

**THE STUDY OF KNOWLEDGE, ATTITUDE AND PRACTICE  
TOWARDS FEMALE CIRCUMCISION AMONG FEMALE PATIENTS  
AT O&G OUTPATIENT DEPARTMENT, HOSPITAL AMPANG,  
SELANGOR, MALAYSIA**

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**ABSTRACT**

*Female circumcision in Malaysia involves drawing a drop of blood and causing brief pain by nicking the tip of the clitoris or prepuce with a pen-knife or sharp tools. The objective of this paper is to assess the knowledge, attitude, and practice of female circumcision among patients who attended the outpatient Obstetrics and Gynaecology clinic in Hospital Ampang. A cross-sectional questionnaire study using sequential sampling of patients aged > 18-year-old attending the clinic. 80% (315) thought circumcision was performed mainly for religious reasons. The perceived benefits include control of sexual desire among women 78% (111). Responding to the question “would you circumcise your daughter”, 97% (380) said they would. There was no significance correlation between respondents being circumcised and their views on having their daughters circumcised (correlation coefficient,  $r=0.2693$ ). 94.3% (379) believed that circumcision had no complications. 79% (318) of the respondents chose to have the circumcision between 0-6 months. 73% (293) chose a medical doctor as the preferred person to do the circumcision. 72% (289) of the respondents stated that they did not actually know how circumcision is performed. 63% (62) of the non-Muslims had never heard of female circumcision. Although there is no specific statement in the Al-Quran to validate such a practice, majority performed circumcision based on religious grounds. Cultural influence may play a role in why and how circumcision is performed as the practice varies between communities and countries. A medical doctor is the preferred person to perform circumcision although there is no formal training for such a practice and in some countries, it is illegal. Despite wanting to have their daughters circumcised, only few mothers knew how exactly it is done.*

**Keywords :** *female circumcision*

**Introduction**

FGM is defined by the WHO as *procedures that intentionally alter or injure female genital organs for non-medical purposes* (WHO, 2008). FGM has been classified into four types (Table 1). Type 4 FGM is still a common practice in Malaysia. In a study by Isa et al., they found that in Malaysia it is performed by nicking the tip of the clitoris or prepuce with a pen-knife or sharp tool, thereby drawing a drop of blood and causing brief pain (Isa et al., 1999). Previous reports suggest that female circumcision is still a common practice among Malays (A.K. Rashid, 2010). In 2009, the Malaysian Council for Islamic Religious Edicts came to a consensus that female circumcision is obligatory (JAKIM, 2009). Since 2012, the Ministry of Health has been developing a guideline to medicalize the practice in Malaysia. As there is no established medical value to the procedure, we wished to establish current population views about its necessity and safety.

**Table 1: Classification of Types of Female Genital Mutilation Procedures (WHO)**

Type	Topology and Subdivision of Female Genital Mutilation
Type I	Partial or total removal of the clitoris and/or the prepuce (clitoridectomy). <ul style="list-style-type: none"> <li>When it is important to distinguish between the major variations of Type I mutilation, the following subdivisions are proposed: Type Ia, removal of the clitoral hood or prepuce only; Type Ib, removal of the clitoris with the prepuce.</li> </ul>

Type 2	<p>Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).</p> <ul style="list-style-type: none"><li>• When it is important to distinguish between the major variations that have been documented, the following subdivisions are proposed: Type IIa, removal of the labia minora only; Type IIb, partial or total removal of the clitoris and the labia minora; Type IIc, partial or total removal of the clitoris, the labia minora and the labia majora.</li><li>• Note also that, in French, the term ‘excision’ is often used as a general term covering all types of female genital mutilation.</li></ul>
Type 3	<p>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).</p> <ul style="list-style-type: none"><li>• Type IIIa, removal and apposition of the labia minora; Type IIIb, removal and apposition of the labia majora.</li></ul>
Type 4	<p>All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.</p>

## Methodology

A cross-sectional study design was carried out involving women attending the Ampang Hospital antenatal and gynecological clinics during July to August 2012. Sequential convenience sampling was performed between 25 July to 8 August 2012. A total of 680 women were asked to answer a questionnaire and 500 agreed a response rate of 73.5%.

Inclusion criteria were female gender, aged 18 years and above, who could understand Malay or English. The exclusion criteria include those aged below 18 and do not understand Malay or English. Each woman who came to the clinics was approached by a research assistant after having their vital signs measured. The nature of the survey was explained to them. Written informed consent was obtained. The questionnaire was in a multiple-choice format. The research assistant read out the questions and completed the answer sheet. The questionnaire was piloted among a group of 20 patients and validated prior to conducting the survey. The questionnaires were written in English and Malay (Appendix 1). They consisted of three main segments which were: socio-demographics, knowledge, and attitude towards female

circumcision. Socio-demographics data included the woman’s age, race, educational level, salary and number of children. The correlation coefficient between variables was calculated to assess whether any of the answers were linked to participant demographic variables. This study received approval and short-term grant from Research Management Centre, Universiti Sains Islam Malaysia.

## Results

A total of 680 women were approached and 500 (73.7%) women participated in the survey. 80.4% (402) of them were Muslim. The Muslim respondents were further divided by ethnicity: 88% (355) were Malay, 5% (20) Indonesian and 7% (9) other races. The Demographic characteristics of the respondents are shown in Table 2.

**Table 2: Respondents Sociodemographic Data**

<b>Muslim</b>	<b>80.4% (402/500)</b>		
	Race	Malay	88.3% (355/402)
		Indonesian	5% (20/402)
		Others	6.7% (27/402)
	Age	18-24	16% (66/402)
		25- 35	62% (247/402)
		36- 40	9% (35/402)
		>40	13% (54/402)
	No of daughters	0	54% (216/402)
		1	27% (110/402)
		2	13% (53/402)
		≥ 3	6% (23/402)
	Education level	Primary	7% (28/402)
Secondary		51% (204/402)	
Tertiary		42% (170/402)	
Occupation	Housewife	35% (140/402)	
	Public sector	17% (69/402)	
	Private sector	48% (193/402)	
Monthly income (RM)	>2500	31% (124/402)	
	2500- 3500	27% (109/402)	
	>3500	42% (169/402)	
<b>Non Muslim</b>	<b>19.6% (98/500)</b>		
	Race	Chinese	57.1% (56/98)
		Indians	32.7% (32/98)
		Others	10.2% (10/98)
	Age	18-24	5% (5/98)
		25- 35	47% (46/98)
		36- 40	14% (14/98)
		>40	34% (33/98)
	No of daughters	0	57% (56/98)
		1	26 % (26/98)
		2	11% (11/98)
		≥ 3	5 % (5/98)
	Education level	Primary	18% (18/98)
		Secondary	38% (37/98)

	Tertiary	44%	(43/98)
Occupation	Housewife	38%	(37/98)
	Public sector	7%	(7/98)
	Private sector	55%	(54/98)
	Monthly income (RM)	<2500	38%
	2500- 3500	20%	(20/98)
	>3500	42%	(42/98)

Majority of Muslim respondents (98%) had prior knowledge regarding circumcision. About 89% (347) of them mentioned that they knew about it from family members, 52% (207) thought it was *wajib* (compulsory) while 24% (97) thought it was *sunnah* (recommended).

Up to 78% (315/402) of the respondents thought circumcision was performed mainly for religious reasons while 69% (279/402) of total respondents cited health reasons. The perceived benefits of female circumcision included control of sexual desire among women 28% (111/402), cleanliness, 59% (238/402) and better sexual function 17% (67/402). When the Muslim respondents were asked regarding the necessity of circumcision, 95% (380/402) stated yes, it was necessary; 3% (12/402) stated it should not be performed and 2% (10/402) stated they do not know.

In assessing their attitude towards female circumcision, 87.8% (353/402) of the participants had themselves been circumcised when young, while 4% (16/402) had not. The remaining 8.2% (131/402) were unsure if they have been circumcised before. 94.3% (379/402) believed that circumcision had no complications.

When the respondents were asked whether they would circumcise their daughters, 95% (380/402) said they would. There was no significant correlation between respondents themselves being circumcised and having their daughters

circumcised (correlation coefficient,  $r = 0.2693$ ). With regard to the optimum age for circumcision, the majority, 79% (318/402) of the respondents would choose to have the circumcision performed on their child between 0-6 months of age while 10% (40/402) preferred to defer circumcision until 7-12 months. 73% (293/402) of the respondents chose a medical doctor as the preferred person to do the circumcision, followed by a traditional midwife 23% (92/402). 72% (289/402) of the respondents stated that they did not actually know how circumcision is performed. Table 3 summarizes the above findings.

Among the non-Muslims, when asked about female circumcision, 63% (62/98) had never heard of it. Among those who had, 72% (26/98) said that they got to know about it through friends, and 44% (16/98) thought it obligatory for a female Muslim to have a circumcision. Among those who had heard about female circumcision, none of them knew how female circumcision is performed in Malaysia (or elsewhere). None of the and non-Muslims respondents were circumcised before and none of them will circumcised their daughters.

**Table 3 : Summary of the Clinical Findings**

Parameters	Results
Response rate	500/680 (73.7%)
Muslim	402/500 (80.4%)
Non Muslim	98/500 (19.6%)
Muslim Respondents Knowledge	
Have the knowledge about circumcision	392/402 (98%)
Have the knowledge on the exact procedure involved during circumcision	113/402 (28%)
Do not know on the exact procedure involved during circumcision	289/402 (72%)
Circumcision is Wajib	207/402 (52%)
Circumcision is Sunat	97/402 (24%)
Circumcision performed due to religious grounds	315/402 (78%)
Circumcision performed for health reasons	279/402 (69%)
Perceived benefits of circumcision:	
Control of Sexual Desire	111/402 (28%)
Cleanliness	238/402 (59%)
Better sexual function	67/402 (17%)
Attitude	
Circumcision should be performed	380/402 (95%)
Circumcision should not be performed	12/402 (3%)
Not sure if circumcision should be performed	10/402 (2%)
Had circumcision	353/402 (88%)
Had not been circumcised	16/402 (4%)
Not sure if had been circumcised	33/402 (8%)
Practice	
Will circumcise their daughters	380/402 (95%)
Will not circumcise their daughters	22/402 (5%)
Correlation between being circumcised and having their daughter circumcised	Correlation coefficient, r= 0.2693
Age of preference for circumcision	
0- 6 months	318/402 (79%)
7- 12 months	40/402 (10%)
Personnel preferred to perform circumcision	
Medical doctor	293/402 (73%)
Traditional midwife	92/402 (23%)
Others (family members etc)	17/402 (4%)
Non- Muslim Respondents Knowledge	
Do not know about circumcision	62/98 (63%)
Know about circumcision	36/98 (37%)

## Discussion

Our questionnaire showed that among the participants, female circumcision is only practiced by Muslims (88% of whom were Malays and 12% Indonesians). This is consistent with the fact that female circumcision is also practiced in Indonesia (Rizvi et al., 1999). Most information about circumcision was gained via the family. The majority of the respondents thought that female circumcision was necessary according to Islamic law.

There are four main schools of jurisprudence (*madh'hab*) in Islam, called Hanafi, Maliki, Shafie and Hanbali. Muslims in Malaysia majority are of the Shafie school, which regards female circumcision as obligatory. At the 86<sup>th</sup> Conference (*muzakarah*) of the Fatwa Committee National Council of Islamic Religious Affairs Malaysia held on 21st-23rd April 2009, it was decided that female circumcision is part of Islamic teaching and it should be observed by Muslims (JAKIM, 2009). Thus, female circumcision is considered as obligatory (*wajib*).

In hadiths (teachings of the Prophet) narrated by Muslim that 'Aa'ishah said: The Messenger of Allah said:

*“When a man sits between the four parts (arms and legs of his wife) and the two-circumcised parts meet, then ghusl is obligatory”* (Muslim 349).

In another hadith narrated by Al-Bukhaari and Muslim from Abu Hurayrah, that the Prophet said:

*“The fitrah is five things – or five things are part of the fitrah – circumcision, shaving the pubes, cutting the nails, plucking the armpit hairs, and trimming the moustache”* (Bukhari 5889 and Muslim 257).

This hadith includes circumcision of both males and females. However, the committee also added that as Islam pays attention to the safety of the people, it is acceptable not to perform circumcision if there is evidence it would harm the individual. Abu Dawood narrated from Umm 'Atiyyah al-Ansaariyyah that a woman used to do circumcisions in Madeenah and the Prophet said to her:

*“Do not go to the extreme in cutting; that is better for the woman and more liked by the husband”* (Abu Dawood 5271).

Other schools such as the Hanbali school regard female circumcision as recommended (*sunnah*) rather than obligatory, and the Hanafi school regard it as a 'courtesy' to the husband (Keller, 1997). The two Muslim respondents (who were from) in this study who stated that they did not perform female circumcision were from Pakistan and Myanmar where the Hanafi school is dominant and does not require circumcision. In the al-Quran there is no specific verse that authorizes female circumcision (Rizvi et al., 1999). Rizvi pointed out that female circumcision is not performed in many Muslim countries, for example Saudi Arabia, Iran and Turkey. However, it is still prevalent in other Muslim countries such as Egypt, Indonesia, Sudan, Ethiopia, Somalia and Kenya (Toubia, 1994), despite attempts to stop its practice (for example, it was made illegal in Egypt in 2007).

Due to the differences in opinion amongst scholars, it is understandable that some respondents feel it is obligatory while others feel it is merely a recommended act. Some 12.2% (57) of the respondents said they were aware of the Islamic law/opinion regarding circumcision. However, even if they were unaware of religious teachings about the procedure, 87% (43) of such respondents still recommended circumcision. This suggests that cultural (traditional) factors are more important

than religious motivation in supporting the practice of female circumcision in Malaysia.

The perceived benefits of female circumcision in this study include that of control of sexual desire and cleanliness. This is parallel to the findings reported by Isa et al (1999), who reported that in their study, 100% of respondents believed that female circumcision enhanced the husband's sexual pleasure, and 90% that circumcision reduced female sexual pleasure. Moreover, in the same study, 99% of the respondents considered that if circumcision was not performed, it could lead to an increase in the immorality of women. Surprisingly, 32% believed that circumcision promotes fertility in women (a belief which has no scientific basis).

When asked whether they knew of any complications of circumcision, more than 94% of the respondents believed that there is no known complication. This may be because the procedure commonly done in Malaysia is relatively minor. Isa et al. (1999) reported that the most commonly practiced procedure is making a nick in the prepuce. Similar reports of a belief in the lack of complications were obtained in studies done among the rural Malays in North Malaysia (A.K. Rashid, 2010). However, whether this perception is due to the type of procedure done actually being associated with a very low rate of complications, or due to under reporting of complications, remains unknown (Rizvi et al., 1999). In our study, 87% of the women interviewed had themselves been circumcised. They were not aware of any complication had occurred as otherwise they would not have considered the risk to be zero.

Majority (97%) of the mothers said they will have their daughters circumcised despite not knowing how circumcision is being done. This may be due to the fact that it is regarded as a simple procedure without complications. Thus, such practice is taken for granted and continues to be practiced and passed on to the next generation.

Respondents considered that the ideal age for circumcision is between birth and six months of age. It has been reported that female circumcision is usually being done before six months of age because if it is done much later the skin will be thicker and the procedure will take longer (A.K. Rashid, 2010). Others have reported that this age is chosen to avoid embarrassment and psychological trauma to the child (Isa et al., 1999).

Respondents considered that medical doctors are the best people to perform circumcision. This may be due in part to the fact that many regard the procedure to be safer and easier if done soon after birth. However, to the best of our knowledge there is no formal teaching or training received by medical doctors in Malaysia regarding circumcision during their undergraduate or postgraduate training. The practice is not reported as being performed in public hospitals, and appears to be conducted mainly in private medical centers (Zaman, 2011). If health care personnel are the primary providers of this service, it may become 'medicalized'. This will raise the question of whether such medicalization is 'harm reduction' or 'promotion of a dangerous practice' (Shell-Duncan, 2001).

## Conclusion

Medical interventions need to be justified by proven benefits which outweigh harms. Despite a lack of proven medical benefits, female circumcision remains a common practice in certain community in Malaysia. Only if it can be shown that complications are truly negligible can its continued practice be considered acceptable. For this reason, we recommend that a system be established to ascertain the true complication rate of this controversial procedure.

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## APPENDIX 1 : The Study of Knowledge, Attitude and Practice Towards Female Circumcision among Female Patients at O&G Outpatient Department, Hospital Ampang, Selangor

No:

### Part I: SOCIODEMOGRAPHIC

- Age of Respondent (Years):
  - 18 – 20
  - 21 – 24
  - 25 – 30
  - 31 – 35
  - 36 – 40
  - >40
- Race:
  - Malay
  - Indian
  - Chinese
  - Others: \_\_\_\_\_
- Religion:
  - Islam
  - Buddha
  - Christian
  - Hindu
  - Others: \_\_\_\_\_
- Number of Children:
  - Male
  - Female
- Educational Level:
  - No
  - SRP/PMR
  - SPM
  - Certificate
  - Diploma
  - Degree
  - Master
  - PhD
- Occupation:
  - Government
  - Private Sector
  - Housewife
  - Others: \_\_\_\_\_
- Monthly Household Income (Combined):
  - <RM1000
  - RM1000 – RM2500
  - RM2500 – RM3500
  - RM3500 – RM4500
  - >RM4500

**Part II: KNOWLEDGE**

1. Have you heard about female circumcision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. How do you know about female circumcision? (Source of Knowledge)	<input type="checkbox"/> Reading <input type="checkbox"/> Family <input type="checkbox"/> Mass Media	<input type="checkbox"/> Friend <input type="checkbox"/> Doctor
3. What is Islamic law about female circumcision?	<input type="checkbox"/> Sunnah (Recommended) <input type="checkbox"/> Wajib (Obligatory)	<input type="checkbox"/> Harus <input type="checkbox"/> Do Not Know
4. Do you think female circumcision need to be performed?	<input type="checkbox"/> Performed	<input type="checkbox"/> Not Performed
5. Why circumcision is not performed/ performed?	<input type="checkbox"/> Religion Requirement <input type="checkbox"/> Health <input type="checkbox"/> Cultural <input type="checkbox"/> Mother's Choice <input type="checkbox"/> Father's Choice <input type="checkbox"/> Advice From Doctor	<input type="checkbox"/> Dangerous and Painful <input type="checkbox"/> Sexual Function <input type="checkbox"/> Adopted Child <input type="checkbox"/> No Need <input type="checkbox"/> Others: _____
6. What are the benefits of female circumcision?	<input type="checkbox"/> Control of Sexual Desire <input type="checkbox"/> Cleanliness	<input type="checkbox"/> Sexual Function <input type="checkbox"/> Others: _____

**Part III: ATTITUDE & PRACTICE**

1. Have you had circumcision done to yourself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Do Not Know
2. Do you know any complication from circumcision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. If agree, at what age will you do female circumcision?	<input type="checkbox"/> 0 – 6 Months Old <input type="checkbox"/> 7 – 12 Months Old <input type="checkbox"/> 13 – 24 Months Old	<input type="checkbox"/> 3 – 6 Years Old <input type="checkbox"/> 7 – 12 Years Old
4. Who do you prefer to conduct female circumcision?	<input type="checkbox"/> Midwife <input type="checkbox"/> Medical Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Family Member	<input type="checkbox"/> Traditional Midwife <input type="checkbox"/> Others: _____
5. Do you know how female circumcision being done?	<input type="checkbox"/> Yes	<input type="checkbox"/> No