents agreed that their family encouraged the practice (see Table 13). Nevertheless, a small number of respondents reported they were unsure about the stance their family had towards the practices. It is interesting to note that many respondents agreed that this practice should continue even in the absence of any obligations from religion and family. This is a very strong indicator of how normalised and sanctioned the practice is in both societies in general, and the mental models of the respondents.

When asked if their family would disapprove of their choice to not engage in the practice, almost half of the respondents reported that they were unsure (see Table 13). This once again could indicate a hesitancy to engage with the question, or also, a complete absence in engaging in the discussions with the family on the justifications for the need for the practice. Just as interesting is the finding that in the absence of health benefits of female circumcision, over half of the respondents did not agree to have their daughters circumcised. This suggests once again that there is a great amount of trust in medical practitioners, and if the practitioners provide contestation on the so-called health benefits of the procedure, then there is a possibility of contesting the practice in general.

**Table 13.** *Respondents' perception of female circumcision in their community*

Variable	Frequency	Percentage (%)
The occurrence of the practice in respondents' community		
Yes	80	74.8
No	4	3.7
Not sure	23	21.5
The existence of family members supporting female circumcision		
Yes	81	75.7
No	10	9.3
Not sure	16	15.0

**Table 13.** Respondents' perception of female circumcision in their community (continued)

Variable	Frequency	Percentage (%)
Respondents' support for female circumcision on their children without family interference		
Yes	65	60.7
No	24	22.4
Not sure	18	16.8
Respondents' support for female circumcision on their children without religious obligations		
Yes	52	48.6
No	38	35.5
Not sure	17	15.9
Respondents' support for female circumcision on their children without its health benefits		
Yes	23	21.5
No	59	55.1
Not sure	25	23.4
Possibility of condemnation from family if female circumcision is not carried out on children		
Yes	19	17.8
No	38	35.5
Not sure	50	46.7

### Key takeaways from the questionnaire findings

Among the takeaways are that there was a large reliance on religion in legitimizing the practice. Family pressure also emerged as significant in the continuation of this practice. Another factor that appears to influence the need to circumcise females is hygiene. A main key takeaway is the high level of trust in doctors, and thus, there are opportunities here for the medical fraternity to engage in meaningful debates and discussions on female circumcision.

## 2.3 Findings from focus group discussions (FGDs)

There were four focus groups comprising 18 participants in total. There was a moderator, at least one observer, and a representative from the research team for each group. Details of focus groups can be referred to in the Appendices section (see Appendix C). The findings will be discussed in three different subsections. The first subsection examines the pattern of discourse for the focus group discussions based on the transcripts. This is achieved through the assistance of computer-assisted qualitative data analysis software. The second subsection provides a brief overview of findings for the focus group discussions. The third subsection discusses the salient themes found in the focus group discussion transcripts. The final subsection summarises the suggestions raised by the focus group participants regarding advocacy works.

### 2.3.1 Discourse patterns of the focus group discussions

Before delving further into the analysis of the focus group discussion transcripts, a visual representation of the findings is presented (see Figure 2). A visual representation can be insightful and helpful in the formation of analysis and communication of the results (Krueger, 2014). The use of a computer-assisted



In hindsight, the major consensus for all groups is that the practice definitely has a cultural bedrock even though most of them are riddled with uncertainties on many aspects of the practice, including the benefits, the procedure itself, and the religious ruling about the practice. Findings from the focus group seem to be centred on the aspects of culture and religion, with female circumcision recognised as a collective behaviour as exemplified through the participants themselves, who were all circumcised as babies, except for one participant who was circumcised when she was approximately around seven or eight years old. However, there is a key difference between the older group discussions (which were conducted physically) and the younger group discussions (which were conducted virtually); almost always, there was unanimous agreement in the views regarding the practice among the older group.

### 2.3.3 *Salient themes from the focus group discussions*

Several salient themes were identified from the focus group transcripts, corroborated by findings from the discourse pattern (see 2.3.1) as well as the contribution of points and responses shared by the participants (see Appendix D for a detailed look at the essence of the discussions). The prominent themes in the focus group discussions were as follows:

- hygiene and cleanliness as perceived benefits of the practice
- the aspect of custom, culture, and tradition related to the practice
- the notion of obligation associated with the practice despite differing opinions in religious rulings
- influence of and trust in the medical fraternity
- perceived mildness of the practice
- comparison of female circumcision to male circumcision

### **Hygiene and cleanliness as perceived benefits of the practice**

One of the prominent themes in the focus group discussions was the notion of hygiene and cleanliness, manifested through the use of the words “bersih” (clean/hygienic), “kebersihan” (cleanliness/hygiene), and “hygiene” by participants across all groups. The practice is closely associated with the notion of hygiene and cleanliness as most of the participants believe or have been told that it is one of the benefits of the practice. Across all groups, hygiene was the most commonly cited reason for and benefit of circumcising females. Excerpts 1 to 4 exemplifies the responses of participants regarding hygiene and cleanliness.

#### **Excerpt 1**

“yang kita ingat **anak perempuan mesti kena sunat masa kecil supaya nanti apa dia kata perempuan tu nanti ada bersih.**” (participant from Group A)

#### **Excerpt 2**

“Dia kata **kalau Islam tu, dia lebih pentingkan kebersihan.**” (participant from Group B)

#### **Excerpt 3**

“**salah satunya adalah kebersihan...** yang keduanya adalah mengawal nafsu bagi perempuan tu sendiri.” (participant from Group C)

**Excerpt 4**

*"I tanyalah macam... why... perempuan kena sunat... my Mum did say something to do with religion and **something to do with... hygiene.**" (participant from Group D)*

**The aspect of custom, culture, and tradition related to the practice**

A recurring motif throughout the discussions is the aspect of custom, culture, and tradition related to the practice. It is felt to be a part of the Malay Muslim culture, a tradition carried forward from one generation to another. This notion of culture and tradition is evidently emphasised among close reference networks, especially mothers and/or mothers-in-law. Based on the responses of the participants, it can be inferred that there are expectations to carry out the practice, and the possibility of negative sanctions if it is not done. There is a predominant belief, especially among the younger mothers that non-adherence to the practice may result in consequences such as criticism and chastisement from the elders. This results in their preference to have their daughters circumcised for fear of facing sanctions from their close reference networks. There is an empirical expectation that most people in the community are doing it, thus, creating a preference for continuing the practice. There seems to be an unquestioning acceptance of the practice amongst some participants. This indicates how this practice as a cultural tradition is being reinforced simply because it is normative. Excerpts 5 to 7 demonstrate how the practice is accepted as normative collective behaviour, thus, conformed to.

**Excerpt 5**

*"biasanya, kita akan ikut apa yang orang buat dulu... kita ada akan ikut the old ones buat." (participant from Group B)*

**Excerpt 6**

*"macam research... saya tak ada buat research... saya just, orang kata, go with the flow lah... ramai yang buat, saya pun buat, macam itu je." (participant from Group C)*

**Excerpt 7**

*"I think in passing the issue of sunat has always... been... kind of like... not a big deal... I didn't think of it as an as like a big issue... we never... really spoke about it... because... it was just like... a normal thing." (participant from Group D)*

Excerpts 8 to 11 show the magnitude of influence of close reference networks, notably in-laws, in reminding mothers with daughters on female circumcision.

**Excerpt 8**

*"Saya sebab diuruskan oleh belah mertua, diorang control semua." (participant from Group B)*

### Excerpt 9

*“Sebabkan... benda tu sunat, and bukan wajib, saya rasa... nak rasa dosa tu tak ada lah sangat, cuma maybe I ada orang yang akan remind lah”* (participant from Group C)

### Excerpt 10

*“I think most families akan tanya juga and then we will do it anyway.”* (participant from Group C)

### Excerpt 11

*“My in-laws are a little bit more old school, and... very focused on macam... all this... this... cultural... traditions and things like that.”* (participant from Group D)

Excerpts 12 to 14 display the fear of facing sanctions, implying consequences that may arise from non-adherence to the practice of female circumcision. People from the close reference network of these young mothers may view them negatively for choosing not to have their daughters circumcised or chastise them in the future.

### Excerpt 12

*“Kalau dia kata wajib, tapi kan ada setengah orang yang macam dia, diri sihat dan dia tak buat. Bila budak tu besar nanti, “Oh, kau tak sunat”.”* (participant from Group B)

### Excerpt 13

*“Everything yang kita buat ada kita punya consequences, so on my view... I think I will still go for the circumcision lah... if it's not me, it's going to be my Mum or my sisters or my mother-in-law or my aunties will be asking, because to them, it's a concern”* (participant from Group C)

### Excerpt 14

*“Sebab dia macam... benda yang kita buat daripada dulu kan, so macam... kita still kena consult, macam emak kita rasa apa... family kita macam mana... what are the views, walaupun tu... kita, takut macam... tak nak ah later kalau jadi apa-apa dia salahkan kita ‘hah tu lah, tak nak sunat’, for example”* (participant from Group D)

## The notion of obligation associated with the practice despite differing opinions in religious rulings

The discussions were oriented towards religious discourse seen through the frequent use of the words “Islam”, “fatwa”, “agama”, “hadis” and “mufti”. Most of the participants assigned importance to the views of local religious authorities and scholars. *Fatwas* and opinions of religious leaders carry a great deal of weight in influencing their decision to have their daughters circumcised. Therefore, a notion of obligation is attached to the practice by the participants despite differing opinions from

religious leaders and scholars. Excerpts 9 to 11 show how participants construct the practice as an obligatory practice that must be done.

#### Excerpt 15

*"Kami yang dididik dalam agama ni... **benda-benda yang sunnah yang wajib tu kena buat** sebab benda tu bukan berat so just ikut."* (participant from Group A)

#### Excerpt 16

*"Kita tak pernah nak ambil tau apa yang wajib dan tak wajib. **Yang wajib, kita ikut kita buat.** Sekarang ni ada fatwa yang suruh buat benda tu, it's good. Dah ada yang suruh kita buat, kita buat. Sebab benda ni based on apa yang Al-Quran keluarkan pun, kita pun kena tau jugak kan tapi bukan semua tahu."* (participant from Group B)

#### Excerpt 17

*"Wilayah mufti... cakap... based on... a few hadith and everything... katakan benda tu wajib... kita hold pada wajib lah as Mazhab... Syafie kan, since we are practicing Mazhab Syafie... but **since ada hukum yang wajib tu, it sound a bit heavy.**"* (participant from Group D)

All participants from Group C stated different rulings on female circumcision. One participant mentioned that it is encouraged ("*sunat*"), which in Arabic refers to the recommended practice, another mentioned permissible ("*diharuskan*"), whereas another participant stated that she was unsure of the ruling, and elaborated that she decided to have her daughters circumcised because she believes that a lot of people are doing it ("*ramai yang buat, saya pun buat*"). It can be inferred that this sense of cultural obligation ("*kewajipan*") stems from the empirical expectation that other people in the community are doing it ("*so bagi saya kalau dah semuanya buat... saya rasa menjadi kewajipan untuk saya juga buat lah*"). However, the participants stated that none of them have encountered a reliable source from the *Quran* or *hadith* regarding the practice. Excerpts 18 to 21 demonstrate the participants responses regarding the lack of sources from the *Quran* or *hadith* to refer to regarding female circumcision.

#### Excerpt 18

*"**tak jumpa lagi dalam Quran ke dalam hadis ke...** tak pernah jumpa."* (participant from Group A)

#### Excerpt 19

*"**Dalilnya saya tak jumpa.**"* (participant from Group B)

#### Excerpt 20

*"**Dalam Al-Quran tak pernah jumpa, and... kalau... in hadis, only... what I have found online... and even then, nothing to refer directly to female circumcision.**"* (participant from Group D)

### Excerpt 21

***“Dalil pasal sunat perempuan ini macam dia tak... very clear, macam more towards rasa... pasal sunat untuk lelaki je.”*** (participant from Group D)

Despite the absence of a concrete source that justifies the practice of female circumcision, the participants viewed the opinions of local religious leaders and scholars as an important point of reference. Ultimately, they were also concerned about the *hukum* or religious ruling of female circumcision. This can be seen from excerpts 22 to 25.

### Excerpt 22

***“Kita kena berbalik pada agama.”*** (participant from Group A)

### Excerpt 23

***“Tapi kalau kami macam ni kalau ikut, kita rujuk pada orang yang berilmu dan yang ada qualification. Kalau dia tanya dari segi kesihatan, tanya doktor. Kalau dari segi agama, kita panggil orang yang belajar agama-agama.”*** (participant from Group B)

### Excerpt 24

***“Ulamak kata macam mana, itu... yang terbaik.”*** (participant from Group C)

### Excerpt 25

***“Memang kena ada back up by religious authority so that Muslim are more comfortable with their decision sebenarnya sebab kita macam nak ye lah, of course, we have to think about you know what we do, apa impact dia in term of religion juga.”*** (participant from Group D)

## Influence of and trust in the medical fraternity

Participants, especially the younger ones, went to doctors for consultation and trusted them to carry out the procedure. Although “*bidan*” (traditional midwives) were also mentioned in the discussions when comparing previous norms in carrying out the procedure, there is an evident trust in doctors as an accessible medical authority they can directly refer to, also apparent in the frequent use of the word “*doktor*” in the discussion. However, it must be also be pointed out that recent findings shared in Rashid et al. (2020) have revealed that some doctors are starting to perform a more invasive form of cutting. As such, this trust in doctors should be balanced with the conduct of the medical fraternity itself. Excerpts 26 to 28 show the trust that participants have in doctors.

### Excerpt 26

***“Saya pernah bertanya dengan doktor adakah benda itu menjadi...menjadi satu keperluan untuk sunatkan anak perempuan.”*** (participant from Group C)

**Excerpt 27**

*“Saya buat lambat juga hari itu lapan, sembilan bulan juga, tapi **doktor kata better buat six months before masa dia...tak aktif dan dia tak rasa sakit sangat macam tu lah.**”* (participant from Group C)

**Excerpt 28**

*“I searched more about it... like... tanya ustazah... Islamic point of view... and **also I asked... doctors... in medical point of view.**”* (participant from Group D)

**Perceived mildness of the practice**

The theme of ‘mildness of the practice’ was one of the central focus of the discussions. Most of the participants confirmed their belief that the practice done in Malaysia is mild, drawing from their experiences and observations. The cut is minimal and draws a small amount of blood (“*sikit*”; “*sedikit*”; “*prick of a needle*”), and the babies cried only a little, or for a short while (“*sekejap*”; “*sikit*”). Thus, although the practice is commonplace, it is perceived as benign as the common perception is that it does not mutilate the child’s genitals unlike the more severe forms of the practice in other countries. There is no questioning of the cut itself as it is seen as benign and only produces a small discomfort. The perceived mildness of the practice can be seen from excerpts 29 to 31.

**Excerpt 29**

*“**Benda tu sekejap je... baby pun takde lah menangis.**”* (participant from Group A)

**Excerpt 30**

*“**Bukan buat banyak, sikit saje kan.**”* (participant from Group B)

**Excerpt 31**

*“**Yang kita buat... mostly... only macam... prick of a needle... just a small part** macam tu je lah, itu je yang I tahu.”* (participant from Group D)

**Comparison of female circumcision to male circumcision**

Next, though none of the questions addressed male circumcision, comparisons to male circumcision were made, initiated by the participants themselves; this can be seen from the fact that the word “*lelaki*” (men/male) was one of the top occurring words. In discussing female circumcision, most of the participants drew comparisons to male circumcision. Participants shared the view that there is a lack of discussion regarding the practice. Other than that, they commented that sources in the *Quran* and *hadiths* and religious education mostly referred to and focused on male circumcision and did not cover female circumcision. Excerpts 32 to 35 show the references made to male circumcision.

### Excerpt 32

*"Sunat lelaki tu memang orang kata memang untuk kebersihan."* (participant from Group A)

### Excerpt 33

*"Dia kata, elok bersunat, kebersihannya mendalam and then because every lepas maghrib ada tazkirah, kuliah maghrib. So ada cerita-cerita pasal khatan, tapi lebih banyak pada lelaki, sebab penceramah dia lelaki."* (participant from Group B)

### Excerpt 34

*"I think the concept is the same as... berkhatakan lelaki because lelaki... kita khatan pun sebab kebersihan, so think kalau perempuan pun it's the same... basis lah for that one."* (participant from Group C)

### Excerpt 35

*"We obviously thought that it's... it's a normal... normal thing that happens lah. Like every time... baby perempuan... kena sunat, but... masa baby lah kira tak samalah dengan lelaki yang... yang besar sikit ke apa, macam the normal culture kan."* (participant from Group D)

#### 2.3.4 Participants' suggestions for advocacy

The main suggestions from the participants are condensed in this subsection. There is a general agreement that the practice is a collective behaviour that is mainly rooted in the beliefs that it is a beneficial practice which is also a religious requirement, as well as being part of a tradition practice. However, the nonchalant attitude of many of the participants, who seemed to treat it almost as a non-issue, suggests that the topic has been side-lined in favour of other women-related issues. The focus group participants mostly shared the view that more awareness needs to be raised, especially on the ambiguities surrounding the issue. More conversations must take place among various stakeholders in different contexts to have a firmer grasp and understanding of the beliefs related to the practice in Malaysia as well as to correct the beliefs of the participants, which may be factually incorrect. Education that is directed towards changing false beliefs is integral in achieving social change. The ultimate way of constructing or changing people's beliefs is through observation and direct experience (Bicchieri, 2017).

The participants themselves did offer several suggestions for advocacy. Their main suggestions are condensed in this subsection. There is a general agreement that the practice is a collective behaviour that is mainly rooted in the beliefs that it is a beneficial practice which is also a religious requirement and a part of the tradition. However, the nonchalant attitude of many of the participants, who seemed to treat it almost as a non-issue, suggests that the topic has been side-lined in favour of other women-related issues.

#### Raising awareness

The focus group participants mostly shared the view that more awareness needs to be raised, especially on the ambiguities surrounding the issue. It must be stressed here that the findings from the questionnaire indicated that conversations around this practice often occur among women

either among their families or friends. Often, these conversations served to reinforce the normative acceptance of the traditions and customs which enable the perpetuation of the practice. More conversations must take place among various stakeholders in different contexts to have a firmer grasp and understanding of the beliefs related to the practice in Malaysia as well as to correct the beliefs of the participants, which may be factually incorrect. Education that is directed towards changing false beliefs is integral in achieving social change. The ultimate way of constructing or changing people's beliefs is through observation and direct experience (Bicchieri, 2017). We have to stress here that the reality that needs to be accepted is that most people in the practicing community do not see the practice as an issue, so efforts must be geared towards raising more awareness. This step is integral before proceeding with other efforts towards social change.

### **Enabling safe spaces for the practicing community itself to speak on the issues surrounding the practice**

It must also be acknowledged that the voices of the grassroots matter the most, as suggested by one of the participants. The practicing community must be given a space to speak on their rights: "*biar community sendiri yang bercakap. Hak sendiri biar community sendiri bercakap*". Efforts to change erroneous beliefs regarding the practice must also take into account the need to provide a space for the voices of the practicing community to speak rather than be spoken for or be spoken to. It must take into account the attitude of the practicing community so as not to antagonise them, which might cause their advocacy work to backfire. To take a step forward, relevant authorities and stakeholders must take a step back to re-evaluate and reflect on the prevailing beliefs.

### **Engagement with religious authorities**

Participants had also suggested engagement with religious authorities to support the Ministry of Health and medical practitioners to address the issue. Some participants believed that health authorities alone may not be successful in changing people's beliefs, due to the Malay Muslim community's trust in religious authorities. Testimony from voices of authorities or social proof is also a method in shaping beliefs or changing beliefs (Bicchieri, 2017). A key factor in ensuring the effectiveness of these methods is the source of information and the trust people have in that source as Bicchieri (2017) points out: "The source of the new information must be a recognized expert or a trusted authority with no obvious ulterior motives. When thinking about factual belief change, we have to be very sensitive to the source of the message and how it is presented" (p. 125).

The suggestions made by the focus group participants, awareness-raising and cross-engagement with both religious authorities and medical practitioners, are valuable to devising efforts to achieve social change. Other than these, legislative interventions, educational and media campaigns, and intensive verbal group communication are also considered as necessary tools to their capacity to help people be more aware of their beliefs and practices (Bicchieri, 2017). As this issue is deeply related to various socio-political factors and touches on religious and cultural sensitivities, change should be affected through partnerships with different stakeholders.



# 3

## Conclusion

The general purpose of this study is to investigate the perception of female circumcision among university students and Malay Muslim mothers in Malaysia. It is believed that identifying participants' perceptions about the practice can help build a better understanding of the motivations that led some participants of this study to support or oppose female circumcision, their sense of awareness in relation to its benefits and risks, as well as participants' access to information regarding female circumcision.

Based on the first section of this supplementary study, those who responded to the questionnaire were mostly aware of the existence of the practice of female circumcision in Malaysia. Their information regarding the practice was largely derived from their family members, personal self-reading initiatives, and discussions with friends. There are three main reasons why several participants supported the practice, including the belief that the practice is an obligatory religious ritual, for the purpose of preserving self-hygiene (health reasons), as well as reducing or controlling sexual lust and desire. However, almost a quarter of all participants remained firm in disapproving of the practice and saw few benefits to female circumcision. Furthermore, a majority of respondents perceived that the practice poses no risk towards recipients; even those who did believe it has its risks felt that they were minimal and not life-threatening. With that being said, a number of respondents also stated that it is a high-risk practice. The questionnaire further asked participants about possible pressure put on them to have female circumcision done, with more than half stating that they did not receive any pressure from any known parties. Respondents who affirmed the existence of pressure described it as originating from their family, culture, and surrounding society. An interesting finding at the end of the questionnaire was that a large number of participants would voluntarily practice female circumcision even without feeling the pressure of obligations or encouragement from their religion, culture, and family. Nonetheless, over half of the respondents determined that they would not continue with the practice if there were no health benefits for their children.

Based on the responses garnered from the focus group participants, female circumcision is a collective behaviour that is largely interlaced with cultural and religious factors. All the participants were circumcised when they were younger, and a large majority continued and is inclined to continue the practice. There are a lot of prevailing beliefs that are of course subject to dispute, but which nonetheless influenced people's choices and decision-making. Among the participants, the general attitude towards the practice ranges from neutral to favourable. Due to this, the issue must be approached with care, and prudence must be exercised to prevent backfire in the most important early stage. This will set the tone for the agenda of social change; the practicing community needs to first be given exposure on the matter and to be made aware of larger issues.

There is also a systemic problem rooted in state legislation of Islam-related matters, and the prevalence of differing views on the practice; this reinforces the ambiguity surrounding the practice. Dealing with an intricate cultural practice, the first step towards creating social change is to not antagonise the practicing community. This will inevitably result in rejection, further perpetuating the problems. Engagements with different stakeholders, though difficult, is necessary for social change. There is a long journey ahead towards progress, but for a start, discourses on female circumcision must be made public to create awareness about the practice.

# References

- Bicchieri, C. (2017). *Norms in the wild: how to diagnose, measure, and change social norms*. New York, NY: Oxford University Press.
- Isa, A., Shuib, R., & Othman, M. (1999). The practice of female circumcision among Muslims in Kelantan, Malaysia. *Reproductive Health Matters*, 7(13), 137-144.
- Krueger, R. A. (2014). *Focus groups: A practical guide for applied research*. California, CA: Sage Publications.
- Naderifar, M., Goli, H., & Ghaljaie, F. (2017). Snowball sampling: A purposeful method of sampling in qualitative research. *Strides in Development of Medical Education*, 14(3), 1-6.
- Rashid, A. and Iguchi, Y. (2019). Female genital cutting in Malaysia: A mixed-methods study. *BMJ Open*, 9(4), 1-10.
- Rashid, A., Iguchi, Y., and Afiqah, S. (2020). Medicalization of female genital cutting in Malaysia: A mixed methods study. *PLOS Medicine*, 17(10), 1-22.
- Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic analysis. In W. Stainton Rogers, & C. Willig (Eds.), *The SAGE handbook of qualitative research in psychology* (2<sup>nd</sup> ed.) (pp. 17-37). London: SAGE Publications.



# Appendices

## Appendix A: University students' sociodemographic information

Characteristics	Frequency ( <i>n</i> )	Percentage (%)
<b>Age (years)</b>		
18–25	93	86.9
26–30	4	3.7
31–35	3	2.8
36–40	2	1.9
41–45	1	0.9
45≥	4	3.7
<b>Sex</b>		
Male	10	9.3
Female	97	90.7
<b>Marital Status</b>		
Married	16	15
Single	91	85
<b>Religious Belief</b>		
Islam	98	91.6
Buddhism	5	4.7
Christianity	3	2.8
Hinduism	1	0.9
<b>Nationality</b>		
Malaysian	106	99.1
Non-Malaysian	1	0.9
<b>Educational Background</b>		
SPM, O Levels or equivalent	1	0.9
STPM, STAM, Foundation, Matriculation, A-Levels or equivalent	8	7.5

Characteristics	Frequency (n)	Percentage (%)
Professional Certificate or equivalent	2	1.9
Bachelor's Degree	82	76.6
Master's Degree	8	7.5
PhD	6	5.6

## Appendix B: Transcription conventions

The transcription conventions used in the extracts cited in this report are based on a broad transcription style. The verbatim responses were transcribed based on how the recordings. No grammatical corrections were made, but to ensure readability of the transcripts for analysis, some parts or words were marked accordingly (for example, proper nouns are capitalised). These are the general conventions applied in preparing the transcripts:

[00:00:00]	indicates time stamp
...	indicates pauses
_____	indicates long stretch of inaudible words, omission of incoherent words
( )	indicates sounds such as laughter and inaudible words, and non-verbal cues
[ ]	indicates speech overlaps
""	indicates references to quotes from other people or sources

## Appendix C: Details of focus groups

Date	Group	Participant code	Remark
26 September 2020	A	<ul style="list-style-type: none"> <li>Participant A</li> <li>Participant B</li> <li>Participant C</li> <li>Participant D</li> <li>Participant E</li> </ul>	<ul style="list-style-type: none"> <li>Other attendees:</li> <li>a moderator</li> <li>two observers</li> <li>a note-taker (a representative from the research team)</li> </ul>
26 September 2020	B	<ul style="list-style-type: none"> <li>Participant F</li> <li>Participant G</li> <li>Participant H</li> <li>Participant I</li> <li>Participant J</li> </ul>	<ul style="list-style-type: none"> <li>Other attendees:</li> <li>a moderator</li> <li>two observers</li> <li>a note-taker (a representative from the research team)</li> </ul>
31 October 2020	C	<ul style="list-style-type: none"> <li>Participant K</li> <li>Participant L</li> <li>Participant M</li> <li>Participant N</li> </ul>	<ul style="list-style-type: none"> <li>Other attendees:</li> <li>a moderator</li> <li>an observer</li> <li>note-taker (a representative from the research team)</li> </ul>
1 November 2020	D	<ul style="list-style-type: none"> <li>Participant O</li> <li>Participant P</li> <li>Participant Q</li> <li>Participant R</li> </ul>	<ul style="list-style-type: none"> <li>Other attendees:</li> <li>a moderator</li> <li>an observer</li> <li>a note-taker (a representative from the research team)</li> </ul>

The sessions on 26 September 2020 were conducted face-to-face in a private room of a restaurant, whereas the sessions on 31 October and 1 November 2020 were conducted virtually through the Zoom platform. For the purpose of analysis, the first two groups consisting of participants mostly from the older age group will be referred to as Group A and Group B respectively whereas

the latter groups consisting of the younger age group will be referred to as Group C and Group D respectively. Two participants from Group B were from the younger age group.

## Appendix D: Overview of findings for the focus group discussions

<b>Sub-topic 1: Awareness of the practice and personal experience with the practice</b>
<p><b>Question 1:</b> Apakah anda tahu apa itu sunat/khatan perempuan? Jika ya, apa yang anda faham tentang praktik tersebut? Jika tidak, adakah ini pertama kali anda mendengar tentang praktik ini?  <i>Do you know about female circumcision? If yes, what do you understand about the practice? If not, is this your first time hearing about this practice?</i></p>
<p><b>Question 2:</b> Adakah anda tahu yang anda telah dikhatankan oleh ibu atau nenek anda? (Anggapan yang anda telah bertanya dari ibu atau nenek). Jika ya, apakah alasan ibu atau nenek anda berbuat demikian?  <i>Do you know whether you were circumcised by your mother or grandmother? (On the assumption that you did ask your mother or grandmother about the practice). If yes, what were the reasons your mother or grandmother chose to practice female circumcision on you?</i></p>

In relation to Question 1, all participants were aware of female circumcision, having heard about the practice either from their mothers and/or grandmothers aside from their own reading and research. However, participants had differing views on the practice, particularly on the religious ruling on the practice and the rationale behind the practice. The reasons ascribed by the older group of participants to continue the practice were mainly hygiene, religion, and tradition, whereas the younger group of participants appeared to be ambivalent, attributing the reasons behind the practice to various explanations such as hygiene and religion.

Participants from the younger age group were seemingly less informed about the practice of female circumcision. One participant from Group C mentioned that she did no prior research, *“macam research... saya tak ada buat research”*, and chose to have it done on her daughter because other people do it too: *“saya just, orang kata, go with the flow lah... ramai yang buat, saya pun buat, macam itu je”*. A participant from Group D mentioned, *“I didn’t know that female circumcision... was female genital mutilation, until recently of course...when I changed my opinion a little bit, after learning more about it in more recent times...”*; whereas another participant reported that she does not know about the current situation regarding female circumcision in-depth, but knows that the practice in Malaysia is mild, *“yang kita buat... mostly... only macam... prick of a needle... just a small part macam tu je lah, itu je yang I tahu... but yeah, of course, I don’t know like in-depth about... whatever that’s happening also”*. One of the participants from Group D confessed to not have known about the extent of the African practices of female genital mutilation until it was mentioned by another participant in the discussion, and only knew that for Muslims, the clitoral hood is slightly cut though she has heard that other countries do practice a more severe cut compared to the practice in Malaysia: *“pernahlah dengarlah macam...uh...kalau kita...dari Islam eh kita potong... sikit je kan, tapi adakan certain countries tu pernahlah dengar macam potong banyak sikit tapi... tak tahulah specific... seperti macam African punya culture pun semua tu”*. Another participant from Group D added that she knows that most people in Malaysia do not practice female circumcision to a severe extent and the practice is mild, using a prick of needle and involving a small part of the skin or clitoral hood, *“most of the people in Malaysia don’t... don’t practice... to that extent...yang kita buat... mostly... only macam... prick of a needle, you... just a small part macam tu je lah, itu je yang I tahu”*.

Participants from Group A said that the practice is usually done in private clinics and hospitals, while one of the participants mentioned that the option is either traditional midwives or

private clinics and hospitals, "*bidan kampung atau swasta*". The consensus shared by participants from Group A is that the practice is done for its hygienic benefit, and that it must be done when they are small: "*perempuan kena sunat masa dia kecil*", "*bila baby, perempuan, kecil-kecil kena sunat*". One of the participants from Group B shared that they did not have doctors, but only midwives when they gave birth, "*kita dulu tak ada doktor, kita ada bidan saje...*", "*kita tak ade doctors doctors dulu. Bidan saje, sekarang baru ada doctors doctors*". It was also mentioned that the practice is mild, "*bukan buat banyak, sikit saje kan*", though it was not elaborated in detail at that juncture. Participants from Group C consulted doctors and their mothers regarding the practice of female circumcision. One of the participants from Group C commented that she did not research on the practice on her own but sought a doctor's opinion on the necessity of the practice: "*saya tak pernah buat research tentang... keperluan... sunat untuk perempuan ini. Tapi saya pernah bertanya dengan doktor adakah benda itu menjadi... menjadi satu keperluan untuk sunatkan anak perempuan*". Like participants from Group A and B, most of the participants from Group C seemed to believe in the hygienic benefits rendered by the practice. One of the participants from Group C shared a lesser-known perceived benefit of the practice, which is to help with urination. Another participant from Group C added a point about the mildness of the practice, emphasising that they used a needle to do it: "*dia ambil macam pin kecil, dan dia tarik macam tu sahaja*"; it was further added that there was not much blood, "*darah tak ada banyak pun*". She also shared one of the key reasons she decided to have her daughters circumcised, namely that everybody else does it too, making her feel like it is a necessary practice: "*sebab macam semua orang buat so kita pun buat*"; "*so bagi saya kalau dah semuanya buat... saya rasa menjadi kewajipan untuk saya juga buat lah*".

In relation to Question 2, all the participants reported having been circumcised when they were younger. Most of the participants were circumcised before they reached one year of age, except for one of the participants from Group C who was circumcised around the age of 7 or 8. The participant was unsure of the exact age, but recalled that she had undergone the circumcision at a clinic. Despite this anomalous case of delayed circumcision (in comparison to other participants), the said participant disclosed that she did not recall feeling pain during the circumcision.

Participants from Group A shared that the reasons given by their mothers were related to religion - that the practice is encouraged in Islam, "*kita tahu sunnah... sunnah dalam Islam lah*" - and also for hygienic purpose: "*jadi sudah dibelah kan nanti senang dicuci*". When one of the non-participants asked, "*kalau tak sunat?*", which translates to "what if you do not circumcise your daughter?", one of the participants answered, "*kotor, kotor*" or dirty. This concurred with the stance taken by another participant in addressing Question 1 earlier on, that women who were circumcised as babies were perceived as "clean", "*yang kita ingat anak perempuan mesti kena sunat masa kecil supaya nanti apa dia kata perempuan tu nanti ada bersih*".

Participants from Group B stated that they were informed by their parents: "*memang tahu (from) our parents*", "*kami semua tahu because sebab mak bagi tahu*". Participants from Group B reported not having a memory of the practice being done to them, not feeling anything ("*tak ingat*", "*tak ingat, tak rasa apa*") because it was done when they were too small to remember the practice ("*kecik-kecik*"). Participants from Group B also shared that they had never heard of the practice being done to older girls, stating that the practice was done usually a week after giving birth or immediately after; "*selalunya seminggu selepas bersalin macam tu je ataupun ada yang terus buat*", or after the confinement period, "*selalunya selepas berpantang*", or within the first 40 days after labour, "*dalam 40 hari yes*".

All participants from Group C were circumcised when they were young, with the exception of one participant who was circumcised when she was in primary school as mentioned above. One of the participants from Group C mentioned that the reasons given by her mother were hygiene and culture ("*a Malay culture*"). The knowledge that female circumcision is also practiced by another cultural group, specifically the Arabs ("*masyarakat Arab*") reinforced her mother's decision to have her circumcised. Another participant from Group C commented that she had not asked her mother

or grandmother regarding the practice, *“saya tak pernah bertanya pun kenapa”*, in relation to Question 2. When probed with another question about whether their decision to have their daughters circumcised was self-initiated or they were pressured by their mother or grandmother or in-laws, three participants reported that they self-initiated the decision (*“sendiri”*), although one participant added that her mother also reminded her of the need to carry out the practice when the daughter is still small, *“kalau anak perempuan kena sunat waktu kecil”*.

Most of the participants from Group D knew about the practice from their mothers because some of them asked about it directly when they found out about female circumcision at an older age. One of the participants from Group D stated that she could not recall the exact time she found out from her parents that she was circumcised, though female circumcision was not considered an issue by her family members. She also added that the practice was considered to be normal and not a big deal in the family: *“I think in passing the issue of sunat has always... been... kind of like... not a big deal”; “I didn’t think of it as an as like a big issue... we never... really spoke about it... because... it was just like... a normal thing”*. One of the participants from Group D who has a new-born baby girl, shared that she intended to have her daughter circumcised before she starts walking, and thus, she had asked her mother about the practice. She found out from her mother that she was circumcised at a clinic before she turned six months old. When asked a follow-up question on their views regarding the reasons for carrying out the practice, all participants from Group D did not know why they were circumcised and why baby girls need to be circumcised, *“No, I didn’t know”; “Tak rasanya kut”; “Tak”*. Two participants from Group D shared that their mothers told them that the practice was done for religious and hygienic reasons, while another participant stated that she assumed that the reason was the same as male circumcision. A follow-up question was asked regarding their initial reaction and response when they found out that baby girls had to be circumcised. One participant reiterated her earlier point that she thought it was normal (*“I thought it was normal”*) and stated that at the time, she trusted what her parents told her: *“parents know best right”*. Another participant from Group D commented that her initial reaction was about whether the procedure hurts, so she asked her mother about it, and her mother responded by telling her that the babies were small when circumcision was carried out so they will not remember the procedure or the pain; *“I punya I rasa macam...oh tak sakit ke? Lepas tu Mama cakap...oh kecil lagi tak ingat macam oh ok...macam tu je lah”*. Another participant stated that she also views the practice as a normal culture though it was done earlier unlike male circumcision: *“I thought it was a normal thing... when... macam cakap dengan my friends pun, they also know that they... experience the same thing, so... we... yeah we obviously thought that... it’s a normal... normal thing that happens lah. Like everytime... baby perempuan... kena sunat, but... masa baby lah kira tak samalah dengan lelaki yang... yang besar sikit ke apa, macam the normal culture kan”*.

<b>Sub-topic 2: Personal opinion and knowledge of the practice</b>
<b>Question 3:</b> Apakah pendapat anda tentang praktik sunat/khatan perempuan? <i>What is your view on the practice of female circumcision?</i>
<b>Question 4:</b> Adakah anda tahu hukum sunat/khatan perempuan dalam Islam? Jika ya, dalil (al-Quran atau Hadith) apa yang anda rujuk? <i>Do you know the religious ruling of female circumcision in Islam? If yes, which sources (from the Quran or Hadith) did you refer to?</i>
<b>Question 5:</b> Adakah anda rasa praktik ini ada kebaikannya? Senaraikan. <i>In your opinion, is there a benefit to the practice? List the benefit(s) down.</i>
<b>Question 6:</b> Adakah anda mengkhatakan anak perempuan anda? Jika ya, mengapa anda melakukannya? Dan jika tidak, mengapa? <i>Do you circumcise your daughter(s)? If yes, why did you do it? And if not, why?</i>

<b>Sub-topic 2: Personal opinion and knowledge of the practice</b>
<b>Question 7:</b> Berapa umur anak anda ketika dia menjalani proses ini? <i>How old were your daughter(s) when they underwent the process of circumcision?</i>
<b>Question 8:</b> Siapa yang melakukan upacara khitan tersebut? <i>Who performed the circumcision?</i>
<b>Question 9:</b> Dari pemerhatian anda, adakah apa-apa komplikasi yang berlaku kepada anak perempuan anda selepas berkhitan? <i>Based on your observation, were there any complications after your daughter's circumcision?</i>

Question 3 was often skipped by moderators, as it was mostly already reflected in answers given by the participants in Question 1 and Question 2. Participants spoke about the practice and their personal experience with the practice almost nonchalantly, often revealing their views in the answers to Questions 1 and 2. For example, participants from Group A appeared to believe that the practice has a hygiene benefit. Additionally, participants from Group A also suggested that the procedure is not painful, saying *"dia macam... macam layur"*, which translates as "the procedure is done gently"; *"hmmm... cubit aje"* ("just a pinch"); *"ah, sedikit aje"* which translates as "just a little"; *"benda tu sekejap je ah baby pun takde lah menangis"* ("the procedure is brief, wouldn't even make a baby cry"); *"macam kita nak ambik - kalau siapa kena kencing manis tu kan? yang jenis itu..."* translated as "(the procedure is) like what the diabetics do... that type (of needle)", referring to the insulin injection; *"dia tak kata memudaratkan, menyeksa... takda lah"* translated as "the procedure is not harmful and does not cause suffering... no".

Participants from Group B shared that they typically followed what the older generation practiced: *"biasanya, kita akan ikut apa yang orang buat dulu..."*, *"kita ada akan ikut the old ones buat"*. However, one of the participants mentioned that *"dulu diorang buat tu cara kampung"*, implying the procedure was carried out by traditional midwives. Customs (*"adat"*, *"orang buat, kita buat"*) were mentioned by participants from Group B when talking about the practice, suggesting that it is a form of collective behaviour. When asked about their views on the practice, one of the participants stated that it is difficult to say if they agree with the practice or not: *"actually, kita susah nak cakap setuju atau tidak"*. This is because almost every Muslim woman has been circumcised as a baby, so they do not know what an uncircumcised vagina looks like: *"because kita tak pernah ada, kita tidak pernah ada yang "kita tak pernah bersunat" dan "tak bersunat". So how it looks, yang tak bersunat rupa dia macam mana? Yang bersunat, kita semua bersunat"*. The participant stated that clitoral sensitivity for those who were circumcised was reduced; *"yang bersunat, kita semua bersunat... macam kita dah kurang"*. According to the participant, the clitorises of uncircumcised women were longer, unlike the circumcised women whose clitorises had been slightly cut at the tip: *"clitoris diorang punya tu masih tajam. Kita punya dah di-cut sikit hujung tu je"*. She also shared that in a post-Maghrib religious lecture (*"kuliah Maghrib"*) she attended, there was a *"tazkirah"*, or brief lesson, regarding the topic of circumcision in general, but it was more focused on male circumcision because the lecturer was a man: *"tapi lebih banyak pada lelaki, sebab penceramah dia lelaki"*. The participant said that although she knew she was circumcised, she had only found out about the purpose of female circumcision from this lecture: *"That's how I know. Kalau tidak, kita tak tahu juga tu. Sebab kita tahu kita dah bersunat tu"*. The lecturer had answered a question about the difference between male circumcision and female circumcision, claiming that the difference is that for men, it was for hygienic purposes, but for women, it was to lessen clitoral sensitivity, *"beza dia bersih dan juga sensitivity"*.

The participant also elaborated that the lecturer was a convert who was circumcised after he converted to Islam and felt the difference of being circumcised: *"Pasal dia dulu bukan Islam, dia*

*tak bersunat. Kalau dia bersunat, dia rasa macam lain. Dia rasa lain*". The participant shared that the lecturer said that he had felt more Islamic, and when asked by the participant to elaborate, the lecturer had said that Islam prioritised hygiene more; *"And then dia kata you feel more Islamic. I said, what do mean by feeling more Islamic? Dia kata kalau Islam tu, dia lebih pentingkan kebersihan"*. Additionally, the lecturer implied that the circumcision made him a "cleansed" person, drawing a link between being physically and internally clean when circumcised: *"So... dia bersih. Dalaman pun bersih"*. The participant correlated this anecdote to female circumcision, implying that uncircumcised people are less 'clean' internally, because their more sensitive clitorises give them a stronger sexual drive: *"So sensitivity yang tak bersunat tu lagi tinggi. So kalau menjadi single mum ni, cepat nak kahwin. Ataupun adanya boyfriend"*. Other participants concurred with this opinion (*"kurangkan nafsu tu tu memang betul"*), building on the points by emphasising what was taught to them, i.e. the religious requirement that girls must be circumcised when they are little: *"Sebab kita pun dididik daripada Islam. Bila Islam ni dah kata benda tu memang kena buat. Kalau perempuan kena buat masa kecil"*. The aspect of culture was also discussed. Another participant added that they followed the tradition of their grandmothers, *"kita ikut nenek kita dulu tu semua"*.

One of the participants, however, added that unlike male circumcision, she has not yet encountered any evidence on the requirement of undergoing female circumcision: *"it is stated untuk orang lelaki tapi untuk perempuan tak ada pun yang saya tak tahu, tapi saya tak jumpa lagi ataupun tak ada orang pun yang bagitau saya tentang nas kewajipan"*. She attributed the practice to long-standing culture, while elaborating that we cannot force people to do it or to not do it just because it is a part of the culture: *"but you stick to budaya, that means it is up to us, either we want to do or we don't want to do. But kita tak boleh force people, sebab itu budaya"*. This participant took the stance that female circumcision should be left as a choice; people may wish to do it for hygiene, or not do it because there is no evidence that it is an obligation: *"depends kalau orang tu kata untuk kebersihan tu dia boleh teruskan, tapi kalau siapa yang tak nak teruskan pun sebab kita tak ada nas yang kata benda tu wajib"*.

In response to Question 3, one of the participants from Group D stated that she was not convinced by the arguments she had read on female circumcision: *"I wasn't convinced with the reasons I got for sunat perempuan"*. She believes that *"for women mainly it's hygiene, and I felt... that's not a good enough reason... to... cut... somebody"*. She remarked that she found it problematic that many reasons supporting female circumcision focus on the pleasure of men: *"a lot of the reasons given... was... for the pleasure of men, that's... that's a lot of what I found online"*. She was also troubled by the lack of consent in cases where the procedure was performed on babies: *"especially when she's a child, I mean, she doesn't have the choice...she doesn't have that choice to make on her own"*. She further added that she noticed something about her own vagina and wondered if it was caused by circumcision carried out when she was a baby. She suggested that she was unhappy with what she saw: *"for me, like personally... you know, when I wake up... I can actually see... has been done, what is not... what is not the... you know... because for me... it's it's different down there, you know, one side is not even to the other. So I don't know whether that was from... me being sunat or... you know a mistake they did... or or what, but yeah... it doesn't make me feel... good... like I'm not happy with that... like... I would have liked to see what I was... with everything intact"*. She also elaborated that she could not find any religious and medical evidence on the benefits of the practice, finding it difficult to justify doing it on her child: *"I cannot find anything on an Islamic point of view, as well as on a medical point of view, you know... I cannot... how do I justify that... for my child, and... tak sanggup you know like... susah la"*. Other participants claimed to feel neutral towards the practice (*"saya to be honest... macam... neutral lah"*; *"I...am also neutral"*), though one of them stated that she will highly likely circumcise her daughter: *"as of now saya neutral lah. But then, maybe... highly likely go... go for sunat lah kut"*.

They referenced their mothers and what their mothers said, especially from the perspectives of religion and the perceived hygiene benefit. One of them stated that based on her consultation with

a doctor, she concluded that the practice is not harmful (*"it's not harmful lah"*) because the doctor had said that the procedure only involves a prick of a needle, rather than cutting: *"I couldn't find any yang cakap it's very harmful ke apa because when I asked... my doctor... dia cakap it's not cutting... it's not cutting, we don't cut the clitoris area like what you've read, but we actually... instead we'll just prick a needle je, so, will not cut"*.

Answering Questions 6 to 9, when she had her daughter circumcised by a doctor at a clinic, she observed the procedure and noticed that the doctor had indeed just pricked the area with a needle: *"I proceed with sunat... and I tengok sendiri the procedure... depan mata I... and memang the doctor just prick a needle and that was it"*. She remarked that the procedure was done in less than the 30 seconds and her baby cried for a short while because of the prick: *"It lasted for... I don't know... less than 30 seconds... and my baby cried sekejap, because of the needle prick"*. She stated that her daughter had no complications or other issues, so she is neutral about the practice, *"it was all good... no issue, I didn't see any... infection. So... yeah... so for now I'm very, very neutral about... about sunat perempuan lah"*.

When probed about pressure from their close reference network, one of the participants from Group D stated that there might be pressure from her in-laws, who are particular about culture and traditions: *"my in-laws are a little bit more old school, and... very focused on macam... all this... this... cultural... traditions and things like that"*. Other participants from Group D stated that they had received no pressure from anyone though one of them mentioned that their in-laws did ask about circumcision. Another participant mentioned that she posed the questions to her mother and mother-in-law because she feels sensitive about the practice because it may hurt her daughter: *"lebih kepada saya yang tanya, saya initiate sebab... saya rasa... sensitif, bila I nak kena cucuk vaccine pun dah nangis, so saya rasa macam... kat bawah tu mesti lagi nangis teruk, macam kesianlah kan... kita... macam bagai emak eh"*. Another participant from Group D had shared a similar sentiment earlier on, that she would be unwilling to proceed with the practice if she had a daughter (*"tak sanggup"*).

In response to Question 4, participants from Group A reported that they had not encountered any sources or references from *hadith* or the *Quran*: *"tak jumpa lagi dalam Quran ke dalam hadis ke... tak pernah jumpa", "saya pun tak pernah jumpa"*. One of the participants added that her female religious teachers (*"ustazah"*) taught her that female circumcision is done for cleanliness and sexual benefits: *"tetapi yang kita difahamkan oleh ustazah ke apa semua yang kita belajar dulu kan... sunat ni untuk kebersihan, untuk menjaga apa ni wanita dia punya dia punya itu supaya nanti kalau bersama tu bagus dia kata, memikat suami"*.

Participants from Group B stated that they had not found a religious ruling on the practice of female circumcision: *"tak jumpa hukum. Saya tak pernah jumpa", "dalilnya saya tak jumpa"*. Another participant concurred, stating that Muslims would refer to what is in the *Quran* and *hadith* if they want to discuss the practice, but shared that she could not find references from the *Quran* and *hadith*: *"sebab bila kita nak cakap pasal benda tu, kita akan lebih refer pada apa yang ada dalam Quran dan hadis, dalil. I cannot find"*. One of the participants from Group B had stated in response to the previous question that she had not found any evidence on the religious requirement for the practice of female circumcision. However, in addressing Question 4, when informed by the moderator that there was no evidence from the *Quran*, but there was evidence from *hadith*, they participants from Group B seemed to be glad of the confirmation from the *hadith* (*"tapi memang ada la hadis"*), and stated that Muslims must follow *hadith*: *"ada kita kena follow hadis"*. However, when told that a national *fatwa* declaring female circumcision to be obligatory was issued in 2009, one of the participants appeared surprised, asking to confirm the fact: *"dah ada fatwa kata wajib?"*. One participant voiced that Muslims must not hold onto a single opinion, but should consider other opinions as well: *"kita jangan pegang pada Negeri Sembilan je. Kena consider others"*. Another participant shared that despite the *fatwa's* declaration that it is obligatory, no punishments are imposed, or action taken against people who do not circumcise their daughters: *"kalau fatwa kata wajib, tapi dia tak impose pada siapa yang tak sunat dikenakan hukuman atau denda, tak ada kan... Kalau tak"*

ada, dia kata wajib but it's up to individual. Nak sunat, kalau nak ikut yang wajib, wajib. Kalau tak ikut yang wajib, tidak ada kena tindakan atau hukuman".

This led to a discussion of other people's perceptions of uncircumcised women, and how these women may be viewed negatively: "kalau dia kata wajib, tapi kan ada setengah orang yang macam dia, diri sihat dan dia tak buat. Bila budak tu besar nanti, Oh, kau tak sunat". Another participant commented that as a society, Muslims tend to accept what is said to be obligatory and simply follow the rules set by others, but also stated that as Muslims, there are a lot of things that they do not know: "...macam kita sebagai masyarakat ni kita menerima apa sahaja yang dikatakan wajib kan? Kita daripada dulu zaman dulu, mana ada baca-baca benda bersunat ni, kita ikut rule orang. Kita tak pernah nak ambil tau apa yang wajib dan tak wajib. Yang wajib, kita ikut kita buat. Sekarang ni ada fatwa yang suruh buat benda tu, it's good. Dah ada yang suruh kita buat, kita buat. Sebab benda ni based on apa yang Al-Quran keluarkan pun, kita pun kena tau jugak kan tapi bukan semua tahu. Walaupun kita orang Islam, sebenarnya banyak yang kita tak tahu...".

Participants from Group C mostly expressed uncertainty regarding the religious ruling and were slightly divided in their views. One participant mentioned that it is encouraged ("*sunat*", which in Arabic refers to recommended practice), another mentioned permissible ("*diharuskan*"), whereas another participant stated that she was unsure on the ruling. This reflects the uncertainty regarding rulings about the practice; within the five categories of *hukum* (religious rulings), female circumcision has been variously positioned under three categories, based on the opinions of different religious authorities; these are categories are 'mandatory', 'encouraged' and 'permissible'. There is no unified opinion regarding female circumcision. The participant who mentioned that the practice is encouraged ("*sunat*") said that the decision to circumcise daughters is a choice for parents ("*pilihan dan kehendak masing-masing*") and those who want the benefits of the practice can choose to do it: "*pilihan masing-masing... kalau kita nakkan kebaikan*". The participant from Group C who was unsure about the ruling elaborated that she decided to have her daughters circumcised because she believes a lot of people are doing it: "*ramai yang buat, saya pun buat*".

All participants from Group D shared that they are unsure about sources from the *Quran* or *hadiths*, having only found *hadiths* that do not directly refer to female circumcision: "*Dalam Al-Quran tak pernah jumpa, and... kalau... in hadis, only... what I have found online... and even then, nothing to refer directly to female circumcision*". They felt that the sources are unclear and place an emphasis on male circumcision: "*dalil pasal sunat perempuan ini macam dia tak... very clear, macam more towards rasa... pasal sunat untuk lelaki je*". They agreed that there are no sources referring to the practice in general ("*I think generally maybe... tak ada lah... tak ada*"), but also agreed that all of them accepted the information about the practice being a religious requirement because it had come from their parents.

In relation to Question 5, participants from Group A and B seemed to agree that the practice has a hygiene benefit. However, a few other perceived benefits were shared by a few participants. One of the participants mentioned that circumcised women have a nicer looking vagina: "*siapa sunat lawa... kalau sunat lawa*", "*kalau yang sunat tu comel sikit*". A participant from Group B remarked that if the issue is raised with others, they will end up agreeing that it is the best practice because it is a tradition inherited from their mothers: "*tapi kalau kita explain ni dekat orang lain, end up dengan benda yang sama. Sebab benda ni yang terbaik, buat apa kita tak buat benda yang tak baik? Sebab kita semua, kita tahu benda tu benda itu turun-temurun daripada mak kita. Dia buat, kita buat*". One of the participants from Group C described the benefits of female circumcision of which she was aware, that is, hygiene and control of sexual desire: "*salah satunya adalah kebersihan... yang keduanya adalah mengawal nafsu bagi perempuan tu sendiri*". However, other participants from Group C stated that it was their first time hearing about controlling women's sexual desire. Participants from Group D mentioned that they had heard about the religious and hygiene benefits from their parents, but one of the participants stated that she does see any benefit from the practice ("*I don't see any benefit*").

As for Questions 6 and 7, participants from Group A who have daughters had their daughters circumcised when they were in confinement. One of the participants mentioned that female circumcision differs from male circumcision in the sense that female circumcision is often done early. Another participant shared that male circumcision is also done early nowadays. Participants from Group B also mostly circumcised their daughters. One of the participants commented that their generation circumcises their daughters, but the younger mothers may have different answers: *“generation ni sunat. Saya rasa kalau kita tanya ibu-ibu yang muda tu, mungkin lain”*. When asked hypothetically if they would circumcise daughters they might have in the future, they answered no. They stated that they will not continue the practice because it does not bring any benefits, and that they do not want to risk their daughters having complications: *“kalau tak bawa benefit, then tak. Tak, memang tak ada benefit. Selama ni pun pernah membaca, tak ada benefit sebenarnya untuk kesihatan... so why ambil risk untuk complication macam tu”*. When probed about pressure from mothers-in-law, they stated that the mindsets of the older generation must be changed because it is better to listen to medical authorities such as the Ministry of Health: *“Dia kena ubah mentaliti mindset orang lama sebab rasanya better dengar daripada KKM because they know better kan, the Ministry of Health.”*

Participants from Group B shared that they did not thoroughly observe how the practice was done on their daughters. However, one of the participants commented that the doctor only pricked the clitoris with a needle: *“dia buat sikit sahaja. Jarum cucuk sikit”*. Another participant mentioned that she did not know how the doctor did it and only noticed a few drops of blood as her daughter cried a little, further adding that when she thought about it later, she just did not know what the doctor had done: *“saya tidak tahu macam mana dia potong. Ada setitik dua darah pastu saya balik saya fikir doktor ni tak ada buat apa pun. Tak ada apa-apa”; “tak tahu, tak tengok. Budak tu nangis sikit, pastu ada darah setitik dua. Saya balik lepas itu saya fikir doktor ni buat apa, dia cucuk, dia potong, dia buat apa? Dia tak buat apa pun. Saya tak tahu macam mana”*. Another participant said that the practice was handled by her in-laws, so she did not see how it was carried out: *“saya sebab diuruskan oleh belah mertua, diorang control semua, kita mak bapak tak ada. Jadi tak tengok”*.

Participants from Group C also had their daughters circumcised before they reached the age of one, and stated that the doctor said that the procedure should be carried out early, specifically within six months, when babies are still inactive so they will not feel much pain: *“doktor kata better buat six months before masa dia...tak aktif dan dia tak rasa sakit sangat”*. One of the participants from Group C shared that she was present to observe the procedure. She described that her daughter did not cry that much: *“memang dia tak nangis sangat lah, dia memang tak meraung”*. She emphasised that only a small part of skin was cut: *“kulit kecil sangat”; “dia gunting sikit”*. Another participant from Group C commented that the doctor used a needle-like tool, similar to what is used to draw blood, to very quickly prick the skin: *“macam kita ambik darah dekat jari tu, dia “pap” sekejap tu dah habis”*.

In response to Question 8, participants from Group A went to doctors at private clinics or hospitals, except for Participant B, whose daughters were circumcised by a traditional midwife. Participants from Group B stated that people used to go to traditional midwives for female circumcision, but now people go to doctors: *“sekarang pakai doktor, dulu pakai bidan”*. This is a reiteration of Group B's assertion in the introductory questions, that they did not have doctors carry out circumcisions back then. Participants from Group C and Group D who were from the younger age group went to the doctors for the circumcision of their daughters, though some of them had been circumcised by midwives.

As for Question 9, all participants from Group A with daughters reported that their daughters had no complications, while participants without daughters commented that they have not heard of anyone having complications after undergoing the procedure. Participants from Group C also had similar accounts.

**Sub-topic 3: Beliefs related to the practice**

**Question 10:** Adakah anda percaya bahawa dengan mengkhatakan anak perempuan, beliau tidak akan berkelakuan 'liar' dan lebih memelihara akhlak? Jika ya, dari mana anda mendapat kepercayaan ini?

*Do you believe that female circumcision will prevent your daughter(s) from becoming 'wild' and encourage them to behave? If yes, where does this belief stem from?*

**Question 11:** Sekiranya anda tidak mahu meneruskan praktik ini kepada anak-anak perempuan anda, adakah anda rasa berdosa kerana tidak meneruskan kelaziman dahulu?

*If you do not wish to continue the practice on your daughter(s), would you feel like you have committed a sin for not continuing the norm?*

**Question 12:** Adakah anda rasa sunat/khatan perempuan ini suruhan agama? Mengapa anda berfikiran demikian?

*Do you believe that female circumcision is a religious commandment? Why do you think so?*

In response to Question 10, most of the participants said they had not heard about the belief that female circumcision will prevent daughters from becoming 'wild'. All the participants from Group A, for example, shared the view that female circumcision is not related to the notion of preventing daughters from becoming 'wild', saying instead that female circumcision is more about maintaining hygiene ("*sunat ni more kepada jaga kebersihan*") and not related to the attitude of behaviour of daughters: "*bukan perangai dia*".

In relation to Question 11, one of the participants from Group A stated that she would have felt like she had committed a sin if she had not continued the practice. Other participants from Group A kept silent whereas some others expressed indifference about the notion. In addressing Questions 11 and 12, participants from Group B appeared to view the obligatory status of the practice in Islam as an important issue, seeing it is a sin to not do it. One of the participants from Group B remarked that the *fatwa's* positioning of the practice as compulsory ("*wajib*") gives it an undue weight. She questioned the idea that it is obligatory, as this deprives Muslims of their right to choose to do it or not: "*sebab kalau fatwa kata sunat perempuan tu wajib, kenapa sampai wajib? Wajib punya ni tinggi tau*"; "*Kalau nak kata wajib, berat sangatlah untuk tu*"; "*Sebab wajib ni berat tau, lain kalau sunat itu boleh accept sebab kita ada pilihan*". Another participant added that the obligatory status of the practice makes them feel like it is a sin if they do not carry out the practice: "*kalau tak buat berdosa*". Agreeing to this sentiment, another participant commented that if the practice is declared as "*sunat*" or encouraged, people will not feel sinful if they do not carry out the practice because they are given the liberty to choose what they want to follow: "*kalau sunat, itu depends pada kita. Kita tak ada nak suruh orang yang tak nak bersunat, bersunat. Depends dia nak follow apa. But takdelah orang tu berdosa kalau tak buat benda tu*". However, in answering Question 11, only one participant from Group B answered that they do not feel sinful because there were no *hadith* saying that it is sinful to not carry out female circumcision: "*tak ada rasa dosa sebab tak ada pun hadis yang nak cakap*". However, another participant remarked that "*we cannot say anything*", in response to the point raised on female circumcision being an issue in Malaysia due to its mandatory status which effectively stripped Muslims of their right to choose.

In response to Question 11, one of the participants from Group C stated that she will not feel sinful if she does not continue the practice, but commented that someone from her close reference network might remind her to do it: "*sebabkan... benda tu sunat, and bukan wajib, saya rasa... nak rasa dosa tu tak ada lah sangat, cuma maybe I ada orang yang akan remind lah*".

**Sub-topic 4: Roles of relevant stakeholders in advocacy works related to the practice**

**Question 13:** Apakah peranan yang perlu dimainkan oleh pihak berkuasa agama, Kementerian Kesihatan Malaysia, Kementerian Pembangunan Wanita, Keluarga dan Masyarakat dan ibu bapa untuk memberi advokasi terhadap praktik ini?

*What are the roles that must be played by religious authorities, Ministry of Health, Ministry of Women, Family and Community Development, and parents in the advocacy work related to this practice?*

In the discussion on the roles different stakeholders have in relation to the practice, participants from Groups A and B placed an emphasis on authorities. For example, one participant from Group A mentioned that she would follow the opinions of local religious authorities on matters that are related to religion, including female circumcision: *"ikut pemerintah di mana tempat kita duduk"*.

One rather radical suggestion from one of the participants in Group B was to remove the *fatwa* to alleviate the burden of sin (*"terbeban"; "beban"*) felt by Muslims in Malaysia: *"just take it as it is... tak payah ada fatwa"; "sebab kalau tak ada fatwa, tiada sesiapa pun kena. So jangan buat kita bangsa agama Islam ni rasa berdosa"*. One participant from Group B stated that she would follow the opinions of qualified experts such as doctors for health-related concerns and people who study religion for religious-related views; *"tapi kalau kami macam ni kalau ikut, kita rujuk pada orang yang berilmu dan yang ada qualification. Kalau dia tanya dari segi kesihatan, tanya doktor. Kalau dari segi agama, kita panggil orang yang belajar agama-agama"*. Another Group B participant remarked that even if the religious views say the practice *need* not be done, the practicing community must also be given reasons as to why female circumcision *should* not be carried out: *"Kalau betul fatwa kata macam ini atau hadis yang kata tak perlu buat, then tak semestinya buat. Tapi kenalah ada, kenapa tak boleh buat? Itu kena ada sebab orang semua ni tau yang kita kena buat"*. Additionally, justifications must be given as to why government hospitals do not allow their doctors to carry out female circumcision and only private clinics and hospitals are allowed to do so: *"Kena ada example kenapa kementerian tak bagi buat sebab apa, dan kenapa swasta sahaja yang buat, itu kena tunjukkan benda tu tak betul"*.

The same participant from Group B also stated that if the practice is legitimate, all hospitals should be allowed to carry out the procedure. Since that is not the case, the government must revise the guidelines to correct this problem: *"Kalau betul, semua boleh buat tak kisahlah kerajaan atau swasta kan? Semua boleh buat. Kenapa diorang tak buat, tapi swasta buat? Kena perbetulkan balik"*. One participant from Group B also stated that efforts must be geared towards changing the mindset of the older generation, asserting that it is more sensible to listen to medical authorities such as the Ministry of Health because they have conducted research on the practice: *"Dia kena ubah mentaliti mindset orang lama sebab rasanya better dengar daripada KKM because they know better kan, the Ministry of Health. Macam JAKIM banyak sahaja benda yang orang tak nak buat, macam Muslims yang marah, tapi kalau KKM ni ada something yang ada more substance, lagi kuat. Sebab dia kaji"*.

One of the participants from Group B also commented that authorities must let the practicing community speak up about their rights in relation to the practice: *"biar community sendiri yang bercakap. Hak sendiri biar community sendiri bercakap"*. They also suggested that the people are not to blame for continuing the practice, because they are merely following religious precepts: *"tapi kita pun tak boleh salahkan penduduk sebab penduduk ikut mazhab jugak"*. One of the participants remarked that people will not be immediately receptive of new information (*"information yang baru ni biasanya dia orang takkan terima on the spot"*), so relevant stakeholders must consistently play their part in offering advice and information.

The same sentiment on the role of religious authorities was echoed by participants from Group D. One of the participants suggested that *“the religious authority must be the one who go out and speak on this issue and create awareness on this issue because in Malaysia as we know, what the Mufti says carry a lot of weight. What they say will influence the Imams in the Masjid, will influence Ustaz in schools... so you know... the Mufti... need to be the one you know, sharing this information and speaking out... on female circumcision”*. The same participant also added that *“without the Mufti’s backing, the Ministry of Health, their voice will not be as strong because... orang Islam (Muslims) in Malaysia, they look towards the Mufti’s for any... an instruction on Islamic issues”*. Other participants from Group D agreed with the view shared (*“saya agree”, “saya sependapat”*). One of the participants commented that endorsement from religious authorities is essential to ensure that Muslims are comfortable with their choices and decisions in relation to the religious aspects and implications of the procedure: *“memang kena ada back up by by religious authority so that Muslim are more comfortable with their decision sebenarnya sebab kita macam nak ye lah of course we have to think about you know what we do, apa impact dia in term of religion juga”*.

Participants from Group D also believe that there must be a solid, uniform view on the religious aspects of the practice. One participant said that the importance of a unified view on the practice is important because most Muslims will fall back on the religious rulings when deciding on the practice, and that making the practice compulsory makes them feel like it is an “obligation”: *“to me it’s very important that... hukum ni... has the one hukum yang terang... exactly... yang terang untuk cakap whether it should be done or not because mostly as muslim kita akan go back to the hukum. We... will want to know whether it’s wajib, sunat or rather it’s harus, you know. So bila ada yang menyatakan wajib that’s where I think most muslim would feel it’s like... it’s like... obligation la... kan... so I rasa that it is very important for the religious party to actually ada kata sepakat to make it... to make it more convincing for the parents... for the Muslim parents”*. Another participant concurred, stating that a solid religious ruling will provide clarity: *“ada one solid hukum”; “macam nak clear”; “one solid stand... adakah wajib sunat? Harus ke macam mana?”*. She also remarked that in addition to the lack of a standardised opinion from religious authorities, the issue is not discussed in the open: *“masa saya kat sekolah kita takde open sangat pasal sunat perempuan”*. She felt that knowledge about female circumcision should be disseminated by educators at school, based on updated knowledge verified by religious authorities: *“kalau boleh benda ni macam something patut di... macam ustazah kat sekolah, ustaz... depends on siapa yang ajar... be more aloud about this... kalau betul kena sunat, kenapa? Maksudnya macam nak clear benda tu update la... kalau kata macam tak perlu... kenapa”*. Another participant from Group D agreed, emphasising that Muslims need to educate themselves on the matter: *“saya agree sebab... I mean being a Muslim we also have to educate ourselves kan”*. Participants from Group C also suggested awareness of and exposure to issues about female circumcision was necessary because, unlike male circumcision, people do not know enough about it: (*“exposure”; “spread the awareness... awareness tak macam sunat lelaki”*). One of the participants from Group C commented that people should have access to information on the benefits of female circumcision and that it should be included in the school syllabus and in books intended for young girls.

When asked a question regarding a hypothetical situation in which the Ministry of Health and religious authorities in the country declared that the practice cannot be done for fear of harm, participants from Group A were divided in their views; a participant reported that they would follow what the authorities say (*“saya ikut je”*) but would also refer to religious precepts (*“kita kena berbalik pada agama”*); another participant said that it depends on individuals (*“terpulanglah”*), while other participants mentioned that they would still do it (*“kena buat jugalah”, “saya tak tahu yang lain tapi kalau saya boleh ikut sunat”*).

One of the participants from Group C remarked that the practice is *“cultural”*, and she would still choose to have her daughters circumcised, suggesting that any decision she made would have consequences: *“everything yang kita buat ada kita punya consequences, so on my view... I think I will still go for the circumcision lah”*. She also mentioned that if she did not do it, others in

her close reference network such as her mother, sisters, mother-in-law and aunties would enquire about whether she had done it because it is considered a concern for her family members: *"if it's not me, it's going to be my Mum or my sisters or my mother-in-law or my aunties will be asking, because to them, it's a concern"*. Another participant concurred, agreeing that most families will ask about the practice and everyone will probably continue it because of that: *"I think most families akan tanya juga and then we will do it anyway"*. For Group C participants, even if authorities such as the Ministry of Health said that the practice is not compulsory and has no benefits, they would choose to continue the practice: *"I will still go for the circumcision lah"; "saya rasa saya akan buat... still akan buat"*. However, one participant from Group C voiced that she would follow the views of the majority of religious scholars: *"lepas tu kita tengok majoriti lah...macam apa yang kita... untuk ahli sunnah... mengatakan apa...itu... maka itu lah yang kita ambil. Kalau kata tak perlu, tak perlu"*. She considers the views of religious scholars to be the best in relation to the practice, *"ulamak kata macam mana, itu... yang terbaik"*.

Participants from Group D shared the view that they would not have their daughters circumcised if the *mufti* were to say that it is not compulsory: *"I wouldn't sunat them"; "kalau tak perlu... tak payah la kan"; "But like...kalau your question kata... memang ada mufti terus cakap tak perlu... macam terang-terang, then... I wouldn't bother you know"*. One of the participants from Group D elaborated that she would consider not having it done if it was not a religious requirement though she would still consult her close reference network, consisting of her mother and her family. She feared that if something were to happen in the future involving her daughter, her close reference network might blame her for not circumcising her daughter: *"I would consider against it, tapi I akan fikir lama dulu lah, macam tak ada lah... tak payah, I akan fikir dulu la kut... consider... benda ni... sebab dia macam... benda yang kita buat daripada dulu kan, so macam... kalau sekarang benda tu implement... kita still kena consult, macam emak kita rasa apa... family kita macam mana... what are the views, walaupun tu... kita, takut macam... tak nak ah later kalau jadi apa-apa dia salahkan kita 'hah tu lah, tak nak sunat', for example"*. The implication of negative judgment is significant because it can affect people's decisions. Another participant from Group D explained that her decision to have her daughter circumcised as a baby was largely due to the *fatwa* she read, issued by the Kuala Lumpur *mufti*, that states that the practice is compulsory, further elaborating that it is in accordance with the *Syafie* school of thought followed by Malaysian Muslims: *"wilayah mufti... cakap... based on... a few hadith and everything... katakan benda tu wajib... kita hold pada wajib lah as Mazhab... Syafie kan, since we are practicing Mazhab Syafie"*. She also reiterated that the *fatwa* stating that the practice is compulsory had an impact on her decision: *"but since ada hukum yang wajib tu, it sound a bit heavy"*.

Participants from Group D confided that they had all questioned the practice; one participant wondered about the benefits of the practice if in reality, the doctor only pricks the clitoris with a needle, wondering if the practice is only symbolic. She also noted that there are diverse religious views on the practice: *"I pun tertanya-tanya juga... apa beza macam kalau you just prick a needle, apa function... you know... What's the benefit... What's the function? Apa... apa function pricking the needle tu keluar darah sikit... apa, so maybe is it... like... what carried it... macam macam symbolic je... macam just because oh... you know, since agama kita kata... wajib... ada yang kata wajib...but but that's the thing, because in Islam itself ada banyak... pendapat... like... orang kata apa... khilaf... right... ada macam cakap ni, ada yang cakap tu, so kita pun tak ada... it's not like macam solat itu wajib... like ok... ikut Islam tu dia tahu... macam tu... macam terang-terang, kalau orang cakap kat you, oh solat tak wajib, then that's crazy, but macam ni... ada banyak... banyak opinion, so kita... kena weigh off options lah"*. Another participant found an issue with female circumcision being done as it may affect a woman's sexual experience: *"it's that you're... cutting away a sensitive part... of... the female body and how she feels... during her intimate times with her husband"*.