



In partnership with
Canada



One Decade of Indonesia's Efforts in Eradication of the Practice of FGM/C: The Experience of UNFPA's Working Partners





In partnership with
Canada



One Decade of Indonesia's Efforts in Eradication of the Practice of Female Genital Mutilation/Cutting (FGM/C): The Experience of United Nations Population Fund's (UNFPA) Working Partners

Lies Marcoes

UNFPA
2023

One Decade of Indonesia's Efforts in Eradication of the Practice of Female Genital Mutilation/Cutting (FGM/C): The Experience of United Nations Population Fund's (UNFPA) Working Partners

United Nations Population Fund (UNFPA)
2023

Editorial and Contributor Team

Lead of Publication:

[Anjali Sen](#)

Country Representative, UNFPA Indonesia

Editorial and Reviewer:

[Satyawanti Mashudi](#)

Member of NCVAW Commissioner

[Dr. Nur Ro'iah bil Uzm](#)

Woman Ulama of KUPI

[Atashendartini Habsjah](#)

Expert of SRH

Author:

[Lies Marcoes](#)

Photograph:

[Armin Hari](#)

[Lucky Arifianto Sugiarto Putra](#)

[Norcahyo B Waskito](#)

Layout:

[Armin Hari](#)

This publication is made possible in the partnership of UNFPA, the Indonesian Ministry for Women Empowerment and Child Protection, and the Government of Canada (Global Affairs Canada) through BERANI Program. Printing of this publication is supported by UNFPA-UNICEF Global Joint-Programme on the Elimination of FGM.

All figures/photography subjects have understood and given their informed consent for the purpose of documentation and non-commercial printing.

Copyright © 2023 United Nations Population Fund. The opinions expressed in this publication are those of the author and do not necessarily reflect the views of the United Nations Population Fund. No part of this publication may be reproduced, distributed, or transmitted in any form or by any means, without the prior written permission to UNFPA.

March 2023

List of Abbreviations

AIPJ	: Australia Indonesia Partnership for Justice	MAMPU	: <i>Kemitraan Australia Indonesia untuk Kesetaraan Gender dan Pemberdayaan Perempuan/Australia-Indonesia Partnership for Gender Equality and Women's Empowerment</i>
APBN	: <i>Anggaran Pendapatan Belanja Negara/ National Budget</i>		
BAPPENAS	: <i>Badan Perencanaan Pembangunan Nasional/ National Development Planning Agency</i>		
BERANI	: Better Reproductive Health and Rights for All in Indonesia	MBKM	: <i>Program Merdeka Belajar – Kampus Merdeka/ Free Campus – Free to Learn Program</i>
CEDAW	: Convention on the Elimination of All Forms of Discrimination Against Women	MUI	: <i>Majelis Ulama Indonesia/Indonesian Council of Ulama</i>
DFAT	: Department of Foreign Affairs and Trade	P2GP	: <i>Pemotongan dan/atau Pelukaan Genitalia Perempuan/Female Genital Cutting and Mutilation</i>
FGD	: Focus Group Discussion		
FGM	: Female Genital Mutilation	P3M	: <i>Pusat Penelitian dan Pengabdian kepada Masyarakat/Center for Research and Public Service</i>
FGM/C	: Female Genital Mutilation/Cutting		
FPKB	: <i>Fraksi Partai Kebangkitan Bangsa/National Awakening Party Faction</i>	PAUD	: <i>Pendidikan Anak Usia Dini/Early Childhood Education</i>
IAIN	: <i>Institut Agama Islam Negeri/State Islamic Institute</i>	PSDM	: <i>Pengembangan Sumber Daya Manusia/ Human Resource Development</i>
IBI	: <i>Ikatan Bidan Indonesia/Indonesian Midwives Association</i>	PSGA	: <i>Pusat Studi Gender dan Anak/Center for Gender and Child Studies</i>
IEC	: Information, Education, and Communication	PSKK UGM	: <i>Pusat Studi Kependudukan dan Kebijakan, Universitas Gadjah Mada/Center for Population and Policy Studies, Gadjah Mada University</i>
KEMENAG	: <i>Kementerian Agama/The Ministry of Religious Affairs</i>	PUSKESMAS	: <i>Pusat Kesehatan Masyarakat/Community Health Center</i>
KEMENDIKBUD	: <i>Kementerian Pendidikan dan Kebudayaan/ The Ministry of Education and Culture</i>	RISKESDAS	: <i>Riset Kesehatan Dasar/Basic Health Research</i>
KGI	: <i>Keadilan Gender Islam/Islamic Gender Justice</i>	RSB	: <i>Rumah Sakit Bersalin/Maternity Hospital</i>
KH	: <i>Kyai Haji</i>	RSUD	: <i>Rumah Sakit Umum Daerah/ Regional Public Hospital</i>
KIA	: <i>Kesehatan Ibu dan Anak/Maternal and Child Health</i>	SDGs	: Sustainable Development Goals
KOMNAS PEREMPUAN	: <i>Komisi Nasional Anti Kekerasan terhadap Perempuan/National Commission on Violence against Women</i>	TGK	: <i>Tuan Guru</i>
KPPPA	: <i>Kementerian Pemberdayaan Perempuan dan Perlindungan Anak/The Ministry of Women Empowerment and Child Protection</i>	UMY	: <i>Universitas Muhammadiyah Yogyakarta/ Muhammadiyah University Yogyakarta</i>
KUPI	: <i>Kongres Ulama Perempuan Indonesia/ Indonesian Congress of Women Ulama</i>	UIN	: <i>Universitas Islam Negeri/State Islamic University</i>
LPSDM	: <i>Lembaga Pengembangan Sumber Daya Mitra/ Partner Resource Development Institute</i>	UNFPA	: United Nations Population Fund
		UNICEF	: United Nations Children's Fund
		WHO	: World Health Organization

Glossary

Akikah	: Slaughter of goat or sheep as parents' expression of gratitude for the birth of their child (in Islam).
Bahsul Masail	: A religious discussion forum in the Nahdlatul Ulama organization.
Hadas	: State of impurity that prevents a Muslim from worshipping.
Kehumasan	: Public relations affairs.
Mafsadat	: Damage; destruction; eradication.
Makruf	: Good deeds.
Maslahat	: Something that brings about benefit (safety and the like).
Maulud	: From the Arabic meaning "newborn baby"; usually refers to the month in which the Prophet Muhammad pbuh was born.
Mualaf	: Person who has recently embraced Islam.
Mubah	: Allowed by religion but not considered meritorious; neither good nor bad.
Mudarat	: Harm, disadvantage, detriment.
Muktamar	: Major conference of representatives of an organization or interested parties to discuss and make decisions.
Najis	: Filth that makes someone ritually impure and not allowed to worship (in Islam).

Equipment commonly used for FGM/C practice in Indonesia is a penknife wrapped in gauze and soaked in flower water.



In the tradition of FGM/C practices in the archipelago, one of the tools used is old coins with a hole in the middle, or known as uang benggol or kepeng lepong.



Foreword of UNFPA Indonesia and the Ministry of Women's Empowerment and Child Protection

Half of Indonesian girls have undergone forms of Female Genital Mutilation or Cutting (FGM/C). A pervasive reality for women and girls in Indonesia, FGM/C is a harmful practice that poses risks to the health and wellbeing of women and girls, and presents a major barrier for them to achieve their full potential.

Widely believed as a cultural and religious tradition, the FGM/C practice is deeply rooted in the community, and stories of the prevalence have been shared over generations. It is heartening to see improving public awareness of the harms of FGM/C causes, and the increasingly prevailing and widespread efforts to oppose the harmful practice. Government officials, women's rights activists, religious leaders, health workers, and young people alike have tirelessly advocated and campaigned for the elimination of FGM/C. Facing pushbacks and resistance, these champions have held the line for the dignity of women and girls and their right to make informed decisions for their own body, health, and future.

We must work together to end the practice of FGM/C in Indonesia. We must speak in one voice and amplify the key message that FGM/C is harmful for women and girls, and thus it is harmful for all of us.

UNFPA Indonesia and Ministry of Women's Empowerment and Child Protection (KemenPPPA) are proud to present this important publication that documents the joint efforts of UNFPA and KemenPPPA with partners to address FGM/C in the last decade. Entitled "A Decade of Efforts in the Elimination of FGM/C in Indonesia", this publication tells the stories of the FGM/C practice and its dire impacts the advocacy, and initiatives for the elimination FGM/C in Indonesia through the power of photography.

The photo stories compiled in this publication amplify the voices, choices, and agency of women and girls in the battle against FGM/C in Indonesia. In their own words, women and girls impacted by FGM/C, government officials, women activists, religious and community leaders, health workers, and young people share the realities of FGM/C over time, throughout different communities in Indonesia. From these stories, we learn about the powerful and collective efforts in ending the harmful practice. Ending FGM/C is a priority to UNFPA and KemenPPPA as part of our shared commitment to achieving the three transformative results by 2030: zero unmet need for family planning; zero preventable maternal death; and zero gender-based violence and harmful practice. Ending FGM/C is part of collective responsibility to protect the rights of women and girls to live free from all forms of violence and discrimination.

Our highest appreciation to our partners and the Global Affairs Canada for the generous support through the "Better Sexual and Reproductive Health and Rights for All in Indonesia (BERANI)" programme, without which, this publication would not have been possible.





Honor Tradition without Injuring

Introduction	1
Multiparty Efforts	1
Collective Goals	2
Toward Change	2

Eye-Opening Data

Female Circumcision and FGM/C, What's the Difference?	7
FGM/C in Various Traditions in the Archipelago	7
Circumcision Practices from West to East	9
Reasons for Circumcision	15
<i>Three Day/Three Night</i>	
<i>Female Circumcision Celebration in Bogor</i>	19
<i>Musdah Mulia: Empower the Tradition,</i>	
<i>Eliminate the Practice of Harming</i>	21
<i>Four Generations, Four Practices of</i>	
<i>Circumcision of Minang Women</i>	22
<i>Nency Dela Oktora:</i>	
<i>Didn't Believe There was FGM/C in her Village</i>	23
<i>Roro Hanum: My Younger Sister's Vagina</i>	
<i>was Bandaged with Betadine</i>	24

Advocacy Steps

From Research to Policy Advocacy	33
Outreach and Advocacy Steps by UNFPA's partners	
for Eradication of Female Circumcision (FGM/C)	35
Profile of the BERANI Program	45

Eradication of FGM/C

Stories of Awareness	52
KUPI Fatwa on Eradication of FGM/C	57

Closing	63
---------------	----

List of References	67
--------------------------	----

Biodata of Author	68
-------------------------	----

"Many efforts have been taken by the Government of Indonesia. But there must be more active, creative and positive efforts to protect girls from all forms of violence including FGM/C."

Anjali Sen,
Country Representative, UNFPA Indonesia





Honor the Tradition without Injuring

Introduction

THIS is a photo story on the efforts of UNFPA's working partners toward eradicating the practice of Female Genital Mutilation and/or Cutting (FGM/C) in Indonesia. The term FGM/C refers to all actions to deliberately injure female genitalia based on prejudice regarding females' sex and sexuality. These actions are performed without medical reason and have no benefit for anyone, let alone for females.

Data from the Basic Health Research (Riskesmas) in 2013, which is the first time in adding 4 (four) questions on female circumcision practice to the family, stated that one out of two females in Indonesia underwent female circumcision. Counting from the issuance of that data, in this year 2023, Indonesia has now reached one decade of efforts to eradicate the negative practice of female circumcision. Many important steps have been taken, yet many more methods still need to be embraced.

Since 2018, the term P2GP (FGM/C) has been popularized in Indonesia to replace the term "female circumcision." This is so that the advocacy for eradication of FGM/C will have a clear target and objective without being considered "anti-tradition".

This program specifically seeks to eradicate acts of violence against the genitalia of women or girls, whether symbolic or actual.

Therefore, what is targeted by this program is to eliminate negative social practices that deliberately harm female genitalia on the basis of negative prejudice about females' sex (physical/biological characteristics) and sexuality (social meaning/gender), even if the origins of such practices come from habit, tradition, or belief.

This photo story is made possible through the support of the many parties that, together with UNFPA, are working to eradicate the practice of FGM/C.

Multiparty Efforts

This photo story is based on research, reading of references, and various information collected from field observations, in-depth interviews, FGDs, and documentations.

This book seeks to portray the dynamics and challenges of the efforts to eradicate the practice of P2GP, or in the term used by the United Nations (UN), Female Genital Mutilation/Cutting/ Circumcision

(FGM/C).

This initiative to eradicate FGM/C was actually undertaken by many parties long before the Riskesdas report was launched in 2013. Among Indonesian government institutions, UNFPA has worked with Bappenas, the Ministry of Women Empowerment and Child Protection, the Ministry of Health, the Ministry of Religious Affairs, the Ministry of Education and Culture, local governments, and Komnas Perempuan.

In the community, they work with various partner institutions such as IBI, the KUPI network, research institutes at universities such as PSKK UGM and PSGA IAIN Metro Lampung, Children's Forums, and pesantren.

They also work with many individuals, such as religious and traditional leaders from North Lombok and West Lombok, with youth groups in Bogor, West Java, and with media workers.

Additional data was obtained from UNICEF, Rutgers Indonesia, Plan International, DFAT/AIPJ2 and MAMPU, which also conduct programs for eradication of FGM/C.

More broadly, UNFPA has developed this program through BERANI (Better Reproductive Health and Rights for All in Indonesia). This program is carried out by UNFPA and UNICEF with full support from the Government of Canada and Bappenas.

Collective Goals

This photo story illustrates the efforts of UNFPA together with its partners in developing the program for eradication of FGM/C in a well-planned, systematic, long-term, and consistent way, targeting strategic groups. Data was collected over six months (September 2022 - February 2023) in the case study regions of DKI Jakarta; Bogor, West Java; East Java, Lampung, West Nusa Tenggara, and Makassar.

Together with the government, which is striving to fulfill the promise of the SDGs by 2030, UNFPA helps in achieving gender equality and empowerment all groups of women and

girls. More specifically, UNFPA initiates fulfillment of target 5.3 of the SDGs: eliminating practices that are dangerous for women and girls, such as child marriage, forced marriage, and P2GP or FGM/C.

The approach of this program is oriented toward building critical awareness about the dangers of FGM/C, through changes in perspectives about females' sex and sexuality, perspectives about religious interpretations and culture in connection with this issue, and changes in health behavior.

The most important achievement of this program is the emergence of awareness that acts of FGM/C without a medical reason constitute a violation of children's rights, women's rights, and human rights.

Toward Change

Based on long experience in advocacy for eradication of FGM/C, the research for this photo story notes a number of recommendations for change:

First, UNFPA's partners hope for the existence of clear and firm regulations prohibiting FGM/C. These regulations from the government are essential as a foundation for actions in the effort to eradicate FGM/C, especially for health care service providers so that they have a firm legal basis to reject and prohibit the practice of FGM/C.

To meet the needs of the Muslim community and in order to support the government to be more resolute in stipulating regulations prohibiting FGM/C, in November 2022, the second Indonesian Congress of Women Ulama (KUPI) in Jepara showed its own resoluteness by issuing a fatwa or result of religious deliberations concerning FGM/C. This KUPI conference, which was attended by 1,600 women ulama and community organizers, confirmed that the religious law on female circumcision without a medical justification is that it is *haram*, or forbidden. The Congress deems that practices of female circumcision in the form of FGM/C create more

“In my family, the daughters and granddaughters of Abdurrahman Wahid; the daughters, granddaughters, and great-granddaughters of Hadratusy Syeikh K.H. Hasyim Asy'ari, the founder of NU; the extended family of Kiai Wahid Hasyim, Minister of Religious Affairs of Indonesia for three periods; not one female has been circumcised.”

Sinta Nuriyah,
Puan Amal Hayati,
Jakarta

mudarat/negative impacts than benefits.

Second, the Government of Indonesia, and partner institutions such as UNFPA and its network, need to expand the reach of their programs to be oriented toward a cultural strategy to change gender norms to be more just and equal. Therefore, the FGM/C program must always be in line with political and cultural strategies that seek to eliminate the negative prejudice/ gender bias that has for so long shown its negative impacts in the form of reducing or eliminating women's rights to safety, welfare and benefit on the basis of gender prejudice in the practice of FGM/C.

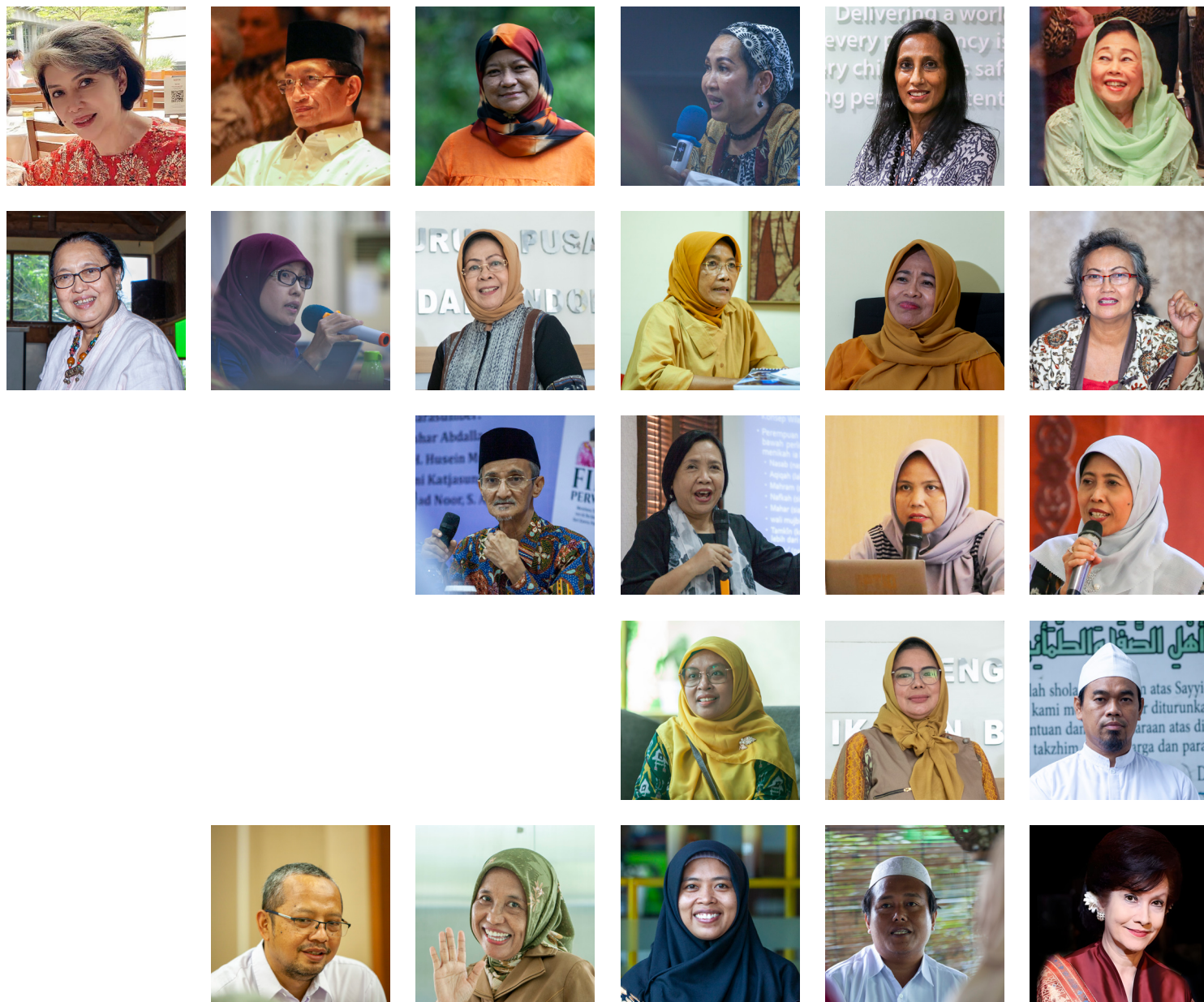
Third, the messages of the FGM/C campaign must constantly be oriented toward eradicating traditional practices that perpetuate labeling/prejudice, subordination, and violence based on gender discrimination through acts of FGM/C.

Fourth, this program must be able to develop a tradition (*urf*) that contains values of *makruf*/goodness that honor and respect women, teach the norms of equality, justice, and respect for the bodies, sexuality, and existence of women. An *urf* with *maslahat* is one that does not perpetuate the prejudice against women (and their sexuality) which, among other things, tolerates acts of FGM/C.

Ultimately, this photo story seeks to uphold the humanitarian message that FGM/C or female circumcision by injuring girls' genitals is not an honorable way to show respect for girls and women.

“Honor women by empowering them, not hurting them, let alone depriving them of their rights – the right to be free from pain due to prejudice about their reproductive function and role.”

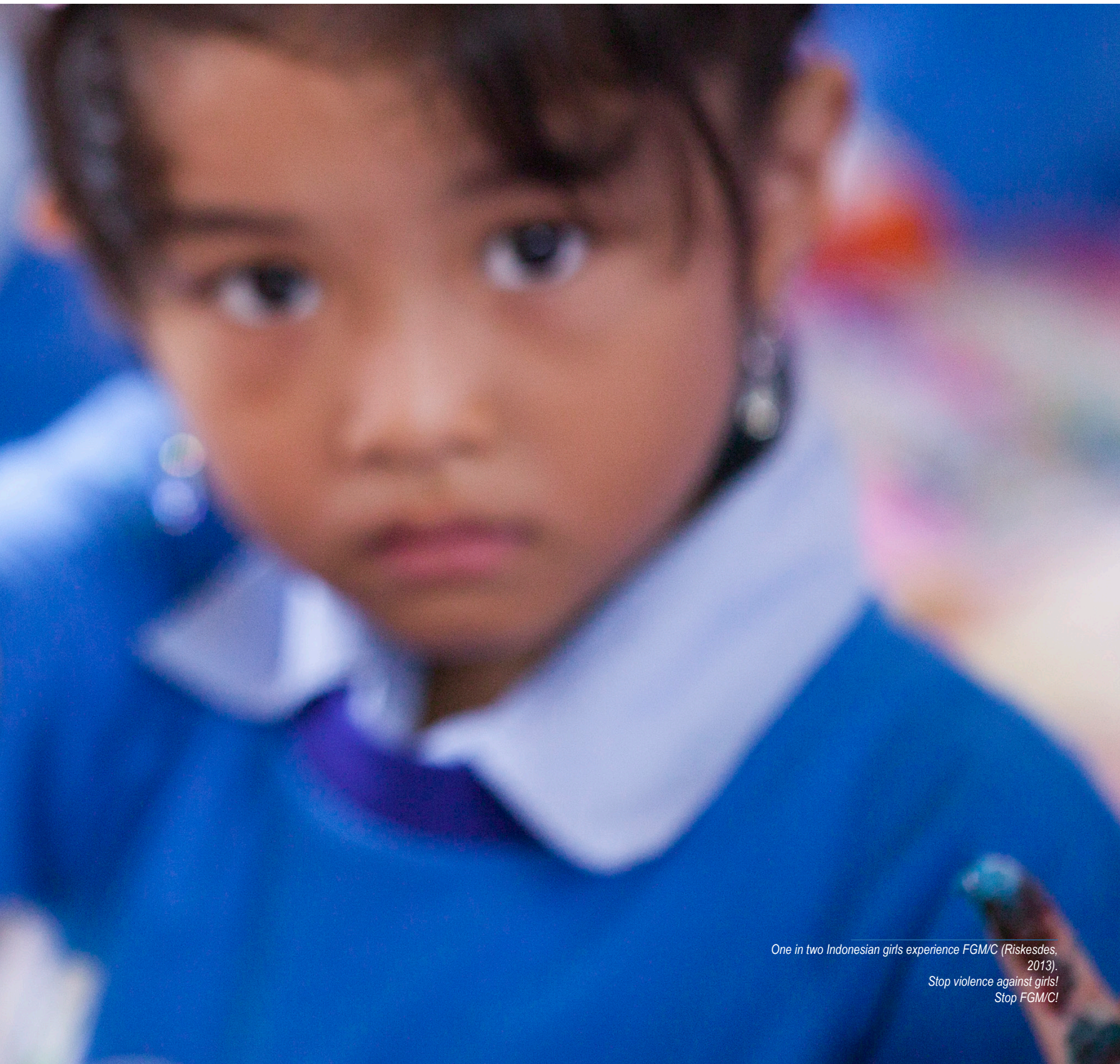
Dr. Nur Rofiah bil Uzma,
initiator and key figure of KUPI,
Jakarta



They and many others advocate
and drive the elimination of
FGMC.

I, YOU, WE CAN DEFINITELY
BECOME THE PIONEER OF
FGMC ELIMINATION!





One in two Indonesian girls experience FGM/C (Risksedes, 2013).
Stop violence against girls!
Stop FGM/C!

Eye-Opening Data

Female Circumcision and FGM/C, What's the Difference?

IN the official terminology of the UN, female circumcision is referred to as FGM/C or Female Genital Mutilation/Cutting. For the purpose of advocacy in 1997, WHO, UNICEF, and UNFPA defined FGM/C as “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.”

In another document, these three UN institutions define FGM/C as “all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs, whether for cultural or non-therapeutic reasons”.

In Indonesian, this practice is generally referred to as *sunat perempuan* (female circumcision). Literally, this means an action of cutting or injuring certain parts of female genitals.

However, the use of the term “*sunat*” gives rise to multiple interpretations. In Arabic, *sunnah* means “an action under law related to worship practice that is deemed good or recommended because it brings blessings of goodness”. Mean-

while, in Malay or Indonesian, *sunat* can have another meaning – the act of “cutting”. For example, corruption is referred to metaphorically as “*dana yang disunat atau dipotong*” (funds that are skimmed or cut), or in the language of the courts, a judge who acts unjustly can be accused as a judge who “*menyunat putusan*” (cut the verdict).

To provide clear limits and not be defined as an “act recommended in religion”, since 2018 the Indonesian government and advocates for eradication dangerous practices of injuring female genitals have used the term P2GP, or “*Pemotongan dan/atau Pelukaan Genitalia Perempuan*” (Cutting and Injuring Female Genitalia).

This definition of P2GP is used to avoid an assumption that efforts to eradicate the practice of cutting the clitoris are acts that are “*anti sunnah*” in the religious definition. Therefore, the term P2GP/FGM/C is accepted and generally used to refer to all forms of practices of injuring or cutting the clitoris without a medical reason, whether in the name of tradition or on the basis of views derived from belief.

A grandmother rocking her grandson at a thanksgiving reception for female circumcision a few days earlier.



FGM/C in Various Traditions in the Archipelago

During the process of gathering material for this book, many people asked, “Is female circumcision still practiced?” When presented with the official data from the Ministry of Health that one out of two women/girls are circumcised, they generally said, “Oh, maybe that’s just symbolic.”

These expressions of disbelief are not surprising. Reasonably complete and reliable data only became available in the Riskesdas in 2013 with 4 (four) questions on circumcision practices in the interviewed households. This data stated that 51 percent of Indonesian females were circumcised. This data did not detail the type of circumcision, but it did show its widespread prevalence in nearly all parts of the Archipelago. The data of SPHPN 2021 stated that 55% women with age range of 15-64 years old who stayed together with the families practiced female circumcision. SPHPN further elaborates that 21.3% were acts of injuring/cutting the clitoris (type 1 FGM according to WHO), 21.1% were symbolic genital mutilation practices, and 12.6% did not know the details of the practices conducted.

Data from qualitative research in 1990s was actually present before the Riskesdas was released. The practice of female genital mutilation in Indonesia is not really the same as what is practiced in Africa, in the form of cutting the clitoris or infibulation (infibulation, WHO). But it is also not always a purely symbolic practice without injuring the genitals. To the contrary, several other research studies (Budiharsana, 2003; Atashendartini, 2004; Mitra Inti, 2005; PSKK UGM dan Komnas Perempuan, 2018) show that there are other types very specific to Indonesia apart from those that are designated by the UN as types of female circumcision, ranging from cutting to symbolic.

In Indonesia, there are local practices that indicate actions that injure female genitalia such as cutting/ slicing a small part of the clitoral hood, pinching with metal, piercing with a hypodermic needle, rubbing with a blunt

object such as metal, plant, or pottery shard (*kreweng*), or even in other unimaginable ways, such as spreading rice grains over the surface of the vagina to be pecked at by a rooster. Essentially, these actions refer to ways to injure female genitals (with bleeding) as a sign that the obligation to be circumcised has been satisfied.

Circumcision Practices from West to East

The statistical data from Riskesdas in 2013 and SPHPN in 2021 are quite astonishing. But this also seems to suggest that this practice has only been recognized in the past one decade. Yet anecdotally, female circumcision has been recorded at least since the colonial period. The practice is also known in many local languages of the Archipelago. And knowledge about female circumcision is generally held by *paraji*/ traditional midwives, who receive it not from school but as a heritage from generation to generation. So when health care professionals perform it, they must have learned it from traditional midwives, not from their formal education.

In historical documents from the colonial era, there are monographs about female circumcision, for example one written by Haji Hasan Moestapa, an ulama, author, and colonial official as *Penghulu Besar* in Bandung. He described in detail the traditions of circumcision among the Sundanese in his book *Tali Paranti*.

In his notes, circumcision, in the mindset of the Sundanese, is part of the life guidance covering the cycle of human life: birth, *sunat*, marriage, pregnancy, and giving birth. In Sundanese tradition, the practice of circumcision has dimensions of gender and social strata.

In the Sundanese language, circumcision is referred to as *sunatan* or *sundatan* (for males), *gusaran* or *nyukil/nyonkel* for females. Polite terms are only available for males: *sepit*, *sepit-tan*, or *nyepitan* (verb). Furthermore, in Javanese culture, a person considered an expert in performing circumcision (of boys) is called

“Even symbolic (action) is violence, because this symbolic practice of circumcision departs from the same perspective: distrusting female sexuality.”

Dr. Maria Ulfah Anshor,
Komnas Perempuan,
Jakarta

bong supit, while there is no specific term for a circumciser of females.

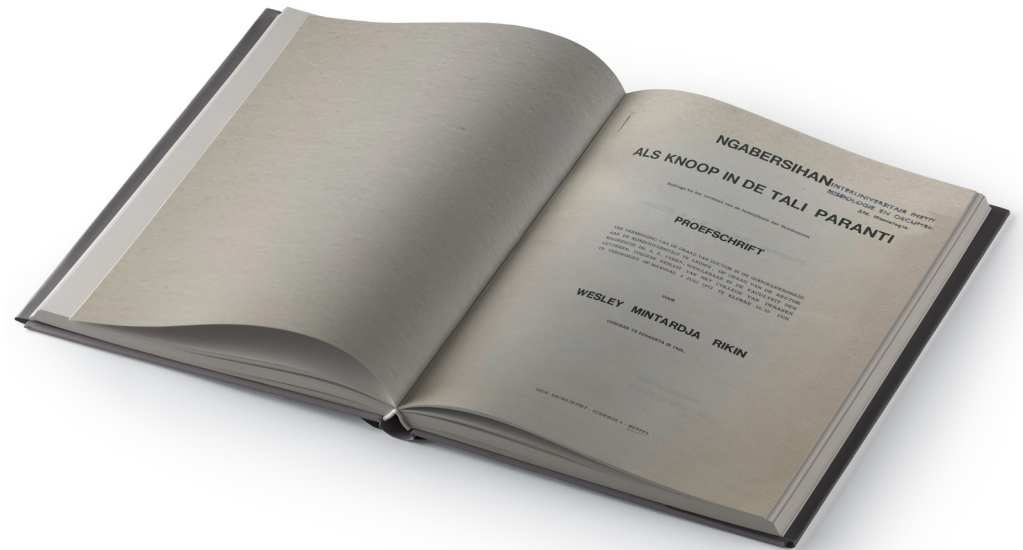
Still in Sundanese, the word *sunat* is sometimes upgraded to *ngabersihan* (to clean) or *ngumbah* (to wash something dirty). In the interpretation related to the teachings of religion (Islam), this concept contains not only the meaning of *taharah* (cleansing oneself) but also disposing of permanent *najis* which can only be cleaned away through circumcision. This meaning applies for both males and females.

Circumcision is also often referred to as *ngislamkeun* (Islamizing), *slaman* (Java/Cirebonan), *salem* (Bangka-Belitung), *mappaselleng* (Islamizing - Bugis) - terms that refer to a process of initiation to become a Muslim in the traditions of Islam.

References from cultural studies and religious interpretations about female circumcision are easily found in the various literature in Indonesia. In these studies, circumcision is described in various local terms, such as *tetesan* (Java), *gusaran/nyukil/nyongkel* (Sunda), *makkatte/scraping* (Bugis), *mongubingo* or *mopoliholo limo/mandi lemon* (Gorontalo), *oiwael* (Palauw people, North Maluku), *saraso* (tradition of the Bima people in Sumbawa), *tesuci* (tradition of the Sasak people, Lombok), *basunat* (Banjar), *masunna* (West Sulawesi), *capitan* (Banten), *selam* (Bangka Belitung), and many others.

Female circumcision is also not always a separate ritual by itself. Some practices are combined with *akikah*, shaving the baby's hair, and dropping off of the umbilical cord, which are done when the baby is aged seven or 40 days.

In the customs of the Sasak of Lombok, for example, the entire set of birth rituals is called *buang awu* or *pedaq api* or *peraq api*. In Bugis tradition, *makkette* (female circumcision) is done in the context of *mappaselleng* (Islamizing). This entails a series of rituals that combine the traditions of religion and of the local culture. In Bugis tradition, respect for females is signaled by a *ripabbajui* ceremony (putting on



ABOVE: A book written by Haji Hasan Moestopo explains in detail the monograph on female circumcision in the Dutch colonial era.

Thanksgiving invitation after female circumcision was held in Bogor early December 2022. And a family relative wrote down a list of guests who came to the thanksgiving event after their daughter's circumcision.



The female circumcision procession was carried out by a paraji in Bogor, West Java, early December 2022.

the traditional garment *bodo* for the first time, in five or seven layers), which is done in the *makkette* ceremony for *mappaselleng* (Islamizing).

Komnas Perempuan, in its study on culture-based violence against women, notes a range of practices of female circumcision in many regions of Indonesia. Our research also finds that female circumcision is (still) performed in almost all regions of Indonesia, especially those with a background of Islamic tradition.

In Sumatra, the practice is known in the traditions of the Alas and Gayo peoples of North Aceh, Aceh Pesisir, the Serawai of Bengkulu, Bangka Belitung, the Melayu and Minang in West Sumatra, the Batak Mandailing, Bengkulu, Jambi, and Riau, and several ethnic groups in South Sumatra such as Lampung and Palembang.

The tradition of circumcision is known throughout the island of Java, from the westernmost point in Banten, to the Betawi in greater Jakarta (Jabodetabek), the Sundanese in Priangan and Cirebon, the Javanese in Central and East Java Timur, and in Madura at the eastern end of East Java. However, in some regions that are strongholds of NU in East Java, such as Jombang, the tradition is not known even among the pesantren community.

In the central regions of Indonesia, such as among the Sasak in Lombok, the Bima in Sumbawa, or the Bima who live on Lombok, there are traditional practices of circumcision. However, the practice is not known among the Sasak Bayan in North and East Lombok.

Meanwhile, in the Eastern part of Indonesia, the practice is found in the island chain of Ambon, Ternate, and Maluku. On the islands of Lembata and Manggarai in the coastal areas of East Nusa Tenggara (NTT), circumcision is practiced in Muslim families, though the numbers are very low. Likewise, it occurs in Papua in families of newcomers from Sulawesi, mainly in coastal areas that have carried out these rit-

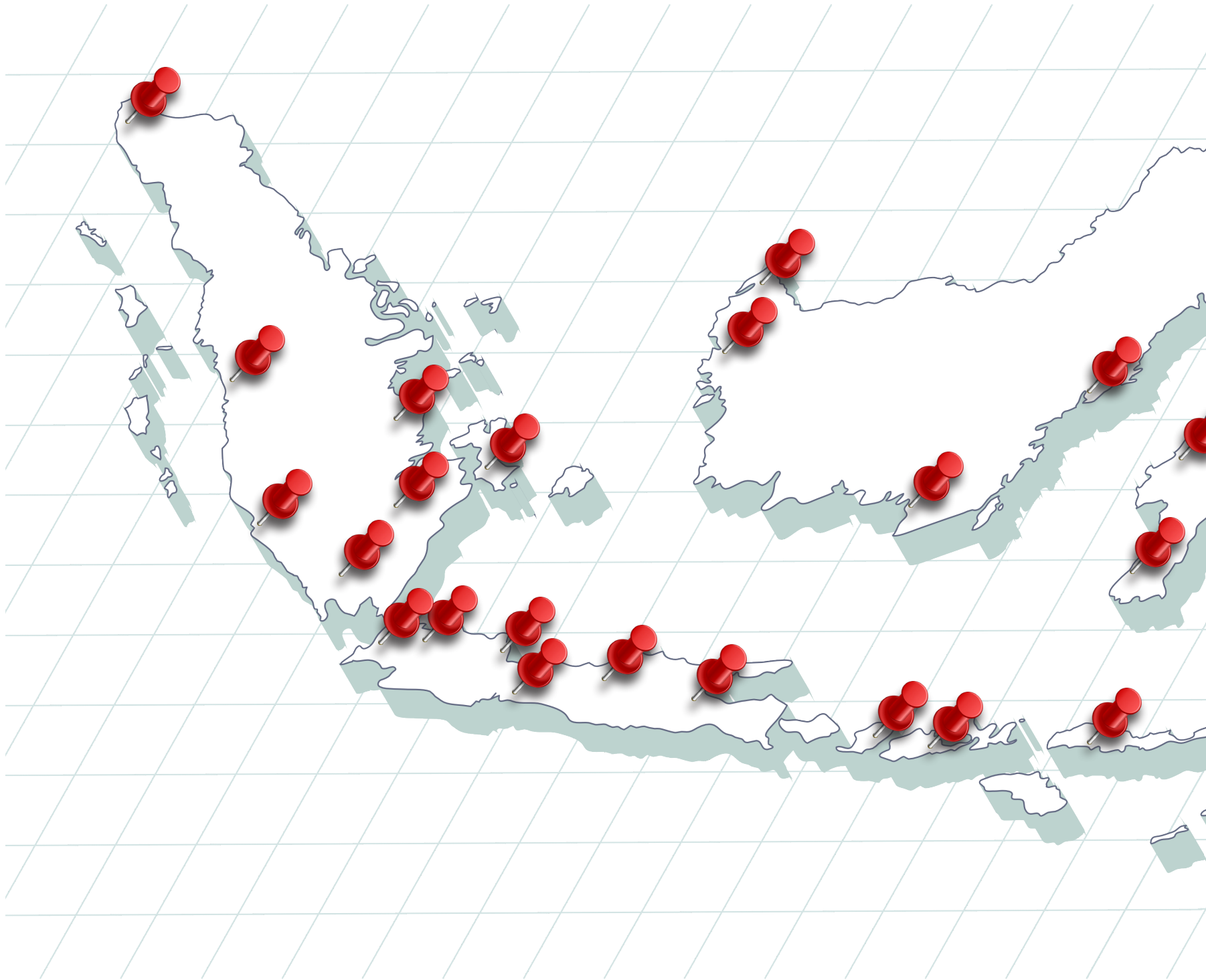
uals for generations based on the traditions of their forefathers back in their homeland.

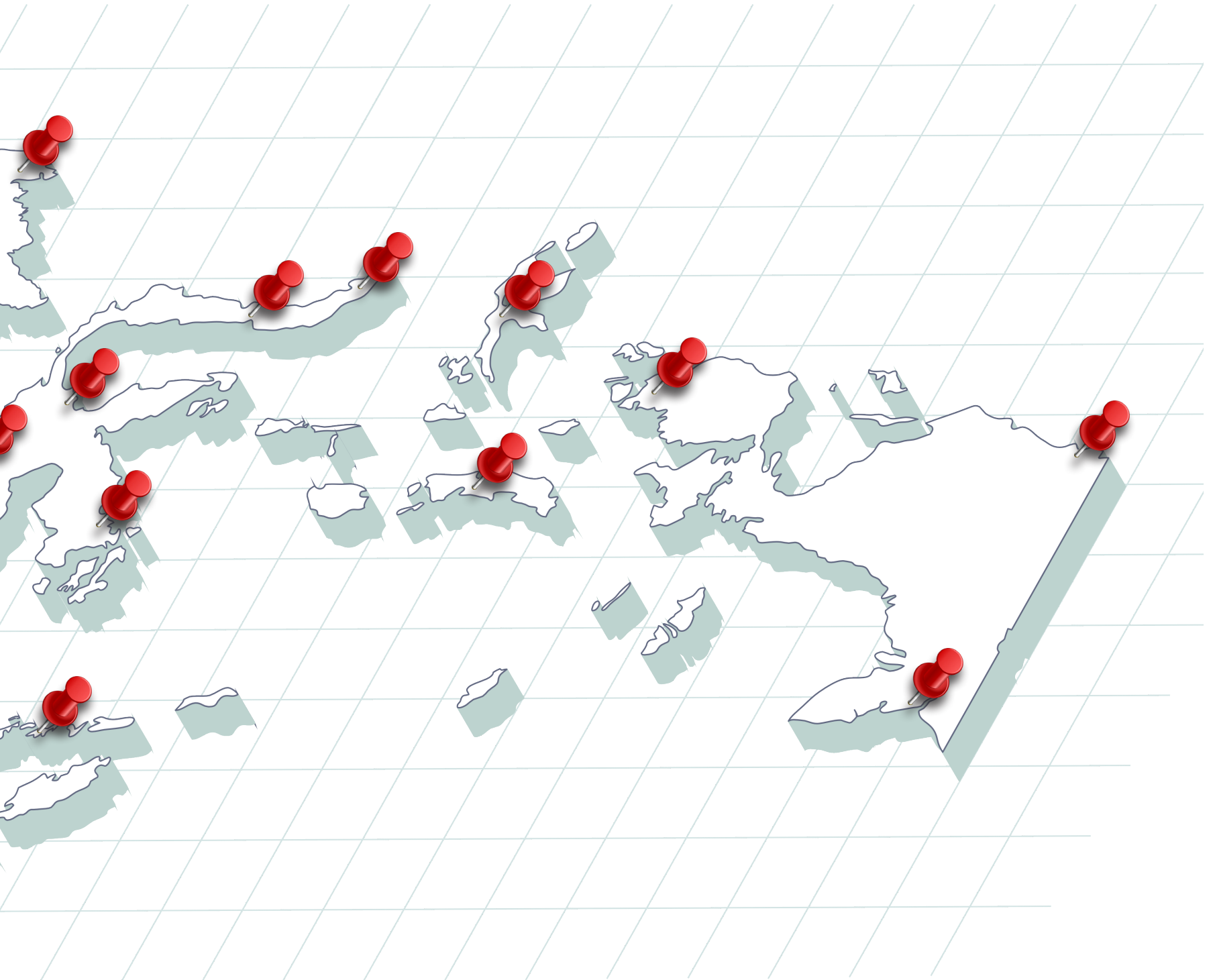
In some regions of Kalimantan such as Banjarmasin, Sambas, and Pontianak, circumcision of females is mentioned in many references as a custom brought by newcomers from Java. Now, due to the impact of medicalization, circumcision is done not only by newcomers but also by the local residents to fulfill the demands of culture/ tradition/ belief.

Practices of circumcision in Sulawesi can be found in the traditions of Gorontalo, the Mongondow in North Sulawesi, the Toro in Central Sulawesi, the Mandar, Makassar, and Bugis in South Sulawesi, the Bajo in Southeast Sulawesi, and the Muna in Southeast Sulawesi.

“From the start we have been aware that eradicating FGM/C is difficult and controversial. But someone has to have the courage to do it. UNFPA firmly stands by the evidence that FGM/C is a form of violence against females. So it is impossible to eradicate violence against women without eradicating FGM/C.”

Martha Ismail Santoso,
former Assistant Representative
UNFPA Indonesia,
Jakarta





“We continue to make all efforts together with the partners of KPPPA and UNFPA. We admit the issue is sensitive, but this does not mean it cannot be addressed. We have to discuss it more intensively with the legislature and with policy makers in the family to collectively achieve the SDG target for 2030.”

Dr. Indra Gunawan,
Deputy for Public Participation,
KPPPA,
Jakarta

Reasons for Circumcision

Unlike male circumcision, for which there are clear reasons – to fulfill the obligation as a Muslim and/or for health reasons – female circumcision has no clear justification and is not in any way related to health. The reasons typically given vary greatly. Apart from following the traditions of the family and the ancestors, the most common reason given is to purify/cleanse oneself, though there is no guidance in *fiqh* about an obligation for females to be purified through circumcision. Female circumcision is also often considered an initiation process to become a Muslim. It undeniable that female circumcision is a traditional practice that is intertwined with religious belief.

“This is why in our tradition in Bima, if the parents are not sure whether their child has been circumcised or not, or are unsure whether at the time of circumcision he/she was able to recite the shahadah, the circumcision ceremony may be repeated.”

(Prof. Atun Wardatun, Mataram, 12 December 2022)

“In Bugis tradition, female circumcision is not done when the child is an infant, but when she is able to perform ablutions and recite the shahadah, usually around five to seven years of age.”

(Prof. Musdah Mulia, Jakarta, 7 December 2022)

“I hear that if a woman is not circumcised, she is still najis, so if she wants to pray, she has to do wudu again even if there is no hadas or she hasn’t broken her wudu.”

(Ika, teacher at PAUD Alam Anak Negeri, Tanjung, North Lombok, 13 December 2022)

“In around 1935 or 1936, when I was perhaps eight years old, we went on holiday to my Grandma’s house in Pekalongan. One day my female cousins and I were asked to climb up on the bed for just a moment, and there was a woman dukun there, and as far as I can remember, nothing really happened in the sense of being cut or injured. After that we went off to play again, running and climbing trees. Nobody cried; in fact, we laughed. It seems Grandma or my mother just wanted to fulfill the custom as Javanese – not resisting tradition, but also not doing it by really ‘circumcising’.”

(Saparinah Sadli, Jakarta, 7 November 2022)

“I circumcised my daughters and granddaughters. If not, they would be impure their entire lives. Anyone who touched them, their wudu would be void as well.”

(Ramlah, Lingsar Lombok Barat, 12 December 2022)

“My daughter was circumcised together with other girls, because circumcision is obligatory in our belief. As I recall, at that time there were ten boys and nine girls. It was done in the yard of the mosque, in the month of Maulud, with no fee because the doctor was paid from charity funds.”

(Umi Kalsum, Waomala Village, Ileape, 7 December 2022)

“People say if you’re not circumcised, good fortune will be hard to come by, because you are bearing filth/ impurity wherever you go.”

(Encum, Bogor, 2 December 2022)

A report on research in Banjar Regency, Martapura, South Kalimantan, recorded the following interview result:

“It’s like how you protect an individual’s purity. Your purity, the blood that is released, is kept inside. The blood is a symbol that you have been purified. Then you have to maintain your purity until you get married.”

(said by a traditional midwife quoted by Daud A., p. 252)

In the experience of TGK. Zamroni, a community organizer for eradication of female circumcision in West Lombok, female circumcision is a tradition that often uses religious teachings as its justification.

“There is an assumption that circumcision for females absolutely must be done. If not, her ‘Islamness’ is considered incomplete. For mualaf, both male and female, they still must be circumcised before they marry. Here the mother of a santri, a mualaf, suffered trauma because she had to be circumcised.”

(T.G.K. Zamroni, 13 December 2022)

“My mother says, and Ma Beurang (paraji/dukun anak) also says, before 40 days [the child] has to be diberesihan [cleansed], and if it goes past 40 days, it counts as a sin for her parents. If it’s before 40 days, the circumcision is also easier. It [the clitoris] is still like a bit of blistered skin, moist but full, and when it’s circumcised it bursts, so it [the vagina] can become dry. If it’s not circumcised, it’s soggy, constantly damp. It might not be pleasant to use because it’s always wet.”

(Runi, 2 December 2022)

“The Mandi Lemon festival is always awaited. This is part of the parents’ duties so that we as parents no longer have a burden when we might forget. It’s like a debt, Mandi Lemon for girls is the main thing that must be settled.”

(Quoted from Budi Wahyuni, 2019, Komnas Perempuan Working Paper, p. 18)

“... In circumcision, what is removed is the geugeulehnya (filth); if it’s already been 40 days it will look black, like a grain of rice, protruding on the top, like a kernel of corn but black, it’s called panon menang. So that’s what I pry out using the tip of a folding knife, with a thousand-rupiah coin as the cutting board.”

(Mak Atik, Paraji, Bogor, 2 December 2022)

“We need clear and firm policies from the government. For us midwives and health care workers, female circumcision is not taught in our education, but without regulations, we have no legal basis to refuse it or to provide information based on the knowledge that we have.”

*Dr. Emi Nurjismi,
Chairperson of Indonesian
Midwives Association,
Jakarta*

17
“As long as the issue of female circumcision is not seen as important in development, it will be hard to gain the public’s attention. Therefore, our (UNFPA’s) strategic step is to raise public awareness that female circumcision is a development issue, an issue for all of us. This relates to the practice of violence against women. We can calculate the social and economic impacts, like the impacts of child marriage.”

Risya Kori,
Gender
Programme Specialist, UNFP,
Jakarta

“To be circumcised is to be a Muslim, to be free from sin. The way it’s done is that Inak Belian (dukun sunat) uses an antique coin with a hole in the middle to measure the part to be cut out. The coin is placed on top of the girl’s clitoris. The part that sticks out through the hole, that’s what is cut, using scissors or a knife.”

(Ramlah, Lingsarm West Lombok, 12 December 2022)

But according to Komnas Perempuan’s research, both those who accept it and those who reject it all use religious arguments.

“In my family, the daughters and granddaughters of Abdurrahman Wahid; the daughters, granddaughters, and great-granddaughters of Hadratusy Syeikh K.H. Hasyim Asy’ari, the founder of NU; the extended family of Kiai Wahid Hasyim, Minister of Religious Affairs of Indonesia for three periods; not one female has ever been circumcised.”

(Dr. Sinta Nuriyah, Puan Amal Hayati, Jakarta)

“I’m from Dompu (Sumbawa, NTB), and my husband is a Sasak from Lombok. I know (circumcision) is our custom, but I went to school at UMY and studied nursing. At my college, we were taught that (female) circumcision is not compulsory in Islam. What needs to be circumcised if there is nothing dirty? What if it gets infected?”

(Retno, 11 November 2022)

“My mother-in-law and my husband said it’s not necessary. We are Minang and try to maintain traditions, but they said there is no such guidance in our religion. My mother said it’s up to me and my husband. So I also do not circumcise my girls.”

(Rafinska, Jakarta, 7 November 2022)

“My daughter had her ears pierced at the hospital three days after birth; we asked for that. But nobody asked if we wanted her circumcised or not. We didn’t want that anyway. My mom’s family also didn’t, or her dad’s family (parents-in-law), even though we are traditional and observant Muslims.”

(Tasya, Bogor, 1 December 2022)

“We didn’t get Keisya circumcised even though my husband is a Sasak and very dedicated to tradition. But for circumcision, we refused it, because we believe there is no requirement or guidance from religion that requires it.”

(Nursyida Syam, North Lombok)

"I studied hadith in Damascus, and continue to study the knowledge of hadith until now, and also teach this subject at an Islamic university and in pesantren. I also come from an observant NU family. I grew up in an environment where everyone strictly carries out the teachings of religion, but I am sure that none of the girls where I live were circumcised. I maintain this: it's not allowed, and there is no strong guidance to do this from the hadith or the teachings of religion."

(Dr. Faqihuddin Abdul Kodir, Cirebon)

"The female circumcision that is practiced now creates danger for women, both physical and psychological. Therefore, (this practice) must be prevented, in line with the lofty values of Islam, 'it is forbidden to harm humans.' The Prophet said, 'Do not harm yourself and do not harm others.' This practice is a violation, in the nature of a crime, and in line with the standards of religious law, the perpetrator can be punished."

(Dr (HC). Husein Muhammad, Fahmina, Cirebon)

Kiai Ali Mukhsin from Pesantren Rejoso, Jombang, states that the *makramah* (glory) that is used as an argument for circumcision of females is not the language of law in *fiqh* that determines the legal status of circumcision. This *makramah* is just a description.



Advocacy efforts were also carried out through the role of religious leaders to convey what the practice of FGM/C is like. As did T.G. Subkhi As-Sasaki and T.G. Zamroni in West Nusa Tenggara.



Three Day/Three Night Female Circumcision Celebration in Bogor

Baby N was just 40 days old when she was circumcised. The celebration ran for three days, 2-4 December 2022, inviting 1,500 guests. Baby N's grandfather is the head of the Neighborhood Unit (RT) and a well-respected community figure, while N's father is a security guard at a residential complex.

The circumcision was performed by Mak Atik (57) on Friday, 2 December 2022. Mak Atik is a *paraji* and also a traditional healer. Atik inherited her knowledge from her mother, and she has also passed it on to the third of her four children, who she says has "the talent".

The circumcision process started by bathing Baby N in flower water. After this was done, Mat Atik formally asked the hosts

about their intention, and a female representative of the family responded by asking Mak Atik to "cleanse" Baby N. "*Pang ng-aberesihan Si N*". The process then began by burning incense on a hearth and reciting prayers in a mixture of Arabic and Sundanese.

Once the prayers were completed, Mak Atik asked the baby's mother, great-grandmother, grandmother, and aunts to sit in a circle surrounding Baby N, who had been placed on a cushion covered with layers of batik and white cloth. Mak Atik started the ritual by reciting prayers in Sundanese while pressing a raw chicken egg against every orifice of the baby's body. For the vagina, she recited a prayer meaning, "*I pray for safety for this hole,*

and I circumcise it to be clean and blessed until the marriage contract.”

After reciting the prayers, Mak Atik asked Baby N's mother and grandmother to hold the baby's arms and legs with the baby facing up. Mak Atik then pressed a knife that was wrapped in gauze, with the point exposed. While pressing the knife with her right hand, she held a Rp 1000 coin in her left hand. The coin served as a cushion or cutting board.

The process went very quickly, but N kept weeping. Mak Atik then wiped the baby's vagina with cotton soaked in *Betadine*. While baby N cried loudly, all the women around her seemed very happy. Mak Atik said, "*Tah geus bersih* ([now] she is clean)" while putting a disposable diaper and pants on Baby N. She cuddled the baby and then handed her over to her mother and grandmother.





Musdah Mulia: Empower the Tradition, Eliminate the Practice of Harming

Prof. Musdah Mulia is the whole package of an intellectual/academic and a courageous activist, including in advocacy to prevent female circumcision.

Musdah also once witnessed a circumcision event conducted at a foundation in Bandung. *"I was traumatized to see it. The girls were all crying hysterically. I saw blood and surgical scissors cutting clitorises. I couldn't eat after that. It was sadistic and really cruel."*

But as Bugis, her parents had Musdah circumcised when she was small. She still remembers the *makkatte* or circumcision when she was six years old. In Bugis tradition, circumcision is performed once the child is more than five years old, because she has to be able to recite the *shahadah* and do *wudu*.

At that time, her parents lived in Surabaya, and to conduct the *makkatte* they chose a time during school holidays so it could be done in their hometown in Makassar. The event was attended by the extended family, neighbors, and close friends. The process

was led by a woman called *sanro anaq* or *dukun anak*.

The process started with bathing accompanied by the *sanro* (*dukun*) and her parents. They taught her the proper way to perform *wudu*. After bathing, she was brought into a room to be clad in seven layers of *bodo* (a traditional garment) for the first time, or *rippabbajui*. Next, her mother and father lifted her up and carried her into the room where the circumcision would be performed. For young Musdah, she felt very happy undergoing this process. She felt she was a child who was loved, whom her parents were proud of, and worthy, as the center of the guests' attention. She says that for girls, such feelings are obviously very important, and Musdah remembers this very fondly.

Musdah did not feel that the circumcision process she experienced was frightening or traumatizing. She felt almost no pain when she was circumcised. To the contrary, she has fond memories of the entire process. She felt important, appreciated, and loved.



Four Generations, Four Practices of Circumcision of Minang Women

Rafinska, born in 1991, is a graduate of ITB and comes from a modern, educated Minang family. She and her husband both graduated from ITB and work at a large private company. They have two children, a boy and a girl, and live in an elite area of South Jakarta.

When Rafinska's daughter was born, they held a *selamatan* and *akikah*, but they did not include circumcision as part of these rituals. Rafinska's reason is that neither her mother nor her mother-in-law wanted it or reminded them about it. As she recalls, the hospital also did not offer circumcision as part of its services; she did ask the hospital to pierce the baby's ears.

Rafinska's parents live in Palembang, but Rafinska was born in Bandar Lampung, where her grandparents live. According to her mother, Rafinska was circumcised at RSB Kartika as part of the same package of services along with ear piercing. This package was offered by the midwife and was voluntary. According to her mother, she had Rafinska circumcised because she felt it was a

good thing.

Rafinska's grandmother has two daughters. Her grandmother did not have Rafinska's mother and aunt circumcised even though in the tradition of people in Lampung, girls are usually circumcised. Rafinska's grandfather taught at Perguruan Thawalib Padang Panjang, a modernist institution. In his understanding, there is no religious justification/ obligation for girls to be circumcised.



Nency Dela Oktora: Didn't Believe There Was FGM/C in her Village

Nency is a lecturer at IAIN Metro Lampung, aged 35. Her father is from Palembang and her mother from Lampung. She first encountered the term female circumcision as part of the gender study material when she took part in activities of ALIMAT (2021), part of the KUPI network and heard Ngaji KGI by Dr. Nur Rofiah. (2022). She was surprised to learn that based on data from Riskesdas, the female circumcision rate in her region was 60%, while she herself had almost never heard of it.

Curious, she sought information by asking her sister-in-law (from Lampung). It turned out she had been circumcised when she was five years old, kindergarten age. But she was even more surprised when her sister-in-law told her that “*sanak sebai jimow Lappung*” (Lampung girls) where she comes from (Sukadana Darat Village) were certainly all circumcised.

Circumcision is done by a baby masseuse/*dukun anak* to remove *najis*. It is also sometimes done by a senior (qualified) midwife who knows the local tradition. Asked how it felt, her sister-in-

law said, “*Well, sure it hurt. Even just being cut with a knife hurts, let alone if a part is cut off, even if it's just a small bit. I remember, since I was already big, that it stung, especially when I needed to pee.*”



Roro Hanum: My Younger Sister's Vagina Was Bandaged with *Betadine*

Roro Hanum comes from Bumi Jawa Village, Batanghari Nuban Subdistrict, East Lampung Regency. She is now 19 years old. She says she does not remember when she was circumcised, but she does remember when her younger sister, born in 2014, was circumcised. At that time Roro was in the fifth grade. When she came home from school, she saw that her sister's vagina was covered up with a bandage coated in *Betadine*. Her mother told her that her sister had just been circumcised. Her mother also told Roro that she had been circumcised when she was a baby, just like her sister. The difference is that at that time, Roro was circumcised by the *dukun bayi* who helped her mother give birth, while her sister was circumcised by a qualified midwife. The circumcision experienced by both Roro and her sister was done with their parents' consent, to cleanse them from impurity.

25

“The practice of female circumcision in Indonesia is among the highest in the world, after Egypt and Ethiopia. The reason is still a mystery: is it religious views, or a tradition that is tolerated/ perpetuated by women themselves as mothers to their children or as traditional and formal midwives to the girl babies who are their ‘patients’? It seems the government lacks the courage to take firm action, yet the practice of medicalization by health care personnel has accelerated the spread of this practice in society. It needs to be researched more deeply why it continues to be practiced when in fact there is no benefit for babies or girls.”

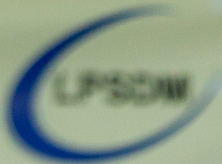
Prof. dr. Meiwita Paulina
Budiharsana, MPA., Ph.D.,
Indonesia University,
Jakarta

The excerpts and testimonies as well as field observations above illustrate several matters:

- **First**, the practice of female circumcision is (still) conducted in many cultures in Indonesia and in many ways.
- **Second**, there is a reason that seems close to but is not related to issues of health: a desire to purify the girl through circumcision, though there is no clear guidance on this from religion (*fiqh*).
- **Third**, although the practice is based on religious views, we seldom hear more specific religious arguments being used, such as those based on religious texts or *hadith*, as a justification for why females should be circumcised.
- **Fourth**, the practice of circumcision is performed traditionally by *paraji/dukun sunat* at the community level, and therefore tends to be coerced. Circumcision is also done by health care personnel, but as an optional offer.
- **Fifth**, the practice of female circumcision is a cultural interpretation related to views about females’ bodies and sexuality in a patriarchal society which deems that their sexuality needs to be supervised and controlled.



RUMAH  KITAB

 LPSCAW



NGHAPUSAN

*Cintai Perempuan Indonesia
dengan Penghapusan P2GP /FGM
Serari Qini.
MENCINTAI TANPA DI SAKITI*

*"I do not want my experience (circumcision) to be experienced by my students. Therefore I convey to the parents of the students, love our daughters by not experiencing violence, not being circumcised because it is not useful, and not being married when they are children".
Ika, North Lombok, West Nusa Tenggara.*



27

T.G. Zamroni, the leader of a Islamic boarding school in West Lombok, is delivering a sermon to male and female students at his pesantren.

The role of social institutions, such as the Women's Reading House and the North Lombok LPSDM in West Nusa Tenggara, is also expected to be able to become a driving force for change at the community level.





The involvement of young people is also expected to be able to voice efforts to stop FGM/C. Like the Bogor Children's Forum which actively conducts socialization in their environment.



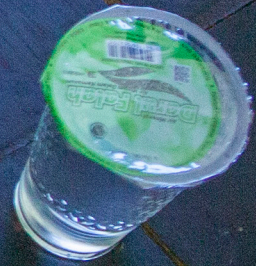
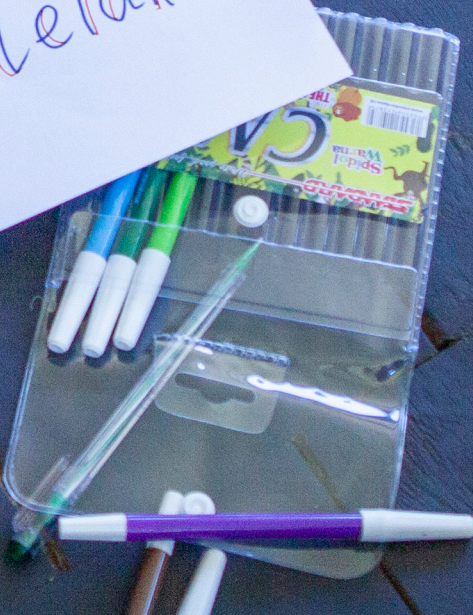
"The victim of FGM/C was a woman. But we as young people, men, can also convey a message to our parents, peers, and our environment with the right information that FGM/C is harmful and has no benefits for women's health."

Ridho, Bogor Children's Forum,
West Java.



A participant is preparing socialization material on efforts to stop FGM/C practices being carried out in West Nusa Tenggara.

empunan
rti
/ Melutai



Advocacy Steps

From Research to Policy Advocacy

THE anecdotal stories above have spurred researchers from the world of academia to explore the issue of female circumcision, especially since the ICPD Conference in Cairo in 1994 and the Beijing Conference in 1995. These research results are needed for the purpose of determining the targets of change by the government and civil society.

One international publication regarding the practice of female circumcision in Indonesia was written by a French former journalist, Andrée Feillard, in 1998. According to her, the practice of female circumcision in Indonesia is a domestic tradition which is mostly done using minor injury such as scraping. As a ritual, female circumcision is considered informal and done as a “secret among women,” i.e. between the baby’s mother or grandmother and the *paraji/dukun beranak*.

Feillard’s finding is important because this fact also seems to have been used as a “justification” by policy makers, who at that time paid little attention to the issue of female circumcision. The reason is that the practice was not considered an emergency when compared with the human rights violations in the implemen-

tation of the family planning policy under the New Order regime.

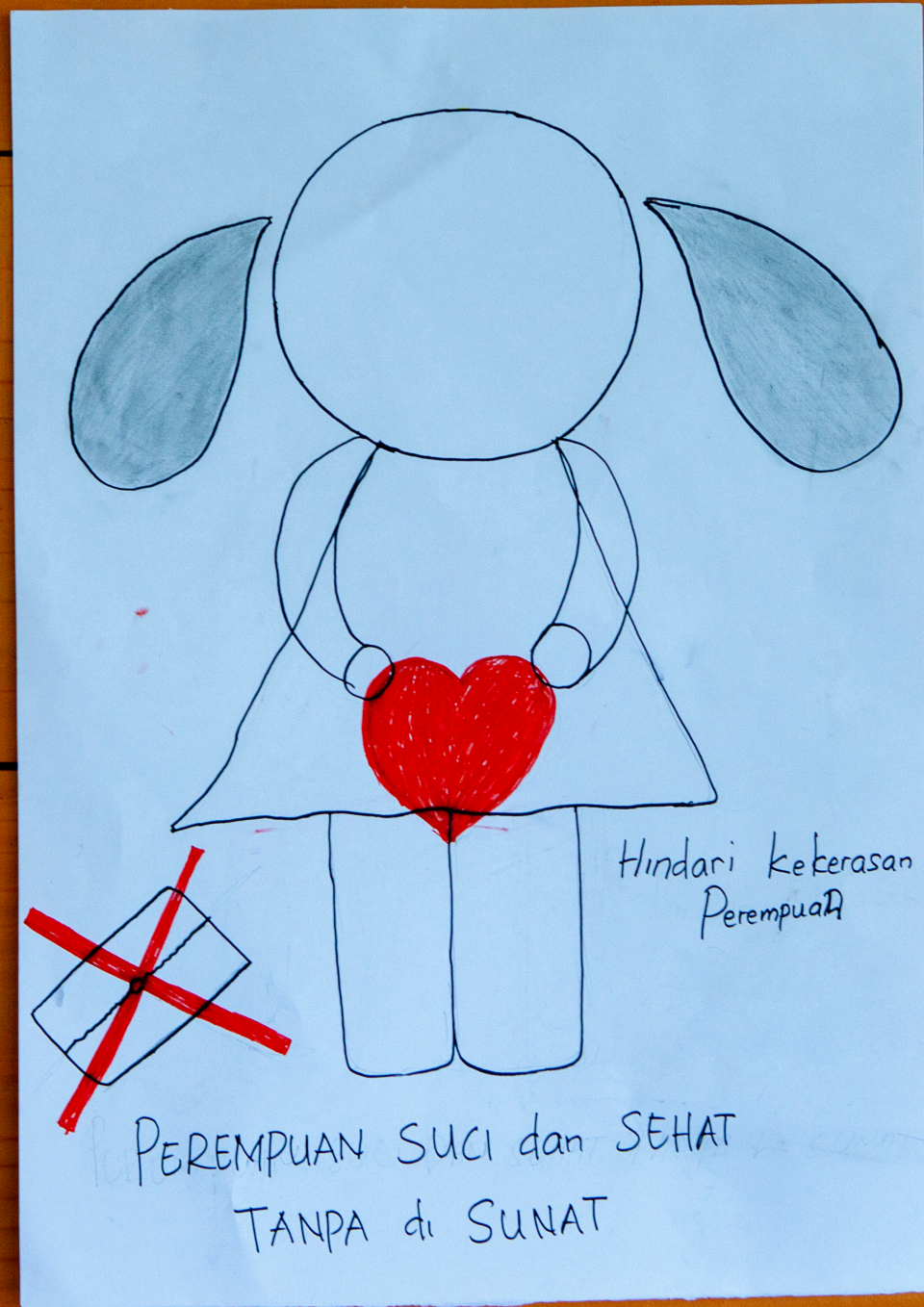
The increased attention toward the practice of female circumcision performed by *paraji/dukun* encouraged many academics and activists to conduct research studies.

Several earlier studies, such as those by Budiharsana (2003), Habsyah (2004), and Mitra Inti (2005), show that this practice has undergone a shift, from previously being a cultural act toward a process of medicalization. Service providers say the requests come from parents, and although they know there is no medical reason for it, they cannot refuse to do it.

Based on the testimony of several qualified midwives, the General Chair of the Central Management Board of IBI, Emi Nurjasmi, says some citizens have made complaints to their village heads against midwives who refuse to provide female circumcision services.

This change in the practice of circumcision, from symbolic or minor injury toward medicalization in the form of a surgical procedure/ cutting of the genitals, is inseparable from the rise of global religious conservatism (Rumah KitaB,

One of the posters by a participant in preparing for the socialization of the practice of stopping FGM/C practice without harmful medical reasons.



Fiqh on Working Women, 2021). This problem is exacerbated by the emergence of commercialization of health care services which exploit the regulation that requires circumcision to be performed by health care service providers. This can be seen, for instance, from the emergence of circumcision services for girls that are publicly advertised by health care service institutions: public hospitals, maternity hospitals, circumcision clinic, circumcision house, and vaccination house.

One religious social foundation in Bandung that also operates health care services conducts mass circumcision for boys and girls every year, free of charge. These circumcisions are performed by medical personnel: doctors, midwives, nurses, or other trained personnel. In January 2020, the foundation again circumcised 150 girls ranging in age from three months to 11 years, out of the 220 persons who registered. (Vice Indonesia, 10/01/20).

But in many of the cases studied, it is the babies' parents who refuse to have circumcision performed by medical personnel, on the grounds that the procedure is not fully in line with tradition, so they prefer to have it done by a *dukun sunat*.

As quoted from various sources, UNICEF data in 2016 recorded that more than 200 million women and girls around the world are victims of female circumcision, and Indonesia has the third highest rate of female circumcision in the world after Egypt and Ethiopia.

The illustrations above show the many challenges and dynamics for the effort to eradicate FGM/C in Indonesia or specifically those faced by UNFPA.

Apart from the world of academia /research, the issue of female circumcision in Indonesia is also a concern of several NGOs that work on the issues of reproductive health and Islam, such as P3M and Fatayat NU.

The results of this research received an immediate response from the government in the form of policies facilitated by the state through

the State Budget (APBN) or development aid funds such as the BERANI program (see profile of the BERANI Program, p. 45).

Outreach and Advocacy Steps by UNFPA's Partners to Eradicate Female Circumcision (FGM/C)

- **1994, ICPD Conference, and 1995, Beijing Conference:**
Many participants raise and discuss the practice of female circumcision, especially those from Africa such as Sudan, Ethiopia, and Egypt, and also from Central and Southeast Asia.
- **1996:**
The Ford Foundation supports the pesantren-based NGO P3M and the women's wing of NU to conduct outreach on women's reproductive health rights using the perspective of Islam (Fiqhun Nisa). The issue of female circumcision starts to receive attention.
- **1998:**
An article (by Andrée Feillard) is published in the French journal Archipel stating that the practice of female circumcision in Indonesia is a traditional practice to initiate a girl as a Muslim (to Islamize) and is a secret practice among women.
- **2003, 2004, 2005:**
Research results are published, among others by Meiwita Budiharsana, Atashendartini Habsjah, Mitra Inti, and Jurnalis Udin, stating that female circumcision is practiced and is undergoing a shift from a traditional practice toward medicalization.
- **2006:**
The Ministry of Health issues a Circular (No. HK.00.07.1.3.1047) concerning Prohibition on Medicalization of Female Circumcision by Healthcare Personnel.

“Respect tradition, without
injuring.”

*Prof. Musdah Mulia,
academic, researcher, Jakarta*

- **2008:** Responding to the Circular, Majelis Ulama Indonesia (MUI) issues Fatwa Decision of MUI No. 9A of 2008 concerning Law on Prohibition of Circumcision of Females. This fatwa is known as “Prohibited to Prohibit Female Circumcision.” In MUI’s view, female circumcision is part of the greatness of Islam and is categorized as makrumah, glorifying. According to MUI, what needs to be regulated is the method, rather than prohibiting the practice.
- **2009:** For the first time, the UN General Assembly discussed the issue of FGM/C practices in Indonesia based on the inputs of various parties, including the UN bodies (one of them was UNFPA), and it became one of the Concluding Comments of CEDAW Committee from Indonesia to take follow-up action by the government.
- **2010:**
 - Ministry of Health issues Ministerial Regulation Number 1636/MENKES/PER/XI/2010 concerning Procedures for Female Circumcision or FGM/C. This regulation explicitly does not grant authority to health care service providers to perform FGM/C. If it is performed, they must ensure that it is done in a safe and hygienic way. This decision attempts to accommodate the previous MUI fatwa.
 - Fatayat NU, with assistance from a researcher from the YARSI School of Medicine, Prof. Jurnalís Udín (2010), conducts joint research with support from the Ford Foundation. The result is that female circumcision has no medical benefit. This research finds a trend of medicalization of female circumcision.
 - The results of this research and religious studies within Fatayat are deliberated in the *bahtsul masail* forum at
- the 32nd Muktamar of NU in Makassar. However, the topic becomes politicized, as there is an idea that Fatayat is “bringing in foreign interests.” In the thematic *bahtsul masail*, it is decided that the status of circumcision is *ma-syru’* or with a legal position between “*wajib*” and “*sunnah*”.
- **2012:**
 - A number of Islamic-based activists make a visit to Egypt to study the fatwa on female circumcision. However, one participant, from the Child Protection Commission (KPAI), says female circumcision in Indonesia is a right to carry out the instruction of religion. The voices from Indonesia are internally split.
 - Atashendartini Habsjah presented at CEDAW Committee Meeting where the Health Minister, Linda Gumelar, became the Chairperson of Indonesian Delegation. She and other CWGI members attended the meeting as observers and shared the compiled together report on STOP FGM. The crucial topic was distributed in form of brochure made the six members of CEDAW invited the delegation to discuss the condition of female circumcision in Indonesia. The result was that it was written in the Conclusion Observation Report that female circumcision must be stopped.
- **2013:** The Ministry of Health’s Research and Development Agency publishes the results of the Basic Health Research (Risesdas) which state that 51.2% of girls in Indonesia aged 0 to 11 years have undergone circumcision. This data does not specify the type of circumcision, but states that it is prevalent in all regions.

“Female circumcision is still practiced and acknowledged on the basis of culture and interpretations of religious texts. The spirit of equality, the principle of benefit, and the medical justification for eradicating FGM/C must be constantly proclaimed by all parties. Eradication of FGM/C will clearly be a step forward in eradicating violence against women.”

Dr. Nihayatul Wafiroh, Deputy Chair of Commission IX, DPR RI/FPKB, Jakarta



As a Javanese, my mother let my grandparents make "tetesan." I don't even remember how it felt. After that my cousin and I even laughed and went back to playing. But my mother didn't do it herself to me and my sister. Maybe my mother doesn't agree or doesn't think it's important."
Saparinah Sadli, Jakarta.



"Circumcision is makrumah, honor and respect. How can it show respect if the result is actually mafsadat (harmful)?"
Kiai Ali Muhsin, Pesantren Rejoso, Jombang,
East Jawa

39 “For those of us who work in regions with strong cultural traditions as in Lombok, the most important thing is to approach the community figures, the holders of tradition, the men. Because health care is very closely interrelated with other fields, we need to educate residents about many matters even though we are working on health issues, and this includes eradication of FGM/C.”

Midwife Nengah Winami, Head of Human Resource Development and Public Relations, RSUD North Lombok, West Nusa Tenggara

- **2014:**
 - Researcher Atasendartini from Atmajaya University studies the practice of circumcision among children in PAUD to observe the phenomenon over the previous five years. The results support the Riskesdas finding.
 - Ministry of Health issues a Minister of Health Decision (No. 6/2014) which revokes the decision in 2010 (Article 1). The reason is that female circumcision poses risks in its process and is not part of medical or treatment procedures (State Gazette of the Republic of Indonesia for 2014, No. 185).
 - This 2014 Minister of Health Regulation is seen as ambiguous and not providing clarity on whether FGM/C is prohibited or permitted. This can be seen from the content of Article 2 which requests the Ministry's Health and Shariah Consideration Council (MPKS) to issue guidelines concerning procedures for performing female circumcision that can ensure females' safety and health without cutting their genitals. In other words, it seems to continue to permit the practice of female circumcision.
- **2015:**
 - UNFPA conducts an International Seminar and National Discussion on FGM (Social, Cultural, Religious, and Health Perspectives). This seminar is important in bringing together various views of Muslim intellectuals, cultural experts, social experts, health experts, including the United Nations regarding FGM/C. In this event, Prof. Ragab from Egypt explains the fatwa by ulama from Al Azhar which prohibits the practice of FGM, and the keynote speaker, Ibu Sinta Nuriyah Abdurrahman Wahid, states that in her extended family there is no practice of female circumcision.
- **2016:**
 - UNFPA and KPPPA develop a background paper for a policy brief on eradication of the practice of female circumcision (later called FGM/C) in Indonesia.
- **2016:**
 - The Minister of KPPPA, Dr. Yohana S. Yembise, speaks at the International Day of Zero Tolerance for FGM/C at the UN. UNFPA, together with KPPPA and IBI, conducts outreach on prevention of female circumcision at the IBI Congress.
 - KPPPA conducts a qualitative study on the social/cultural aspects of female circumcision in four regions.
 - UNFPA and KPPPA perform mapping of stakeholders in connection with eradication of female circumcision.
 - KPPPA, with funds from APBN, develops guidelines for advocacy and a IEC pocket book for religious leaders concerning prevention of FGM/C from the perspective of Islam.
 - UNFPA supports Komnas Perempuan to produce a Policy Summary concerning sexual violence, which includes the topic of female circumcision.
 - SPHPN (*Survei Pengalaman Hidup Perempuan Nasional/National Survey on Women's Life Experience*) is conducted. The issue of violence in the form of female circumcision is not included.
- **2017:**
 - UNFPA starts the BERANI program together with UNICEF and UNFPA, supported by the Canadian Embassy.
 - UNFPA, PSKK UGM, and Komnas Perempuan, with support from DFAT, conduct a Study on Medicalization of FGM/C in 17 regencies/cities (10 provinces) in Indonesia.
 - KPPPA and UNFPA develop Guidelines for Advocacy for Prevention of FGM/C

for Youth.

- **2018:**

- The term P2GP (FGM/C) officially starts to be used.
- The BERANI Program starts in cooperation between UNFPA, UNICEF and KPPPA with support from the Canadian Embassy.
- KPPPA, with support from UNFPA, conducts a National Meeting of Ulama from Pesantren and Islamic Organizations in Bogor. This meeting produces the Bogor Statement (*Risalah Bogor*). This summary states that being circumcised is *makrumah* or a mark of distinction, but is not an instruction. The act can be considered *mubah* or can even become *haram* if it is dangerous.
- KPPPA, with APBN funds and support from UNFPA, conducts outreach on the *Risalah Bogor* in six pesantren in six regions (Pati, Payakumbuh, Bogor, Pamekasan/Madura, West Lombok, North Lombok) on the initiative of national- and local-level religious leaders.
- KPPPA, with support from UNFPA, conducts training for young facilitators related to advocacy for prevention of FGM/C.
- KPPPA and UNFPA develop guidelines for advocacy strategy to communicate prevention of FGM/C for community organizations using a family approach.
- KPPPA and UNFPA conduct FGM/C prevention sessions at high-school level educational institutions and Children's Forums.
- Ministry of Health, IBI, KPPPA, and UNFPA conduct outreach on Guidelines for Prevention of the Practice of Female Circumcision for Health Care Personnel at the IBI Congress.
- Ministry of Health includes information concerning FGM/C as a hazardous

practice in its book on KIA (Maternal and Child Health) and distributes the book to Puskesmas.

- Ministry of Health, with support from UNFPA, develops advocacy guidelines and IEC concerning prevention of FGM/C for health care personnel (midwives, Dinkes, etc.), in cooperation with KPPPA.
 - Komnas Perempuan, with support from UNFPA, develops Policy Paper on Prevention of FGM/C in the educational environment, in cooperation with Kemendikbud and Kemenag.
- **2019:**
 - Outreach on prevention of FGM/C in pesantren.
 - UNFPA, Komnas Perempuan and PSGA UIN Jakarta conduct outreach on Prevention of FGM/C for Youth through a Parallel Session at the International Conference on Gender and Social Movements (at UIN Jakarta).
 - Kemenkes and UNFPA conduct national-level outreach and compile advocacy guidelines and picture information sheet (brochure) on IEC concerning prevention of FGM/C for health care personnel (involving health care personnel from 10 provinces and 12 regencies).
 - Dissemination of advocacy guidelines and IEC brochure on prevention of FGM/C for health care personnel in four regions (City of Bogor, East Belitung, Pandeglang/Banten, and Banjar/South Kalimantan).
 - KPPPA and UNFPA conduct outreach on *Risalah Bogor* at two pesantren in two regions (Pamekasan/Madura and Bogor Regency) on the initiative of religious leaders.
 - Pilot is conducted on Prevention of Gender-Based Violence and Dangerous Practices using the "transformative gender" approach (by involving

"This is a matter of cultural pressure, the coercion from tradition which deems that circumcision for females is a must, and it's taboo not to do it. (Therefore) the change needs to be at the cultural level. From the religious standard, it's already clear: something that causes more *mudharat* is by law clearly *haram* (forbidden) or at best *makruh* (not good/ not recommended), and must surely be left behind."

*T. G. Subkhi As-Sasaki,
Pondok Pesantren Nurul Madinah,
Lombok,
West Nusa Tenggara*



"We continue to make every effort with KPPPA and UNFPA partners. We admit that this is a sensitive issue, but that doesn't mean it can't be overcome. We have to discuss it more intensely with the legislature and policy makers in the family to achieve the SDGs 2030 target together."
Dr. Indra Gunawan, Deputy for Public Participation, KPPPA, Jakarta



"Fatayat long before the KUPI conference in 2023 brought the issue of female circumcision to the 10th NU Congress in Makassar in 2010. We held a bahtsul masail (thematic discussion) on the law on female circumcision. We bring data from Fatayat's research with the help of doctors from the Yarsi Hospital."

Maria Ulfah Anshor, Commissioner of Komnas Perempuan

“Circumcision is makrumah, honor and respect. How can it show respect if the result is actually mafsadat (harmful)?”

*Kiai Ali Muhsin,
Pesantren Rejoso, Jombang,
East Java*

men) and an ecological approach in North Lombok (2019 – 2021).

- **2020:**
 - Series of socialization webinar on guideline of advocacy and IEC feedback for the prevention of P2GP for independent midwives and members of IBI from all over Indonesia.
 - KPPPA, with support from UNFPA, develops a Road Map for Prevention of FGM/C by 2030 and an Action Plan.
- **2021:**
 - KPPPA and UNFPA produce Training Module on Advocacy for Prevention of FGM/C for Youth with training for youth facilitator and children forum.
 - KPPPA, Bappenas and UNFPA include data on FGM/C in second SPHPN.
 - KPPPA and UNFPA conduct National Reference Group Meeting for Prevention of FGM/C in Indonesia, involving religious leaders.
 - Pilot is conducted on Prevention of Gender-Based Violence and Dangerous Practices using the “transformative gender” approach (involving men) and an ecological approach in North Lombok (2019 – 2021).
- **2022:**

Kalyanamita conducts research in Jabotabek (Greater Jakarta) finding that even in the era of Covid-19, female circumcision is still practiced.
- **2022:**
 - UNFPA supports the network of the Indonesian Congress of Women Ulama (KUPI network) to conduct a parallel session on prevention of FGM/C in the second KUPI Congress.
 - UNFPA conducts FGD in the KUPI pre-congress at the home of Ibu Sintia Nuriyah, attended by important figures in the effort to involve men in prevention of violence against women, including Kiai Husein Muhammad,

Kiai Lukman Hakim Saifuddin, Gus Jamaluddin Muhammad, and Kiai Wahid Maryanto.

- UNFPA conducts research to compile this photo story.



The members of the Indonesian Midwives Association Management are attending Coordination Meeting in Jakarta. Midwives and health workers only need a "Knock Hammer" from the government so that their efforts to stop female circumcision gain legal legitimacy.



A group of parents/caregivers in North Lombok had a discussion in one of the community sessions aimed at encouraging changes in social and gender norms for the prevention of gender-based violence and Harmful Practices such as FGM and Child Marriage.

Profile of the BERANI Program

Multiparty Cooperation in Eradication of FGM/C

BERANI, or Better Reproductive Health and Rights for All in Indonesia, is a multi-year program initiated by UNICEF and UNFPA since 2018. BERANI is supported by the Canadian Embassy and by the Government of Indonesia through the National Development Planning Agency (Bappenas) as well as other ministries and government institutions, including the Ministry of Health (Kemenkes), the Ministry of Women Empowerment and Child Protection (KPPPA), the National Population and Family Planning Agency (BKKBN), and the Ministry of Education and Culture (Kemendikbud).

The objective of this program is to improve the quality of and also protect the rights to sexual and reproductive health of women and girls, including in the context of gender-based violence, at both the national and local levels.

The focus of BERANI's issues includes a number of matters included in the issues of Sexual and Reproductive Health Rights (HKSAR). This includes capacity building for stakeholders and networks, policy advocacy, upgrading HKSAR services friendly toward children and adolescents, and prevention of hazardous

practices such as child marriage and Cutting and Mutilation of Female Genitalia (FGM/C).

Four Steps of Change

Step 1: Involving the Government of Indonesia in Prevention of FGM/C

The advocacy strategy to prevent FGM/C through BERANI is carried out by involving KPPPA as the leading sector and Kemenkes as the implementer. One part of the strategy is a family approach, by building awareness at the community level through narratives more easily accepted by the community to eliminate the practice of FGM/C. In addition to the government partners, advocacy strategy for FGM/C prevention is also developed by involving four main stakeholders: health care personnel, especially midwives, CSOs/NGOs, religious leaders, and youth.

The advocacy strategy for CSOs/NGOs was developed through consultation with the stakeholders concerned to obtain a picture of the practice at the community level.



Various activities of the BERANI Program to prevent gender-based violence, and other dangerous practices such as FGM and child marriage with a gender transformative approach carried out in North Lombok, West Nusa Tenggara.

The advocacy strategy for the health care sector was developed in cooperation with KPPPA and Kemenkes, and was disseminated through the annual meeting of the Indonesian Midwives Association (IBI) in 2018. Meanwhile, involvement of children and youth is done through capacity building conducted through Children's Forums, which has been trialed at two schools, in DKI Jakarta and in Bogor Regency.

Involvement of the government is key to ensure that the BERANI project gains commitment and support. HKSR, and especially FGM/C, is a sensitive issue and often controversial, particularly when it runs up against the values of tradition, culture, and religion. Involving government partners in prevention of FGM/C has enabled the advocacy strategy to be developed and supported across sectors (Kemenkes, Kemendikbud, Kemenag, and KPPPA) and has produced a strategy that is culturally acceptable by the community. Since 2019, UNFPA has promoted the development of the Road Map to Eradication of FGM/C by 2030, which has been approved and implemented by KPPPA.

In the larger development context, UNFPA supports the availability of national metadata on SDG indicator 5.3.2, the proportion of women and girls aged 15 to 49 years who have undergone FGM/C, which has now been agreed to be included in a



national survey.

In 2021, UNFPA supported KPPPA to prepare a questionnaire adopting the global FGM/C module to be integrated into the National Survey of Women's Life Experience (SPHPN). The results of this survey were released in December 2021 and indicated that 55.2% of females aged 14 to 49 acknowledged they were circumcised.

The BERANI Program also encouraged the government's commitment to strengthen access and services of HKSR, as well as prevention of hazardous practices. Through UNFPA support, KPPPA has led the course of advocacy for prevention of FGM/C, involving Kemenkes, BKKKBN, IBI, religious leaders, and youth.

The Road Map to Prevention of FGM/C by 2030 provides guidelines and achievements as a reference for stakeholders in their involvement and in looking at what still needs to be done to achieve SDG indicator 5.3.2.

Several key activities and milestones have been achieved to promote prevention of FGM/C. **First**, in 2019, the Government of Indonesia enacted Law Number 4 of 2019 concerning Midwifery. This stipulates concerning the functions and ethics of the midwife profession. This Law is important because it promotes advocacy to health care personnel, especially trained midwives, in preventing and eliminating the practice of FGM/C, whether through their independent practices or at hospitals.

Second, the Road Map for Prevention of FGM/C by 2030 has been disseminated, led by KPPPA and involving Kemenkes and BKKBN. This activity was conducted in July and August 2020 and was attended by 3000 participants online and 40 participants in person. The Indonesian government agreed that there need to be updates of national data about FGM/C that can be periodically monitored. As follow-up, a series of webinars and public discussions was conducted involving religious leaders, youth, CSOs/NGOs, and health care personnel as part of the implementation of the Road Map for Prevention of FGM/C by 2030.

Step 2: Working with Religious Leaders through Involvement of the Indonesian Congress of Women Ulama (KUPI) to Prevent FGM/C

In the issue of FGM/C, involvement of religious leaders is essential, because FGM/C is a practice that is often considered part of religious teachings. In fact, numerous studies have shown that the practice of FGM/C is not recommended. To the contrary, medical data show that this practice can be dangerous for girls.

Therefore, in 2019, UNFPA, together with its partners, compiled advocacy material and a training module for prevention of FGM/C for religious leaders from several regions as a pilot program of KUPI. This training was conducted in Semarang, Central Java, involving members of the KUPI network from Yogyakarta, Banten, Pandeglang, Bandung, Pekalongan, Semarang, Situbondo, Tasikmalaya, Ambarawa, Pati, Salatiga, and Majalengka. The religious leaders were expected to be able to disseminate the message on prevention of FGM/C to their congregations and networks and to advocate it to the communities where they live.

KUPI is a network of progressive ulama with a gender justice perspective. Most of them are members of Nahdlatul Ulama and Muhammadiyah. These are the largest religious organizations in Indonesia and have huge networks with strong influence in society. KUPI is a network that pioneers social transformation in Indonesia by addressing humanitarian issues by developing an understanding of Islam that is moderate and promotes gender justice.

Through support from BERANI, in 2021, FGM/C became part of the agenda proposed in the Religious Deliberations of the second KUPI Congress in November 2022. This Congress produced a recommendation that acts of FGM/C are haram. KUPI also trained 239 women ulama to advocate to the community about prevention of FGM/C, which is being done through a series of webinars. (See box on Results of the KUPI Congress).

BERANI also supported four members of the KUPI network (Alimat, Fahmina, Rahima, and PEKKA) and PSGA (Center for Gender and Child Studies) in advocacy for prevention of FGM/C through a series of *halaqah* webinars.

The women ulama who were trained then produced a number of articles about FGM/C that were published through the website Mubadalah.id, one of the media of the KUPI network. Dissemination of moderate Islamic views through social media and websites in the network is important, because the debate and narrative about gender-based violence on the internet is often grounded in arguments concerning religion and tradition in society.

Step 3: Working with Health Care Personnel and Midwives as Pioneers in Prevention of FGM/C

IBI conducted training for midwives during the period 2021-2022. Many of the participants who are midwives who have their own practices or work at independent midwife clinics stated that female circumcision is included in the childbirth package along with ear piercing. After taking part in this training, they

understood the dangers of FGM/C. But they still have to deal with their clients. They also employ a strategy whereby when parents ask to have their daughter “circumcised,” they can persuade the parents that they have already “cleansed” the girl. These midwives know that if they refuse, the girls’ parents will just request it from another midwife or a *paraji*.

Midwives like these need support. UNFPA, through the BERANI Program, has promoted development of policy dialogue and a policy paper that contributed to the enactment of the Midwifery Law in 2019. After its enactment by the Government of Indonesia, IBI became the main stakeholder in advocating for maternal and child health with the government and in implementing the Midwifery Law. This advocacy will influence the issues of maternal and child health. They also hope that the Midwifery Law will be included in the next RPJMN. Oversight of implementation of the Midwifery Law is important to improve standardization of midwife practices and the capacity of midwives in better understanding issues that are related not only to maternal and child health but also to the issue of gender-based violence, which is closely related to health issues, including FGM/C.

To this end, UNFPA, together with KPPPA, supported IBI to conduct dissemination activities on prevention of FGM/C, especially in the context of implementing the advocacy strategy for prevention of FGM/C for healthcare personnel. They conducted a webinar attended by nearly 8000 participants and distributed 12,500 copies of the advocacy guide and the information, education and communication (IEC) material to midwife members of IBI in 34 provinces and 449 cities/regencies in Indonesia.

Step 4: Involvement of Men and Women’s Organizations for Change

The BERANI Program, through its intervention to prevent dangerous practices, including child marriage and FGM/C, in North Lombok, implemented the transformative gender approach and a strategy for involvement of men. This approach and strategy were supported by the local government, women’s organization network, and religious and community leaders.

In the two villages assisted in North Lombok, Tenige and Tanjung, BERANI trained 394 participants (234 women and 159 men), resulting in two village regulations, on child marriage prevention and protection of women from gender-based violence, in 2021. This was able to promote changes in the behavior of men and boys in these two villages, as they better understand how vulnerable females are to violence. They also succeeded in ratifying two village regulations protecting the rights of women and girls.

In 2021, UNFPA supported 64 women’s organizations and two women’s networks, which included 58 members of the Service Providers Forum – a network of women’s CSOs that provide services to women who are victims of violence – by providing personal protective equipment (PPE) and supporting the campaign of the 16 Days Against Violence against Women (16 HAKTP).

UNFPA also encouraged the Women’s Health Foundation (YKP) to develop a Manual on Behavior Change and Communication (BCC) for Adolescent Sexual and Reproductive Health for Prevention of Child Marriage. UNFPA also supports LPSDM in North Lombok in involving men to end gender-based violence.

“Female circumcision is a cultural matter, so the solution also has to be from the cultural side. This is not (intended) to justify cultural relativism but rather to show the diversity of views and understanding about female circumcision. Critical knowledge is what will eventually correct the negative practices of a given tradition. Therefore, it is essential to constantly update social research with a critical approach such as feminist anthropology, especially for sensitive issues like female circumcision. This is so that we have the courage to leave behind traditions that have a truly negative impact, such as female circumcision.”

*Prof. Atun Wardatun,
UIN Mataram,
West Nusa Tenggara*

RAPID

49

A santri has just joined the teaching and learning process at the Rejoso Islamic Boarding School in Jombang, East Java. Socialization efforts to stop FGM/C were also carried out within religious-based educational institutions.



TRANSIT



Eradication of FGM/C

LIKE the practice of child marriage, FGM/C is a cultural practice that bases its actions on religious views. To address this issue, the legal/formal approach is just one corner of the triangle of change through advocacy. The other two corners in this eradication effort deal with the structure and the content of law.

“I’m a Bugis, and a survivor of female circumcision. But I have very fond memories of it. I was six years old at the time. On that day I felt I was the center of attention from my parents, grandparents, uncles, and all the other men around us. I felt like a princess for a day, wearing seven layers of colored *baju bodo*, the traditional garment that honors us as Bugis women. I have fond memories of the day I was circumcised.”

“In our tradition, this is a complicated cultural act that it would be almost impossible to simply eradicate. A woman as a mother, or a man as a father, inevitably feels guided by the culture to perform this ritual, no matter how simply. In the practice of circumcision in our culture, there are values of tradition, symbolism, honor, self-respect, manifestation of social caste status, and interpretations about ‘being a respectable woman.’”

"In our culture, this is an important rite of passage in a woman's life cycle. Prohibiting it, even on religious grounds or using valid arguments, without understanding the rich and multi-layered cultural meaning within it, will not be able to eradicate it. Therefore, we need to face it by using a cultural strategy as well: how to alter the practice by not touching the girl's genitals, without interpretations that strengthen labeling and the stereotype that women are sex objects whose libido needs to be controlled."

"If it is not possible to eliminate it through other means, such as through a Law that is truly enforced by considering it an act of violence whose perpetrators must be punished, then we have to take it back by giving it a more positive meaning, more empowering, and containing values of nobility for women in line with the meaning of makrumah in the hadith: a nobility that is free from practices and interpretations to control women's sexuality."

(**Musdah Mulia**, Jakarta, 7 November 2022)

Using as its basis critical awareness like this from multiple sources, this research study states that FGM/C should be eliminated. They themselves will be in the forefront of the struggle to eradicate FGM/C.

They believe that their daughters are perfect, honorable, and dignified humans without having to suffer due to prejudice that is imposed on their genitals.

Stories of Awareness

"My education in the field of health at UMY Yogyakarta convinced me to reject the requests from relatives who were constantly asking when our daughter would be circumcised. We are aware that in our tradition in Bima, NTB, this is seen as part of the parents' obligation. But we also know that our child must be protected from such a painful and dangerous customs as this."

(**Dwiretno**, Nurse at Puskesmas, Dompu Subdistrict, Bima, West Nusa Tenggara: Mataram, 12 December 2022)

"Yes, I'm her father, I'm responsible for whatever decisions are made regarding our family. But in terms of education, I studied civil engineering, while my wife studied health. She obviously knows better, so why wouldn't I go along with her decision to refuse to have our daughter circumcised? She knows better than I do."

(**Muhammad Arsad**, husband of Dwiretno, entrepreneur, Dompu, Bima, West Nusa Tenggara: Mataram, 13 December 2022)

"FGM/C is not just a matter for females and adults; it's also a matter for males, because we also will eventually be married and have families. I don't want girls to suffer because of their parents' ignorance."

(**Ridho**, Bogor Children's Forum)

"For us, advocacy for eradication of FGM/C must be done concurrently with raising awareness about gender and sexuality, because that is where the roots actually lie. This is the basic material of the campaign and outreach for eradication of FGM/C that we are conducting in North Lombok."

Ririn Hajudiani,
LPSPM, North Lombok,
West Nusa Tenggara

53 “We were amazed; we had no idea that Lampung contributes up to 60% of female circumcision (Risksedas, 2013). And we had, it seems, never heard of this practice in the community. So PSGA IAIN Lampung, together with ALIMAT (a KUPI partner), conducted small-scale research about whether they were circumcised. And the answer was yes, they were.

PSGA IAIN Lampung then discussed this with our work network in the community, such as the housewives’ community in PAYUNGI.”

*Dr. Muflaha Wijayati,
former Chairperson of PSGA IAIN
Lampung,
Lampung*

“Today I would like all of you ladies to be witnesses: I am a woman, every day I sell goods outside the mosque in Jambianom, and I’m also the subvillage head, so I often meet the local residents. After this (FGD) I have the opportunity to convey the message, to prohibit them from getting their daughters circumcised. I will tell them there is no need for their daughters to be circumcised, because it has no benefit for the girls themselves or for us as their parents.”

(Aenah, Sumur Buaq, Jambianom, North Lombok, 13 December 2022)

“I have three children, two of them girls. My wife is from Gowa, and in the society of Gowa (ethnic group from Makassar), this custom (FG-M/C) is very strong. Even though our in-laws or relatives circumcise their daughters, we have consciously decided not to do so. We do not want to hurt them. Culturally, my role as husband and father is quite dominant. This can be an opportunity for men to decide on matters where we can protect girls, like from child marriage. But men need strength that is not merely cultural, but also knowledge and awareness.”

(Dr. Ishak Salim, Researcher of the Ininawa Community, Makassar/Lecturer in Political Science at Universitas Teknologi Sulawesi)



Dwiretno and Muhammad Arsad, a married couple from Mataram, West Nusa Tenggara, who refused requests from their relatives to have their daughter circumcised.



Suhairi, Deputy Rector 1 at IAIN Metro: I Took My Wife to a Midwife to Have Our Daughter Circumcised

Suhairi was born in Central Lampung in 1972 to an indigenous Lampung family. His father was a civil servant employee at Astra Ksetra Air Force Base in Central Lampung. The family's religious tradition is close to NU and to the local tradition as natives of Lampung.

After graduating from junior high school in 1988, he continued his schooling at Pondok Darussalam Tegineneng, South Lampung. This is a pesantren affiliated with Pesantren Gontor, Ponorogo, East Java. His older sister also lived and studied at Pondok Darussalam Tegineneng, South Lampung, as did his younger siblings.

After graduating from Aliyah at Tegineneng, he went on to university level studies in the Faculty of Sharia at IAIN Raden Intan in Bandar Lampung in 1993 and graduated in 1998. He then applied for a job as a lecturer at IAIN Metro, which was originally a "remote class" campus of IAIN Raden Intan.

He married in 2000. His youngest daughter was born in 2011 at a private hospital through caesarean section due to complications. Several months after the girl was born, his wife asked him to take them to a midwife, their neighbor. All she wanted was to get their daughter's ears pierced, but the midwife offered to perform a circumcision as well. His wife asked his opinion, and he had no objection. He admits that he did not ask the midwife much about how she would do it. But he was confident that even if there were some injury, the procedure would not cause a bloody wound. He was sure the midwife would do it in a medical and trustworthy way.

Later, in 2014, he read an article by Dr. Mufliha Wijayati, Chair of PSGA at IAIN Metro, "Female Circumcision: Sharia or Tradition". In the article, he read that there was some debate. He used this article in *tausiah* (advice) at the home of his neighbors who were celebrating their daughter's *akikah* and circumcision. In the *tau-*



siah, he said he tended toward the opinion that requires circumcision for females just as for males.

He admits that he had not explored the issue very seriously. After hearing that the practice of FGM/C in Lampung is quite high, he was very surprised. Following recent developments such as the issuance of the KUPI Fatwa, he became more interested. He now agrees that there must be explicit government regulations. He says that he will personally contribute in campaigning that FGM/C is not a commendable practice.

He believes that institutionally, IAIN could include this issue in the curriculum, for example in the courses on *fiqh* or on preaching. He is also certain that PSGA can conduct education and outreach for Islamic outreach workers. Similarly, the lecturers and employees within IAIN can disseminate this issue through Friday sermons, religious study groups (*pengajian* and *majelis taklim*), and other forums.

In his opinion, material about FGM/C can be integrated into the MBKM (Free to Learn, Free Campus) curriculum at IAIN. The MBKM curriculum has now been running for two years. Through MBKM it is possible to conduct a review of the curriculum. In this way, we can provide strengthening by inserting issues of gender, including female circumcision, into the integrated subjects of MBKM.

Dr. Suhairi, M.H with the Chancellor of IAIN Metro, Lampung, Dr. Hj. Siti Nurjanah, M.Ag., PIA., posing for a photo with the UNFPA Indonesia team after socializing and discussing the elimination of FGMC.

KUPI Fatwa concerning Eradication of FGM/C

Protecting Women from the Dangers of Female Genital Mutilation and Cutting without Medical Reason is *Wajib* (Compulsory)!

FGM/C was just one of the sub-themes of the many issues that were very seriously discussed in KUPI II. This section specifically examines the issue of Female Genital Mutilation and Cutting (FGM/C) as an output of the Religious Deliberations (Fatwa) and Recommendations of the Second Indonesian Congress of Women Ulama (KUPI 2). This second KUPI Congress was conducted at Pesantren Hasyim Asy'ari, Bangsri, Jepara, Central Java on 24 to 26 November 2022 and produced five recommendations of KUPI, one of which relates to the religious law concerning FGM/C.

Seen from the process and its results, the recommendations of KUPI 2 are not just progressive, essential, and substantive in the effort to fulfill a sense of justice for women, but also have strong legitimacy. As reported by the chair of the Organizing Committee, Masruchah, this Second KUPI Congress was attended by 1600 participants from various elements, as well as delegations from 31 countries. Meanwhile, in the decision making that produced the KUPI Fatwa/Religious Deliberations, the deliberations proceeded consistently and in stages. In the case of FGM, for example, a sense of mutual support was strongly felt among the participants to reinforce the arguments based on their respective backgrounds.

Although all participants were already convinced there would be no rejection of the wish that this practice be deemed *haram*, throughout the discussion process, from the Pre-Conference to the Religious Deliberations and the formulation of results, a very supportive atmosphere was felt, with in-depth argumentation, no rush, and an honest evaluation of the arguments.

“Never mind circumcision, we guard against eating instant noodles, we prohibit it.”

Anwar Jimpe Rachman,
Bugis culture figure,
Makassar, South Sulawesi

For example, in this discussion, KUPI not only considered arguments that reject female circumcision such as referring to the recommendations of the World Conference of Ulama initiated by Al Azhar University in Cairo (22 November 2006), but also carefully studied fatwas that still justify female circumcision. As is known, the World Conference of Ulama at Al Azhar declared that female circumcision is an ancient tradition with no basis in either the Qur'an or any *hadith* that are *sahih* (valid/authentic); that the female circumcision that is currently practiced gives rise to both physical and psychological harm; and therefore the Al Azhar Conference urged countries whose citizens continue this tradition to enact laws prohibiting it.

In this second KUPI, several *hadith* that permit female circumcision were examined, which in terms of their transmission can be categorized as *sahih*. What was done in the KUPI deliberations was to present comparison *hadith*, after first explaining about *maqashid syariah*, which is based on the *daruriyatul khamsah* or “five principles”: the obligation to protect belief, life, logic, descendants, and property/ dignity. Hence, even if there are arguments from *hadith* that are *sahih*, one still must consider to what extent these *hadith* support efforts to uphold the five principles. Consequently, it is very clear that the recommendations issued by KUPI 2 have cultural and religious legitimacy, based on the very solid process of formulation of the arguments.

Therefore, there is a very strong basis for these recommendations, as contained in the Recommendations of KUPI 2, which urge the state to note, consider, and facilitate implementation of the recommendations as a well-grounded and argued appeal for the benefit (*maslahat*) of women.

On the issue of FGM/C, the Religious Deliberation of KUPI in Jepara made the following recommendations:

PROTECTION OF WOMEN FROM THE DANGER OF FGM/C WITHOUT MEDICAL REASONS

KUPI's Religious Position

1. The status in religious law on committing acts of cutting or injuring female genitalia (FGM/C) without a medical reason is *haram* (forbidden).
2. All parties are responsible to prevent FGM/C without a medical reason, including individuals, parents, families, the community, traditional leaders, religious leaders, *paraji* or those with other terms (traditional midwives), business operators, medical personnel, the government, and the state.
3. The religious law on using authority as religious leaders, traditional leaders, medical personnel, and family members in protecting females from the danger of FGM without a medical reason is *wajib* (compulsory).

Using the "*Keadilan Hakiki*" (Essential Justice) methodology proposed by Dr. Nur Rofiah and the concept of "*makruf*" developed by Nyai Badriyah Fayumi, the way to read *hadith* that seem to recommend the practice is to interpret them as *hadith* whose application is "intermediate" in the journey toward eradication of the practice of circumcision.

Indeed, the Prophet himself never circumcised his daughter, Fatimah r.a., and explicitly prohibited harming oneself or others.





MUSYAWARAH KEAGAMAAN KUPI

PERLINDUNGAN PEREMPUAN DARI BAHAYA P2GP TANPA ALASAN MEDIS

PP. HASYIM ASY'ARI, JEPARA
26 NOVEMBER 2022

Kompas senior journalist, Ninuk Mardiana Pambudy expressed support for KUPI's efforts to socialize the results of the congress, such as the results of the Religious Conference for the elimination of FGM/C.



Question and answer activity and group photo of the participants of the 2nd KUPI Religious Conference in Jepara for the elimination of FGMC.





The youths are actively involved through the Bogor District Children's Forum in socializing the importance of ending the practice of FGM/C.

Closing

“Our girls have the right to be free from negative prejudice regarding their bodies. Circumcision is not an Islamic way to honor and respect our daughters.”

(Musdah Mulia)

ALL the informants in all the regions studied agreed that FGM/C is an act of violence that violates children’s right, women’s rights to their bodies and integrity, and human rights as a whole.

All the informants believe that FGM/C is a social act that endangers females’ genitals. Another matter, no less dangerous, is the perpetuation of the prejudice that underlies this practice: the assumption that women’s bodies are a source of temptation (*fitnah*); that their sexuality cannot be controlled without injuring their genitals; and that women will never be “pure” without undergoing FGM/C.

This means that by eliminating the practice of FGM/C, we will not only end the practice of injuring female genitals but also eliminate the negative prejudice against women’s bodies and sexuality as part of the practices of violence against

women.

Although FGM/C is practiced quite widely in society, awareness about the dangers of FGM/C has become a collective concern. Efforts toward eradication of FGM/C have been and continue to be conducted by many parties: elements of the government, civil society organizations, religious and traditional leaders, religious mass organizations, professional organizations in the field of health, researchers, and media activists.

Dissemination of the campaign to eradicate FGM/C is done by UNFPA’s partner, the Ministry of Women Empowerment and Child Protection. This campaign is conducted through print and electronic media, religious lectures, limited discussions and guided forums, improvements to educational curricula on reproductive health, and dissemination of the result of KUPI’s congress which declares the practice of FGM/C without a medical reason to be forbidden (*haram*).

Women who are survivors, health care personnel, religious leaders, women who are heads of religious study groups and *pondok pesantren*, and youth groups are the most strategic spearheads in publi-

cizing the effort for eradication of FGM/C.

From the findings in the field, several recommendations are formulated, as follows:

- The approach in eradication of FGM/C that has to date relied on a change in the way of reading religious texts concerning the law on being circumcised must be carried out concurrently with efforts to change cultural views and attitudes about gender issues. The stronger the cultural pressure that deems women's bodies and sexuality to be a source of problems or temptation in public space, the stronger the pressure of gender norms that seek to regulate women's bodies and sexuality, including through the practice of female circumcision. Therefore, an interconnected approach is needed that works to build gender norms that are just and equal among religious norms, traditional and cultural norms, and health care practices.
- In the implementation, the parties that act as the spearhead in the effort to eradicate FGM/C need support in the forms of information, more massive and long-term funding, and more comprehensive strategic planning that relies on clear and explicit regulations from the state.
- The end target of eradication of FGM/C is the elimination of this practice from the world of medicine or the practice of medicalization, and from the cultural realm as well. However, as an intermediate target for the campaign, it can begin with efforts to eliminate the practices of cutting and mutilation of female genitalia while still respecting traditions that have long been part of the local culture which treat circumcision as a rite of passage in human life. *"Respect the tradition, eliminate the practice of violence!"*

"Women are healthy,
dignified and respected
without being
circumcised."

Ika,
teacher at PAUD Alam Anak
Negeri, Sumur Buaq,
North Lombok,
West Nusa Tenggara

Girls are attending learning activities at an early childhood education center in Lombok, West Nusa Tenggara.



List of References

- Anshor, Maria dan Hewatt, Sarah. (2018). *Pemotongan dan Perlukaan Genitalia Perempuan (P2GP): Dalam Per-simpangan antara Tradisi dan Modernitas*. Jakarta: UNFP.
- Daud, A., (1997). *Islam dan Masyarakat Banjar: Deskripsi dan Analisis Kebudayaan Banjar*. Jakarta: Grafiti Per-sada.
- Fadli, Mohammad, dr, Sp.OG. (2019). *Praktik Female Genital Mutilation/Cutting (FGM/C) dari Perspektif Medis, Kertas Konsep Pencegahan dan Penghapusan Pemotongan/Pelukaan Genitalia Perempuan (P2GP)*. Ja-karta: Komnas Perempuan, Kementerian Agama, and Kementerian Pendidikan dan Kebudayaan.
- Feillard, Andree dan Lies Marcoes. (1998). "Female Circumcision in Indonesia: To 'Islamize' in Ceremony Sec-recy". *Archipel*, Prancis: Vol 56/1998 p. 337-367.
- Komnas Perempuan. (2018). *Persimpangan antara Tradisi dan Modernitas: Hasil Kajian Kualitatif Praktik Pe-motongan/Pelukaan Genitalia Perempuan (P2GP) di 10 Provinsi, 17 Kabupaten/Kota*. Jakarta: Komnas Perempuan.
- Komnas Perempuan. (2012). *Sunat Perempuan: Kekerasan Terhadap Perempuan Berbasis Budaya*. Jakarta: Komnas Perempuan.
- KW Mintahardja Rikin. (1928). *Ngabersihan, Als Knoop in De Tali Paranti*. Batavia.
- Moestapa, R. Haji Hasan. (1913). "Adat-adat Oerang Priangan Jeung Oerang Sunda Lianna Ti Eta", diterjemah-kan ke dalam bahasa Indonesia oleh Maryati Sastrawijaya, (1991). *Adat Istiadat Sunda*. Bandung: Alumni.
- Mulia, Musdah. (2015). *Mengupas Seksualitas: Mengerti Arti, Fungsi, dan Problematika Seksual Manusia Era Kita*. Jakarta: Opus Press.
- Reid, Anthony, (2014). *Asia Tenggara dalam Kurun Niada - 1450-1680, Jilid 1: Tanah di Bawah Angin*. Jakarta. Yayasan Pustaka Obor Indonesia, p. 37-38.
- Turner, V. (1995). *The Ritual Process: Structure and Anti-structure*. New York: Aldine de Gruyter. (Original work published 1969).
- UNICEF (2016), dikutip dalam Komnas Perempuan 12 Oktober 2017 dari [www.unicef.org:https://www.unicef.org/media/media_90033.html](http://www.unicef.org/media/media_90033.html)
- UNFPA. (2015). *Demographic Perspectives on Female Genital Mutilation*.
- UNFPA. (2019). *Joint Evaluation of the UNFPA-UNICEF Joint Programme on the Abandonment of Female Geni-tal Mutilation: Accelerating Change, Phase I and II (2008-2017): Evaluation Report*.
- WHO. (2008). *Eliminating Female Genital Mutilation: An Interagency Statement*. Geneva: World Health Orga-nization, p. 22.

Lies Marcoes. Born in West Java, 1958, was the Director of Rumah Kita Bersama (Rumah KitaB) for the period 2013 to 2022. She is a senior gender expert, researcher, and trainer in the areas of women's rights, child marriage prevention, and gender and fundamentalism. She earned a master's in medical anthropology from the University of Amsterdam, and did her undergraduate study at IAIN Jakarta, Faculty of Ushuluddin. She learned the methods of anthropological field research directly from her mentor, Dr. Martin van Bruinesen of Utrecht University in the Netherlands.

Her photo-essay book on gender, poverty, and justice is based on her study in eight regions in Indonesia with support from AIPJ-DFAT (Menolak Tumbang /A Journey against Defeat, 2015, republished 2018).

She has worked with international agencies such as The Asia Foundation (Islam and Civil Society, Aceh post-tsunami program) and the Australia-Indonesia Partnership for Justice (Gender Equality, Disability and Social Inclusion).

She co-wrote a manual on gender training with an Islamic perspective (Dawah Fiqh Concerning Women: Manual for a Course on Islam and Gender) with Dr. Faqihuddin Abdul Qodir and Kyai Husein Muhammad (Fahmina Institute, Cirebon, 2007, 2008, 2009). She was a trainer for Sisters in Islam (2019) with Dr. Nur Rofiah, and for Musawah Network (2018) with resource persons Dr. Nur Rofiah, Dr. amina wadud, Dr. Ziba Mir-Husseini, Dr. Khalid Mas'ud, and Zaina Anwar.

A collection of her opinions about women's perspective on gender and Islam was published as a book, *Merebut Tafsir*, in 2021. Her new book about "women and radicalism" was released in February 2022 and she is an editor of *Fiqh on Children's Rights* (Afkaruna, 2022).

Armin Hari. Born in Pinrang, South Sulawesi, 1978, is a unique photographer who combines photographic technique with experience in community empowerment in conveying strong messages about social realities through photography. He received the 2011 Hamdan Bin Mohammed Bin Rashid Al Maktoum International Photography Award (HIPA) with the theme Love of the Earth: International Photo Contest, First Winner (International) in "Love of The Earth" Category. This followed a number of other awards and exhibitions in different nations such as Bangladesh, The Philippines, Ukraine, Australia, United States, Germany, and The Netherlands, etc.

With his extensive experience in the world of social movements through various actions and research projects, both while studying in Makassar and working for INSIST in Yogyakarta, Armin Hari consistently places the subjects of his photographs as sources of information and as partners whom he deeply respects, and he protects their rights as sources of information.

Even while completing his education in English Literature at Hasanuddin University, Makassar, he was already active in social movements. He has assisted a number of researchers, both Indonesian and foreign who work on development issues such as the environment, education, HIV/AIDS, and gender.

Together with senior researcher Roem Topattimasang, Armin Hari has contributed visual materials for books, reports, journals, and other publications with his photos as the main illustrations. Together with senior researchers Lies Marcoes, Roem Topattimasang and Kharisma Nugroho, he presented photographs of the world of education through the photo essay book "Images of Hope: BOS Training and Indonesia's School System," published by AusAID and the Ministry of Education and Culture. And in 2014, with Lies Marcoes and Anne Lockley, he contributed his photographs to a book which was entitled as "A Journey Against Defeat: Narratives of Women in Rejecting Poverty".

In some occasions, Armin Hari spends his time in documenting the gender related issues, environment, international refugees, and several personal projects. In meanwhile, he also actively engage into community activities for facilitating the people in creating photo-based advocacy, especially with photo-voice approach as a new perspective in developing photos with other audio-visual supports.

UNFPA

Delivering a world where
every pregnancy is wanted
every childbirth is safe and
every young person's
potential is fulfilled



In partnership with
Canada

