

Parental Experience on Female Circumcision in East Coast of Malaysia

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ABSTRACT

INTRODUCTION: Female circumcision (FC) is a deep-rooted tradition in Malaysia, influenced by religious, cultural, and health beliefs. However, it has drawn criticism for its similarities to Female Genital Mutilation (FGM) in Africa, particularly during the 2018 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) by the United Nations Human Rights (UNHR). Amidst this backdrop, this study aimed to investigate parents' perspectives and experiences concerning female circumcision, as well as the factors driving its persistence. **MATERIALS AND METHODS:** This qualitative study used phenomenological approach and 20 in-depth interviews were conducted using a semi-structured questionnaire until data saturation were reached. We employed convenience and snowball sampling methods. The interviews were recorded, transcribed, and analyzed using NVivo 12 software. We used thematic analysis to identify key themes in the data. **RESULTS:** Three themes emerged from the interviews: (1) FC is a '*fitriah*', (2) maintaining good health is the main influence; and (3) FC causing no harm. The main influences on this practice are religious, cultural, and health factors. Parents described the procedure as simple and harmless for the baby and themselves, both physically and emotionally. **CONCLUSIONS:** This research shown that FC in Malaysia is not solely religious but deeply embedded in culture. The blend of cultural and religious aspects makes it a crucial practice for some.

Keywords

Female Circumcision, Religious Belief, Cultural Belief, Health Benefits, Harmless

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INTRODUCTION

Female circumcision (FC) is a globally widespread practice that female circumcision in women should be done in and particularly common in regions such as Africa, modesty and just enough to make it look immaculate, not the Middle East, and among Muslim communities in a whole removal of clitoris.

Southeast Asia.¹ Despite variations in methods and types across cultures, FC remains controversial. It is sometimes known as female *khitan*, derived from the Arabic term "*khitan*," which signifies cutting and the subsequent healing process.²

There were several factors contributing to the persistence of the practice of FC with religion being a significant one, as in Malaysia. FC is deeply ingrained in the religious practice in those who follow the *Shafi'i* school of law in Malaysia, where it is considered obligatory to perform. However, it is not considered a sin for those who did not perform it.^{3,4} There was also a hadith which emphasized

that female circumcision in women should be done in modesty and just enough to make it look immaculate, not a whole removal of clitoris. A Hadis narrated from Ummu 'Atiyah al-Ansari stated that "*A woman in Madinah worked as a circumciser. Prophet p.b.u.h. said to her: Do not remove all. Truly, it will benefit the woman and make her loved more by the husband*", by Hasan: Dawud (5271).⁵

There were also other factors that were recognized as contributing factors for the persistent practice of FC which included controlling women's sexual pleasure and before they got married, traditions and cultural reasons, hygiene, pressure from the family and society, and the rite of passage to womanhood.^{6,7}

The term FGM was introduced in 1990 by the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children. In 1991, World Health Organization (WHO) recommended that the UN adopt this term.⁸ By 2022, WHO defined FGM as procedures involving the partial or total removal of external female genitalia or other injuries for non-medical reasons. There are four main types: Type I, involves removing part or all of the clitoris. Type II, removes the clitoris, labia minora, and/or labia majora. Type III, narrows the vaginal opening and creates a sealed closure. Type IV includes other practices like pricking, piercing, or scraping.⁹ Generally, in Malaysia, the procedures that have been practiced for years fall under WHO's type 1 or type 4.¹⁰⁻¹²

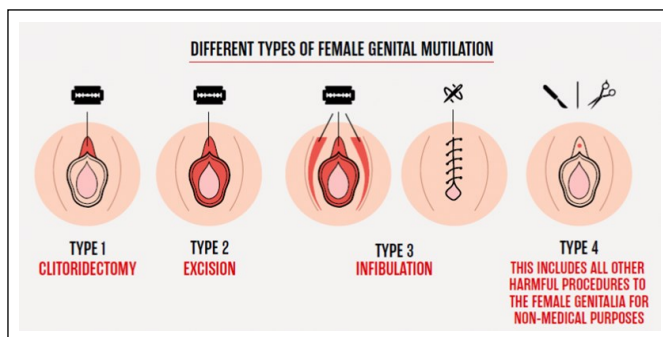


Figure 1. Different types of female genitalia mutilation.¹³

In Malaysia, there are divergent views on the practice of the FC. Some consider it unnecessary and advocate for its cessation,^{6,14} while others support its continuation due to religious and cultural ties.^{10,15} There is a dearth of research on the viewpoints of Malaysian parents who engage in female circumcision. Understanding their motivations and experiences is crucial given the cultural and religious significance attached to the practice. Majority of the existing studies on this topic concentrate on African countries, where the practice differs from that in Malaysia.

The aimed of this study was to explore parents' views on FC and the factors influencing their decisions. We utilized the Theory of Planned Behavior (TPB) to understand how people's likelihood of engaging in a behavior can be predicted based on their intention to do so, which will be explained further in our discussion. Ajzen explains that intentions regarding behaviors such as FC are shaped by attitudes, subjective norms, and perceived control.¹⁶ Attitudes reflect personal feelings

about the behavior, while subjective norms involve perceptions of others' opinions, such as family and community views. The theory helps to explain our findings.

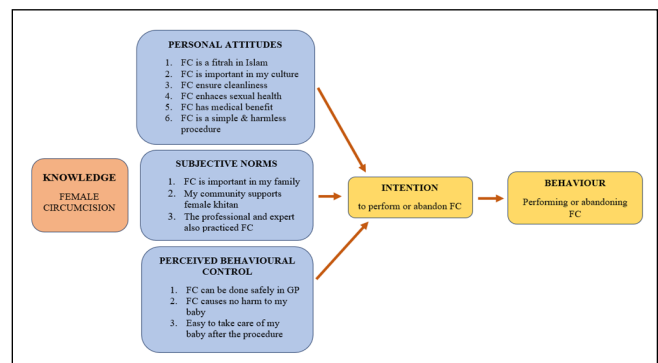


Figure 2. Factors that influence decision for performing a behaviour based on theory of planned behaviour (TPB)

MATERIALS AND METHODS

This qualitative study utilized the phenomenology approach to explore parents' perspectives on female circumcision. This study aimed to uncover how parents perceive and interpret the FC practice and how they react to it. The study was conducted in East Coast of Peninsular Malaysia and involved parents aged above 18 who had brought their daughters under 12 years old for circumcision and had prior experience with the practice. Purposive sampling including snowball sampling and referral from general practitioners' methods were employed, with sampling continuing until data saturation occurred. Saturation was reached after interviewing twenty participants.

WhatsApp Groups within the general practitioners (GPs) in the east coast of Peninsular Malaysia were utilized for study recruitment. Five GP clinics' agreed to participate as our key person, two from Kelantan, two clinics from Terengganu and one clinic from Pahang. After being briefed on the study, the GP had advertised the study posters' in their clinic and invited potential parents to participate. An interested parents signed consent forms to allow their contact numbers to be given to the main researcher. The main researcher then contacted participants, further explained the study, and scheduled face-to-face (F2F) interviews at agreed-upon locations. Prior to the

interviews, the study participants received a detailed explanation of the study, signed informed consent, and granted permission for audio recording.

A pilot study involving three parents was conducted in which the transcripts were reviewed by researcher with experienced in qualitative studies, to assess question clarity. The interview guide questionnaire was revised based on the feedback by the assigned researcher. The questionnaire had open-ended and probing questions to delve into participants' perspectives on FC and the factors influencing their decisions. Those who had undergone FC were questioned about any difficulties or complications they encountered post-procedure. Each parent interview lasted approximately 60 minutes.

All interviews were transcribed verbatim using NVivo 12 software. Thematic analysis was employed to identify key themes. Firstly, three researchers (N.H.S, R.Z, R.D.M) carefully read the first three transcripts to understand the parents' main ideas and perspectives. Secondly, the primary researcher (N.H.S) created an initial list of codes in NVivo and systematically coded the transcripts. Each of the transcripts was reviewed separately before being grouped into similar themes for an overall analysis and organized them into themes, subthemes, and connections. In order to ensure accuracy and consistency, all three researchers (R.Z, R.D.M, N.H.S) had reviewed all transcript codes, discussed on all disagreements, performed revision accordingly, and developed new preliminary themes as needed. Finally, the team reached consensus on the final codes, as well as the themes, subthemes, and their interconnections. In order to ensure confidentiality, all participants were given pseudo names.

As to maintain the study's rigor, all researchers discussed the findings in depth, including two experts in qualitative research (R.D.M and R.Z), to agree on the main themes. A master table of key themes was created to outline the themes' overall structure. The analysis aimed to find emerging themes and patterns from the participants' experiences, and contradictions, ambivalence, and paradoxes within and across different cases. In addition to

that, the primary researcher (N.H.S) took field notes immediately after the interview throughout data collection and analysis to stay aware of her own perspective by observing the participants' verbal and non-verbal cues offered extra insights into the data gathered.

RESULTS

A total of twenty parents participated in the interview, in which eighteen were mothers and two were fathers. All study participants were aged between 20 to 50 years old. Nineteen of the participants had circumcised their baby and one participant had not circumcised her baby yet due to time constraint and planning to do it soon. Majority of the participants who had their babies circumcised by general practitioners in a clinic setting (n=13, 68.5%), whereas four had their babies circumcised by midwives and two had their babies' circumcised with both midwives and general practitioners (different babies). The Sociodemographic data are illustrated in Table I.

Table I: Sociodemographic Data

Variables	N (%)
Age	
20-30 years old	1 (5%)
30-40 years old	16 (80%)
40-50 years old	3 (15%)
Gender	
Male	2 (10%)
Female	18 (90%)
Localities	
Terengganu	9 (45%)
Kelantan	6 (30%)
Pahang	5 (25%)
Level of Education	
Primary school	0 (0%)
Secondary school	5 (25%)
Degree	11 (55%)
Master	4 (20%)
PHD	0 (0%)
Occupation	
Government	14 (70%)
Private sector	4 (20%)
Self employed	0 (0%)
Housewife	2 (10%)
Income	
< RM 1000	2 (10%)
RM 1000 - RM3500	1 (5%)
RM 3500 - RM5500	8 (40%)
> RM5500	9 (45%)
Are you daughter(s) circumcised?	
Yes	19 (95%)
No	1 (5%)
Where was your daughter(s) circumcised	
General practioner	13 (68.5%)
Midwives	4 (21%)
Both	2 (10.5%)

From the analysis, three primary themes were developed which include: (1) Female Circumcision (FC) is a Fitra, (2) Maintaining good health is the main influence; and (3) FC causing no harm.

Theme 1: Female circumcision (FC) is a Fitra

Almost all parents strongly believed in the strong relationship between FC and religious beliefs. 'Fitra' stems from the Arabic word, *fa ta ra*, and the verbal noun is *'fatrum'*.¹⁷ Fitra refers to the natural disposition of human beings. In Islam, there is a belief that individuals are initially born with a fitra, which later influenced by the surrounding circumstances.¹⁸

There are several commands on circumcision stated in al-Quran and hadith as evidences. A hadith narrated by Abu Huraira stated that The Prophet Muhammad PBUH said, "Five practices are characteristics of the Fitra; circumcision, shaving the pubic region, clipping the nails and cutting the moustaches short", Sahih al-Bukhari (5439).¹⁹ A hadith narrated by Abu Musa al-Asy'ari stated that The Prophet Muhammad PBUH said: "When a man is between four limbs of woman (having sex with woman) and the circumcised part meets the circumcised part, the bath is obligatory", Sahih Muslim (526).²⁰

FC is a religious obligation

Parents hold the belief that FC is highly encourage in Islam and exemplifies religious perfection in Islam. *"Islam encourages this practice. So it is good for us and we need to do it. If we don't do it, it feels like something is missing and not complete in our fitrah"*, said Nurul, a 33-year-old, dental nurse.

A participant with an Islamic education background mentioned specifically the knowledge that she obtained formally from her study on this matter. *"If we follow the Shafie' school of thought, female circumcision is considered mandatory (wajib). However, many people are unaware of this"*, said Ilani, a 40-year-old, Terengganu State Islamic Religious Affairs Department staff.

Many parents strongly believe in the positive benefits of Islamic practices for the future, such as FC, even without clear scientific evidence. Faridah, a 35-year-old, housewife commented that *"It is in the Islamic teaching. So there is no argument, meaning it is good for us."*

FC is an assimilation of religious belief and culture

There were three parents who believed FC is influenced by religious and cultural factors. Ilani and Hamimah (36-years-old, medical officer) valued the interconnectedness of both these aspects and viewed the practice as a symbol of assimilation. Kamilah, 47-years-old, teacher shared her opinion and stated that *"For long time, kbitan has been more to culture. It was only later that I learned it is encouraged in Islam as long as it is done in moderation and Rasulullah (Prophet) mentioned it too."*

There were also parents who believed FC is associated with obedience to parents, as good Malay demonstrate this in daily life. "Malay" refers to those practicing Islam, speaking Malay, and adhering to Malay customs, also known as *adat*.^{17,20} *"When my mother asked me to do it, yes it was okay if I didn't do it but somehow I did it. I felt that if I didn't do it, it would be a sin for me. Yes, it is my responsibility for me as a daughter"*, commented Kamarina, a 37-year-old, master student.

Theme 2: Maintaining good health is the main influence

Some parents mentioned cleanliness and sexual health as the main benefits of FC. Some parents have accepted FC to ensure their daughters' hygiene despite not clearly understanding the Islamic views of the practice, while others advocated for improvement of sexual health post-marriage.

Cleanliness and hygiene are integral components of Islamic teachings

The parents believed cleanliness are essential components of Islamic teachings, as FC symbolised purity and immaculacy as a Muslim. *"Especially about purity. There is a connection with cleanliness because Islam is pure right. So yes, there is a connection"*, said Mastura, a 35-year-old, teacher.

Some parents believed that FC enhanced their children's confidence in worship. They saw it as a way to achieve purity, which improved their religious devotion and connection with the divine. *"Guys need to take care of their cleanliness, right? We have to do the same too to make sure"*

we can pray properly, so both also need to be hygienic”, commented Nani, a 33-year-old, housewife.

FC is good for sexual health

Many parents strongly believed in the cleanliness linked to FC improved marital intimacy, leading to a more satisfying sexual relationship. *“It is going to be clean... the relationship between husband and wife will be better”*, said Hamimah, a 36-year-old, female doctor.

There was one male parent agreed with this opinion. *“If we don’t do it, cleanliness will be affected, the quality of sexual intercourse will be bad, leading to unpleasant odours”*, commented Nasrul, a 34-year-old, male nurse.

Many parents believed that FC promotes cleanliness, which they thought can prevent certain infections in the future. Liyana, a 42-years-old housewife, believed FC can prevent sexual transmitted disease (STDs) later in life. Some participants argued that male and female circumcision are similar not just in terms of hygiene and health benefits but also from an Islamic legal standpoint (hukum). They believed both practices are justified by Islamic teachings, regardless of their differing outcomes. *“Just like boys, the obligation (for performing FC) is the same”*, commented Faridah, a 35-year-old, housewife.

Theme 3: Female circumcision causes no harm

All parents shared that practicing FC is simple and has no negative effects on their babies or their own well-being. They felt assured and positive before, during, and after the procedure.

Female circumcision is a straightforward and harmless procedure

Some parents used midwives, while others chose a general practitioner clinic for FC. However, regardless of the setting, almost all parents found the procedure easy, short, and harmless. Nuha and Kamarina mentioned that their babies did not cry and had no noticeable changes.

Although some nervousness and anxiety were initially present, these feelings changed to calmness due to the simplicity of the procedure. *“I watched the procedure, it was so*

simple. My baby was okay. So my guilt had already disappeared”, said Wani, 35-year-old, dental office.

Additionally, there was a sense of relief among the parents, as they believed they had fulfilled their responsibilities as parents and Muslims by carrying out this practice. *“Although this practice is only Sunna, I felt relieved because I had fulfilled my responsibilities as a mother and a Muslim”*, said Zanariah, a 31-year-old, government officer.

A total of six parents shared their childhood circumcision experiences, describing them as smooth and trauma-free and influenced their decision to have their babies underwent the procedure. *“During my time, it was so simple. No bleeding and all. So I assume it is as simple as that”*, commented Nafisah, a 34-year-old, businesswoman.

The babies were easy to take care of after the procedure

The parents managed their babies easily and did not notice any significant discomfort or complications. *“There was no problem for her to urinate or anything... everything was like normal”*, said Anisah, a 39-year-old, female doctor.

The parents also reported no noticeable changes in circumcision location, stating that everything appeared normal and the procedure did not significantly alter their appearance or physical characteristics. *“When I got home, I checked her first. Ha ha ha. Nothing has changed. I didn’t even know where the procedure was done”*, commented Zanariah.

DISCUSSION

This qualitative study delves into the meaning of female circumcision (FC) for parents, external factors that influence their beliefs regarding the procedure, and their experiences when carrying out FC on their babies. The findings yield several themes that elucidate their perspectives and comprehension of this practice. These themes are aligned with the TPB which proposes that behavior is predominantly influenced by the intention to engage in that behaviour and shaped by one's attitude toward the behavior, subjective norms, and perceived behavioral control.²²

Attitude is a key factor in determining whether people choose to engage in certain behaviors or not. In this study, maintaining good health emerged as a major influence on parents' attitudes towards FC. Parents with a positive attitude towards the practice are more likely to choose FC by believing that it promotes cleanliness and hygiene, which are important for good health. This viewpoint is reinforced by the findings of a previous study involving 605 participants, where hygiene emerged as the primary rationale for carrying out this practice, outweighing both health and religious considerations.⁷

Cleanliness is highly valued in the faith, allowing individuals to feel spiritually connected and prepared for acts of worship, known as *ibadah*. Muslims believe that maintaining hygiene is essential for prayers, known as *solat*, which is a fundamental part of Islam.^{23,24} Furthermore, they attribute sexual health benefits to the practice, further solidifying their positive attitude toward it. Previous research has shown that FC can prevent the clitoris from becoming excessively enlarged during sexual intercourse, which can cause discomfort to the husband.¹¹ FC also helps to prevent accumulation of bacteria below the clitoral hood, which can cause a malodorous smell and poses risk of infection.^{11,25}

Some parents also believe that FC offers similar health benefits to male circumcision. This assertion finds support in previous studies which explored the similarities in benefits between male and female circumcision, particularly related to improvements in sexual relations, cleanliness, and genital hygiene, concluding that circumcision is deemed necessary for both genders.^{23,26} Parents' attitudes are shaped by their past experiences, whether personal or observed in others. Those who have had positive experiences with FC are more likely to feel confident and supportive of it especially among mothers and vice-versa.²⁷

The perception of FC as religious obligation, or *fitra*, where the elements of attitude and subjective norms are overlapping is another theme explored in this study. Some parents expressed a strong conviction that FC is obligatory, citing the teachings of the Shafi'i school of law,

which is widely followed by Muslims in Malaysia.⁴ While the benefits of FC might not be as apparent as those of male circumcision, some parents believe that every practice endorsed in Islam has inherent benefits, even if they are not immediately obvious. This highlights their strong belief that FC reflects Islamic teachings, as supported by another study conducted in Malaysia.²⁸

Most parents perceived FC as a blend of religious and Malay cultural practices. While some prioritize religion over culture, and vice versa, both factors were commonly cited together as influencing the decision to carry out this practice. This finding is similar to previous local study in which the findings suggested that the participants believed that culture and religious beliefs are an equal factor in performing FC.²⁸ Parents' opinions are crucial in the practice of FC, as they are considered important in Malay Muslim culture. Parents circumcised their babies based on their mother's instructions as they believed it would be sinful not to obey them. This practice is prevalent in Southeast Asia, where parents' encouragement is crucial for maintaining the tradition.²⁶

In this study, some participants regarded FC as a ritual with a superstitious belief called '*pelepas*', a Malay ritual to release bad omen from a person. This ritual is performed with a thought to ensure the baby's future of good health and behavior. The ritual practices in relation to FC in Malaysia varies from one state to another and the rituals are also differed between the midwives, also known as '*bidan*'. Some parents present offerings like glutinous rice, betel leaves, and areca nuts, along with the fee on a plate.¹² However, some '*bidan*' mentioned that there were no such rituals practiced.²⁹

A perceived behavioral control, the third element in the TPB, refers to how easy or difficult it is for someone to carry out a behavior, influenced by both internal factors like personal ability and external factors like available resources. In our study, parents felt that FC didn't cause any physical or psychological harm. This finding is similar to another study where most female patients didn't see any complications with FC and would choose it for their daughters in the future.³

The parents also noted that their babies remained comfortable during and after the procedure. They feel confident in caring for their babies as usual, without any particular precautions or concerns about potential complications. This assertion is aligned with findings from a study conducted in South Sulawesi, where circumcised girls were able to resume regular activities the following day, suggesting that the procedure was minor in its impact.¹⁰

Some parents feel more comfortable continuing FC when it's done in a safe and controlled environment, like a clinic. They trust that medical professionals have the skills and tools needed for the procedure. Malaysia has become more urbanized, leading to better access to modern healthcare and education. As a result, more parents are choosing medical professionals to perform FC on their baby. This reflects a trend toward the medicalization of FC in Malaysia, as shown in studies conducted there.^{7,28}

CONCLUSION

Female circumcision (FC) is beyond just a religious ritual. FC is deeply rooted in the culture and widely accepted by society, often seen as obligatory. The combination of cultural and religious aspects makes it a fundamental practice for many parents.

CONFLICT OF INTEREST

No conflict of interest declared.

INSTITUTIONAL REVIEW BOARD (ETHIC COMMITTEE)

This study is approved by ethical board committee of Universiti Sains Malaysia with the approval code of USM/JEPeM/22040268.

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