

**THE COMPLEXITIES OF FEMALE
GENITAL CUTTING IN
SINGAPORE**

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(Honours) in
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ABSTRACT

Female genital cutting (FGC) is prevalent amongst the Singaporean Malay community. While FGC is well researched in the East African and Middle East regions, there has been comparatively little academic attention on this practice in Southeast Asia. This capstone explores the reasons for FGC in Singapore. It begins by contextualising FGC in Singapore, in terms of the small amount of skin removed, FGC's medicalization in recent years, its hiddenness, and its political implications. Based on interviews with twenty interlocutors of varying demographics, I argue that the reasons behind the practice of FGC in Singapore are complex and multifactorial, and include notions of cleanliness, religion, tradition, control of female sexuality within patriarchy, and child rights and consent. In recent years, there has been increasing critical discourse on FGC in Singapore, which has reduced the prevalence of this practice. Nonetheless, it is important for the Malay community to have clarity from religious and health authorities as to their stances on FGC.

Keywords: female genital cutting, Singapore, consent, tradition, religion, health

Table Of Contents

I.	Introduction.....	6
	A. Prologue.....	6
	B. Introduction.....	8
	C. Research methods.....	12
II.	Literature review.....	14
III.	Contextualising FGC in Singapore.....	22
IV.	Reasons for FGC in Singapore.....	27
	A. Cleanliness.....	27
	B. Religion.....	29
	C. Tradition.....	33
	D. Control of female sexuality within the patriarchy.....	38
	E. Child rights and consent.....	41
V.	Conclusion.....	42
VI.	References.....	47

I. INTRODUCTION

A. Prologue

It was a Saturday afternoon in September 2016 when my dad picked me up from university and we headed over to a relative's house in Sembawang. We only ever gathered there for special occasions. This time, it was my cousin's second birthday. We entered the room, and it was full of relatives in brightly colored shirts, *jubah*¹, jeans and scarves. Of course, the star of the evening, my 2 year-old cousin, Anisah², donned a red and blue sailor outfit. I went to pick her up and carried her around the room. A 38-year old female relative, wearing a simple combination of black t-shirt and jeans came over to speak to me, and my sister, who was also around us.

Relative (R): "*Anisah minggu lepas dah kena sunat.*"

"Anisah was cut last week."

Saza (Sa): "*Apa?*"

"What?³"

R: "*Ya, kat doctor.*"

"Yes, at the doctor."

¹ Long Malay dress.

² All names have been changed to protect the privacy of my research interlocutors.

³ Even though I did not know women needed to be cut, my reference for genital cutting is from the male cutting, which is very commonly recognised and practiced in the Malay community. So, I transposed that knowledge to this conversation.

Sa: *“Huh, perempuan kena sunat?”*

“Women need to be cut?”

R: *“Ya.”*

“Yes.”

Sa: *“Tapi ini salah! Ini against WHO guidelines semua. Ini human rights violation.”*

“But this is wrong! This is against WHO⁴ guidelines. This is a human rights violation.”

Sis: *“You pun kena sunat.”*

“You were cut too.”

My jaw dropped. I had never known about this cutting, and I was completely unaware that it was performed on me. I did not know it was performed on young children, and consented to by their parents at medical clinics or with traditional midwives. My complete lack of knowledge until that moment about a practice that my relative described as necessary for women speaks a lot to the specific kind of female genital cutting (FGC) in Singapore: its hiddenness, prevalence amongst the Singaporean Malay community, the debate surrounding the procedure, and reactions to it.

⁴ Female genital mutilation, World Health Organisation. (n.d.). Retrieved March 10, 2018, from <http://www.who.int/mediacentre/factsheets/fs241/en/>

B. Introduction

It is unclear when the practice of FGC first began in Singapore. In 1998, researchers Andre Feillard and Lies Marcoes theorised that FGC reached Southeast Asia as part of Islamic traditions linked to the Shafi'i school of thought⁵, but the spread of the practice to other parts of Southeast Asia is ambiguous (p. 341). FGC in Singapore involves female Malays, who make up about 7% of the population (420 000 people)⁶. Out of these, there is an assumed prevalence of 60% of Malay women who have been cut⁷. Previously, this procedure was performed by traditional midwives at homes, but now it is mostly conducted at 5-10 private clinics by female Malay doctors around the island. It costs about \$30-50 and takes less than 30 minutes. There is no law or legislation banning FGC in Singapore.

While the diversity of practices around FGC worldwide lack easy categorisation, and “cannot be expected to reflect categorizations that are meaningful from any specific cultural perspective” (Ellen Gruenbaum 2006: 3), I will be utilising the World Health Organisation’s (February 2016) four categorisations of FGC because these are significant in later discussions comparing the type of FGC performed in Singapore and internationally.

They are:

1. Type I, also called clitoridectomy: Partial or total removal of the clitoris and/or the prepuce.

⁵ The Shafi'i school of thought is one of the four schools of Islamic law in Sunni Islam. It relies predominantly on the Quran and the Hadiths for Sharia

⁶ Total number of Malays in Singapore: 15% of the population (841 000 people)

⁷ Through an informal survey by an independent researcher connected to the United Nations Children's Fund (UNICEF) conducted in the earlier half of 2016 that has yet to be published

2. Type II, also called excision: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.

3. Type III, also called infibulation: Narrowing of the vaginal orifice with a covering seal. The seal is formed by cutting and re-positioning the labia minora and/or the labia majora. This can take place with or without removal of the clitoris.

4. Type IV: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping or cauterization.

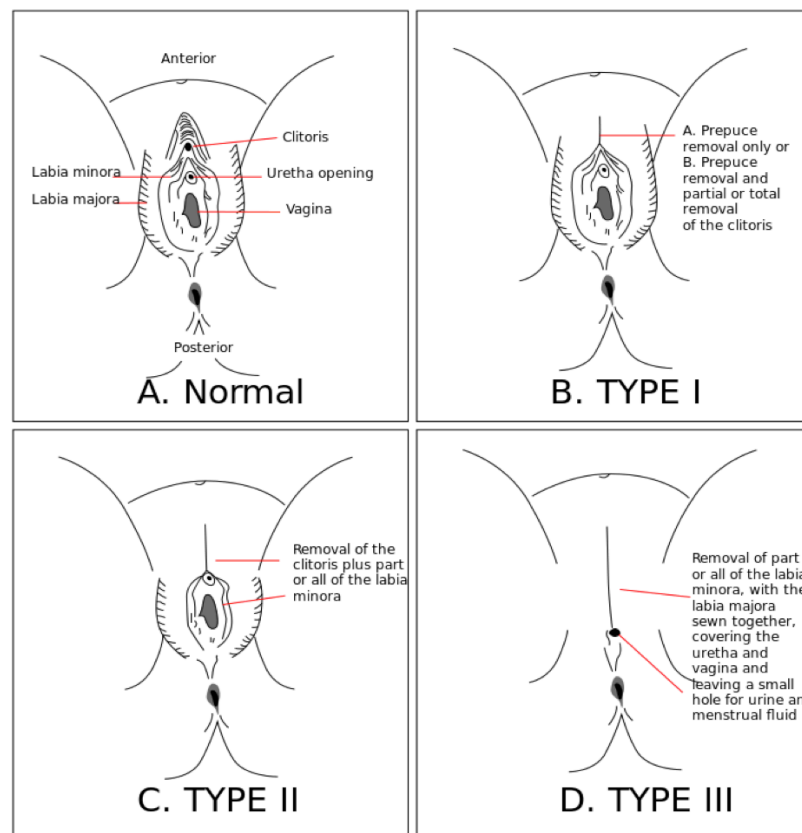


Figure 1: Different types of FGC

In Singapore, Type I FGC is performed, though there is also a spectrum of this particular cutting – from symbolically placing a medical instrument (usually scissors) at the clitoris to nicking the clitoral hood to removing the hood itself. It is usually performed on young children below the age of five⁸.

The Malay community holds differing views relating to this cutting – some view it as mandatory, while others are more ambivalent, and some actively campaign against it. In this thesis, I hope to capture these different perspectives, its nuances and complexities.

I am using the term female genital cutting (FGC), as opposed to female genital mutilation (FGM), which “denotes condemnation” (Shell-Duncan, 2000: 6). In other academic literature, the term “*sunna* circumcision” is used, where *sunna* refers to the “traditions of Islam's Prophet Mohammed, meaning those things that he did or advocated during his lifetime” (Gruenbaum 2001: 2). However, in Singapore the word *sunat perempuan* (female circumcision) is used instead and I hypothesise that this term emerged out of the linkage with *sunat lelaki* (male circumcision), where the word *sunat* means circumcision rather than referring to it being an Islamic tradition. I believe the usage of this word to describe circumcision is unique to the Southeast Asian region. Though some of my interlocutors have challenged my use of FGC as being either too lenient (insisting that the practice is a mutilation and violation of the female body) or too conservative (a medical practitioner told me that no cutting is supposed to actually take place, making the practice mostly symbolic), I will be using the term FGC with full cognition of its inadequacies.

⁸ Though my interlocutors have shared a small number of cases of adult cutting

My research asks: Why is this procedure being performed amongst the Malay community in Singapore? While the Literature Review later on will elaborate further, there is only one anthropological study done in Singapore on this practice, and that study focused on FGC's hiddenness⁹. Therefore, my research seeks to provide an overview and analysis of the various reasons FGC is being performed in Singapore, in the hopes that this will spark further conversations and discussions about FGC and its implications.

From my research, it is clear that FGC is a complex and multi-factorial practice. My interlocutors offered an interplay of reasons explaining FGC – cleanliness, religion, tradition, control of female sexuality, and child rights. They also shared nuanced perspectives on the social element of this practice – the lack of discussion surrounding FGC, which leads to its hiddenness; the notion of human rights vs. preserving tradition; the politics surrounding it as religious and health authorities¹⁰ decline from commenting or taking a stance on FGC; and their take on the continuity of FGC in Singapore.

I will first detail my research methods, and then provide a literature review of various anthropologists' experiences, observations and analysis of FGC from many parts of the world. I will then contextualise FGC in Singapore, which is crucial due to the lack of literature surrounding this practice in Singapore. After that, I will describe my own ethnography and my findings on the reasons for FGC. I will conclude this paper by urging religious and medical professionals to develop clear

⁹ The Australian researcher, Gabriele Marranci uses the term "hiddenness" here in this way: "Should we then speak of FGO as being a secret practice? I prefer the term 'hidden', since Malays do not actively conceal the tradition (2014: 283)".

¹⁰ This includes the Islamic Religious Council of Singapore (MUIS), Muslim Healthcare Professionals Association (MHPA) and Ministry of Health (MOH).

policies and standards on FGC; I also consider why FGC remains a common practice amongst the Malay community in Singapore.

C. Research methods

My research methods involved both ethnographic observation and semi-structured interviews. I interviewed my interlocutors from September - December 2017. All names in this capstone are pseudonyms unless stated otherwise. I gained approval from the Yale-NUS Ethics Research Committee in September 2017. In addition, from 2015 to early 2017, I conducted a preliminary study on this topic. While I did not utilise the findings in this final thesis, they provided me a contextual understanding of FGC in Singapore.

In total, I conducted 20 in-depth interviews¹¹ with adult interlocutors (14 women and 6 men) who have had close interactions with FGC – they either had it performed on them or have consented for it to be done to their child. I first relied on my own personal network of family and friends within the Malay community, which then resulted in a snowball recruitment process as people recommended others for me to speak to. It is important to note that while most Malays in Singapore are Muslim¹², not all are. Yet, my research participants generally identified as Malay and Muslim to varying extents. It is interesting that some people rejected me for interviews; the usual reasons given were that they did not know enough about the subject, and referred me to a religious teacher, or that they were too shy to speak about it.

¹¹ Interviews lasted 60-90 minutes.

¹² According to the 2015 Singapore General Household Survey on Religion Data, 99.18% of Malays are Muslim.

In the end, I was able to speak to 20 individuals, including religious leaders, academics, practitioners, activists, and adults of various ages, socio-economic classes, and religious views, to obtain a more representative sample. Out of those interviewed, about half were ambivalent or against FGC. A handful identified themselves as activists and these were mostly women and men aged 20-60, who allied themselves with the Association of Women for Action and Research (AWARE)¹³ and specifically AWARE's Gender Equality is our Culture (GEC) project, which organises talks, discussions, dialogues and publications centred around gender equality in Islam.

These interviews took place at informal locations such as interlocutor's homes, cafes, religious schools, doctor's offices, and educational institutions. As per the Malay custom of bringing *buah tangan*¹⁴, I gave my interlocutors chocolates as a way to show my appreciation for their time and energy.

Interviews were conducted anonymously, and consisted of questions about the individual's interactions with FGC, their perspectives on the reasons for FGC being conducted, and their experiences with it, if applicable.

My linguistic, cultural and academic preparation makes this project both feasible and exciting. I am from the Malay community and am a native speaker of *Bahasa Melayu*¹⁵, which gives me not only access to Malay interlocutors but also a keen understanding of cultural and social norms within the Malay community. This was a great advantage in forming rapport with my interlocutors. All the interviews were conducted in a mix of English and Malay. In this thesis, I included the Malay

¹³ Singapore's leading gender equality advocacy group.

¹⁴ Translated from Malay: small gifts or presents.

¹⁵ Malay language.

words followed by English translations where I felt the Malay words encompass much more than the English translation allowed.

Furthermore, I had FGC performed on me as a young child, allowing me to more easily and empathetically form interpersonal relationships with my interlocutors. While some may argue that this might bias me for or against my research findings, I do not believe this is the case. Indeed, I share similar experiences with my interlocutors, who often did not know it was done on them at a very young age or only realised when they were older, and who may be confused about their opinions or feelings about this procedure now. Similarly, as was true for many of my interlocutors, I also realize that—although this is a complex topic with many different opinions—my parents meant only the best for me. Further, I have been researching on this topic sporadically for three years, and have written five university papers on it in courses taken at National University of Singapore and Yale-NUS College. Therefore, I not only have the socio-cultural capital to perform this research, but also the academic vocabulary to discuss it in a capstone project.

II. Literature Review

FGC is a practice that has been documented and researched globally, from Sudan (Gruenbaum, 2006) to Egypt (Yount and Karerra, 2006) to Malaysia (Isa, Shuib and Othman, 1999). The literature on FGC has focused on topics such as, various debates on the type of cut that is practiced, by which communities, for what reasons, and the governmental and non-governmental stakeholders involved who support, criticise, or are ambivalent about this practice. Indeed, Eric Silverman (2004) has asserted that, “No area of the discipline seems so entwined with ethical

claims, activism, and the participation of governmental and nongovernmental organizations as is FGC” (2004: 428). I will utilise the available literature to compare, reflect on, and gain a deeper understanding for the reasons for FGC in Singapore and around the world.

Anthropologists Ellen Gruenbaum (2001, 2006), Tore Nordenstam (1968), Janice Boddy (1989), Marie Assaad (1980), Asma El Dareer (1982), Saida Hodzic (2017) have written extensively about FGC in various Middle Eastern and African countries. The type of circumcision they encounter and describe varies from clitoridectomy to pharaonic circumcision¹⁶ and infibulation¹⁷. This is different from the type that is practiced in Singapore¹⁸. Nonetheless, the reasons these anthropologists have discovered--such as its cultural meanings, religion, and relations to morality and virginity--are still relevant to my own research.

An important reason put forth for FGC is the control of female sexuality within patriarchy. Gruenbaum noted that the main reasons for FGC in Khartoum, Sudan include patriarchal social structures (of female dignity and marriageability), but not just a simple evocation of it to mean male dominance. Rather, she claims it is important to also consider the control of female sexuality in relation with other capitalist and socio-economic structures of poverty, and restricted opportunities for women (2001: 47). Often, FGC (especially clitoridectomy and infibulation - with which women literally cannot have premarital sex or it will not be enjoyable) is critical to ensuring a woman’s virginity, morality and therefore marriageability. Gruenbaum pointed out how, within a broad spectrum of circumcising groups in

¹⁶ Meaning to remove the entire external genitalia —prepuce, clitoris, labia minora, and all or part of the labia majora.

¹⁷ Stitching together of the vulva.

¹⁸ Explained in introduction.

Africa, though women are involved in economic opportunities such as subsistence production, trade and wage employment, they are still handicapped without a husband or family. She says, "There may be limitations or barriers to access to land, cattle, grazing, rights, or cash income without a husband. There may be control of production that reinforces economic dependency. There may be a need for physical defence" (2001: 46). As such, parents choose to cut their daughters at a younger age before they understand the procedure or even know its significance, to ensure their daughter's marriageability, security, and possibly even survival. So, while FGC as practiced in Khartoum is a patriarchal practice of trying to ensure women's virginity and morality, this is further complicated by other social and economic structures that makes it seem as if FGC is a way to ensure the livelihood and security of those in poverty through marriage.

This control of sexuality is not only for individual worth, but is also a reflection of community values - the idea of honour, and women being the bearers of morality in society. In Tore Nordenstam's research on Sudanese ethics, he found that "*sharaf* (honor) of the family depends mainly on the conduct of the members of the family in sexual matters, and especially on the conduct of the female members of the family" (1968: 94). Janice Boddy found an explicit link between circumcision and family honour amongst the people in the Nile Valley. She notes that people saw a "need for circumcision to curb and socialize their sexual desires, lest a woman should, even unwittingly, bring irreparable shame to her family through misbehaviour" (1989: 53). Women who have undergone clitoridectomy or infibulation are literally unable to have or enjoy sexual experiences, so this lowers their chances of bringing dishonour to the family name, thereby symbolically

protecting the propriety of the entire community. While the cutting in Singapore is not as extensive and so one cannot tell if a woman has had premarital sex, the argument that women's sexuality may require external intervention is still relevant. In addition, Gruenbaum's conception of a moral policing, where "Pious Muslims would generally accept the idea that they bear some duty to help others fulfil their moral obligations, even if that means restricting their own freedoms or those of their family members" (2001: 82) reinforces the idea of communal support rallying behind the practice of FGC. So, FGC functions as a means to unite a community by ensuring everyone toes the moral line.

At the same time, Gruenbaum complicates the idea that FGC leads to a lowered sexual pleasure in her chapter on sexuality. After extensively unpacking the technicalities involved for a female orgasm and writing about her ethnographic research with Sudanese women and the complexities involved in questioning them about their sexual experiences and orgasms¹⁹, Gruenbaum says, "female circumcision presents a very real threat to healthy sexual responsiveness. But there is reason to question the assumption that all circumcised women, regardless of the type of surgery or social meaning given to it, experience the same harm to their sexuality" (2001: 142). This is mainly due to differences in the extent of cutting. Marie Assad (1980: 8) reported that in Egypt, she found a less invasive form of FGC being performed and a large amount of women who reportedly enjoy sex. Janice Boddy (1982) who was researching in the Nile Valley found that some of the women of Hofriyat said they enjoyed sex, while others considered it a marital obligation and do

¹⁹ "Look, Ellen, some of us do 'finish.' It feels like electricity, like this . . ." and she flicked her finger sharply and rhythmically against my constricted fingers. I was convinced we were talking about the same thing." (2001: 141)

not enjoy it. Finally, in 1982, El Dareer studied 3210 Northern Sudanese women and found that 27% of circumcised women found “sex pleasurable altogether or only sometimes”. So, in order to understand the sexual experiences of cut women, “it is necessary to consider three distinct issues: variation in the tissue removed, variation in erogenous stimulation, and the possibility of a role for the G-spot”(Gruenbaum 2001: 143). It is necessary to consider the functions of other erogenous zones such as nipples, lips, the back of ears, buttocks and so on, and to not discount the functioning of these for cut women. Indeed, the mind is the most erogenous zone to allow individuals the “confidence, emotional arousal, and sense of safety and propriety that comes from pleasant, socially acceptable, and loving contexts” (2001: 151). For Singapore’s particular case, it is important to consider if the extent of cutting affects a woman’s sexual experience. As it is done at such a young age, this might be rather difficult to determine. Yet, clarifying the specifications of the cut and size of skin removed is crucial to deciding its potential effect on female sexual pleasure.

Next, a key reason for FGC is religion. It is noteworthy that religion is used to both advocate for and against FGC. The only religious justification for FGC is not in the Quran²⁰ but in the hadith. Hadiths are records of the traditions or sayings of the Prophet Muhammad, revered and received as a major source of religious law and moral guidance. There are many hadiths but not all are equally *sahih* (credible). They are dependent on the author, as well as the line of transmission from Prophet Muhammad’s time to the time it was written down and edited. According to Gruenbaum, in the 1940s, religious leaders in Sudan and Egypt issued *fatwas* or

²⁰ A central religious text of Islam, which Muslims consider to be a revelation from God.

religious pronouncements, against the severe pharaonic circumcisions²¹. However, for some religious leaders, such as Shayk El Taher²², who referred to hadiths where Prophet Muhammad allowed less severe forms of FGC to continue, they believe that these forms are therefore allowed. Gruenbaum points out that, "The potential for religious disputes on this matter is clear because there is no single agreed-upon authoritative view" (2001: 65). So, while Islam might not mandate FGC, the fact that people who continue to practice it believe Islam to be a key justification is important for anthropologists to acknowledge. At the same time, it is relevant to my own research to consider the ways that the religious texts are used to support but also to admonish FGC by defenders and critics of the practice.

Another important reason for FGC is its ritualistic aspect and the way that it suggests a coming-of-age for young girls to mature into womanhood. For some cultures such as the Maasai in Kenya, circumcision only happens when they are about to be married. A few weeks after the circumcision, the Maasai woman would also shave her head, give her jewellery to her sister and friends, and leave to join her new family through the marriage (Gruenbaum 2006: 69). On the other hand, for the Giyuku people of Kenya, circumcision also involves "learning how to behave around the elders and how to act with different age groups" (Davison 1989: 23). It is a ritual where the girls are now women with added responsibilities and a whole new family and set of customs to abide by. In Ghana, activists who wish to end the cutting but

²¹ Removal of the inner and outer labia, and the suturing of the vulva.

²² He was a well-known Islamic scholar from Tunisia, and a writer and author on the subject of reforming Islamic education and jurisprudence. He said: "The Prophet meant that slight excision would serve to illuminate the face and improve the complexion, in addition to being more conducive to pleasure because the skin expands with the penis and helps to increase satisfaction [for the male] in coitus."

prize the traditions around it highlighted how FGC is usually followed by knowledge transmission: “The outcome is bad, but the ritual process is good. Your grandmother will give you a talk, teach you life skills -- how to be a good woman, what it means to be a wife” (Hodzic 2017: 153). So, the focus on the FGC ceremony is not only the cutting, but also the other coming-of-age rites that are linked to it. However, for many other cultures such as Singapore, the cutting happens at such a young age that it is less likely to be regarded as a life transition.

FGC in the Southeast Asian region received very little academic attention until 1885. Andree Feillard and Lies Marcoes (1998: 340) argued that it was only in 1885 that the Dutch ethnographer G. A. Wilken (1847–91) conducted a thorough survey of the practice in the region. He was the first to draw the conclusion that female circumcision was found exclusively among Muslims, which led him to believe that it was not an indigenous practice but rather one “borrowed from the Arabs” (Van Ossenbruggen 1912: 34).

In the only anthropological study of FGC in Singapore, Gabriele Marranci²³ (2015) explained why this practice is so hidden. He suggests that this is a form of “religious ethnic resilience within an environment affected by an increasing push towards globalisation and national identity” (2015: 278). According to him, the structural inequalities faced by the minority Malay community have led them to hold strong to traditional rites and rituals as a way of ensuring the togetherness of the community. Here, he also references Kevin Hertherington’s concept of the *Bund*, which is defined as “an intense form of affectual solidarity, that is inherently

²³ An Australian anthropologist at Macquarie University who works on religion with a specialization in Muslim societies.

unstable and liable to break down very rapidly unless it is consciously maintained through the symbolically mediated interaction of its members” (1992: 93). Secondly, he also points out that the government is keen to keep FGC hidden to avoid “opening a debate in Singapore that would not only involve the Malay Muslim community, but all Singaporeans as well as international observers” (2015: 288). Taking a pro-FGC stance would upset the international human rights community such as the United Nations and NGOs as well as receive backlash from the local feminist community. On the other hand, criticising FGC might be seen as an “attack on the Malay community itself” (ibid). A third reason is that the Malay Muslim community do not see this cutting as significant or think it necessary to be brought up for discussion. It is a ritual that is simply accepted as part of an early childhood ritual. However, Marranci does not clearly address the idea that if the cut is so hidden such that the women themselves are unaware of it, how does that solidify the identity of the community? As such, my research aims to build upon this question by understanding the reasons that compel Malays to practice FGC.

The lack of anthropological interest in FGC in Southeast Asia continues today. However, Marranci hints at the reasons for FGC in Singapore (religious and social²⁴), and so this paper aims to provide a foundational understanding of the

²⁴ Although a few of Marranci’s interlocutors mentioned religion as being a reason, giving explanations such as: “it is what you should do as Muslim”; “the child becomes Muslim, it is the same as for the boy”; he says that many more emphasised the link to a specific Malay Muslim identity: “we do this because it is our tradition”; “It is something that all Malay Muslims share both here in Singapore and in Malaysia”; “Malay Christians are not circumcised, Malay Muslims, both male and female, must be. It is a mark that makes you part of the community?” (2015:282)

reasons for this cutting, as the cut, its implication, consequences, reactions and discussions, which emerge, are unique to the Singapore context.

III. CONTEXTUALISING FGC IN SINGAPORE

Below is a condensed version of one interlocutor's report with FGC that illuminates various parts of this procedure:

Ayu, a 37-year old teacher at a local secondary school, just gave birth two months ago to her first child - a beautiful, bright-eyed little girl called Diana. Ayu and her husband were very happy and sacrificed a goat for her on her seventh day (*aqiqah*), as per Malay custom. Just last week, they held a ceremony where her hair was shaved (*cukur rambut*) and all 50 relatives came by to celebrate the occasion. During this ceremony, some relatives asked Ayu if Diana was cut yet, and she answered in the negative. They said: "Better do it soon", and left it at that. Diana was slightly confused, as she did not know girls needed to be cut. She knew boys did, but she never knew it was expected of girls. She asked her mother, Cik Wan, about it, who said, "Yes, all Malay girls need to be cut. When you were younger, a *mak bidan* (midwife) came to our house to cut you and pierce your ears when you were a few weeks old. But today, can bring Diana to the doctor. Tomorrow, we go. Your aunt recommended a very good doctor at Blk 42 in Sengkang". Ayu was still not entirely sure about the procedure but she thought it better to follow tradition and wisdom of the elderly, and so after lunch the next day, they set out to the nearby heartland family clinic. Upon stepping in, the friendly receptionist greeted them with an

*Assalamualaikum*²⁵ and gave them a queue number. After a short while, their number was called and they entered the female doctor's room. Ayu passed the baby to the doctor and she laid her down on the operating table. The doctor confirmed with Ayu that she consents to FGC being performed on Diana. As Ayu nodded in agreement, the doctor sterilised a pair of scissors, lifted Diana's blue dress, and unstuck her diapers. She then quickly snipped a miniscule part of her clitoral hood. The doctor showed Ayu and her mother the part that was cut, and they could hardly see the skin on the scissors. The doctor said, "She can shower like normal, swim like normal, no problem", as she stuck the diaper back on Diana and handed her back to her mother. Ayu stepped out of the office and paid \$50 at the counter for the quick procedure. They then happily headed back home.

FGC in Singapore is unique in various ways and adds a very interesting dynamic to the existing literature on FGC globally. This section will explain the logistics of the cut itself, the stakeholders involved (child, parents, doctors, religious and health associations), on-going discussions on FGC amongst the Malay community, its hiddenness and relation to male circumcision.

As previously explained, FGC in Singapore involves a spectrum of Type I cutting – from symbolically placing a medical instrument (usually scissors) at the clitoris to nicking the clitoral hood to removing the hood itself. It is performed at a very young age, usually during infancy, where the "skin the size of a grain of rice is removed from the clitoral hood" (Marranci 2014:279). It is unclear if adult women are cut as well. Since there is no law or legislation banning FGC in Singapore, the practice is legal here.

²⁵ Peace be upon you in Arabic.

Previously, FGC in Singapore was performed by traditional midwives who sometimes provide the cutting in addition to other services such as massages for the mother and ear piercings for the new-born daughter. However, today, FGC in Singapore has been medicalised so much so that Gabriele Marranci has termed it as “Female Genital Operation (FGO)”, saying “the procedures are conducted in hospital and/or by medical practitioners” (2014: 278). According to one practitioner, there has been an effort to standardise this practice to ensure that genital mutilation does not occur. Doctors learn this trade from more senior doctors, as the cut is not taught in medical school.

Parents are the ones who consent to this cutting, and it is usually an inter-generational practice where the knowledge is passed from grandmother to mother to daughter and granddaughter.

According to Marranci, FGC is so hidden that “Even inside Singapore, only Malays tend to know of the tradition, while other ethnic groups remain oblivious to the fact that Singapore is among the states that allow such an operation (2014: 276)”. Even the women who have undergone FGC might not know they have had the procedure performed on them. This could be because the procedure is so minor it leaves no traceable scar (2014: 281). One of my interlocutors only knew she was cut after she gave birth to her first daughter in her early 30s, when her mum brought up the idea of cutting her daughter. Another reason why this practice is so hidden amongst the Malay community could be that female sexuality is viewed as a taboo topic to discuss. According to Adila, a 20-year old polytechnic student, “There is definitely no discussion on this. It’s just accepted because female sexuality is something shameful to talk about. It is very hush-hush. For instance, some women

are ashamed to talk about periods and anything that involves the female vagina. So they definitely won't discuss this cutting". A third reason is that this procedure has become so normalised that the community does not think it even merits or requires any discussion around it. It is simply viewed as a childhood ritual one undergoes before one even has any memory. Another possibility why this practice remains largely unknown to those outside the Malay community could be concerns about how it might be associated with "female genital mutilation" (FGM) and Islamophobia in other parts of the world. Farah, a 30-year old activist for gender issues, shared that "Some people are not happy that it is now coming out of the community, especially with the climate of Islamophobia."

This is interesting when contrasted with the relative openness and even celebration of male circumcision. Male cutting is done at clinics and hospitals, when the boy has just been birthed until about 10 years old. Marranci also found that "Many suggested that male circumcision is likely to be far more traumatic than female circumcision" (2014: 281), because the entire foreskin is removed and so the commemoration of the event might be to celebrate the boy's bravery.

The Malay community holds a plethora of views related to the necessity of FGC. Eight of my 20 interlocutors (who tend to be older women and men, around 40-70 years old, and might be housewives or religious teachers) are supportive of FGC and will continue it for their children and grandchildren. To differing degrees, they believe FGC to be important for the child's health, religious and moral development. Out of the remaining 12 interlocutors, four are ambivalent about the practice, that is they are not bothered if this practice continues or discontinues; and

eight are strongly against it, and there are some who actively campaign against FGC. These are usually women and men aged 20-60, are English-speaking, and often attended university. They underwent FGC, and see it as a violation of bodily rights and a procedure that might affect one's sexuality negatively.

Especially recently, FGC has been increasingly politicised, with debates on this procedure being covered locally and internationally by sites such as the BBC (Why female genital mutilation still exists in modern Singapore)²⁶, Reuters (Singapore comes under pressure over female genital cutting of babies)²⁷, and by TODAY (Factbox: The hidden cut: female genital mutilation in Asia)²⁸. The Singapore government and authorities linked to it such as the Islamic Religious Council of Singapore (MUIS), Muslim Healthcare Professionals Association (MHPA) and Ministry of Health (MOH) have held on a policy of “don't know, don't tell”. Marranci hypothesized that the government is stuck in a double bind: “If the Singapore government were to issue regulations concerning FGO, the Malay Muslim community might have a stronger reaction than that provoked by the so-called school hijab affair (Law 2003), in which some parents tried to defy the ministerial ban on wearing headscarves at state schools. Furthermore, any attempt to ban FGO in Singapore would inevitably attract international mass media attention. Few people know that FGO exists in Singapore, and the idea of attracting attention to a practice so severely condemned by the UN is surely unpalatable to the government” (2014:

²⁶ Tan, Y. (2016, November 21). Why female genital mutilation still exists in modern Singapore. Retrieved March 11, 2018, from <http://www.bbc.com/news/world-asia-37819753>

²⁷ Batha, E. (2016, October 12). Singapore comes under pressure over female genital cutting of babies. Retrieved March 11, 2018, from <https://www.reuters.com/article/us-singapore-fgm-babies/singapore-comes-under-pressure-over-female-genital-cutting-of-babies-idUSKCN12D04C>

²⁸ Factbox: The hidden cut: female genital mutilation in Asia. (2016, October 12). Retrieved March 11, 2018, from <https://www.todayonline.com/world/factbox-hidden-cut-female-genital-mutilation-asia>

286). For this reason, the Singapore government has remained silent about FGC.

It is clear that FGC in Singapore is different from the cutting in other parts of the world – in terms of the amount cut, its medicalization in recent years, its inter-generational nature that follows a matrilineage, its hiddenness, and the politics surrounding it. Because of this, the reasons for FGC in Singapore emerge in a distinct way too.

IV. Reasons for FGC in Singapore

As I interviewed more interlocutors, a few key reasons for why FGC is practiced in Singapore manifested: cleanliness, religion, tradition and social benefits, control of female sexuality and child's rights. It is important to note that my interlocutors do not discuss these reasons in isolation. Often, these reasons are used to underpin, support and justify one another. My interlocutors also acknowledge that the reasons for FGC might be larger than themselves - that is they might be representative of a trend or structural issue within the Malay community. For example, according to Dalia, a 28-year old researcher, FGC is but one evocation of the patriarchy, and therefore we must also look at other manifestations of patriarchal norms within the Malay community to understand FGC's place in it, as a general control of women's body and sexuality.

A. Cleanliness

The first reason some interlocutors (especially those who support FGC) shared is that of cleanliness. Karin, a 67-year old traditional masseuse woman, said

that “*Bahagian tu kotor. Ini untuk kebersihan*” (“That part - the clitoral hood is dirty. This is for cleanliness”). Siti, a 68-year old religious teacher, also concurs and shares that “This is to remove dirt. If we want to take ablution, must shower according to *hadas besar and kecil*²⁹. Islam is very clean. So whenever we want to pray also must clean that area. So, it’s a lot easier to just cut it (clitoral hood) off. No need clean.” There is a noteworthy conflation of hygiene with religion here, which is also brought up by Fauziah, a 68-year old interfaith advocate who says, “Cleanliness is next to godliness, we must maintain *taharah* (purification and cleanliness)”. The evocation of religion is significant here because it shows that my interlocutors actually view religion as the reason for FGC, and that cleanliness happens to fall under that umbrella.

However, the practitioner I spoke to disagreed and said that there are no medical benefits to FGC because the “cut is so small, it doesn’t affect anything”. I believe the perceived idea of cleanliness and purity arises out of a misunderstanding of the cut and its specificities (amount cut, area cut etc).

Next, my interlocutors also suggested that this reason for cleanliness might be related to male circumcision, which is usually justified with sanitary reasons in the Malay community. According to Abdul, a 35-year old researcher at a local university who also teaches religious classes, “Male circumcision is not compulsory, but because there is a collection of smegma, so each time they need to pray, need to pull the foreskin and clean it. This is a hassle”. Often, cleanliness and convenience are also converged, as cleanliness is critical in Islam and so making it easier to reach this ideal is important. Idris, a 41-year old social activist recounted the story of his sister

²⁹ Specific ritualised showers with Arabic incantations to be performed after sexual activities and menstruation

who wanted to perform FGC on her first-born daughter despite his protests: “Our mother believed in FGC because it was something that was transmitted to her. She said *kalau tak sunat, nanti kotor* (If don’t circumcise, it’ll be dirty). This could be because male circumcision is for cleanliness, so they draw the same parallel with female circumcision, and transpose the same idea of cleanliness on it as well.”

So, while medically, FGC has no impact on cleanliness, it is still believed to be a reason for the procedure. This is likely because of the close link between cleanliness and Islam. It could be that for some from the Malay community, especially those who are devout, would rather “play it safe” out of fear that their prayer might not be fully accepted. The way that the justification for male cutting is simply transposed onto female cutting might show a lack of knowledge about female cutting. It is important to note too that cleanliness was something brought up by about a quarter of my interlocutors, and they tend to be aged 40 - 70+, suggesting this misconception might be a lack of modern medical understanding from the older generation. This general misunderstanding could also be linked to patriarchal notions of the female body as one that should not be discussed as openly or as often, which I will discuss later on.

B. Religion

According to Amnesty International, “FGC predates Islam and is not practiced by the majority of Muslims, but has acquired a religious dimension” (1997). For most of my interlocutors, their belief in Islam is an extremely important reason for FGC. When I asked for interviews from my interlocutors, many of them replied saying that they were not qualified enough to speak on the topic, and that I

should speak to a religious official. In fact, one interlocutor actually recommended to me several religious teachers I could interview instead, because she did not believe she knows enough about FGC to speak about it (though she, her daughters, and almost all female members of her extended family underwent the procedure).

I will first explore the ways my interlocutors linked FGC to Islam through the evocation of several *hadiths* (record of the traditions or sayings of the Prophet Muhammad) and *mazhab* (Islamic jurisprudence, usually referring to specific Islamic teachers), and then go on to engage with different readings of these *hadiths*, and also discuss the position that religious authorities and leaders have taken with respect to FGC in Singapore.

One of the *hadiths* that was alluded to by many of my interlocutors is the one told by Al-Baihaqi:³⁰

“There are a group of people who allow cutting for women by referring to the hadith where Um Habibah was cutting a group of women. On one day, Prophet Muhammad visited her and found a knife in her hand (for cutting). Prophet asked and confirmed that the function of that knife is really for cutting. Um Habibah asked, “Is cutting for women *haram* (forbidden)?” *Nabi* (Prophet) Muhammad said, “Oh women of Ansar³¹, do the cutting but be sure to not cut too much.”

³⁰ During his lifetime, he became a famous Sunni hadith expert, following the Shafi'i school in fiqh and the Ash'ari school of Islamic theology.

“Sebaliknya, golongan yang membenarkan khatan bagi wanita pula berhujah dengan hadis Um Habibah yang mengendalikan khidmat khatan bagi golongan wanita. Pada suatu hari, Nabi s.a.w menziarahinya lalu mendapati pisau di tangannya (untuk berkhatan). Nabi s.a.w lalu bertanya untuk mendapatkan kepastian mengenai penggunaan pisau tersebut untuk berkhatan. Um Habibah lantas bertanya, “Adakah ia (khatan) haram untuk wanita? Nabi s.a.w lalu bersabda yang bermaksud, “Wahai wanita Ansar, berkhatanlah kamu tetapi janganlah melampau dalam memotongnya.”

³¹ Local inhabitant of Medina who took the Islamic Prophet Muhammad and his followers (the *Muhajirun*) into their homes when they emigrated from Mecca (*hijra*).

My interlocutors who support FGC said this hadith provided a clear approval of FGC from Prophet Muhammad, as he did not try to stop Um Habibah from cutting other women, but actually endorsed it. Not all my interlocutors were able to provide exacting details of this account, and they mention the details to varying extents. Most know of this as hearsay. When probed further as to the rationality of this hadith, Ermy, a 38-year old local schoolteacher says, “Because there is a religious backing, there must be a reason”. Further, according to Ruma, a 45-year old Malay language tuition teacher, “If there is no wisdom or nothing good to be said for this, then it wouldn’t be practised by the Prophet. There are some Mazhabs who say it’s necessary (*mesti*) but some who say that it’s unnecessary. We have to weigh it ourselves. If it contributes well to us, why not?” Those who believe FGC is mandated by Islam through the readings of various hadiths do not necessarily think there needs to be a rational reason to support it. They believe that as long as it is a directive from God, it must be sound or possess knowledge that we, as humans, might not have realised yet.

On the other hand, protestors of FGC interpret the hadiths and religious instructions differently. With reference to the same hadith above, Dalia said, “The fact that Prophet Muhammad came across this proves that it was already an Arabic tradition that was pre-Islamic. A lot of things that were already happening, the Prophet did not stop. He was trying to win over the *Qurayshi*³² people and so he could not exactly stop them. But the fact that he said to not take much means he already disapproves of FGC”. Many interviewees also persuasively question the

³² A mercantile Arab tribe that historically inhabited and controlled Mecca and its Ka'aba

religious basis of the cutting - “If God is already supposed to create us perfect, then why do we need to modify anything?” Farah thinks that this link to religion provides a stronger justification for FGC. She says “When something is linked with religion, it makes it harder to dispute. The way that Islam is practiced in this region is quite ritualistic. It’s unquestioning, it has been passed down and people are afraid to question religion”. The evocation of religion as a reason for FGC allows it authority and so convinces the Malay community to continue this practice.

I was keen to interview someone from MUIS³³. Although repeated emails to them went unanswered, I found a past fatwa³⁴ where MUIS strongly endorses FGC as part of the Islamic tradition.

“According to the majority of *ulama*³⁵, circumcision is compulsory for men and women. It should be done early in life, preferably when still an infant, to avoid complications, prolong [sic] pain and embarrassment if done later in life. Any good *Muslimah* doctor³⁶ can perform circumcision³⁷ for women.”

However, this fatwa was removed in recent years, and MUIS has not since provided a reason for the removal or replaced it with another fatwa. Some of my interlocutors, who are strongly against FGC have declared this move to be “very crafty” and an invocation of “unprincipled leadership”. Farah said, “It’s okay to take it down but (they) should put up another statement. If they have changed their

³³ Islamic Religious Council of Singapore

³⁴ A fatwā in the Islamic faith is a nonbinding but authoritative legal opinion or learned interpretation that the Sheikhu'l Islam, a qualified jurist or mufti, can give on issues pertaining to the Islamic law

³⁵ Specifically in the context of Sunni Islam, *ulama* are regarded as “the guardians, transmitters and interpreters of religious knowledge, of Islamic doctrine and law” (Taken from Encyclopedia of Islam)

³⁶ Female Muslim doctor

³⁷“It is just a cutting off the thin membrane on the top most part of the clitoris”

position, they should make it public. When they take it down, it suggests that they have changed their position or disagree with their previous position. It is MUIS's responsibility to tell the public or else the public perception is that it is still *wajib* (compulsory), especially, where the Muslim community takes guidance and advice about religion and life from the religious leaders". It is clear here that there is a desire from the Malay community to receive a clear decision on FGC from religious authorities.

From my research, it is evident that religion is a significant reason for those who practice FGC. Indeed, religion is used to justify FGC around the Muslim world. It is notable that the same *hadith* is interpreted very differently by both proponents and opponents of FGC. In my concluding paragraphs, I will discuss the policy implications of MUIS taking an ambiguous stance towards FGC and urge them to produce a clear directive.

C. Tradition

Many of my interlocutors allude to *adat* or Malay tradition when asked for reasons they practice FGC. They view it as a normalised and long-established cultural tradition, which is often performed without question. There are also some interviewees who believe this leads to the unity of the community and is intrinsic to the Malay identity. However, those who are unsupportive of FGC question the premise of this tradition and that if there is no rational or logical reason behind it, "it doesn't make sense to blindly follow it". Activists also raise an interesting argument placing FGC in Singapore on a more international scale - If the Malay community

believe FGC to be intrinsic to their culture, they might view the activism against it a threat to their traditions and way of life, therefore viewing these Malay activists as threats to the community and creating a divisive community over FGC.

According to Gabriele Marranci, “FGO is transmitted generation after generation as an ordinary act of Malay Muslim identity. It can be considered an integral part of Malay Muslim birth rituals” (2014: 285) and is linked “to a specific Malay Muslim identity. Malay Muslims often say ‘we do this because it is our tradition’; ‘It is something that all Malay Muslims share both here in Singapore and in Malaysia” (2014: 282). Indeed, many of my interlocutors also agree that this practice has been very much normalised in Singapore. Fauziah says, “This is tradition: sisters, granddaughters, daughters all do it. This is a strong Malay tradition, we can encourage it but don’t force. It’s a natural next step.” Adam, a 40-year old taxi driver also concurs and says, “This is tradition, it’s very normalised. If you have a girl, just do it. It’s not a problem and no questions asked. Just take a few hours and get it done.” A significant portion of my interlocutors who support FGC do not see it as an inconvenience, to visit a clinic (in recent years) or *mak bidan*, within a few months of a female child’s delivery. It is so common that my interlocutors shared that discussions about FGC are often to the effect of “Have you cut her yet?” taking it for granted that FGC would be the parent’s next step.

This tradition is usually passed down a matrilineal lineage, with the grandmothers and mothers of the family encouraging and sometimes even forcing their children to cut their granddaughters. Taufiq, a 34-year old Geography teacher shared:

“Parents say must do. I was pestered so much by mum. If it’s gonna be a huge sticking piece, might as well do it since there is no medical harm. My mum and people from her generation are the only ones who say this is a must (same as hair cutting and sacrificing an animal³⁸). She will nag about these 3 things. People like my mum perpetuate tradition. But for hair cutting and sacrificing of an animal, I know there is some scientific rationale. But for FGC, I could not find a scientific rationale. But the pros outweigh the cons. But I was not very happy about it. I was protesting. I stood outside the clinic and wouldn’t go in when they cut my daughter. My father did not say anything about this; he wants us to be able to make decisions as a family... Eventually, no one is going to do it. I do it now because of my mum. But once that generation passes, there’ll be no one to actively tell people to do FGC”

Dalia, another interlocutor who had FGC performed on her as a baby, but does not agree with it, asked her mother if her father made her perform FGC on Dalia. However, her mother said this was not the case, and that instead it was her grandmother who insisted on it. It was her grandmother who transmitted this knowledge. In Marranci’s research as well, he found that, “As in Indonesia and Malaysia, men in Singapore do not partake in FGO arrangements, although they may know about them and may expect that their daughters undergo FGO. During my research, two fathers reported that they had no idea when their daughters’ operations took place and required their wives to provide the details” (2014: 281). It is clear that FGC is information that is passed down through a matrilineage from grandmother to

³⁸ T. (2017, November 10). 6 Traditional Malay Customs For Your Baby. Retrieved March 12, 2018, from <https://sg.theasianparent.com/malay-customs-for-babies/>

daughter to granddaughter to great-granddaughter. This could be due to the division of labour in Malay families, where women usually take care of matters concerning the children's development and well being, while the father provides the economic means to raise them. As such, many men would leave the decision-making regarding the execution of FGC to their wives. They might not even want to know anything about it. It is considered too insignificant for fathers to have a stake or say in the issue.

However, those who are against FGC view the unquestioning nature of this practice as symptomatic of a larger problematic trend of traditionalism within the Malay community. According to Idris, "This is a practice that's just passed down without questioning. It is just taken for granted. They probably picked it up from religious classes and regurgitated with religious authorities voice (*Ni Ustaz cakap*). They followed what has been decided by jurists of the past in Syafi'i tradition. There is a lurking traditionalism that dominates the Malay community. The idea of reinvestigating and re- interrogating old ideas is uncommon." Similarly, Ermy says, "People do not question or discuss this, and it is a problem that it is not critically discussed. People just do it blindly, and so this might cause harm and injury". Many Malay families continue this practice in an inadvertent manner, and one that is continued not because it is 'actively better' but because it is just 'not worse'. As such, FGC is simply passed down and accepted rather than questioning or challenging its rationale. At the same time, I noticed that amongst those interviewed, younger people (around the ages of 20-40 years old) are unwilling to perpetuate FGC if the sole reason is tradition. Hanisah, a 38-year old teacher, says, "If it's just based on tradition, it doesn't make sense to do something like that. Culture is not important

to keep if it is causing pain”. Many younger Malay Singaporeans do not view FGC as something that possesses active benefits, and therefore they do not see the point or logic in continuing it.

At the same time, Ruma, a 45-year old housewife with three school-going children, believes it is a pity if this practice were to die out, because it contributes to the formation of a strong Malay community. She said,

“Mothers would only want the best for the child. We must be steadfast and hold on to tradition (*pegang teguh*). We must be respectful in honoring tradition and listening to the advice of the elders, no need to question. Over the years, there have not been any negative impacts. Rather than have a liberal, open-minded thinking, where you only think about yourself, it is good to also think of the community. In Islam, we are one community (*umat*)”

When I questioned further and asked about the exact ways that FGC contribute to the Malay community, Ruma was unsure. While Marranci hypothesised that FGC is important to the Malay identity and a strong identity marker, my ethnography showed that his thesis might be complicated by FGC’s hiddenness. As such, I asked all my interlocutors if they view FGC as a Malay identity marker to determine the extent to which this practice is valued as an active community builder. It was a 50/50 split, with some not believing it is because they do not even know it is happening and cannot confirm or even discuss much with others about this practice. However, there are interlocutors who also believe that it is an identity marker in the way that it connects one generation of Malays with the next. Natasha, a 60-year old mother of 2 daughters, who is critical of FGC, said “FGC is a continuation from mom to daughter. They are thinking, if it’s done on me, I’ll do it to you too, so we

can all be the same. I want the baby to be my property, it's like branding my cattle". She continues and says that FGC is only one identity marker, but that it functions in a similar way to fasting during Ramadhan, which then collectively adds up to become a Malay identity marker. While FGC is prevalent in the Malay community, many of my interlocutors do not necessarily see it as a 'glue' for community formation, primarily because its existence is very much hidden, and rarely spoken of.

FGC is also seen as such a longstanding and significant tradition of the Malay community that criticisms of FGC are viewed as a threat to Malay culture and traditions. Idris says, "It is good that there are more people taking and raising this issue. But, it might also lead to more people entrenching their positions, especially now that it's becoming an international issue. Muslims are becoming more defensive. They see Western discourse of human rights (eg: at UN level) as a threat to Islamic values, cultures, and traditions. There are pressure groups that write in to MUIS telling them to support FGC. They say that Muslims are under assault from the Western hegemonic discourse of feminism, women's rights etc. It is eroding Islamic tradition and practices." Often, it seems as if those who are for or against FGC are speaking on different terms and ideologies. While those who campaign against FGC frame the issue as one of consent and bodily rights, advocates of FGC view it as a cultural tradition that must be preserved.

D. Control of female sexuality within patriarchy

Seven out of my eight interlocutors who support FGC readily admit that the cut is important to control women's sexuality. According to them, FGC is to "Cut down on the girl's sexual desires (*nafsu*). By nature, women have higher sex drive,

and so this is to lower chances of sex before marriage.” When asked to explain precisely how FGC leads to lowered sexual desire, or how this relationship can be measured, most interviewees are uncertain. In fact, I had a rather drawn-out conversation (complete with drawings on both our ends), about how the removal of the clitoral hood actually reveals the clitoris³⁹ more, and so that logically follows that it is more easily stimulated, and therefore might lead to higher sexual satisfaction. So, even though supporters of FGC might be unsure how FGC affects sexual desire, the principles they hold for that view is important to acknowledge. Ruma believes that:

“Female circumcision is for dignity (*kemuliaan, maruah, jati diri wanita*). It is to curb natural desires (*syawat*). If women cannot control their natural desires, they might be too extreme. After all, for example, women cannot control their emotions of anger and so on. FGC is so we can take care of women’s dignity, so that they know to be modest and shy⁴⁰. Islam is different from other religions. It focuses on dignity. Islam takes care of its women more. Women who don’t cut are more easily tempted. That’s why sex outside of marriage within the Malay community is less. This has something to do with other’s values such as liberalness and open-mindedness etc. For example, cohabitation is the norm in the West, but this is not right. As compared to Westerners, Malays have modesty to prevent certain untoward things. Maybe this combats sexual desire from being too high.”

³⁹ An erogenous and highly sensitive zone that contains more nerve endings than any other body part and can lead to sexual pleasure when stimulated.

⁴⁰ *tahu malu dan jaga harga diri*

This view might be reflective of the prejudices and biases against women in the Malay community. These traditional values may have arisen because women are traditionally seen as the bearers of morality in societies. As such, it is important to ensure that women uphold important societal values and any potential for deviance is weeded out as soon as possible.

Dalia speaks out about this reason for FGC and says, “Controlling female sexuality is rooted in misogyny. Women cannot control her body, women cannot own and decide her sexuality. This practice is done when a woman is young, as if it’s nipping her sexuality in the bud”. Dalia links FGC to the idea of body image and self-worth, and points out how FGC is also similar to placing headscarves on young girls, as it affects the way they view themselves too. Another interlocutor Adila, also says, “I was very sexual from a young age. But, my mother said Malay women shouldn’t be so sexual. This messed up my sense of self, as there was a contradiction. I was questioning my own identity.” FGC, which tries to control female sexuality could lead to feelings of guilt and shame amongst women who do not necessarily believe in this control.

Dalia links this to a larger structural problem of gender inequality. She says, “FGC needs to be part of a larger conversation, we need to dismantle and overthrow the patriarchy. Recently, women are becoming more and more empowered so men are more threatened. The final bastion of a woman’s control is her body, and that is now being taken away with FGC and headscarves etc”. Here, Dalia sees FGC as something which tries to control not only her body, but also her relationship with her own body, that is something which needs to be modulated to ensure it remains within specified boundaries.

Dalia also relates FGC to the idea of marriage and interactions with one's partner: "There is an expectation that women should be very sexual after marriage, but before that she has to be completely pure. The role of the wife is only to provide sexually". Siti Arifah, a 33-year old Malay woman who owns a sex shop abroad, also concurs, that women who have premarital sex are considered used goods and are undesirable by "good Malay men". As such, because a woman's worth and morality is so closely linked to her sexual practices, FGC is seen as a paternal and authoritative way to help women stay within the boundaries of her culture or religion.

E. Child rights and consent

FGC is also closely related to the idea of consent and rights of the child. Various interlocutors who are against FGC angrily share the ways that FGC violates consent as it is usually done when a child is under two years old, and so is unable to give consent. Here, the parents would be the ones to give consent for the practice to occur. According to Dalia, "The authoritarian notion of parenting is embedded in our society. Parents have full access to decide what a child needs to do. The making of irreversible changes means that the child has no right over her body. It needs to be done at such a young age, before the child can decide she does not want it". Many of my interlocutors who are against FGC point out that because there is no consent involved, FGC is a violation of human rights, as it is potentially harmful. They prefer to call it FGM (female genital mutilation) and place a negative value-judgement on this practice and some regard it as an "injury". When I bring up this idea of consent with those who support and perpetuate FGC, they do not believe in it. Zul says "If

we follow the laws in the country, if a person is under 21 years, they cannot make their own decisions and still need parental consent so this is the same. If you ask a kid when they're a bit older, they will think it hurts and so won't want it. It's like injection, they don't want it because it's painful but good for them". For parents who choose to perform FGC on their children, they believe in its inherent goodness (medically, religiously or culturally), and so they believe they are doing what's best for the child, and see no problem with the procedure being done when the daughter is still young.

As such, FGC continues because people believe that it is not in violation of human rights as it is intended to be for the good of the child. There is a clear tension here between values that are important to the Malay community and need to be upheld. Farah sighs as she says, "The topic of human rights is very foreign to Singapore. We don't learn about the UN Declaration of Universal Human Rights that everyone should have". But not only that, language is also a great impediment to these discussions. The Malay vernacular does not readily lend itself to deliberations on human rights and female sexuality.

V. Conclusion

In this research, I have contextualised the type of cut, stakeholders involved, on-going discussions on FGC locally and internationally, and FGC's hiddenness. I hope this allows for a deeper understanding of the specific and unique type of FGC and the situation surrounding it in Singapore. My discussion of the reasons for FGC in Singapore is also non-exhaustive, but to my interlocutors, cleanliness, religion, tradition, the control of female sexuality, and children's rights are some of the most

pertinent to their lived experiences. To the best of my ability, I have tried to represent fairly the perspectives and opinions of the various people I spoke to. In her book, *The Twilight of Cutting*, Saida Hodzic accurately pointed out that “differently positioned women take a variety of political positions toward cutting/anticutting campaigns, and the larger governance of their lives” (2017: 83). In these concluding paragraphs, I will further explore the continuity of this practice, ways to encourage productive and meaningful discourse about it as well as policy implications.

FGC has been an unquestioned tradition in Singapore for centuries. I believe we need to place a critical lens on FGC and question the motivations of this practice. While taking into account the possible individual, family and social meanings that have been attributed to FGC, it is also important to question its necessity and impacts on a young girl. I end most interviews by asking interlocutors if they think FGC will continue, and 70% of my interlocutors answered in the negative. Conversations about FGC and debates on it have been ignited, and more young parents are questioning the cut’s necessity. Once parental pressure is no longer a factor and this procedure has skipped a generation, FGC will be much harder to revive or continue. Furthermore, FGC does not leave a visible scar or any observable marking. Those against FGC have said that they know of young parents who choose to say their daughter has been cut even if she hasn’t, and no one is any wiser. FGC’s hiddenness may just lead to its discontinuity.

It is also important to take note of the vernacular languages that are used when discussing FGC, and determining the appropriate ways to debate FGC in the Malay community. Currently, the debates on FGC happen amongst specific circles of young Malays who are highly educated. It is important to engage with the older

generation and those who may not have access to tertiary education about this practice. It is only in sincere conversations, which aim to listen, engage in dialogue, and not necessarily debate that perspectives will shift. When I first found out about the FGC performed on me when I was a baby, and questioned my parents about it, they insisted that it was mandatory and that they did it for my own good. They said FGC was necessary for “religious and health reasons, and so I won’t be adulterous”. These are similar to the reasons my interlocutors shared as well. As I went about my research, and interviewed religious leaders, medical practitioners, and feminist activists, I slowly clarified my parent’s beliefs, and today they no longer see it as mandatory (“though still good to do”), but I do think chipping away at their long-held beliefs have been successful. Similar to my interlocutor’s sharing that the language of female sexuality, children’s rights and consent is foreign or even “Western”, I think it is important that we find the right language and vocabulary to discuss these issues in Malay so that it is more readily accessible.

I hope to see more people and stakeholders engaging in these conversations. In particular, I hope this thesis would encourage medical practitioners, religious leaders, religious bodies and health ministries to enter the conversation about FGC in Singapore. From my ethnography, there are various undercurrents and rumours of the perspectives and policy positions engaged by these stakeholders. For instance, a medical practitioner said that there is a register of doctors who perform it and who have informally agreed to abide by a set of guidelines in order to standardise the procedure. However, neither this guideline nor register is publicly available. Having them come out with actual statements would clear various misconceptions about FGC’s necessity and its health and religious implications. I would urge MUIS to

replace the fatwa it removed with a new one, so that religiously, the Muslim community can be assured of the ruling for FGC. MOH and MHPA also have a responsibility to the larger Singapore community to ensure our safety and health. Because all doctors are registered and regulated under MOH, it is up to MOH to determine if FGC is aligned with the medical oath to 'do no harm'. At the same time, it would be interesting to find out the positionality of medical practitioners performing FGC - Do they believe it to be necessary? Do they abide by the guidelines stated (especially given the spectrum of FGC that my interlocutors underwent)? What are their specific reasons for performing FGC? Silence only breeds confusion. It is definitely time for the religious and health authorities to step up and clearly state their positions on FGC in Singapore. There is the very real fear that if FGC were banned in Singapore and practitioners disallowed from practicing it, this would lead to FGC being performed "underground", where conditions are much less hygienic, medicalised and can be more harmful. But, if the relevant authorities can counter the health, religious and female promiscuity reasons given for FGC, this practice will be regarded as unnecessary and might no longer be practiced here.

Finally, this research is very much focused on the Singapore Malay community, as it is the one I am most closely acquainted with and can gain access most easily. Yet, during my interviews, I was also told that the Singapore Indian community might practice FGC as well. For future research, it would be interesting to analyse the practices of FGC in this community and compare it to the Malay community.

“Hahn and Inhorn testify to the persistence of one of the founding principles of applied medical anthropology, which is the notion that anthropology can and should provide cultural knowledge necessary for improving public health and health care” (Hodzic 2017: 177). I hope this research has provided a holistic, balanced, and informative understanding of the reasons for FGC in Singapore, and will be useful for religious leaders, medical practitioners, activists, and especially Malay women as we continue critically analysing and discussing this practice.

VI. References

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