Committee for the Elimination of Discrimination against Women
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Information on Singapore for consideration by the Committee for the Elimination of Discrimination against Women during the Pre-Sessional Working Group for its 85th session (31 October - 4 November 2022)

Introduction:

1. We respectfully present this report and the supporting Annex for your consideration for the adoption of List of Issues during the sixth periodic review of Singapore by the Committee for the Elimination of Discrimination against Women ("the Committee") during the pre-sessional working group for its 85th session (31 October to 4 November 2022). This report is submitted jointly by End FGC Singapore and Equality Now and highlights the issue of Female Genital Mutilation/Cutting (FGM/C) in Singapore.

2. End FGC Singapore (EFS) is a community-led independent campaign to empower Muslim communities in Singapore to end the practice of Female Genital Cutting (FGC). EFS has a 3-pronged mission to: (a) Create a paradigm shift within Muslim communities (b) Engage relevant religious and healthcare leaders to have a public stance on FGC (c) Educate the broader community to create solidarity and allyship, to inspire action within the Singapore population.

3. Equality Now is an international human rights NGO with ECOSOC status with the mission to achieve legal and systemic change that addresses violence and discrimination against all women and girls around the world. Founded in 1992, Equality Now is a global organisation with partners and supporters in every region. Ending sexual violence, ending sexual exploitation, ending harmful practices and achieving legal equality are the main areas of Equality Now’s work.
4. The issues and practices detailed in our report highlight the State's failure to fulfill its duty to protect women and girls from FGM/C (article 2(c) and (e)); and that the decisions and faults of the authorities and their agents constitute demonstrable direct and indirect discrimination against women (article 2(d)). We argue that the root causes of the failures of the State are due to the failure to comply with the obligation to transform gender hierarchies and stereotyped attitudes towards women, which violate Articles 2(f) and 5(a) of the Convention, since the State has an obligation to combat FGM/C, as outlined in General Recommendations 14, 19 and 31 of the CEDAW Committee.

Prevalence of FGM/C in Singapore

5. FGM/C is a harmful practice that involves the partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. It is recognised internationally as a violation of the rights of women and girls and an extreme form of violence which infringes on their right to be free from all forms of discrimination, right to life and physical integrity, including freedom from violence and the right to health.

6. FGM/C is documented amongst various Muslim communities in Singapore (which constitute around 23.4% of the total population). A qualitative study from 2011 had also gathered evidence on the existence and practice of FGM/C within the Malay community in Singapore from around 30 participants, including survivors, Malay men, circumcisers and religious leaders. A pilot survey of 360 Muslim women in Singapore conducted in 2020 by End FGC Singapore found that 75% of Muslim women in the study sample had been cut in their early childhood. Of the 360 respondents from the survey, 57% were from the Malay community, while the rest identified as belonging to Javanese, Indian, Boyanese, Arab and other communities.

7. The experiences of two survivors of FGM/C from Singapore, as highlighted in Equality Now’s joint report, Female Genital Mutilation/Cutting: A Call for a Global Response, are detailed in the annex to the submission.

8. It is believed that at present, almost 100% of FGM/C in Singapore has been medicalised, occurring in less than 10 General Practitioner (GP) clinics by Muslim female doctors across the island.

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1 World Health organisation, Female Genital Mutilation, https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation#:~:text=Female%20genital%20mutilation%20%(FGM)%20comprises%20organ%20removal%20or%20non%20medical%20reasons.


3 End FGC Singapore, Pilot study on female genital cutting (FGC) in Singapore (unpublished and available on file with authors). Please see https://www.instagram.com/p/CP00SZzBQE3/ for a summary of the study findings.

9. The most common type of cutting done in Singapore is Type I and IV FGM/C (with anecdotal evidence of Type II FGM/C) - cutting varies from pricking, scraping, to surgical removal of tissue. In the pilot study, 38.4% of women reported that their clitoral hood or clitoris was cut. A variety of instruments were used for the cutting: penknife/blade, scissors, needle, or laser. There is no clear standard or consistency amongst the general practitioners. These results show that doctors cut using different techniques, with varying severity, on different parts of the vulva, and with a variety of equipment.

10. There is difficulty drawing causation between Type I and Type 4 FGM/C and reported medical harms, since most existing literature on the medical harms of FGM/C either focus on Type 2 and Type 3 or fail to distinguish between various types of FGM/C in their results. The following are potential and actual harms that were found by the pilot study in Singapore:

   a. Accidental over-cutting or laceration of other parts of vulva, requiring surgical repair.\(^5\)
   b. Infection at site, keloid scars, abscesses, cysts, pain during sex or menstruation, tearing of scar during vaginal childbirth, shock, urinary tract infections.\(^6\)
   c. Long term desensitisation of the clitoris. FGC in an infant means disproportionately more nerve endings lost, affecting future sexual function and pleasure.
   d. Negative impact on attachment to caregiver. One common defense mechanism of the nervous system to extreme pain is shutdown (lethargy or falling asleep immediately afterwards), which negatively affects interactions with the caregiver e.g. feeding.\(^7\)
   e. Negative impact on childhood brain development. Exposure to acute pain in babies and children will activate biological stress response, preventing optimal development.\(^8\)
   f. Negative impact on the adult nervous system and therefore, mental well-being. Any acute biological stress response under the age of one can cause elevated levels of cortisol in the hair throughout adulthood.\(^9\)


Legal and Policy Measures aimed at addressing FGM/C

11. There are no publicly-available laws, rules or guidelines to address FGM/C in Singapore.

12. There are no policy measures to address FGM/C. The MOH categorises FGM/C as a practice that is “not prevalent in Singapore. It is a private and long-standing custom that some have chosen to practise.” However, this stance is contradicted by the results of available research on the continued prevalence of FGM/C in Singapore, including from the pilot study.

13. Most importantly, there are no prohibitions, regulations or checks and balances for the doctors who do this practice. Further, the government has not undertaken any awareness or community education campaigns involving affected communities; or attempted to protect girls from undergoing FGM/C. EFS has consistently engaged the Ministry of Health (MOH), Islamic Religious Council of Singapore (MUIS) and Muslim Healthcare Professionals Association (MHPA) since 2017, but the responses have been disparate and minimal.

14. As any policy on FGM/C would affect a substantial proportion of Singapore’s population, it is important that the government undertakes public consultations with a wide range of stakeholders, including by constituting a citizens’ panel to provide recommendations and advise on appropriate policy measures to address FGM/C (as it has done for other issues such as diabetes, recycling and work-life harmony).

Marital Immunity for Rape and Sexual Activity with Minors

15. We commend the government of Singapore for amending sections 375 and 376A of the Penal Code to remove the exception for marital rape which earlier existed under the law. However, we are concerned that some protection gaps still remain in the provisions relating to sexual offences. Article 375 and 376A of Singapore’s Penal Code provide marital immunity for rape and sexual activity with minors under the age of 16 who are said to “consent”.

16. These provisions encourage “child marriage” and assume the children, mostly girls, are willingly consenting to sexual activity and not coerced merely because they are married to the offender. A man who has sex with a 15-year-old girl would ordinarily be deemed guilty of sexual penetration of a minor, regardless of her apparent agreement, but the law

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10 EM/20/Oct/02772, Email from Ministry of Health Singapore to End FGC SG on 10 November 2020.
12 https://www.equalitynow.org/discriminatory_law/singapore_the_penal_code/
deems such a minor wife capable of “consenting” to sexual activity with her husband. The law needs to be amended to remove all marital exceptions for sexual offences and ensure that the offences are based on lack of consent, irrespective of whether the parties are married to each other or not.

**Suggested Questions for State Party’s List of Issues**

17. We respectfully urge the Committee to raise the following requests and questions with the Singaporean government:

- Please provide statistical and other relevant data on the number of women and girls living in Singapore who have either undergone FGM/C or are at risk of undergoing FGM/C. If this data is not available, what are the government’s plans and timeframe for collecting such data?
- Please provide statistical and qualitative data on the health consequences and outcomes of women and girls living in Singapore who have undergone FGM/C that was conducted in Singapore. If this data is not available, what are the government’s plans and timeframe for collecting such data?
- What measures have been taken by the Singapore government to raise awareness of, eliminate and address the harmful practice of FGM/C within the country?
- Does the government have plans to enact a citizen’s panel on FGM/C, and, if yes, what is the timeline for this?
- What steps is the government taking to implement legal and policy measures to prevent and address the practice of FGM/C in Singapore, including to address the medicalisation of FGM/C?
- Does the government have plans to amend section 376-A of the Penal Code to remove the marital immunity for sexual activities with minors, including rape?

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ANNEX - TESTIMONIES OF FGM/C SURVIVORS

Saza’s Story:

It was at my niece’s second birthday party when my sister-in-law mentioned that her daughter had been circumcised the previous week. I said, “This is wrong, it’s a violation of human rights!” And that is when my older sister told me I’d been cut as a baby. It felt like a bomb had gone off, I had no idea it had happened to me.

My experience inspired me to research female genital cutting (FGC) for my university thesis. FGC is practiced among Singapore’s Malay community and around 60% of Malay women have been cut. It is done for a range of reasons as an expression of culture and religion that is passed down the matriarchal line.

Islam has been mixed with traditions and patriarchy in the region and used to justify FGC. Women are often the custodians of culture and there is an understanding that we are required to remain virginal and untouched.

The Malay language has a lack of vocabulary to discuss women’s sexuality and the idea of female pleasure is missing from the culture. Female sexuality is seen as something that needs to be cured and FGC is a tool to control it.

FGC used to be performed by traditional midwives at homes but now the practice is medicalized and there are clinics where doctors operate. There is no law or legislation banning FGC in Singapore and the government has no public stance.

Type I FGC is practiced and it is often viewed as not serious enough to address but this shows a lack of understanding about the harm. It is a child rights violation as the child cannot consent to something being permanently removed from their body.

Since I shared my research, I have heard people talking about FGC within the Malay community. I have female friends who didn’t realize they were cut or didn’t think it was problematic but because of our discussions, they have confronted their parents. This can unravel a lot of trauma and Malay culture is not one where parents apologise to their children, but it is providing the space for important conversations between parents and their daughters.

For Saza’s full story head to equalitynow.org/Saza
Aisha’s* Story:

*I name changed

I was told as a child that every girl had to go through it. There is basically nobody that you know who hasn’t gone through it. I believed everything my mother said.

As a nurse, I cleaned the vagina of women of different ethnicities. Of course, I noticed the difference. They had the hood and the two labia folds, and I did not.

At that time, as a Malay Muslim, I believed that my vagina was “cleaner” than those who were not circumcised. I felt I belonged to a much “higher status” because I was “cut”.

I realized my sexual desire plummeted and I wasn’t really interested in sex much longer.

I had my daughter at home, assisted by my husband. The natural delivery left a stinging burning sensation on my clitoris region. I thought it would go away, but it lasted much longer than I expected.

I deeply pondered: Why am I still feeling this? Why does it still feel sore? Is it because of the FGC that my mother made sure I underwent when I was a baby?

My mother kept insisting that I took my daughter to the clinic for “sunat”. She said it would be “over before you know it.” My husband is Muslim, but he’s not Malay. My husband refused to have it done to our daughter. He said women in his country did not have it done.

I’m sad it was done to me. I will never let it happen to my offspring.

When we educate women, we educate the entire nation. Women have to choose wisely what is right and wrong. Don’t succumb to social pressure – just because everyone is doing it, doesn’t make it right.

A longer version of this story was originally published on Sahivo’s blog.

For Aisha’s* full story head to equalitynow.org/Aisha