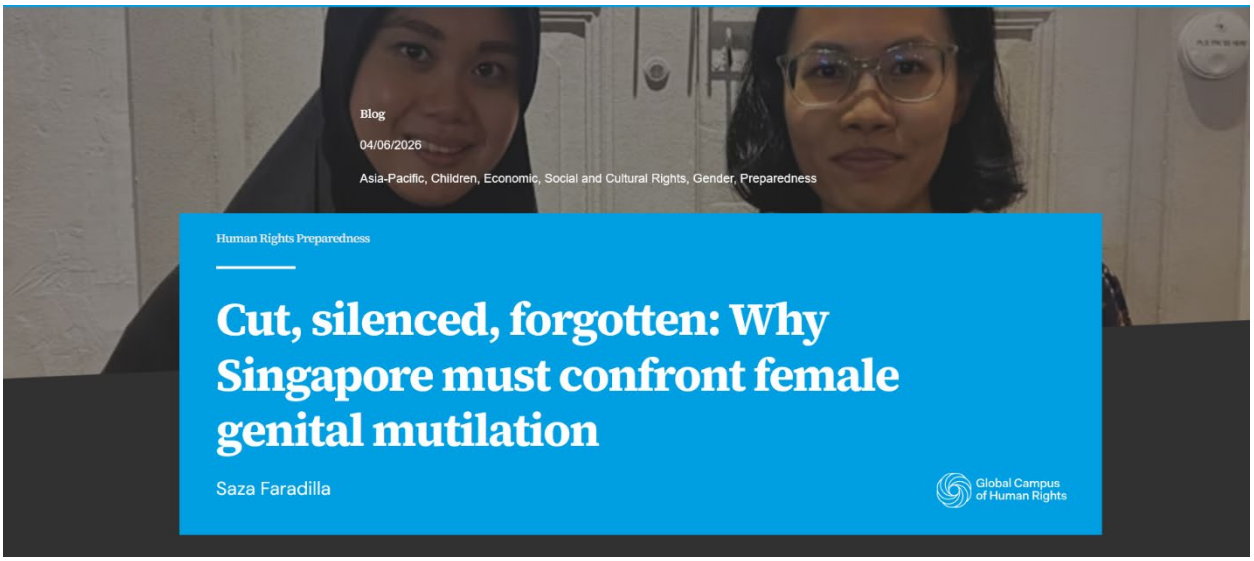


# Cut, silenced, forgotten: Why Singapore must confront female genital mutilation

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**Abstract:** Female genital cutting remains hidden in Singapore, often framed as religion, culture, or harmless medical care. Ending it requires public health guidance, religious clarity, community education, and protection for every girl's bodily autonomy.

At the age of 20, I found out that part of my genitals had been cut when I was a baby. A relative mentioned it casually as he/she? though it was not a big deal. No one could tell me exactly what was done, how it was done, or why. More importantly, no one seemed to think it mattered. That silence is part of the problem. Female Genital Cutting (FGC) is rarely discussed openly in Singapore, although it continues to be practiced within parts of the Muslim community. It is often described as 'just a small cut', a religious obligation, or a harmless tradition. These descriptions make the practice sound minor. They also make it harder to challenge.

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FGC refers to injury to female genital organs for non-medical reasons. The World Health Organization (WHO) defines Female Genital Mutilation/Cutting (FGM/C) as procedures involving the partial or total removal of external female genitalia, or other injury to female genital organs, for non-medical reasons; it states clearly that FGM/C has no health benefits and can cause immediate and long-term harm, including bleeding, infection, urinary problems, scarring, childbirth complications, and psychological distress. Even where the cut is described as small, the ethical problem remains serious: a child's genitals are altered before she can understand, refuse, or consent.

In Singapore, FGC has also become medicalised. Some families prefer doctors because they believe this makes the procedure safer, cleaner, or more acceptable, but medicalisation does not make a harmful practice legitimate. WHO has warned against the growing medicalisation of FGM/C and urged health workers to prevent the practice rather than perform it. A medically trained person carrying out a non-medically necessary cut on a child does not turn it into healthcare. It gives the practice a false sense of safety and authority.

The issue is not only medical. It is also about bodily autonomy, gender equality, and children's rights. FGC is internationally recognised as a violation of the human rights of girls and women because it is usually carried out on minors and reflects unequal control over girls' bodies. Many girls who undergo FGC only learn what happened much later in life. For some, the harm lies not only in the cut itself but in the realisation that a decision was made about their body without their knowledge or consent.

Singapore's approach to religion and gender has often involved balancing women's equality with the accommodation of Muslim personal law. This is reflected in its position in respect to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), as the state has maintained reservations to parts of the Convention on the basis of protecting the rights of minorities to practice their personal and religious laws. Scholars have similarly noted that Singapore's accommodation of Muslim personal law raises questions about how to balance individual rights and group autonomy. The United Nations Committee on the Elimination of Discrimination against Women reviewed Singapore in 2024 and issued concluding observations on the state's implementation of CEDAW. This matters because FGC is not a private family matter alone. It falls within Singapore's broader human rights obligations to protect women and girls from harmful practices.

**What should change?**

First, Singapore needs clear public health guidance. The Ministry of Health should state that FGC has no medical benefit and should not be performed by healthcare professionals. Doctors, nurses, and midwives should be trained to recognise FGC,

document it sensitively, counsel families who request it, and support survivors without shame. Healthcare settings should not become places where the practice is normalised.

Second, religious leadership matters. FGC is often defended as a religious requirement, but this claim is contested across the Muslim world. WHO notes that although some people believe the practice has religious support, no religious scripts prescribe it, and religious leaders take different positions on the issue. The fact that many Muslim communities do not practice FGC shows that it cannot simply be described as an Islamic obligation.

Notably, Indonesia offers an important regional lesson. Although FGC remains widespread there, it has also become a site of sustained advocacy by health actors, women's rights groups, religious scholars, and civil society. In 2024, the Indonesian government acknowledged FGM/C as a human rights violation and outline steps for its elimination. The Indonesian Women Ulama Congress (KUPI) has also challenged harmful practices through women-led Islamic scholarship. Its 2022 congress addressed FGC as a form of injustice against women and girls. This shows that religious authority can be part of ending FGC, instead of defending it.

Singapore can learn from this. A clear statement from the Islamic Religious Council of Singapore (MUIS) that FGC is not religiously required would make a real difference. Many parents continue such a harmful practice because they fear that refusing it means rejecting Islam. Religious reassurance would help families understand that protecting their daughters from harm is not a rejection of faith.

Third, Singapore needs public education. Parents need accurate information about what FGC is, what risks it carries, and why consent matters. Public education should not shame families. Many parents allow FGC because they believe they are fulfilling religious or cultural duties, or because they think it protects their daughters. But good intentions do not remove harm. A practice can be carried out with love and still violate a child's rights.

Fourth, schools, social workers, counsellors, and community organisations need resources. A girl or woman who finds out she underwent FGC may feel confused, angry, ashamed, or isolated. She should not have to process that alone. Professionals who work with young people and families should know how to respond without dismissing the issue or deepening stigma.

It is worth highlighting that there have already been attempts to address FGC in Singapore. Civil society advocates, including 'End Female Genital Cutting Singapore', have organised public education efforts, produced community resources, engaged policymakers and healthcare professionals, and raised the issue through international human rights mechanisms. These efforts have helped make FGC more visible, but civil society cannot carry this work alone. Government agencies, religious

institutions, healthcare bodies, educators, social service providers, and community leaders all have a respective role to play.

Other countries show that change is possible when multiple actors move together. Legal bans alone are not enough. In some places, FGC continues despite laws because families still see it as a social or religious obligation. UNFPA notes that laws alone cannot change behaviour where people are still socially expected to practice FGC and fear social punishment if they do not, while UNICEF explains that FGC is often maintained as a social norm through expectations that other families will also cut their daughters. Effective change usually requires public health regulation, religious reinterpretation, community education, survivor-informed advocacy, better data, and political will. Indonesia's recent policy shift is important not because it has solved the problem, but because it shows how religious, medical, civil society, and state actors can push FGC into public policy rather than leaving it hidden as a private family matter.

This is the lesson for Singapore. Ending FGC cannot depend only on individual parents quietly deciding to stop. The practice is sustained by social pressure, religious uncertainty, lack of information, medicalisation, and institutional silence. It must therefore be addressed at all these levels.

**Looking ahead**

FGC in Singapore is often treated as too sensitive to discuss, but silence does not protect girls. It protects the continuation of the practice. If Singapore values equality, dignity, and bodily autonomy, it needs a clear plan to end FGC. That means public health guidance from the Ministry of Health, religious clarity from the Islamic Religious Council of Singapore, specific training for healthcare and social service professionals, proper data collection, and sustained community education. It also means listening to women and girls who have been affected, not as symbols of suffering, but as people whose bodies and rights matter.

No girl should grow up learning that her body can be altered before she has the words to ask why. Singapore can do better. The first step is to stop treating FGC as a private cultural matter and recognise it for what it is: a harmful practice that requires public action.