FEMALE GENITAL CUTTING IN SINGAPORE

A PILOT STUDY BY END FGC SINGAPORE

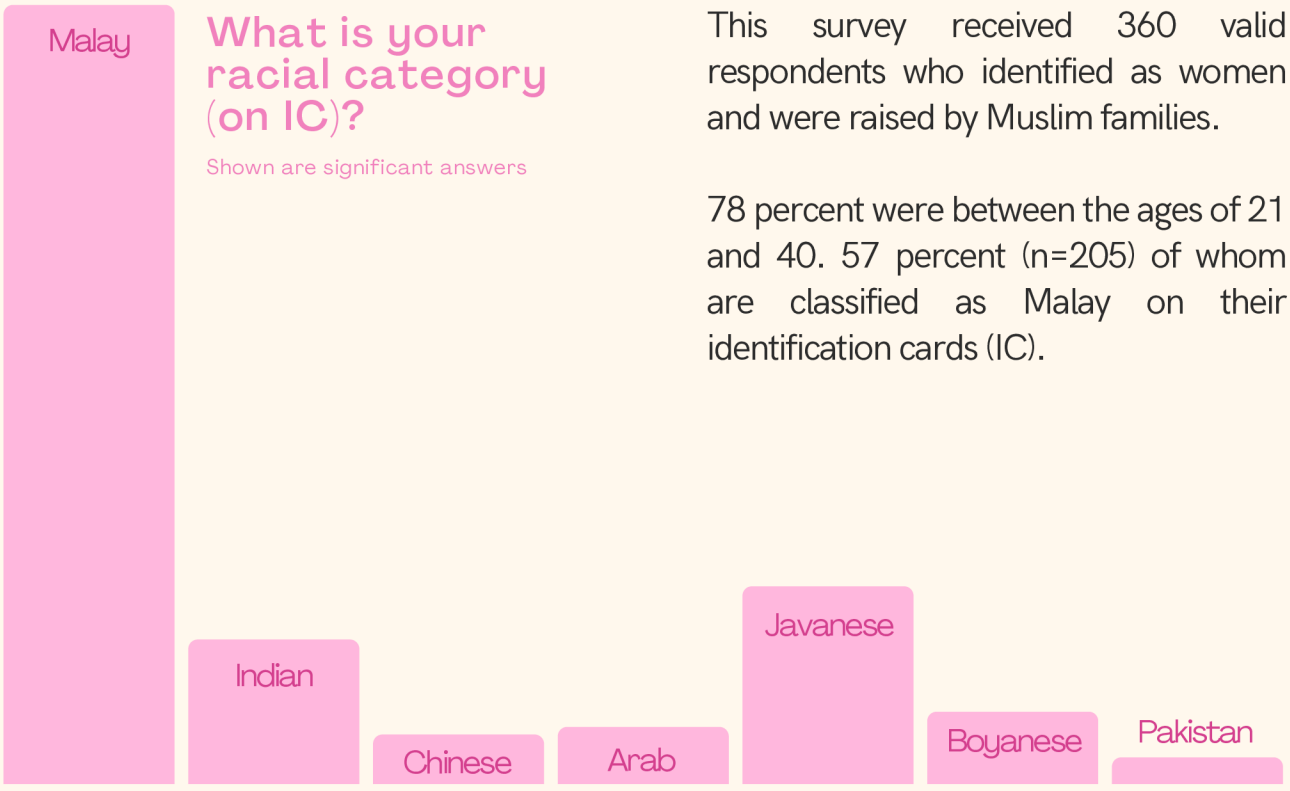
2020

INTRODUCTION

This pilot study was a first attempt by End FGC Singapore (EFS) at understanding the prevalence, type and extent of female genital cutting (FGC) within the Muslim community in Singapore. Where existing research is sparse, this research serves as a springboard to launch and improve future surveys and research on FGC.

The survey sought to gather information and experiences of women who had undergone FGC. Data was collected from 360 respondents who identified as women and were raised as Muslim. 76.4 percent (n=275) shared that they had undergone FGC.

DEMOGRAPHICS

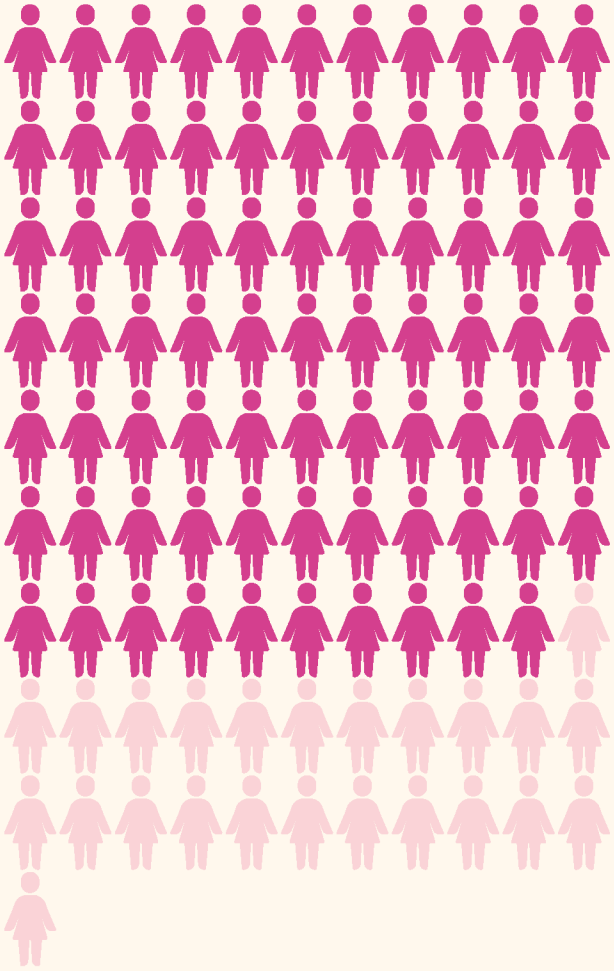


This survey received 360 valid respondents who identified as women and were raised by Muslim families.

78 percent were between the ages of 21 and 40. 57 percent (n=205) of whom are classified as Malay on their identification cards (IC).

PREVALENCE

According to the findings, the pilot study suggests that the prevalence of FGC among those we surveyed is 76.4 percent (n=275).



Among these women, 91.5 percent (n=247) relied on the recall of their parents or someone else that they had been cut, while 5.9 percent (n=16) actually remembered the procedure.

For the women who remembered their FGC, all of them are currently above 20 years old, with about four-fifths of them who underwent sunat between the ages of 4 to 10.

How did you find out you were cut?

"My parents told me."

"I remember the procedure."

"It's the societal norm; I just knew."

THE PROBLEM(S) WITH THE MEDICALISATION OF FGC

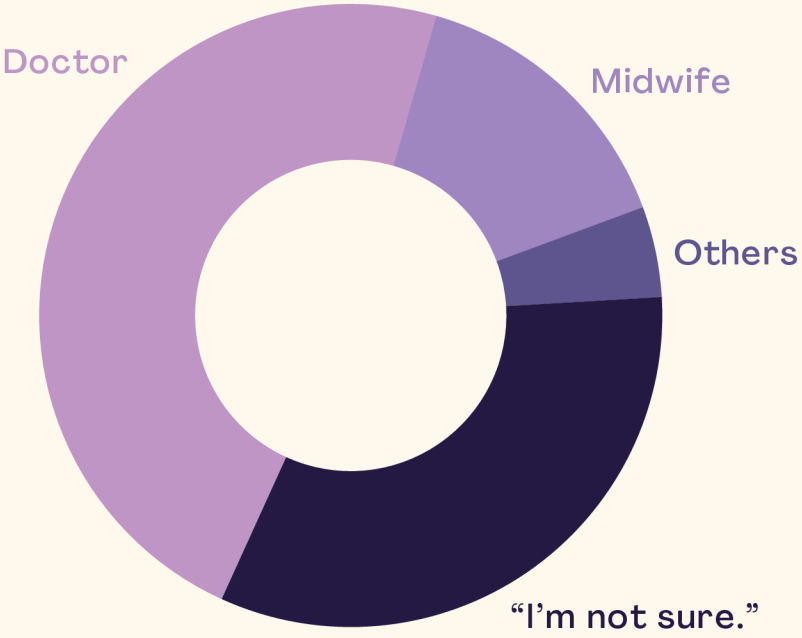
The pilot study asked respondents the following questions about their FGC procedures:

(a) Who performed the procedure?
(b) What was done?
(c) What was cut?
(d) What equipment was used?

47.3 percent (n=130) of respondents who had undergone FGC were cut by doctors. Of these women in this group, 78 respondents could share the extent of their FGC, which ranged from "pricking", "scraping" and even "surgical removal of tissue".

Others, however, did not know what was done during their procedures.

Who performed the procedure?

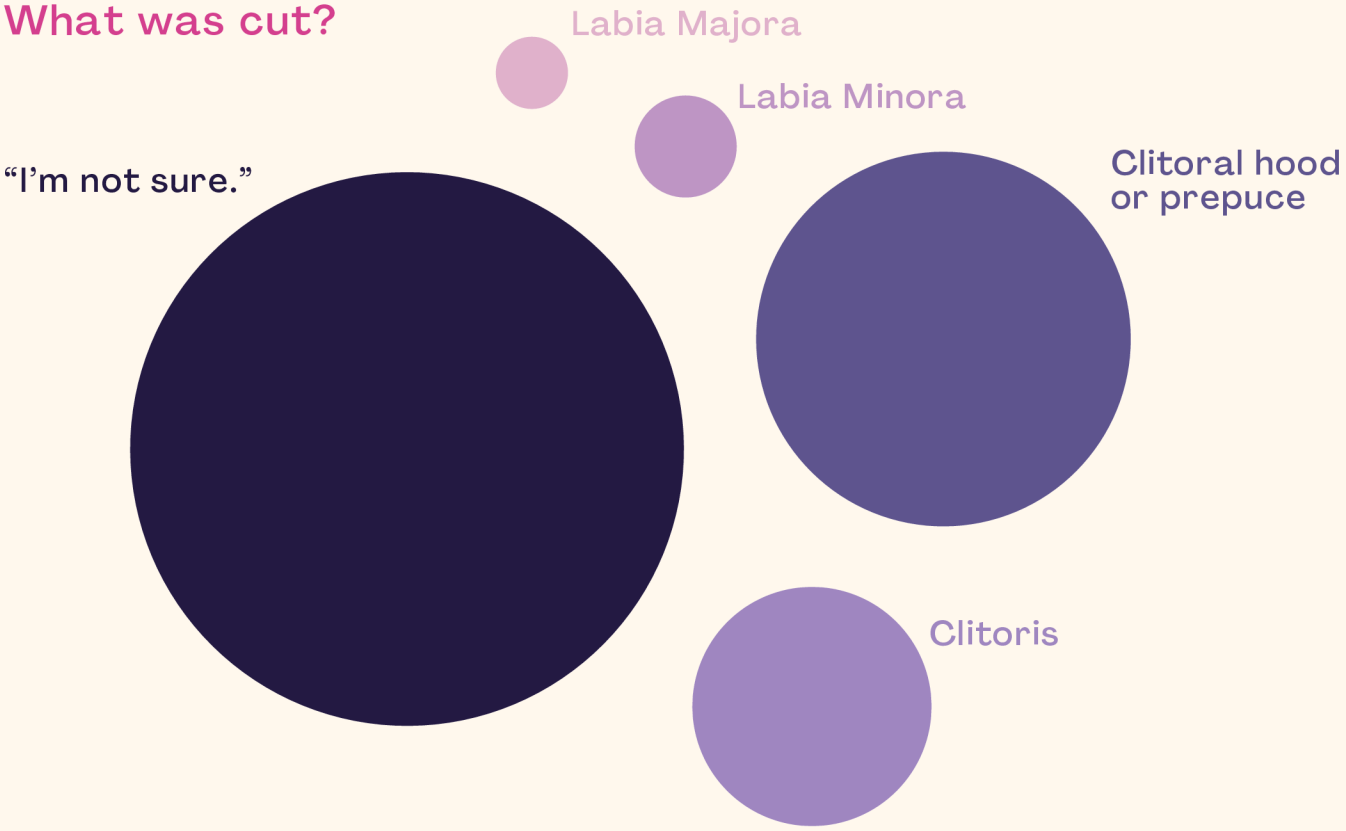


What was done?

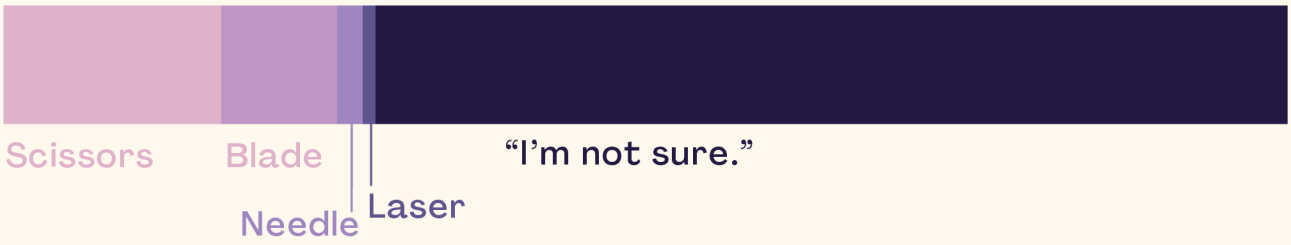
When respondents who underwent FGC at the doctor were asked, "Do you know what was cut?", 38.4 percent stated the clitoral hood/prepuce or clitoris (Type 1 FGC), with 3 respondents stating even the labia minora or labia majora (Type 2/3 FGC).

There is no clear standard or consistency amongst the general practitioners. These results show that doctors cut using different techniques, with varying severity, on different parts of the vulva, and with a variety of equipment.

What was cut?



What equipment was used?



That a baby or child cannot give consent is shown by the significant proportion of respondents who responded "I'm not sure" to most of the questions in the survey (see table below). This indicates that they have little to no idea as to whether something was removed or modified on their bodies, what exactly was done, how it was done, and by whom.

That such procedures are not recorded or documented, although 'medicalised', is concerning as well.

It is especially troubling that caregivers,

(a) if they didn't know such information, were not concerned to find out; or

(b) if they did know such information, were not concerned to retain them or share with their daughters unless asked.

Not having such vital information is not only detrimental to a woman's cognitive development, but also prevents her from giving an accurate medical history when she becomes sexually active, is pregnant or giving birth.

QUESTION	"I'M NOT SURE"
How old were you when you underwent sunat?	45.5%
Who did the procedure?	32.7%
Do you know what the procedure was like?	39.9%
If surgical cutting or removal, do you know what was cut?	59.0%
Do you know what equipment was used?	70.1%

RECOMMENDATIONS

There are no health benefits, medical requirements, religious, or cultural justifications for FGC. We oppose the medicalisation of FGC and urge doctors not to perform or continue the practice. We understand that changing mindsets and eradicating the practice will take a long time.

For this reason, we are recommending a two-step assessment process which will help us achieve the goal of curtailing the practice, and making it obsolete in the future.

A TWO-STEP ASSESSMENT PROCESS

1 Counselling

Doctors to first assess whether the child is medically able to undergo the procedure and explain to parents that FGC is medically, religiously and socially unnecessary. They also explain the potential risks and harms.

Waiting Period

Institute a mandatory waiting period of 48 hours after the counselling is conducted before the procedure can be done.

2 Procedure

Parents have to make another appointment if they wish to proceed. During the procedure, the doctor only performs a *symbolic* procedure where no cutting or removal of flesh is involved.

A symbolic procedure may include a ritual cleansing and saying a prayer instead of a physical cut. This practice is used in some parts of Indonesia and Malaysia to slowly shift away from FGC.

There are three additional recommendations we find equally necessary:

1 The Ministry of Health should publicly state that FGC has no medical benefits.

2 The Islamic Religious Council of Singapore (MUIS) should publicly state that FGC is not a religious requirement.

3 Public education at medical schools, clinics and maternal centres should raise awareness about the harms of FGC.

ABOUT

End FGC Singapore, founded in November 2020 by local Muslim-raised women and activists, is a community effort led by a diverse group of people who advocate for the end of female genital cutting in Singapore. We hope to encourage conversations about sunat perempuan amongst our communities so as to inspire care and change.

Get a copy of our *Let's Talk About Sunat Perempuan* booklet on **www.endfgcsg.com**.

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