

About Orchid Project

Orchid Project is a UK- and Kenya-based non-governmental organisation (*NGO*) catalysing the global movement to end female genital cutting (*FGC*). Its strategy for 2023 to 2028 focuses on three objectives:

- to undertake research, generate evidence and curate knowledge to better equip those working to end FGC;
- 2. to facilitate capacity-strengthening of partners, through learning and knowledge-sharing, to improve programme designs and impacts for the movement to end FGC; and
- 3. to steer global and regional policies, actions and funding towards ending FGC.

Orchid Project's aim to expedite the building of a knowledge base for researchers and activists is being fulfilled in the **FGM/C Research Initiative**.

About ARROW

The Asian-Pacific Resource and Research Centre for Women is a non-profit women's NGO with a consultative status with the Economic and Social Council of the United Nations and an observer status with the United Nations Framework Convention on Climate Change. Based in Kuala Lumpur, Malaysia, ARROW has been working since 1993 to champion women and young people's sexual and reproductive rights. ARROW occupies a strategic niche in the Asia-Pacific region and is a Global South-based, feminist, and women-led organisation that focuses on the equality, gender, health, and human rights of women.

About Asia Network to End FGM/C

The Asia Network to End Female Genital Mutilation/Cutting (FGM/C) is a group of civil-society actors, led by Orchid Project and ARROW, working across Asia to end all forms of FGM/C. It does this by connecting, collaborating and supporting Asian actors and survivors to advocate for an end to this harmful practice.





Introduction

There are no official data to indicate the prevalence of female genital cutting (FGC) in Brunei Darussalam, as no health or other official surveys have included questions about the practice.

There is, however, anecdotal evidence of its occurrence in media reports and a reference to it in a statement presented to the United Nations by the Government.

A Note on Data

There are no available data about FGC in Brunei. This Short Report draws on data and surveys about the practice of FGC in neighbouring Malaysia, most of which are referred to throughout Orchid Project's *Country Profile: FGC in Malaysia* published in March 2024. These include an article in the BMJ Open Access titled *FGM in Malaysia: A Mixed Methods Study* (April 2019)¹ and a survey published by the Universiti Sains Islam Malaysia titled *The study of kowledge, attitude and practice towards female circumcision among female patients at O&G Outpatient Department, Hospital Ampang, Selangor, Malaysia* (August 2017).² It also draws on academic studies of Malay-Muslim women living in Singapore and southern Thailand.

A Note on Terminology

Sunat, meaning 'female circumcision', rather than 'female genital mutilation' (*FGM*), is the term most commonly used by Malay Muslims, as they do not regard the practice to be 'mutilation'. 'Female genital cutting' (*FGC*) and 'sunat' are therefore used interchangeably in this Short Report, according to context.

'The region' is used when referring to similarities in the practice across Malaysia, Singapore and Thailand.

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Key Findings and Indicators



Prevalence: In Brunei, there are no official data on FGC, but local organisations strongly believe that it is widespread



Terminology: FGC is referred to as *sunat* by most Malay-Muslim women



Age: Most Malay girls are likely to be cut in infancy



Type: There are no data available on what type is most commonly practised



Agent: There is some evidence to show that FGC is becoming medicalised



Attitudes: Religious obligation is the most commonly cited reason for FGC



HDI Rank: 55 out of 193 countries ('Very high')³



SDG Gender Index Rating: not available



Population: 462,920 (as at 19 March 2024) with a 1.46% growth rate⁴; Malay Muslims constitute 73.5% of the population⁵



Infant Mortality Rate: 10 deaths per 1,000 live births (2024)⁶



Maternal Mortality Ratio: 44 deaths per 100,000 live births (2020)⁷



Literacy: 97.6% of the total population aged 15 and over can read/write⁸

Prevalence of FGC

In neighbouring Malaysia, surveys suggest the prevalence of FGC among Malay Muslims to be between 86% and 99.3%.⁹

In 2021, 67.4% of Brunei's population were Malay citizens, who are defined by law as Muslim from birth.¹⁰

However, the figure of 67.4% includes indigenous tribes, such as the Dusun, Bisaya, Murut and Iban, which make up approximately 4% of the population. An estimated 50% of these are Muslim, 11 but it is not known which communities among them, if any, practice FGC.

A further 18.4% of Brunei's population are temporary residents¹² or foreign-born workers primarily from Indonesia, Malaysia, the Philippines and other South Asian countries,¹³ where FGC is known to take place. Approximately half of these are Muslim.¹⁴

The complex nature of Brunei's population makes it imperative that an official health survey be conducted and include questions about the extent of FGC and its drivers.

Only recently has the Government of Brunei acknowledged that FGC occurs in the country. There was no mention of it in its combined initial and second periodic reports to the Committee on the Elimination of Discrimination against Women (*CEDAW*) in November 2013,¹⁵ and neither, disappointingly, was it raised by the CEDAW in its *List of issues and questions in relation to the combined initial and second periodic reports of Brunei Darussalam* of 10 March 2014.¹⁶

However, Musawah, an international civil-society organisation campaigning for justice in Muslim family law and equal rights for Muslim women, did put forward the issue of FGC in its report to the CEDAW in 2014, stating:

Although no official data is available, Musawah has strong reason to believe that FGM is widely prevalent in Brunei. All 20 of the respondents that Musawah interviewed had undergone the process; some noted that this was a 'default' procedure that occurs in all government hospitals. Female circumcision is often associated with Islamic practices, but researchers indicate the practice predates Islam and is not mentioned in the Qur'an or hadith.¹⁷

Perhaps as a result of Musawah drawing it to the committee's attention, the CEDAW did raise the issue of FGC with the State in November2014 in its *Concluding observations on the combined initial and second periodic reports of Brunei Darussalam*, stating:

34. The Committee is deeply concerned at the high prevalence ¹⁸ and denial of the grave nature of female genital mutilation and circumcision in the State party, the practice of which is in violation of the Convention, according to general recommendations No. 14 on female circumcision (updated by the joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child on harmful practices), No. 19 and No. 24 on women and health. The Committee is also concerned at the criminalization of abortion and the absence of exceptions in cases of rape or incest.

35. The Committee urges the State party:

- (a) To eliminate female genital mutilation and circumcision by changing attitudes through awareness-raising campaigns for families and practitioners, as well as for community, traditional and religious leaders, health and education professionals and the general public, in order to explain that female genital mutilation and circumcision are forms of sex- and gender-based discrimination and violence and are not sanctioned by religion;
- (b) To compile disaggregated statistical data on the practices, and conduct comparative studies on their elimination in other States parties and regions;
- (c) To expeditiously adopt legislation to specifically criminalize female genital mutilation and circumcision and ensure that perpetrators are prosecuted and adequately punished¹⁹

FGC was also raised with the Brunei Government in 2016 by the United Nations Committee on the Rights of the Child in its *Concluding observations on the combined second and third periodic reports of Brunei Darussalam*, which made recommendations for the criminalisation of FGC:

Para 41. The Committee is deeply concerned at the persistence of the practice of female circumcision, which is not regarded by the State party as a form of female genital mutilation. The Committee is also concerned that that practice is prohibited and prosecuted only in its severe form (see Penal Code, Cap. 22) and that a large number of girls are victims of female circumcision/female genital mutilation.²⁰

Para 42. In line with joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child on harmful practices (2014), the Committee urges the State party to:

- (a) Fully adopt legislation to fully prohibit and criminalize the practice of female genital mutilation, including female circumcision and cutting, in all its forms;
- (b) With the full participation of civil society and women and girls who are victims of female genital mutilation, set up awareness-raising campaigns and educational programmes on the harmful impact of female genital mutilation on the physical and psychological health of the girl child and ensure that those campaigns and programmes are systematically and consistently mainstreamed and target all segments of society, both women and men, government officials, families and all religious and community leaders;
- (c) Provide physical and psychological recovery programmes for victims of female genital mutilation, as well as establish reporting and complaint mechanisms accessible to girls who have been victims or fear becoming victims of the practice.²¹

However, it does not appear that any progress has been made toward criminalisation or awareness-raising about the harms of FGC since then, and in 2019 the United Nations' universal periodic report on human rights in Brunei reiterated the point:

52. The Committee on the Elimination of Discrimination against Women and the Committee on the Rights of the Child were deeply concerned at the high prevalence²² and denial of the grave nature of female genital mutilation and circumcision in Brunei Darussalam. They urged Brunei Darussalam to eliminate this practice, expeditiously adopt legislation to specifically criminalize it, and prosecute and punish perpetrators. The Committee on the Rights of the Child urged Brunei Darussalam to set up awareness-raising campaigns and educational programmes on the harmful impact of female genital mutilation on the physical and psychological health of the girl child and ensure that those campaigns and programmes were systematically and consistently mainstreamed and targeted at all segments of society.²³

In 2021 the United States Government published its *Brunei 2020 International Religious Freedom Report*, in which it noted that the Ministry for Religious Affairs

has declared circumcision for Muslim girls (sunat) a religious rite obligatory under Islam and describes it as the removal of the hood of the clitoris (Type I per World Health Organization classification). The government has stated it does not consider this practice to be female genital mutilation/cutting (FGM/C) and has expressed support for the World Health Organization's call for the elimination of FGM/C. In his 2017 fatwas, the State Mufti declared that both male and female circumcision are required and specified that female circumcision involves a 'small cut above the vagina.'²⁴

Geography

Brunei Darussalam is a small country of less than 6,000 square kilometres and a population of less than half a million.

The national language is Malay, and, as Malays comprise 73.5% of the population,²⁵ it is likely that the practice of FGC is widespread in the country.



Figure 1: Map of Brunei and surrounding area

Age of Cutting

It likely that the majority of Malay girls in Brunei are cut as infants. Surveys of Malay women in Malaysia, Singapore and southern Thailand found that most girls are cut before the age of one – many before six months – although cutting may occur up to the age of ten years. An adult, non-Muslim woman may also undergo FGC if she marries a Muslim man.²⁶

Among Malays in Malaysia, several researchers have noted the reasons for sunat occurring in infancy are because it avoids 'shame and embarrassment' and because 'the child is too young to remember.'27

Of Malay mothers (of daughters) who participated in surveys in Malaysia, a majority (95%) said they would have their daughters cut. Most (79%) preferred to have the procedure performed on their daughter(s) between birth and six months of age, and 10% preferred to delay it until she reached 7 to 12 months.²⁸

Type of Cutting

In the absence of Brunei-specific data, it is not known what type of FGC is practised most commonly in the country.

The types of FGC practised by Malay women across the region are mostly Types 1 and 4, according to the World Health Organization's classifications (see box below).²⁹ The latter is confirmed throughout the research literature, the procedure being variously described as 'a minute cut', 'not "incised" or "removed", 'nicked', 'pricked', 'scratched' and 'pierced a little'. The term 'just a little' is frequently used to reflect the difference between cutting in the region and the Types 2 and 3 that occur in some African countries and involve significant cutting away of flesh.

Female genital cutting is classified into four major types by the World Health Organization:

Type 1: This is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce/clitoral hood (the fold of skin surrounding the clitoral glans).

Type 2: This is the partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva).

Type 3: Also known as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans.

Type 4: This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping and cauterizing the genital area.³⁰

Practitioners

In the past, FGC among Malays living in Malaysia was mostly carried out by traditional cutters known as *bidans*: of women aged 41 to 60, 77.3% were cut by traditional midwives, 8% by nurses/midwives and 14.7% by doctors.³¹ However, among younger women (those under 26), it was found that medical professionals – doctors (44.3%), nurses and trained midwives (12.9%) – are more likely to perform cutting than traditional midwives (42.8%).

Attitudes

Studies of Malay women across the region found almost universal support for the continuation of FGC, which is seen as a harmless practice that prepares the girl for adulthood.³² However, more recent studies suggest there may be less support for it among younger generations in Malaysia and Singapore.³³

Many researchers cite religion as the main reason for Malay Muslims undergoing FGC in the region. For example, Rashid and Iguchi³⁴ found that 23% of participants believe it is compulsory on religious grounds, and a further 8% believe it is encouraged by their religion.

Other surveys also find religion to be a main driver of FGC:

- The reasons for female circumcision are religious.'35
- 'FGC is a religious requirement in Malaysia.'36
- 'FGC differentiates Muslims from non-Muslims.'37
- 'FGC is Fitrah, honour for female, preserving Muslim identity.'38
- 'FGC marks the entry of a women into faith, whether as an adult convert, or as a child born into the community.'³⁹

The state religion of Brunei is the Shafi'i school of Sunni Islam, and non-Shafi'i forms of Islam are actively discouraged. Although the country's constitution allows for the practice of other religions, marriage between Muslims and non-Muslims is not allowed, and Muslims must get permission from the Ministry of Religious Affairs to convert to other faiths.

Closely linked to religion as a reason for FGC is Malay community identity. This was found across the region; for example, in his survey of Malay women in Singapore, Marranci⁴⁰ notes that they believe the practice distinguishes them from non-Malay women to the extent that 'the identification between "Malayness" and being Muslim is so strong for the great majority of my respondents that the ethnic and religious identification conflate into a single entity.'

Young *et al.*,⁴¹ in reviewing the educational, legal and social protections for children in Brunei, make the point that '"Malayness" is a key factor in Bruneian citizenship. Malay is defined not only by language and ethnicity but also by religion. Being Muslim is almost synonymous with being Malay.'

Better health, cleanliness and hygiene were other reasons cited across the region for continuing FGC, along with the belief that it reduces women's libidos.

Legislation

There is no law against FGC in Brunei Darussalam. In June 2020, the Government of Brunei responded to a request raised by the Secretary-General of the United Nations to provide information in relation to General Assembly resolution A/RES/73/149 on *Intensifying global efforts for the elimination of female genital mutilation*.⁴² Brunei's response was:

Female genital mutilation can be charged under section 320 of the Penal Code (Chapter 22) as an offence of causing grievous hurt, which is punishable with imprisonment for a term not exceeding 10 years and whipping. Under section 320, 'grievous hurt' includes privation of any member, and any hurt which endangers life, or which causes the sufferer to be during the space of 20 days in severe bodily pain, or unable to follow his ordinary pursuits.⁴³

In theory, therefore, it may be possible to bring a case under the Penal Code⁴⁴ in respect of 'hurt', but no such cases have been brought.

Following the submission of the national report for its third periodic review by the Human Rights Council in May 2019, the Government of Brunei received a recommendation to enact anti-FGC legislation:

- 121.183 Enact laws that sanction gender violence, in particular domestic violence, marital rape and female genital mutilation (Mexico);

 Source of position: A/HRC/42/11/Add.1
- 121.185 Cease the practice of female genital mutilation, locally referred to as female circumcision (Australia);

 Source of position: A/HRC/42/11/Add.1⁴⁵

No further action appears to have been taken by the Brunei Government since then, and further periodic reviews have not yet been submitted to the CEDAW or the Office of the High Commissioner for Human Rights (*OHCHR*).

The SDG Index

Overall, Brunei Darussalam ranks 96th out of 166 countries on the Sustainable Development Goals (*SDGs*) Index, with an achievement score of 67.04% (in 2023).⁴⁶

For SDG 5 ('gender equality), Brunei rates as 'Significant challenges remain/Score moderately improving, insufficient to attain goal'.⁴⁷

No specific rating is given for SDG Target 5.3 (*Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilations*).

Cross-Border FGC

There is no evidence to suggest that girls are taken out of Brunei to undergo FGC in other countries as, currently, there is no law against it being performed in Brunei.

Whether girls are brought into Brunei from countries where there *are* laws against FGC (for example, Australia and the United Kingdom) is not known.

Medicalised FGC

There are no data on whether FGC in Brunei is becoming medicalised.

However, the past couple of decades have seen Malay girls in Malaysia more often undergoing FGC by doctors and nurses or midwives, and as mothers these women are more likely to arrange for medical professionals to perform FGC on their daughters.⁴⁸

According to Khalid *et al.*,⁴⁹ medical doctors are most preferred by their Malaysian respondents to perform cutting (73%). News articles from southern Thailand report doctors performing between ten and twenty procedures a month,⁵⁰ and, in response to Singapore's 6th CEDAW periodical review, Equality Now and End FGC Singapore stated that 'almost 100% of FGM/C in Singapore has been medicalized.'⁵¹

Another Malaysian survey⁵² found that 85.4% of doctors support the continuance of FGC, and 63.9% think it should be doctors who undertake the practice. The main reasons given for preferring it to be undertaken in clinics, rather than by *bidans* (traditional midwives) is hygiene and less risk of infection.

However, while the medicalisation of FGC is driven by a desire for increased safety, it fails to take into account the harmful long-term consequences of the practice on the physical, emotional and sexual health of affected women and girls. It also does nothing to mitigate the fact that FGC is a severe form of violence against women and girls and is a violation of their human rights.

Trends and Challenges to Ending FGC

In the absence of official national studies, it is not possible to know the prevalence of FGC in Brunei, nor whether there is an upward or downward trend in its continued practice. Conducting a national study, therefore, should be the first step to understanding the extent of the practice and the reasons so many ethnic Malays support its continuance.

Despite being made aware over the past decade that FGC is undertaken in the country, the Government of Brunei does not appear to be interested in taking action to understand more about the practice. It does not appear to have responded to recommendations put forward by the United Nations and the CEDAW to legislate against FGC and take steps to end it. Instead, it appears to continue to deny its occurrence or adopt the view taken elsewhere in the region that it is 'just a little cut' and therefore does no 'harm'.

If a survey were conducted, it would be possible to plan next steps, which should include instituting a public-education programme to raise awareness and the support services recommended by the CEDAW, the Convention on the Rights of the Child and the OHCHR. Health officials could then issue a directive to doctors and other health professionals who undertake the procedure that it is illegal.

Equally important are legislative changes and gaining the support of religious leaders, so they can educate their congregants that FGC is not a requirement of Islam.

Working to End FGC



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ARROW occupies a strategic niche in the Asia-Pacific region and is a Global-South-based, feminist, and women-led organisation that focuses on the equality, gender, health, and human rights of women.



Website: Asia and The Pacific – Equality Now

Equality Now is an international NGO campaigning for legal and systemic change to address violence and discrimination against women and girls around the world. It is a feminist organisation using the law to protect and promote the human rights of all women and girls by challenging and seeking reform of laws to establish enduring equality for women and girls everywhere.

Founded in 1992, Equality Now has an international network of lawyers, activists, and supporters that has held governments responsible for ending legal inequality, sexual exploitation, sexual violence and harmful practices. It is a resource centre with toolkits and guidelines, fact sheets and reports about FGC.



Contact: musawah@musawah.org

Website: https://campaignforjustice.musawah.org/

Musawah believes in the collective power of Muslim women in mobilising a global movement to reform Muslim family laws: 'For women and girls, there can be no equality in society without equality in the family. Religion, ideology, culture or tradition can no longer be used to justify discrimination against women and girls.'

More than 45 countries in the world – some with Muslim-majority populations and some with Muslim minorities – have codified or uncodified Muslim laws that govern family relationships. Many of these laws are discriminatory toward women and girls.

The Campaign for Justice for Muslim Family Laws (*CFJ*) is one of Musawah's programme hubs. CFJ's mission is to accelerate action toward a world where Muslim family laws, procedures and practices recognise and grant women full equality and autonomy in the family, and fair and equitable access to justice in formal and informal court systems, and promote 'family' in all its diverse forms as a compassionate and secure space.

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