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The cultural meaning of ‘female genital mutilation’ in rural Malaysia: The female body and sexuality through the medical gaze

Yufu Iguchi and Abdul Rashid

This article explores increasing medical control over sexuality and the female body in rural Malaysia by examining the formation of the global discourse of ‘female genital mutilation’ (FGM) through local discourses on sunat (circumcision). Regarding FGM as a Foucauldian discourse, the article analyses interviews with traditional practitioners and villagers’ statements. The expansion of modern medical systems, along with the medical gaze, has brought notions of sexuality in rural areas of Malaysia as revealed from local discourses on sunat that mention it as a means of controlling female sexuality. By examining the cultural gaps between global discourse and categories of FGM and the local practice of sunat, the article concludes that the incorporation of local practices in the global is ongoing rather than complete.

Implicitly centred on practices in Africa, a global dispute—human rights against protection of local culture—over ‘female genital mutilation’ (FGM) has deadlocked. This article examines opinions and arguments for and against FGM as a Foucauldian discourse from the perspective of modern medical systems’ expanding control of the female body and sexuality. It posits that control of women’s sexuality and bodies has been promoted through medical systems. To discuss this issue, the article examines rural Malaysia, where, although relatively unknown globally, FGM is practised at a high rate amongst the Muslim population. The article explores how global discourse on FGM, formed by the modern medical gaze, has encompassed rural areas of Malaysia and how the process has oppressed or restructured the cultural meaning of FGM. Has the modern medical gaze eroded the local cultural practice

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in Malaysia's rural areas? Or, has it recently invented the local traditional practice, in the vein of Eric Hobsbawm and Terence Ranger's *The invention of tradition*?¹

We consider and draw attention to the fact that the category of 'FGM' is not self-evident and this study is intended as an interrogation of the term and its global use and formation. We use the local word '*sunat*' (circumcision) when quoting rural respondents' statements² to underline the local and cultural contexts that disappear during the translation process.

As an international joint research project in social and medical sciences, the article's discussion is based on a research project we have been conducting since 2015 in an area of rural northern Peninsular Malaysia. The project aims to understand the current practice of FGM/*sunat* and local people's consciousness of it. For collecting data, we used the Malay language, especially the northern dialect, and we employed a range of secondary sources in English, Malay and Japanese.

We chose Penang and Kedah as our research locations because of a previous research project there.³ The state of Penang can be loosely divided into two parts: Penang Island and Seberang Perai (formerly Province of Wellesley or Mainland Penang) on the Malay Peninsula. The west coast of the island, called Balik Pulau, is a rural area of Penang. Most people in Balik Pulau are Malay, while a majority of urban Penangites are Chinese. The neighbouring state of Kedah has a higher population of Malays than other states.⁴ Kedah's main industry is agriculture, especially rice cultivation. Our research location is the rural area closest to the Penang border, the centre of which is Sungai Petani, the second largest city in Kedah.

Our research project has three components: a quantitative survey of village women, focus group discussions with villagers, and interviews with eight traditional FMG practitioners (*bidans*). First, using a snowball sampling method, we surveyed Malay women (N=605), 18 years and older, living in the rural area near Sungai Petani. For data analysis, we used SPSS v. 18. Second, qualitative research consisted of two components, interviews with traditional practitioners and focus group discussions with villagers. In turn, the focus group discussions consisted of three groups: younger women (18–40), older women (41+), and men, each group with five or six members. Discussions were designed to reinforce and support the quantitative survey's results. Previous studies have shown that almost all Malaysians chose the

1 Eric Hobsbawm and Terence Ranger, eds, *The invention of tradition* (Cambridge: Cambridge University Press, 1983).

2 The term *sunat* originated from the Arabic term '*sunna*' or '*sunah*', 'the practices and sayings of the Prophet Muhammad which is a recommended or an advisable action'. It is contradictory to state that *sunat* (recommended) is *wajib* (obligatory). See Abdul Rashid and Yufu Iguchi, 'Female genital cutting in Malaysia: A mixed-methods study', *BMJ Open* 9, 4 (2019): 2. The word *khatan* (circumcision) is also used in Malaysia.

3 Abdul Rashid, Sapna S. Patil and Anita S. Valimalar, 'The practice of female genital mutilation among the rural Malays in north Malaysia', *Internet Journal of Third World Medicine* 9, 1 (2009): 1–9. 64.5 per cent of respondents in this project answered that they had undergone FGM by traditional practitioners (*ibid.*, p. 3). The authors noticed the importance of the medicalisation of FGM in Malaysia and started a new project in 2017 to explore the issue. See Abdul Rashid, Yufu Iguchi and Siti Nur Afiqah, 'Medicalization of female genital cutting in Malaysia: A mixed methods study', *PLOS Medicine* (2020): 1–22.

4 According to the Department of Statistics, the ratio of Malays in Kedah to the total population is 75.2%, while that for Malaysia as a whole is 63.0%.

same answer to a question about religion and *sunat*,⁵ but a qualitative study can reveal more about their thoughts and beliefs. Finally, semi-structured interviews were conducted with eight traditional female FGM practitioners in Kedah and Penang (see table 3) because details provide important data on 'medical' and cultural knowledge of traditional *sunat*.

Although the authors have previously published an article in a medical journal based on this project's data, the current article concentrates on the qualitative research by analysing the same data from a socio-cultural perspective.⁶ In its analysis, however, the article does not adopt a positivist view in which local people's statements are thought automatically to reflect their local culture. Rather, following a cultural studies methodology, it calls such statements 'texts' and examines the wider socio-cultural structures that produced them.⁷

This study makes three significant points. First, to overcome the deadlock between the universalist and the cultural relativist camps, it considers the FGM issue as a Foucauldian discourse. Second, it focuses on Malaysia where FGM is common practice among Malay women.⁸ Of the seven academic articles on FGM in Malaysia,⁹ however, five approach FGM from a medical viewpoint. In contrast, this article concentrates on socio-cultural aspects and contributes to understanding the Malaysian cultural situation in particular. The third point concerns the female body and sexuality in terms of medical systems, emphasising acts of both stopping and encouraging FGM to bring about increasing medical control.

The article's first section explains the study's theoretical viewpoints. The second delineates the global background of FGM by focusing on controversies between universalist and cultural relativist camps. The second section lists academic movements since the 1990s that locate our theoretical standpoint. The third section reviews previous research to describe academic discussions and the situation of FGM in Malaysia. The fourth, fifth and sixth sections investigate study results from two perspectives: practice and consciousness. Examining quantitative results, the fourth section depicts rural Malaysia's current situation. The fifth and sixth sections, respectively, examine interviews with practitioners and focus group discussions with the villagers. The final section discusses results from the perspectives of the medicalisation of the female body and of the reformation of the practice's cultural meanings.

5 Rashid et al., 'The practice of female genital mutilation', p. 1.

6 Rashid and Iguchi, 'Female genital cutting'. Data analysis was performed from a public medicine perspective.

7 Graeme Turner, *British cultural studies: An introduction*, 3rd ed. (London: Routledge, 2003), pp. 16–17.

8 The Constitution of Malaysia defines Malays as Muslims.

9 Ab Rahman Isa, Rashidah Shuib and M. Shukari Othman, 'The practice of female circumcision among Muslims in Kelantan, Malaysia', *Reproductive Health Matters*, 7 (1999): 137–44; Rashid et al., 'The practice of female genital mutilation', pp. 1–8; Mary Ainslie, 'The 2009 Malaysian female circumcision fatwa: State ownership of Islam and the current impasse', *Women's Studies International Forum* 52 (2015): 1–9; Salleha Khalid et al., 'The study of knowledge, attitude and practice towards female circumcision among female patients at O&G Outpatient Department, Hospital Ampang, Selangor, Malaysia', *Ulum Islamiyyah* 21 (2017): 15–24; Rashid and Iguchi, 'Female genital cutting'; Yufu Iguchi and Abdul Rashid, 'Sekushuarithi to josei noshintai kara miru Malaysia niokeru "joseiki setsujo" ['Female genital mutilation' in Malaysia from the viewpoint of sexuality and the female body]', *Tonan Ajia Kenkyu* [Southeast Asian Studies] 52, 2 (2020): 166–89; Rashid et al., 'Medicalization of female genital cutting in Malaysia'.

Theoretical approaches

This article refers to three theoretical points. The first is the control of the female body and sexuality through modern medical science. Michel Foucault's *Naissance de la Clinique: Une archéologie du regard médical* (*The birth of the clinic: An archaeology of medical perception*) criticises the self-evidence of the concept of 'health' in modern medical science.¹⁰ Inspired by his work, several studies have explored social relations and power structures in modern medicine. They interpret the history of modern medicine not as processes of 'civilisation' or 'progress', but as part of the expansion of imperialism and later nation-states.¹¹ Some describe how, under European colonialism, modern medical systems' institutionalisation was brought to the non-Western world. Lenore Manderson observes that European thought's binarism of 'them/us, inferior/superior, lower/upper and ruled/ruler', which Edward Said described in *Orientalism* 'underpinned much nineteenth and early twentieth century discourse in Malaya, and provided the intellectual arguments to justify the colonial enterprise' and that this 'introduced "superior" cultural trappings (ideas and beliefs, methods and technologies, structures and institutions) to "primitive" peoples, and established systems of Western science through schools and medical services'.¹² In the colonies, binarism played an important role in defining and signifying the female body. Manderson argues that medical discourses in colonial Malaya restructured the concept of the female body according to reproductive health, through which women were seen as either 'mother' or 'whore'.¹³

No doubt colonial administrators exposed FGM to the modern medical gaze and tried to control its practice. Janice Boddy argues that in colonial Sudan, stopping female circumcision for the sake of infant mortality and maternal health was a project to civilise women.¹⁴ In other words, under the campaign to eradicate FGM, the female body was viewed and controlled in terms of reproductive health. Yufu Iguchi and Abdul Rashid shed some light on postcolonial FGM controversies between humanists and cultural relativists, demonstrating that such debates presumed the unquestioned universality of modern medical science, through which the female body is objectified under an anatomical gaze.¹⁵ This medical scientific perspective is predominant in both academic and religious discourses on FGM in the Malaysian postcolonial context.¹⁶ In contrast to religious and academic discourses, by reviewing previous studies

10 Michel Foucault, *Naissance de la clinique: Une archéologie du regard médical* (Paris: Presses Universitaires de France, 1963).

11 Daniel R. Headrick, *The tools of empire: Technology and European imperialism in the nineteenth century* (New York: Oxford University Press, 1981); David Arnold, *Colonizing the body: State medicine and epidemic disease in nineteenth-century India* (Berkeley: University of California Press, 1993); Lenore Manderson, *Sickness and the state: Health and illness in colonial Malaya, 1870–1940* (Cambridge: Cambridge University, 1996).

12 Manderson, *Sickness and the state*, p. xiv.

13 *Ibid.*, p. xv.

14 Janice Boddy, *Civilizing women: British crusades in colonial Sudan* (Princeton, NJ: Princeton University Press, 2007).

15 Yufu Iguchi and Abdul Rashid, "Joseiki setsujo" to gensetsu no seiji: Kindai igakuteki manazashi no jimeisei wo toinaosu' ('Female genital mutilation' and the politics of discourse: Questioning the self-evidence of the modern medical scientific gaze), *Annual Review of Cultural Studies* 7 (2019): 27–45.

16 Iguchi and Rashid, 'Sekushuarithi'.

on FGM in Malaysia, the same article notes a cognitive difference between rural Malaysian views of FGM and the global discourse on FGM.¹⁷

The second theoretical point concerns the concept of culture. This article posits Malaysian FGM as a discourse constructed by the modern medical gaze through negotiation with the local category of '*sunat*', which means literally 'circumcision'. However, there is incommensurability between the local term '*sunat*' and the English 'circumcision', not to mention the global term FGM.¹⁸ This article draws attention to an aspect of local culture oppressed by the formation of a powerful global discourse. In this sense, it deepens arguments developed by Said's *Orientalism* and Manderson's *Sickness and the state: Health and illness in colonial Malaya, 1870–1940* which highlight the formation of a strong epistemological framework of colonialism that oppresses local culture, that is, we cannot see local culture as it was before the mediation of the colonial gaze.¹⁹ Therefore, this article treats local culture as a discursive construct in Foucault's sense. Foucault treats discourse 'sometimes as the general domain of all statements, sometimes as a regulated practice that accounts for a certain number of statements'.²⁰ As Sara Mills explains, Foucault used the term discourse 'to refer to "individualizable groups of statements", that is utterances which seem to form a grouping, such as the discourse of femininity or the discourse of racism'.²¹

Additionally, in its examination of local culture, this article refers to Said's *Culture and imperialism*: 'All cultures are involved in one another; none is single and pure, all are hybrid, heterogenous, extraordinarily differentiated and unmonolithic.'²² This idea assumes that as discourse, local culture is formed in what Mary Louise Pratt calls 'contact zones' or 'social spaces where disparate cultures meet, clash and grapple with each other, often in highly asymmetrical relations of domination and subordination—like colonialism, slavery or their aftermath as they are lived out across the globe today'.²³ Thus, this article examines contact zones between the the local concept of *sunat* and the global concept of FGM.

The third theoretical point relates to how 'rural' is considered in the context of Malaysia. Eric Thompson's *Unsettling absences: Urbanism in rural Malaysia* offers

17 Ibid., pp. 182–5.

18 Eric Thompson points out the incommensurability between the Malay term *kampung* and the English term 'village'. 'That movement across linguistic borders is unavoidable in a book which attempts to translate what was for the author primarily Malay language-based experience and research into English language ethnography.' See Eric C. Thompson, *Unsettling absences: Urbanism in rural Malaysia* (Singapore: NUS Press, 2007), p. 7.

19 Edward Said, *Orientalism* (New York: Vintage, 1979). Said states that 'both geographical and cultural entities—such locales, regions, geographical sectors as "Orient" and "Occident" are man-made'. Ibid., p. 6.

20 Michel Foucault, *The archaeology of knowledge*, trans. A.M. Sheridan Smith (New York: Pantheon, 1972 [1969]), p. 80.

21 Sara Mills, *Michel Foucault* (London: Routledge, 2003), p. 3.

22 Edward Said, *Culture and imperialism* (New York: Vintage, 1994), p. xxv.

23 Mary Louise Pratt, *Imperial eyes: Travel writing and transculturation* (London: Routledge, 1992), p. 4. As mentioned, this article considers the concept of culture as a discursive construction rather than as a substance or a totality. In short, it is through contacts that different cultures are articulated as phenomena.

some insight by challenging ‘the strong conceptual juxtaposition of urban and rural’ and implicitly stating that a village offers a sort of ‘contact zone’:

A place like Sungai Siputeh is not merely an ‘administrative village’ nor is it an isolated, autonomous unit, suddenly overwhelmed by globalization. Rather, it emerges through an articulation of various translocal practices, through movements of people, commodities and ideas.²⁴

Following Thompson and Pratt, this article views a rural area not as an autonomous unit, but as a place of articulation where modern systems, including medical systems and the unconscious local culture, ‘meet, clash and grapple with each other’.²⁵

FGM around the world

Many different terms are used to represent FGM, for instance, female circumcision, female genital cutting, female genital surgery, female genital operation and female genital alteration. As Janice Boddy notes, ‘the term homogenizes several distinct practices performed for different reasons in different parts of the world’. She further notes that infibulation is ‘often misleadingly portrayed as representative of FGM, though relatively rare’.²⁶ Bettina Shell-Duncan and Yvla Hernlund quote Gosselin, who conducts anthropological research in Mali: ‘the very decision to write (or not) about the topic has become a political statement, and so is one’s choice of tone and terminology’.²⁷

Up until the 1980s, the term ‘circumcision’ was commonly used. In 1990 at a general assembly in Addis Ababa, the Inter-African Committee on Traditional Practices (IAC), a non-governmental organisation (NGO) to eliminate FGM, recommended using the term FGM to avoid euphemistic expressions.²⁸ Consequently, international organisations began using FGM. In contrast, many anthropologists prefer to use ‘circumcision’ in translations of local languages. For them, the connotation of ‘female circumcision’ has much to do with traditional culture, while the term FGM emphasises that the practice is not part of a traditional and respected culture but a form of violence against the female body.²⁹ Additionally, Linda Newland, who has

24 Thompson, *Unsettling absences*, p. 6.

25 Thompson’s view is evident in his description of male *sunat*. He points out that the medicalisation of male circumcision has been promoted even in villages, thus ‘it would seem inaccurate to construe the *Tok Mudin* (traditional circumciser), following the schedule of the national school calendar, riding in on his Honda motorcycle and wielding a German manufactured blade, as a figure of timeless, ritual tradition in kampung culture’. *Ibid.*, pp. 115–16.

26 Boddy, *Civilizing women*, p. 1.

27 Bettina Shell-Duncan and Yvla Hernlund, *Female ‘circumcision’ in Africa: Culture, controversy, and change* (Boulder, CO: Lynne Rienner, 2000), p. 2.

28 Inter-African Committee on Traditional Practices (IAC), <https://iac-ciaf.net/about-iac/> (accessed 6 Dec. 2022).

29 Body modification in Africa is considered ‘mutilation’ that makes the body imperfect, while body modification in developed countries is seen as ‘plastic surgery’. Here, the politics of the female body work together with the politics of colonialism. According to Oka Mari, the term ‘mutilation’ implies to make imperfect by removing or irreparably damaging parts. See Oka Mari, *Kanojo no ‘tadashii’ namae towa nanika* [What is her right name?] (Tokyo: Seidosha, 2000), p. 54. Obioma Nnaemeka argues that although both FGM in Africa and plastic surgery in industrially developed countries are body modification, only African FGM is viewed as ‘mutilation’. See O. Nnaemeka, ‘Bringing African women into

been conducting anthropological research in Indonesia, notes, 'while the practices vary widely, the term FGM is often used as a gloss for all of them' and it 'has retained emotive force and currency at United Nations levels, serving to justify the universalisation of zero tolerance policies'.³⁰ She uses instead the term 'female genital operation' (FGO).³¹

In the Malaysian context, Ab Rahman Isa et al. use the term 'female circumcision' because they believe that the World Health Organization (WHO) categorisation is not applicable to Malaysian practice.³² In contrast, Abdul Rashid et al. use the term FGM following the definition set by the WHO.³³

The discussion of labels, of course, relates to the global dispute over FGM. Indeed, global discourse on FGM, centring on African practice, has formed within the controversy between human rights and protection of local culture. On the one hand, international organisations, medical doctors, scientists, feminists, journalists and NGOs have discussed the issue from the perspectives of women's health and human rights. On the other hand, local people, anthropologists and others have emphasised local culture and traditions from the perspective of cultural relativism.

In the late 1970s, the WHO began conducting research on FGM. In 1978, Fran Hosken, a WHO officer in Khartoum, Sudan, published the famous *Hosken Report*.³⁴ In Cairo, the 1994 International Conference on Population and Development and in Beijing, the 1995 World Conference on Women requested governments and the international community to take measures to abolish FGM. In the 1990s, female writers who had experienced FGM published their biographies.³⁵ Thus gradually, the issue of FGM became known to the international community.

The WHO and other UN agencies define FGM as 'partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons'.³⁶ According to them, FGM is currently practised in 28 countries in Africa and in some countries in Asia and the Middle East.³⁷ Estimates say that from 130 to 140 million women worldwide have undergone FGM and that 3 million girls are at risk of mutilation each year. They see FGM as 'a harmful practice and a violation of the human rights of girls and women'.³⁸ FGM has been 'recognised as

the classroom: Rethinking pedagogy and epistemology', in *Borderwork: Feminist engagements in comparative literature*, ed. Margaret Higonnet (Ithaca, NY: Cornell University Press, 1994), p. 314.

30 Lynda Newland, 'Female circumcision: Muslim identities and zero tolerance policies in rural West Java', *Women's Studies International Forum* 29 (2006): 394–404.

31 Ibid., p. 395.

32 Isa et al., 'The practice of female circumcision', pp. 137–44.

33 Rashid et al., 'The practice of female genital mutilation'.

34 Fran P. Hosken, *The Hosken report: Genital and sexual mutilation of females* (Lexington, MA: Women's International Network News, 1978).

35 These include Waris Dirie (Diiriye) and Cathleen Miller, *Desert flower: The extraordinary journey of a desert nomad* (New York: William Morrow, 1998), *Desert dawn* (London: Virago, 2004), and *Desert children* (London: Virago, 2005); Fauziya Kassindja, *Do they hear you when you cry* (New York: Delta, 1998); Ayaan Hirsi Ali, *Infidel: My life* (New York: Free Press, 2007). The movie *Desert flower* (2009) is based on Diiriye's biographies.

36 World Health Organization, 'An update on WHO's work on female genital mutilation (FGM): Progress report' (Geneva: WHO, 2011), p. 1.

37 Ibid.

38 Ibid., p. 2.

discrimination based on sex because it is rooted in gender inequalities and power imbalances between men and women and inhibits women's full and equal enjoyment of their human rights'.³⁹ Since 2012, international organisations have issued 'zero tolerance' policies allowing no modification of female genitals. Eradication of FGM is one agenda of the Sustainable Development Goals formulated at the 2015 UN Summit.

FGM is practised not only by traditional practitioners in rural areas but also by health practitioners in cities. WHO defines the medicalisation of FGM as 'situations in which FGM is practised by any category of health-care provider'.⁴⁰ According to the WHO, 'a recent analysis of existing data shows that more than 18 per cent of all girls and women who have been subjected to FGM in the countries from which data are available have had the procedure performed on them by a health-care provider'.⁴¹

Having investigated the practice of FGM in African countries,⁴² anthropologists basically view FGM as a traditional practice of body modification deeply embedded in local communities where it is performed. From the cultural relativism perspective, anthropologists are often sceptical and critical of Western feminist discourses on universal humanism and international organisations' zero tolerance policies.

As described above, the FGM controversy reveals the conflict between 'enlightened universalism', which advocates human rights and women's health, and cultural relativism, which emphasises local traditions. Since the 1990s, however, influenced by literary and postcolonial criticisms, several scholars have attempted to go beyond the opposition between universal humanism and cultural relativism.⁴³ They began to reveal complicit relations between universalism and particularism and to question cultural relativism. One must implicitly set transcendental universality beyond different cultures for cultural relativism. In the modern world, Western culture always stands for universality, a position which is rarely questioned. Some discuss the conflict over FGM as a discourse in Foucault's sense.⁴⁴ As Obiama Nnaemeka states, 'We seek to

39 World Health Organization, *Eliminating female genital mutilation: An interagency statement UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNIFEM, WHO* (Geneva: WHO, 2008), p. 10.

40 World Health Organization, *Global strategy to stop health care providers from performing female genital mutilation*, WHO/RHR/10.9 (Geneva: WHO, 2010), p. 3.

41 *Ibid.*, p. 5.

42 See Janice Boddy, 'Womb as oasis: The symbolic context of pharaonic circumcision in rural northern Sudan', *American Ethnologist* 9, 4 (1982): 682–98; Janice P. Boddy, *Wombs and alien spirits: Women, men and the Zar cult in northern Sudan* (Madison: University of Wisconsin Press, 1989); Esther K. Hicks, *Infibulation: Female mutilation in Islamic northeastern Africa* (New Brunswick, NJ: Transaction, 1996); Homa Hoodfar, *Between marriage and the market: Intimate politics and survival in Cairo* (Berkeley: University of California Press, 1997); and Rogaia Mustafa Absharaf, ed., *Female circumcision* (Philadelphia: University of Pennsylvania Press, 2006).

43 See Ellen Gruenbaum, *The female circumcision controversy: An anthropological perspective* (Philadelphia: University of Pennsylvania Press, 2006); Bettina Shell-Duncan and Ylva Hernlund, 'Female "circumcision"', in *Transcultural bodies: Female genital cutting in global context*, ed. Ylva Hernlund and Bettina Shell-Duncan (New Brunswick, NJ: Rutgers University Press, 2007); Obioma Nnaemeka, 'Bringing African women', in *Female circumcision and the politics of knowledge: African women in imperialist discourses*, ed. Obioma Nnaemeka (Westport, CT: Praeger, 2005); and Boddy, *Civilizing women*.

44 See Shell-Duncan and Hernlund, 'Female "circumcision" in Africa'; Hernlund and Shell-Duncan, *Transcultural bodies*; Gruenbaum, *The female circumcision controversy*; and Nnaemeka, *Female circumcision*.

engage the discourse on female circumcision and in the process (re)trace, expose and map a long lineage of imperialist and colonial discourses'.⁴⁵ This new research discusses three major problems.⁴⁶ First, regarding the self-representation of African and Asian women. As Nnaemeka observes, there is 'an imperial process whereby other people are appropriated and turned into objects, exhibited, gazed at and silenced'.⁴⁷ Secondly, Western feminists who criticise FGM as a pre-modern patriarchal practice often do not question the patriarchal system in their own societies and, eventually, form a complicit relation with masculine societies. Thirdly, the complicit relations between imperialism and Western feminism. By drawing attention only to the eradication of FGM, international society conceals other forms of imperialist exploitation of African women.

FGM in Malaysia

Although in most cases, international organisations and anthropologists treat FGM as an African issue, this section reviews FGM in Southeast Asia and Malaysia. In fact, FGM exists in Southeast Asian Muslim communities, believed to have been introduced with the advent of Islam and especially linked with the Shafi'i School of thought.⁴⁸ Of the four schools of thought in Sunna Islam (Hanafi, Hanbali, Maliki and Shafi'i), only the Shafi'i sect regards 'female circumcision' as compulsory (*wajib*).⁴⁹ Compared to African practice, FGM in Southeast Asia is often reported as 'a mild form', in which 'a very small piece of skin, no larger than a grain of rice, was removed (in others the skin was only pricked or scratched for the same purpose)'.⁵⁰

In Indonesia, the several works on FGM include 'Female circumcision in Indonesia', a report by Population Council Jakarta with support from the Ministry for Women's Empowerment in conducting a nationwide quantitative and qualitative study.⁵¹ Andrée Feillard and Lies Marcoes traced the Indonesian history of female circumcision from the seventeenth century to the present, arguing, 'female circumcision seems to be more widely practised today' compared to the 1920s because of 'Islamisation'.⁵² Newland's article argues that in West Java, female circumcision is performed as one of a series of birth rituals.⁵³ Referring to Pierre Bourdieu's *habitus*, she states, at that time, that the practice was 'unproblematized'.⁵⁴ Claudia Merli discusses practices of female and male circumcision among Malay-speaking Muslims in

45 Nnaemeka, *Female circumcision*, p. 4.

46 Iguchi and Rashid, "Joseiki setsujo", pp. 35–6.

47 Nnaemeka, *Female circumcision*, p. 29.

48 Andrée Feillard and Lies Marcoes, 'Female circumcision in Indonesia: To "Islamize" in ceremony or secrecy', *Archipel* 56 (1998).

49 Rashid et al., 'The practice of female genital mutilation', p. 5.

50 C. Merli, 'Sunat for girls in southern Thailand: Its relation to traditional midwifery, male circumcision and other obstetrical practices', *Finnish Journal of Ethnicity and Migration* 3, 2 (2008): 279.

51 Meiwita Budiharsana, Lila Amaliah, Budi Utomo and Erwinia, 'Female circumcision in Indonesia: Extent, implications and possible interventions to uphold women's health rights' (Jakarta: Population Council Jakarta; USAID, 2003), https://pdf.usaid.gov/pdf_docs/Pnacu138.pdf.

52 Feillard and Marcoes, 'Female circumcision in Indonesia', p. 56.

53 Newland, 'Female circumcision', p. 397.

54 Ibid.

Southern Thailand in two articles.⁵⁵ Studies regarding FGM rarely mention the practice in Singapore. Yet, according to Gabriele Marranci, the Malay community practices FGO in Singapore;⁵⁶ it is situated within ethnic politics and is ‘a mark’ of Malay Muslim identity. The government remains silent about the practice because a ban might be construed as an attack on the already-threatened Malay identity.⁵⁷

As mentioned, at the time of writing, there were only seven studies on FGM in Malaysia even though the practice is common among Malay women. The *Hosken Report* and some other anthropological books and articles deal in part with FGM in Malaysia,⁵⁸ but international organisations such as WHO do not pay much attention to *sunat*.

The Malaysian government ratified the Convention on the Elimination of All Forms of Discrimination Against Women and supported the WHO’s actions to stop FGM. According to the 2003 report by the United Nations Economic and Social Council, Malaysia has ‘taken effective and legal measures to prohibit the practice of female genital mutilation and raised awareness of its prohibition’.⁵⁹ However, Jabatan Kemajuan Islam Malaysia (JAKIM, Department of Islamic Development Malaysia) issued a *fatwa* in 2009 to say that female circumcision conducted in Malaysia is legal from the Islamic point of view.⁶⁰ According to the *fatwa*, ‘female circumcision is obligatory (*wajib*)’ if it is not harmful. JAKIM distinguishes female circumcision in Malaysia from the FGM that international organisations are attempting to abolish, and that is why it uses the term ‘*pemotongan genital wanita*’ as the Malay translation of female genital cutting or mutilation, and regards it as differing from the *khatan wanita* (female circumcision) practised in Malaysia. In contrast, Ainslie finds the 2009 *fatwa* ‘highly antithetical to contemporary global attitudes and actions towards this practice worldwide’,⁶¹ arguing that the *fatwa* makes a ‘previously non-compulsory practice now compulsory’.⁶² However, JAKIM’s resolution (*keputusan*) is not legally binding in a strict sense because in Malaysia, the states, not the federal government, execute Islamic laws.

As stated above, FGM (that is, *sunat*) is common practice among Malay women in Malaysia. In interviews with 262 Malay women in Kelantan, for example, all answered that they had been circumcised.⁶³ In a survey of 597 Malay women in

55 Merli, ‘*Sunat* for girls’, p. 32; C. Merli, ‘Negotiating female genital cutting (*sunat*) in Southern Thailand’, in *Self-determination and women’s rights in Muslim societies*, ed. Chitra Raghavan and James P. Levine (Waltham, MA: Brandeis University Press, 2012).

56 Gabriele Marranci, ‘Female circumcision in multicultural Singapore: The hidden cut’, *Australian Journal of Anthropology* 26, 2 (2015): 276–92.

57 *Ibid.*, p. 288.

58 Hosken, *The Hosken Report*; Carol Laderman, *Wives and midwives: Childbirth and nutrition in rural Malaysia* (Berkeley: University of California Press, 1983).

59 Radhika Coomaraswamy, United Nations Commission on Human Rights, *Integration of the human rights of women and the gender perspective: Violence against women*, Sept. 2003, E/CN.4/2003/75/Add.1, p. 199.

60 Jabatan Kemajuan Islam Malaysia, ‘Hukuman pemotongan genitalia wanita’ (Muzakarah 86, 2009) <http://www.e-fatwa.gov.my/fatwa-kebangsaan/hukum-pemotongan-genitalia-wanita-female-genital-mutilation> (accessed 11 May 2014, site closed in 2016).

61 Ainslie, ‘The 2009 Malaysian female circumcision fatwa’, p. 1.

62 *Ibid.*, p. 4.

63 Isa et al., ‘The practice of female circumcision’, p. 139.

rural Northern Malaysia, all respondents affirmed that FGM had been performed on them.⁶⁴ In the state of Selangor, hospital research by Salleha Khalid et al. reported that 87.8 per cent of the female Muslim respondents answered that they had undergone 'female circumcision'.⁶⁵ Unlike many African countries where the practice of FGM is often part of the rites of passage into adulthood, in Malaysia, the majority underwent FGM as infants.⁶⁶

Scholars often discuss whether the Malaysian practice fits into the WHO's four categories of FGM.⁶⁷ Carol Laderman introduced the term 'clitorodotomy' instead of clitoridectomy when she described the practice in Terengganu. She states, 'this is a clitorodotomy, or incision of the clitoris, rather than a clitoridectomy or excision'.⁶⁸ Isa et al. believe that the WHO categorisation is not applicable to Malaysian practice because 'the method used—nicking with a small knife, drawing a drop of blood—leaves no physical damage and does not lead to complications'.⁶⁹ These researchers reported no clinical evidence of injury to the clitoris or the labia and no physical signs of excised tissue.⁷⁰

While the number of FGMs by traditional midwives (*bidans*) is decreasing, the number of FGMs conducted in clinics is increasing.⁷¹ In this sense, FGM in Malaysia is not a rural custom likely to disappear because of modernisation and urbanisation.

On the consciousness of the reasons for FGM, previous research has found that most people believe it is performed for a religious reason.⁷² Surprisingly, all respondents in Rashid et al. answered 'yes' when asked whether they wanted to continue the practice.⁷³ Additionally, Isa et al. and Khalid et al. reported the same results, with 100 per cent and 97 per cent of Muslim respondents answering 'yes', respectively.⁷⁴

Interestingly, the question of sexuality resulted in contradictory findings. According to Isa et al., 'there was a consensus that circumcision is supposed to reduce the sexual drive of women so that they will behave appropriately and not be too

64 Rashid et al., 'The practice of female genital mutilation', p. 3.

65 Khalid et al., 'The study of knowledge', p. 19.

66 Isa et al., 'The practice of female circumcision', p. 137; Rashid et al., 'The practice of female genital mutilation', p. 3.

67 Type I: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy). Type II: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision). Type III: Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation). Type IV: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterisation. See WHO, *An update on WHO's work*, p. 3. WHO categorises FGM only from the anatomical perspective, without showing concern for its cultural meanings and contexts.

68 Laderman, *Wives and midwives*, p. 206.

69 Isa et al., 'The practice of female circumcision', pp. 141–2.

70 *Ibid.*, p. 137.

71 Rashid et al., 'The practice of female genital mutilation', p. 3.

72 Isa et al., 'The practice of female circumcision', p. 140; Rashid et al., 'The practice of female genital mutilation', p. 3; and Khalid et al., 'The study of knowledge'.

73 Rashid et al., 'The practice of female genital mutilation', p. 2; Isa et al., 'The practice of female circumcision', p. 140.

74 Khalid et al., 'The study of knowledge', p. 19.

sexually active'.⁷⁵ In contrast, some respondents in northern Malaysia believed that 'FGM does not reduce the female libido' and that 'if FGM is not performed, the part of the clitoris which is supposed to be cut off will grow into a big piece of tissue and it will hang out of the vagina, and this will make penetration during sexual intercourse difficult and cause decrease in sexual pleasure'.⁷⁶ This finding is not unique to the area. Similar statements can be found in Newland's study of West Java and Hoodfar's study of Egypt, as well as in nineteenth-century Western medical discourse.⁷⁷ The idea of the growing clitoris might have originated from Western medicine, and it has gradually encompassed the globe.

Quantitative study

Practice of sunat

Of the 605 Malay women who responded to the survey, the majority were aged 26–40, married, and had a tertiary education.⁷⁸ According to the quantitative study, 99.3 per cent of respondents answered that they had undergone FGM,⁷⁹ with 60.7 per cent performed by traditional midwives, 27.3 per cent by nurses and trained midwives, and 27.3 per cent by doctors.⁸⁰ Regression analysis indicated the medicalisation of FGM.⁸¹ Higher percentages of older age groups had FGM by traditional midwives as compared with younger groups, who preferred medical doctors for the procedure. A decade ago, 76.6 per cent of participants from the same area answered that traditional midwives had performed FGM, indicating an approximately 16 per cent drop⁸² and a clear trend of medicalisation in rural Malaysia.

Village women's consciousness

Tables 1 and 2 show rural Malay women's consciousness of the meanings and reasons for FGM. As shown in table 1, common reasons given for FGM, in descending order, were hygiene, health, compulsory in religion, recommended in religion, reducing libido and increasing pleasure.⁸³ Here, let us mention two significant points discussed more fully later. First, 31 per cent answered that the reason for FGM relates to religion.⁸⁴ Second, the answers related to sexuality are contradictory; 8 per cent thought the practice controls libido, while 6 per cent thought it increases pleasure.

As shown in table 2, most respondents (87.6 per cent) said FGM is compulsory (*wajib*) in Islam, and 81.8 per cent believed FGM is practised by all Muslims sects.⁸⁵

75 237 respondents out of 262 (90.5 per cent) answered that circumcision reduced women's sexual drive. Isa et al., 'The practice of female circumcision', p. 140.

76 Rashid et al., 'The practice of female genital mutilation', p. 5.

77 Hoodfar, *Between marriage*, p. 258; Hosken report, pp. 288–314; and Sami A. Aldeeb Abu-Sahlieh, 'Male and female circumcision: The myth of the difference', in *Female circumcision*, ed. Rogaia Mustafa Abusharaf (Philadelphia: University of Pennsylvania Press, 2006), p. 65.

78 Rashid and Iguchi, 'Female genital cutting', p. 4.

79 *Ibid.*, pp. 1, 4. The analysis of continuous variables shows that the median age of the respondents who underwent FGM was six years in the range from birth to 30 years.

80 *Ibid.*, p. 4.

81 *Ibid.*

82 Rashid et al., 'The practice of female genital mutilation', p. 3.

83 Rashid and Iguchi, 'Female genital cutting', p. 5.

84 *Ibid.*, p. 5.

85 *Ibid.*, p. 4.

Table 1. Common reasons for doing FGM

Variable	Percentage (%)
<i>Religion</i>	
Religion—compulsory	23
Religion—encouraged	8
<i>Health-related reasons</i>	
Health	24
Hygiene	25
Helpful during childbirth	5
<i>Sexuality</i>	
Reducing libido	8
Increasing pleasure	6
<i>Others</i>	
Peer pressure from family	1
Total	100

Source: Adapted from Abdul Rashid and Yufu Iguchi, 'Female genital cutting in Malaysia: A mixed-methods study', *BMJ Open* 9, 4 (2019): 4–5.

Almost all respondents (99.3 per cent) thought FGM should continue. As mentioned, however, only the Shafi'i school of Islam regards female circumcision as compulsory.

Qualitative Study: Interviews with traditional midwives

Traditional midwives' practice

In reporting interview results from eight traditional practitioners of *sunat* (table 3), this section focuses first on its aspects and then examines practitioners' consciousness about the reasons for and meaning of the practice.

Interviewing traditional practitioners is important for understanding Malaysian FGM practice because, as shown by Isa et al., ordinary people do not have good anatomical knowledge of female genitalia, and many women do not know what procedure they had.⁸⁶ In Malaysia, *bidans* have practised FGM in traditional ways. Readers familiar with *bidans* might think their main task is delivering babies, but due to the 1966 Midwives Act, only government midwives, nurse-midwives and medical doctors are allowed to deal with childbirth.⁸⁷ Thus, although *bidans* are not allowed to deliver babies, they may attend home births with government midwives and perform traditional rituals and customs concerning childbirth.⁸⁸ These days, however, the number of home deliveries is decreasing even in rural areas because of the hospitalisation of

86 Isa et al., 'The practice of female circumcision'.

87 *Laws of Malaysia, Act 436, Midwives Act 1966*, incorporating all amendments up to 1 Jan. 2006 (Kuala Lumpur: Percetakan Nasional Malaysia 2006), pp. 1–20; Yuko Kato, 'Kajang hosupitaru sanko no 50-nen [A 50-year history of the maternity ward of Kajang Hospital: Institutionalization of child delivery practices in Malaysia]', *Asian and African Area Studies* 4, 2 (2005): 195–228; Indra Pathmanathan et al., *Investing in maternal health: Learning from Malaysia and Sri Lanka* (Washington, DC: World Bank, 2003).

88 Kato, 'A 50-year history', pp. 219–23.

Table 2. Practice of FGM: Responses

Statement	Responses		
	Yes	No	Total
‘FGM is compulsory in Islam’			
• no. of respondents	530	75	605
• percentage (%)	(87.6)	(12.4)	(100)
‘FGM is legal in Malaysia’			
• no. of respondents	557	48	605
• percentage (%)	(92.1)	(7.9)	(100)
‘FGM is conducted by all Islamic sects’			
• no. of respondents	495	110	605
• percentage (%)	(81.8)	(18.2)	(100)
‘Should FGM continue?’			
• no. of respondents	601	4	605
• percentage (%)	(99.3)	(0.7)	(100)

Source: Adapted from Abdul Rashid and Yufu Iguchi, ‘Female genital cutting in Malaysia: A mixed-methods study’, *BMJ Open*, 9, 4 (2019): 4–5.

Table 3. Traditional midwives (*bidans*) interviewed in Kedah and Penang

Code	Age	Gender	Place	Tool	Note
A	75	F	N Village, Kedah	nail clippers	
B	74	F	P Village, Balik Pulau, Penang	folded knife, rusty	
C	74	F	T Village, Kedah	scissors	
D	70	F	K Town, Kedah	a coin and a knife	
E	76	F	T Village, Balik Pulau, Penang	folded knife	
F	83	F	PS Village, Kedah	shaving blade	Stopped in 2015
G	68	F	PK Village, Kedah	disposable razor	
H	63	F	SL Village, Sungai Petani, Kedah	scissors	Stopped in 2001

childbirth. As a result, a *bidan*’s current major work is massaging women after childbirth.

Recently, the number of ‘FGMs’ conducted by *bidans* has been decreasing. *Bidans* are ageing, and some have died since the preliminary study in 2015. The authors thought this might be the last opportunity to interview *bidans* directly about their practice. Among the eight *bidans* interviewed, two were in Penang and six in Kedah. Their

ages ranged from 63 to 83. Bidan H last conducted a female *sunat* 15 years ago, and the oldest *bidan*, Bidan F, stopped practising in 2015 because she has not been well. Six *bidans*, however, aged 68 to 75, were still performing female *sunat*. In rural Malaysian areas, many people live in villages (*kampung*). On the other hand, sets of one- or two-story terrace or semi-detached houses in urban or suburban areas are called *taman* or residential areas. Among the *bidans* we interviewed, Bidans A, B, E, F and G lived in *kampung* areas; Bidans C, D and H resided in terrace houses in *taman* areas.

The *bidan* we interviewed had received no official training. They answered '*tak belajar* (I have never learned)'. Most told us their mothers or grandmothers were *bidans* too. In other words, they are descendants (*keturunan*) of *bidans* and learned the practice by observation. They said, '*tengok dan buat saja* (I saw the practice and just did it)'. While *bidans* have a lineage, most do not have a *bidan* network. They might know *bidans* in neighbouring villages but not in other districts. Indeed, no official or unofficial organisation of *bidans* exists.⁸⁹

The *bidans* reported that their current main job is giving traditional post-partum massage. They said that in addition to female *sunat*, they also perform the baby's first haircut ceremony (*cukur rambut*). They mentioned that their main duty previously was to deliver babies. Bidan A said,

Dulu bukan urut ja. Saya bawak keluar (beranak)... Dulu beranak dengan saya semua
(In the past, I was not only massaging. I also attended the home birth. In those days, all [villagers] delivered their babies with my assistance.)

Bidan F also said, '*dulu-dulu semua bersalin di rumah kan, ha, bidan dulu* (In the past, all villagers delivered their babies at home attended by *bidans*)'. In those days, as in West Java, female *sunat* might have been one of a series of childbirth rituals. However, as government midwives were introduced and hospitalisation of childbirth was promoted, traditional *bidans* became more and more rare until finally they stopped practising—either by choice or by law. And as Yuko Kato notes, nowadays fewer people invite a *bidan* to perform the haircutting ceremony,⁹⁰ and more people prefer private clinics for female *sunat*.⁹¹ Some have estimated that the series of childbirth rituals has been nearly dismantled, and this might alter childbirth rituals' entire meaning, including that of female *sunat*.

As mentioned, most women experienced *sunat* as infants, and most *bidans* said that the suitable age for the procedure was from 5 to 18 months because after that, the part to cut or nick becomes 'hard'. One *bidan* said that a 2-year-old might cry because she is frightened. Thus, no specific season or day is designated for female *sunat*. Moreover, most *bidans* said that mothers decide practices of female *sunat*.

Insisting that they do not perform female *sunat* for the money, most *bidans* do not set its price, but they declared their procedure less expensive than that in hospitals, where, according to them, the price ranges from RM50 to RM100. They used the term 'hospital' but actually they could mean 'private clinics' (*klinik swasta*) since they

89 Government midwives are registered according to the 1954 Registration of Midwives Ordinance.

90 Yuko Kato, '*Dentoteki shussan kaijoshu kara sango no massaji-shi e*' [From a traditional birth attendant to a masseuse after childbirth], *Ajia Yugaku* 119 (2009): 88.

91 Rashid et al., 'The practice of female genital mutilation'; Ainslie, 'The 2009 Malaysian female circumcision fatwa'.

did not distinguish between 'hospital' and 'clinic' or between 'public' and 'private'. For them, the more important distinction is between traditional and modern. The approximate time required for female *sunat* differs by *bidan*. Some said one minute, and others said thirty minutes. Some meant the time required for nicking, others meant the time from their arrival to their departure.

What do *bidans* do and how do they do it? As noted above, in Malaysia, the skin or the prepuce of the clitoris is pricked or scratched. When we asked how Bidan A practised, she answered '*sikit saja, kita kuit sikit ja* (a tiny cut, just a form of scraping)'. Bidan F said she '*potong hujung sikit tu* (cut the tissue little bit)'. Bidan G said, '*kita cucuk sikit ja* (we pierce it little bit)'. As for tools, some *bidans* used folded knives with a 3 cm blade. Bidan A used nail clippers, Bidan C scissors and Bidan D a coin. She said '*kena ambik duit, haa ... dua kupang tu, kita kena lapik dia tang tu* (I use a coin. I take twenty cent coin and make it as a base [during *sunat*])'. She placed the coin under the tissue and pinched the tissue using the knife. Bidan G said she used disposable razors, and afterwards, she threw them away. Bidan A said that older generation *bidans* used stripped bamboo. According to their answers, FGM in northern Malaysia should not be seen as 'mutilation' because *bidans* do not remove the clitoris or any part of it.

Still, most *bidans* said that a drop of blood is necessary for female *sunat* (Bidan A, B, E, F and G). For example, Bidan F said, '*sunat bagi berdarah ja* (*sunat* should have a small amount of blood)', and Bidan G said, '*syarat dia bagi berdarah* (having blood is a condition of female *sunat*)'. However, they did not know why a drop of blood is necessary.

Most *bidans* said that they wash (*cuci*) their tools because they are afraid of '*kuman*' (germs), but none used soap or sterilised their tools. They knew the word '*kuman*' but had no medical knowledge of how to prevent infection. The word '*cuci*' (wash or clean) might connote 'purifying'—in a different sense than that of modern hygiene.

In Malaysia, female *sunat* is not usually accompanied by any ritual although male *sunat* is accompanied by rituals and *kenduri* (feast) festivals. Bidan G said, '*Adat? Tak dak aihh, tadak aihh* (Rituals? No. There is no ritual)'. Besides that, no one prepared any offerings such as eggs, betel vines, turmeric, or others; in West Java in the late 1990s, female circumcision was associated with such offerings.⁹²

Traditional midwives' consciousness

When asked about the reason for the practice, most *bidans* answered 'Islam'. Some used the term '*agama* (religion)', and most said it is '*wajib* (obligatory)' in Islam. Bidan G said that she recited a line of the Koran when she performed *sunat*. Bidan E repeated '*kita ikut hukum* (we follow Islamic Law)'.⁹³ Worth noting is that most *bidans* did not know why Islam obliges Muslims to practice female *sunat*. None mentioned the 2009 *fatwa*. This does not mean that their knowledge of

92 Newland, 'Female circumcision', p. 394. 'The usual elements, including the seven flowers in a bowl of water, a bowl of uncooked rice with Rp 1000 money and an egg on top of it, were set out in front of us.'

93 Only Bidan F did not mention religion and Islam. She said '*tak tau la ... dulu-dulu orang buat macam tu* (I don't know. Since previously people did it)'. When we asked, 'Is that why you follow those old people?', she nodded her head.

Islam is limited. Rather, female *sunat* is not an issue that should be discussed but taken as just part of daily life. Some *bidans* mentioned that *sunat* is related to Muslim identity. Bidans B, D and G mentioned that *sunat*'s purpose is for a baby to become a Muslim ('*masuk Islam*'). Bidan B said, '*kalau tak buat dia tak masuk Islam* (If one is not circumcised, she is not a Muslim)'. Bidan G said,

Itu dah wajib kena sunat ... Kita Melayu ... Kalau orang masuk Islam pun kena buat jugak. Wajib kena buat. (It is obligatory to perform circumcision. We are Malays. If one converts to Islam, she must be circumcised. It is obligatory.)

By showing that some Christian tribes in African countries practice FGM, scholarly discourse often asserts that it was an indigenous practice before Islam came to Africa.⁹⁴ In Malaysia, however, both female and male *sunat* is conceptualised in Muslim terms and seen as related to Muslim identity. Bidan A said,

Semua orang Islam buat lagu tu semua ... Islam semua buat ... laki ka perempuan semua menyunat. (All Muslims must perform circumcision. All Muslims do. Both men and women are all circumcised.)

When we asked the *bidans* about *sunat* in other countries, all of them answered that all of the world's Muslim women experience *sunat*. Moreover, they believed that other countries' procedures are the same as those in Malaysia. They were surprised when we explained some African cases in which all parts of the clitoris are cut and removed. Bidan B was especially surprised:

Tak pernah pula dengaq. Uu ... noh ... Di sini diwajibkan sikit saja. Sikit ja. Sikit saja... (Never heard of that. Uu ... Noh [showing she does not know]. Here, [we are] required to do a bit only. A bit.)

Obviously, they did not view their practice with reference to that of any other countries.

Qualitative study: Focus group discussions

Practice

As mentioned above, the focus groups' purpose was to understand profoundly how local people view the practice.⁹⁵ As for aspects of the practice itself, most respondents answered that they had undergone *sunat* as babies. None remembered her experience. We then asked how they knew about it. A woman in the younger group (YW-3) said that parents would tell their daughters at about 7 years old.

Mak ayah kata kita dah sunat la. Mak sendiri akan cerita. Buat masa kecil la selalunya 3, 4 bulan macam tu la. (Masa mak cerita) umuq dalam 7 tahun, darjah 1, darjah 2. (Mother and father would tell us that we were circumcised. Mother alone will tell.

94 See, for example, Kaori Miyachi, 'Cultural transformation: Sociocultural aspects of female circumcision among the Gusii people in Kenya', *Nilo-Ethiopian Studies* 19, 1(2014): 1–15. Newland criticises the discourse that 'female circumcision predates Islam' and observes 'this does not acknowledge the complexity of contemporary identities'. See Newland 'Female circumcision', p. 396.

95 The following abbreviations are used for the respective discussion groups: Younger Women (YW), Older Women (OW), and Men (M).

You were circumcised when you were 3 or 4 months. (You will be told) when you are around 7 years old, in the first or second year of elementary school.)

However, another woman (YW-1) said that she had never asked her parents.

Tak pernah tanya lagi la. Malu la pulak tua-tua ni nak tanya lagi.

(I have never asked whether I was circumcised or not. It is shameful to ask such a question.)

In other words, no specific occasion is designated for parents to tell their daughters. Many village women believed they had been circumcised even though some had never been told so. In the men's group, all were sure their wives had been circumcised. However, none ever asked because the question would cause their wives to 'lose face'. In other words, Malay men assume that Malay women have undergone *sunat*.

We also asked about female *sunat* procedures. One woman (OW-2) in the group answered, '*Kuit sikit ja ... Tak aihhh (bukan potong)*. (Nick it a little bit ... Not cut)'. She implicitly compared female with male practice. When the researcher asked about problems with female *sunat*, the group answered that women have fewer problems than men.

YW-3: *Lelaki memang ada la. Kalau perempuan tu tak dak kot.*

(I am sure that men have problems. But women do not have such problems.)

YW-4: *Sebab sikit sangat benda tu.*

(Because the part they circumcise is small.)

Importantly, they stressed that the part is not mutilated, and when they explained female practice, they implicitly compared female with male practice.

Villagers in focus groups told us that there is no ritual for female *sunat*. One woman (YW-4) said, '*Perempuan tak da* (No rituals for women)'. Another (YW-1) said, '*Sini takdak ada sireh junjung semua* (We don't have any ritual decoration for [female *sunat*] here).'

Like the *bidans*, focus group respondents also mentioned the necessity of a drop of blood. When the researcher asked whether the drop of blood is necessary for female *sunat*, a woman (OW-2) answered, '*Dia sikit saja. Besar puntung beras*. (Little bit only. The size of rice.)'. Similarly, another woman (YW-2) stated, '*Sikit saja. Dia keluar macam darah nyamuk* (Little bit only. Like the blood when we are bitten by a mosquito.)'. They did not know why the drop of blood was necessary.

Consciousness of FGM

Next, we examine village women's understanding of the meaning and reasons for FGM. The researcher asked what happens if a woman is not circumcised. In the younger women's group, some answered that an uncircumcised woman would become ill or infected. Other respondents stated that without *sunat*, her sexual libido would be higher.

YW-3: *Haha, tu betul. Dia akan lebih kalau tak sunat.*

(It is true. If she is not circumcised, her sexual libido becomes higher).

The researcher asked whether female *sunat* can control sexual libido, and respondents answered in the affirmative.

Researcher: *Sunat boleh kawal nafsu?*

(Can one control her sexual desire by *sunat*?)

YW-3: *Kawal nafsu.* (Yes, she can do it.)

YW-1: *Salah satunya mungkin nak jaga nafsu.*

(One of the reasons is to control sexual desire.)

YW-3: *Tu dalam pendidikan Islam la. Kalau belajaq, ada la.*

(That is according to Islam's preaching. If you study, you can do it.)

Similarly, the older women's group stated that female *sunat* can control sexual desire.

OW-4: *(Sunat) mengawal.* (*Sunat* can control [sexual desire].)

OW-3: *Tujuan utama dia untuk menurunkanla.*

(The purpose is to control it.)

OW-1, 3, 4: *Haa. Yaaa.* (Nodding)

OW-3: *Orang lelaki sahaja ada rasa nikmat.*

(Only men have sexual pleasure.)

Male respondents shared similar opinions.

M-2: *Ada jugak (sebab seksual), meningkat (tak sunat).*

(Sexual desire will increase, if she is not circumcised.)

M-3: *Lagi ganas la kot.* (It becomes very wild.)

Regarding the relationship between female *sunat* and sexual desire, the quantitative survey revealed the contradictory opinions of controlling sexuality and increasing pleasure. In focus group discussions, however, the majority thought that female *sunat* controls women's sexual desire. Like the *bidans*, respondents in focus group discussions mentioned the relation between female *sunat* and Islam. A woman (YW-2) said,

Sebab diwajibkan dalam Islam la. Orang Islam memang kena wajib buat. Tak kira lelaki atau perempuan. (Because it is obligatory in Islam. Muslims must practice the obligation.

Both men and women must do (it).)

Newland quotes similar statements from her West Java informant. 'Circumcision is the identifying feature of Islam. Boys must be circumcised, girls also.'⁹⁶ People in West Java explained to Newland that both men and women are circumcised because they are considered equal before Allah.⁹⁷

⁹⁶ Newland, 'Female circumcision', p. 399.

⁹⁷ Ibid.

We have noted the expression ‘*tanda* (mark or sign)’ is prominent in identification as a Muslim through circumcision. One of the women (OW-3) said,

Dia (sunat) adalah salah satu tanda-tanda nak tentukan bahawa kita seorang Islam. Untuk bezakan antara yang bukan Islam dengan Islam. Dengan cara kita bersunat. (Sunat is one of the marks that we can differentiate Muslims from non-Muslims. Therefore, we practice sunat.)

This statement evokes Newland’s view that ‘circumcision inscribes the major distinction between Muslim and heathens’ and that ‘circumcision for boys and girls is a way of marking children as Muslims in preparation for the life of prayers’.⁹⁸

We also asked focus groups whether they knew of the practice in other countries. Similarly to the *bidans*, they did not know that African practice differs greatly from theirs.

Researcher: *Di negara lain sunat cara lain?*

(Do you know that there are other ways of *sunat* in other countries?)

YW-5: *Tak tau la pulak.* (I don’t know.)

When the researcher explained Type 1 practice, the respondents were all surprised.

YW-3: *Tak tau la pulak. Potong habis semua tinggal apa?*

(I don’t either. Do they cut all the parts? Which part will be left?)

YW-4: *Maksudnya masa potong tu semua?*

(You mean that they cut all the parts?)

YW-3: *Yang atas tu je, yang kulit tu je la kena buang.*

(It is the upper part, isn’t it? The skin is removed.)

YW-5: *Habis semua?* (Remove all the parts?)

In Malaysian villages, then, people hardly knew of African FGM. Even our research assistant, who has a master’s degree from a national university and speaks fluent English, did not know about FGM problems in African countries. For many Malaysians, *sunat* as practised in Malaysia and FGM as a global problem are not connected. They did not know that the international community discusses FGM in the framework of human rights and women’s health, and that the Malaysian practice is regarded as problematic. Therefore, they never compare their local practice of *sunat* with circumcision in other parts of the world.

Discussion

This article examined how global FGM discourse formed by the modern medical gaze has encompassed rural areas in Malaysia and how that formation has oppressed and restructured the cultural meaning of FGM.

98 Ibid., pp. 396, 400. It also evokes Jacques Derrida’s ‘*circumfession*’. According to Derrida, circumcision is primordial inscription (archi-writing) onto the body. See Jacques Derrida, ‘Circumfession’, in Geoffrey Bennington and Jacques Derrida, *Jacques Derrida* (Chicago: University of Chicago Press, 1993): 3–315.

Initially, the authors presumed that local practice of female *sunat* had been reinvented by expansion of modern medical systems. As Hobsbawm says, "Traditions" which appear or claim to be old are often quite recent in origin and sometimes invented.⁹⁹ The authors found that reinvention of *sunat* under the medical gaze has progressed but that it has not been fully accomplished. In short, local discourses of female *sunat* have been formed by global medical discourse through which the female body and sexuality are controlled, on the one hand, but on the other, the global discourse of FGM has not fully encompassed local people's view of *sunat*.

Medical control of the female body and sexuality

Let us begin the discussion with the increasing control of the female body through the expansion of medical systems. First, FGM is generally considered a pre-modern patriarchal strategy to repress women's sexuality. However, this study revealed two contradictory opinions about FGM and sexuality in Malaysia, one to control women's sexual desire and the other to increase women's sexual pleasure. How can we interpret these results? In *The history of sexuality*, Foucault argues that the concept of sex was formed as a discourse in nineteenth-century Europe and that, as such, sex is not natural. Foucault writes, 'The notion of sex made it possible to group together, in an artificial unity, anatomical elements, biological functions, conducts, sensations, pleasures; and it enabled one to make use of this fictitious unity as a casual principle, an omnipresent meaning, a secret to be discovered everywhere.'¹⁰⁰ According to Foucault's perspective, the villagers' notion of sex or sexual desire, and whether it should be controlled or be allowed to increase, shares the modern European concept of sex. Further, following Manderson, in Malaysia the notion of sex has been transformed since the colonial period.

Chizuko Ueno has a different perspective on sexuality in a society practising FGM.¹⁰¹ Referring to Foucault, she explains that modern societies have not admitted the existence of women's sexual desire, and women have built internal surveillance towers from which to watch their sexuality. In contrast, societies that strongly control women's sexuality paradoxically admit women's sexual desire. These societies might consider women's sexual drive as being much higher than men's. A woman (OW-3) in the group discussion stated, '*Wanita ni kan nafsu dia lebih daripada lelaki, salah satu cara dia bila kita buang hat perempuan tu kita kurangkan nafsu dia* (Women's sexual desire is higher than men's sexual desire. One of the ways to decrease it is to throw away the part of the women).'

Ueno also argues that the epistemological premise of societies practising FGM differs totally from that of modern Western societies. However, this article argues that both types of society share the same epistemological framework because recognition of the existence (or non-existence) of women's sexual desire is formed through the notion of sex as a modern discourse. It is not premodern patriarchal societies that repress sexual desire, but modern societies that have created the concept of

99 Hobsbawm and Ranger, *The invention of tradition*, p. 1.

100 Michel Foucault, *The history of sexuality. Volume 1: An introduction*, trans. Robert Hurley (New York: Vintage, 1990), p. 154.

101 Chizuko Ueno, *Sukato no shita no gekijo* [A theatre under a skirt] (Tokyo: Kawade Shobo Shinsha, 1992), pp. 178–80.

sexuality.¹⁰² During this process, local people have internalised the concept and controlled their sexuality, and in Malaysia, rural areas were incorporated into modern medical systems, including in terms of sexuality. Thompson expresses similar ideas. Even though ‘so-called rural Malaysia is a qualitatively urban place for social and economic practices’, ‘the rural-urban divide is deeply inscribed and continually reiterated in contemporary Malaysian discourses’.¹⁰³ In sum, this article has examined the formation of the idea of controlling women’s sexuality in local discourses on *sunat*.

Second, the cultural meanings of the Malaysian practice may be lost through medicalisation. It is likely that the practice of female *sunat* on female infants was traditionally situated in a series of childbirth rituals, in most of which *bidans* were engaged, including the placenta burial ceremony, massage after childbirth, and babies’ first haircut ceremony.¹⁰⁴ The need for a drop of blood also indicates a possible relationship between the practice and other birth rituals. Our study found that none of the respondents knew why a drop of blood was necessary, but Newland’s argument might provide a clue.

Cutting the hair is a symbol of submission to the Covenant and a sacrifice of individuality in order to conform to the community’s values. In the same way, circumcision and its cutting of flesh, the cutting and covering of hair, the sacrifice of chicken and goats, blood from humans, chickens and goats all refer to the same set of ideas about submission to Allah and the Muslim community.¹⁰⁵

As such, she argues that circumcision relates to sacrifice. The need for blood in Malaysia might have emerged similarly to the thinking in West Java.

As mentioned above, the 1966 Midwives Act, with the emergence of clinically trained, certified and legally registered midwives, gradually made away with traditional *bidans* participating in childbirth. Moreover, the hospitalisation of childbirth interrupted the traditional series of childbirth processes and removed them from the series of birth rituals. Thus, the practice of female *sunat* gradually came to be separated from birth rituals. In this context, the medicalisation of FGM has been promoted in rural areas. In sum, in rural Malaysia, the female body and sexuality have been increasingly managed by modern medical systems enabled by the medical gaze, as seen in the formation of the concept of sexuality and the medicalisation of childbirth.

Unconscious local culture and cultural contacts

Next, we address the cultural aspect of *sunat*. As noted, the incorporation of rural Malaysia into modern systems has not been fully accomplished. We do not argue that local culture has been preserved in a positivist way. Rather, local people are

102 This study doesn’t consider FGM as premodern patriarchal remnants. Rather, modern societies are patriarchal in the sense that they restructured patriarchal systems in their favour.

103 Thompson, *Unsettling absences*, p. 5.

104 See Laderman’s *Wives and midwives*; and Dawn Hillier, *Childbirth in the global village: Implications for midwifery education and practice* (London: Routledge, 2003). Newland also argues that female circumcision is performed in one of a series of birth rituals in rural West Java. See Newland, ‘Female circumcision’, p. 397.

105 Newland, ‘Female circumcision’, p. 399.

unconscious of their culture because it is so deeply embedded in their daily lives. Only after contact with other cultures can local culture be articulated.¹⁰⁶

Here, the first of two points concerns *bidans'* practice. Analysis of their interviews shows that traditional practices of FGM in northern Malaysia can be categorised as WHO Type 4. They did not mutilate part of the clitoris, but scraped its skin until a drop of blood appeared. Upon closer examination, however, the practitioners differed in their procedures, using different tools and methods, which they explained with different terminology. They used '*cubit* (pinch)', '*kuit*' (scrape), '*cuit* (touch lightly with the tool)', '*cucuk* (pierce)', and '*tekan dengan pisau* (press with the knife)'. Thus, they had no common guidelines, but learned from their predecessors. They had no horizontal networks enabling them to know exactly what other practitioners were doing. In short, they shared no references in terms of which they could articulate their individual practice.

The second point concerns a categorisation gap between local discourses and global discourse. Local people had never heard of African FGM practices, so, of course, they could not locate their practice by referring to Africa. In the local context, however, the reference of female *sunat* might be male *sunat* because they repeatedly used the term '*sikit* (little bit)' to compare female with male practice. This diverges from global FGM practice in which the male is not compared to the female and the label 'male genital mutilation' is scarcely used.

Notably also, male practice often represents general practice, as revealed when villagers who were asked about female *sunat* frequently slipped and talked instead about male *sunat*. When this happened, we had to remind them we were asking about female practice. These instances evoked female *sunat's* location as a mark differentiating Muslims from non-Muslims, often represented by the male practice. In contrast, researchers studying FGM have focused only on the female practice. Just as we wondered why villagers slipped and talked about male *sunat*, they might have wondered why we asked only about female *sunat*.

We discussed epistemological gaps between local people's discourses on female *sunat* and the global discourse on FGM. Rural Malaysians have never problematised the female practice, and, moreover, they have never heard of such an idea. In terms of FGM, outside cultural contact might not yet have begun in rural Malaysian areas.

Conclusion

Has the modern medical gaze eroded this local cultural practice in Malaysia? Or has the gaze invented it? The answer is rather complicated. Since at least the British colonial period, cultural contacts have occurred continuously. Rural people's cultural forms have changed because of the establishment and development of modern systems, including medicine. Medical control of the female body began in the colonial era. In this context, the global discourse of sexuality has encompassed rural Malaysia, and the medicalisation of childbirth processes has changed the meanings of traditional birth rituals. In this way, medical control of the female body and sexuality has been promoted in Malaysia's rural areas.

Even so, modern cultural forms have not entirely substituted local cultural forms. That is, medicalisation has not fully subsumed local attitudes towards female *sunat*.

106 See Said, *Orientalism*; Pratt, *Imperial eyes*.

As Said asserts, the local cultural forms are ‘hybrid, heterogeneous, extraordinarily differentiated and unmonolithic’.¹⁰⁷ In short, cultural contacts between the local category of female *sunat* and the global category of FGM have not yet occurred, leaving a gap between local and global.

However, after our field research ended in February 2018, the FGM dispute in Malaysia began. Malaysia’s National Human Rights Commission criticised a statement by the UN delegate of Malaysia that FGM was a Malaysian cultural obligation.¹⁰⁸ Now, Malaysia is involved in the global FGM controversy between universal humanism and cultural relativism. We examine how the FGM dispute in Malaysia will change local discourses on female *sunat* in a future project.

107 Said, *Culture and imperialism*, p. xxv.

108 Iguchi and Rashid, ‘Sekushuarithi’ reviews the dispute. See also the following newspaper articles. ‘Suhakam calls out DPM’s ministry for “misleading” response to UN on female circumcision’, *Malay Mail*, 14 Nov. 2018, https://www.malaymail.com/s/1693213/suhakam-calls-out-dpms-ministry-for-misleading-response-to-un-on-female-cir?utm_source=izooto&utm_medium=push_notification&utm_campaign=browser_push&utm_content=&utm_term= (accessed 13 Nov. 2019); ‘Suhakam slams Putrajaya: Female genital mutilation not Malaysian culture’, *Star Online*, 14 Nov. 2018, <https://www.thestar.com.my/news/nation/2018/11/14/suhakam-takes-womens-ministry-to-task-over-female-circumcision-statement/#IV6qdVWTAup4TkKt.99> (accessed 13 Nov. 2019); ‘DPM maintains that female circumcision is part of Malaysian culture’, *Star Online*, 15 Nov. 2018, <https://www.thestar.com.my/news/nation/2018/11/15/dpm-maintains-that-female-genital-mutilation-is-part-of-msian-culture/#EBrip245lrmoeBh.99> (accessed 13 Nov. 2019).