



# Islamic Relief

**Towards understanding Female Genital  
Cutting in Indonesia**

**A field study of three communities**

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# Introduction

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## FGC: The four types<sup>i</sup>

- **Type I: Clitoridectomy**  
Partial or total removal of the clitoris.\*
- **Type II: Excision**  
Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are “the lips” that surround the vagina).\*\*
- **Type III: Infibulation**  
Narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner or outer labia, with or without removal of the clitoris.
- **Type IV: Other**  
All other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

\*Type I and IV are known as the *Sunnah* (religious tradition) type in Indonesia

\*\*Type II and Type III FGC are dubbed the “Pharaonic” type

Female Genital Cutting (FGC) - sometimes referred to as Female Genital Mutilation (FGM) or female circumcision - is defined by the World Health Organisation (WHO) as “all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.”<sup>ii</sup>

An estimated 100-140 million girls and women around the world are currently thought to be suffering the consequences of FGC.<sup>iii</sup> Although the bulk of attention, research and programmes has centred on countries in Africa and on African diaspora communities, the occurrence of FGC in other parts of the world has for

too long been ignored by the international community.

However FGC is also practiced in Indonesia, Malaysia, Iraq, Oman and other parts of the Middle East. Ongoing research indicates that it occurs in countries where it is largely unacknowledged in the wider community as it is considered to be a “women's issue” that is practised in the confines of the home. Often (as in parts of Kurdistan, for example<sup>iv</sup>), even brothers and fathers will know little of its occurrence which means that there is virtually no regulation in place to monitor the effects of this “women's secret”.

**The mixture of drivers that perpetuate the practice of FGC through generations are thought to include tradition, culture, religion and social pressure.**

Although FGC pre-dates Islam and is not practised by the majority of Muslims worldwide, Islamic Relief has learned that many Muslims (men, women and girls) around the world believe FGC to be an Islamic imperative or - at the least - something that is not condemned by their faith.

In Indonesia, FGC remains a complex issue and one that has become a social norm among its 250 million population, which is made up of a diversity of ethnic groups. It is practised among the majority Muslim population as well as those of other faiths, and is usually referred to as “female circumcision” rather than “genital cutting” or “mutilation.”

In 2001, one of the first surveys to be published on this issue showed that up to 71 per cent of Indonesian women have undergone FGC.<sup>v</sup> A further study carried out in 2003<sup>vi</sup> revealed that 92 per cent of Indonesian families would choose to continue performing FGC on their daughters, with the practice ranging from the symbolic, such as a small tap with a bamboo stick (Type IV), to slicing the clitoris off with scissors (Type I).

While FGC is believed to have been occurring for years in Indonesia, debate and discussions around the practice began after the 2010 authorisation<sup>1</sup> by the Indonesian Ministry of Health<sup>vii</sup> to regulate the practice. This ruling overturned an existing ban on the practice, under pressure from Indonesia's largest Muslim cleric body, the Majelis Ulama. This “compromise” saw the government agreeing to overturn the existing ban while also introducing legislation stipulating that FGC must only be performed under medical supervision and only in accordance with specific guidelines.<sup>viii</sup>

The Indonesian government's position was that replacing a largely ineffective ban with clear guidelines on how to perform FGC “prevents harm to girls” as it only allows for a slight cutting or scraping of the skin, undertaken only by medical practitioners. This claim, however, is disputed by many medical professionals and human rights groups, who fear that medicalisation of the procedure doesn't address the potentially harmful effects of FGC and that its legitimisation will result in an ever-increasing number of women suffering the consequences of FGC. Subsequently in February 2014 this law was officially revoked as a result of pressure from UN agencies and other anti-FGM organisations, and new Ministry of Health regulations have been released. The regulations attempt to prevent any act that could be deemed as FGM, but in order to accommodate the views of the local Council of Ulama, the law provides a mandate to the Health Advisory Council and Ministry of Health Syara'k to publish guidance on the implementation of female circumcision that “guarantees the safety and health of the circumcised woman” and to prevent female genital mutilation. The particular guidance published will no doubt be awaited anxiously by those campaigning against the practice.

While the international community sees FGC as harmful and a violation of women's rights, to the average Indonesian it is seen as an Islamic duty,

similar to how male circumcision is perceived in the Muslim world. However there are voices challenging this view within Indonesia among human rights groups, women and child welfare organisations and medical practitioners.

To better understand the extent of the practice, and to discern any changes in where and how it is observed, gathering information on FGC in specific countries and communities is essential. Field research also improves understanding of the social dynamics that perpetuate FGC and interventions that may contribute to its decline.

The primary objective of this field study is to provide some qualitative insight into the beliefs and practices surrounding FGC in three communities in Indonesia, and how FGC impacts on the lives of girls and women. It is intended as a basis for further research that will in turn contribute to developing policies and programmes that are effectively designed, implemented and monitored to promote the abandonment of the practice.<sup>ix</sup>

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<sup>1</sup> This regulation may recently have been repealed although no confirmation was available at the time of publication.

# Islamic Relief's commitment to eradicating FGC

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Islamic Relief is one of the world's largest independent Muslim NGOs, aiming to alleviate global poverty and suffering regardless of religion, ethnicity or gender. Much of our work over the last 30 years has focused on eradicating the structural and systemic causes of poverty. More recently, our advocacy teams have been addressing some of the social and cultural drivers of poverty and suffering, especially where they are related to pseudo-religious justifications.

*Islamic Relief's commitment to eradicating FGC is part of its efforts to ensure gender justice, which includes promoting good reproductive health for women and men and ending gender-based violence.*

Alongside domestic violence and early/forced marriages, FGC is a key focus area for Islamic Relief's gender-based violence campaign that seeks to raise awareness of harmful practices and counter harmful or inadequate legislation. Eradicating FGC is also part of Islamic Relief's commitment to child protection as it is often performed on young girls and babies.

For millions of women and girls worldwide, FGC causes pain and gratuitous suffering, the physical and mental effects of which can last a lifetime. In addition

to pain and bleeding, FGC can lead to shock, haemorrhaging, cysts, keloid scar formation, urinary incontinence, infections and even death.<sup>x</sup> Women who have undergone FGC are more at risk of having difficulties during childbirth and FGC can reduce or eliminate female sexual enjoyment.

*At Islamic Relief, we believe that as humanitarians we have a responsibility to work with local communities to combat this harmful practice, especially where it is carried out in the name of religion.*

Islamic Relief believes that the suffering caused by FGC has no religious or cultural justification in any of its forms and must be brought to an end. We believe that FGC pre-dates Islam and that it is a practice that Islam, properly constituted, would condemn rather than condone.

As an organisation guided by Islamic principles it is our humanitarian imperative to alleviate suffering. It is with this vision that Islamic Relief has committed itself to targeting the supposedly "religious" justification for FGC in all its forms as part of general and multifaceted efforts to put an end to FGC as a whole.

## Islamic Relief's work in Indonesia

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Islamic Relief has been committed to supporting communities in Indonesia since 2000, from delivering emergency aid to implementing development programmes including relief and rehabilitation projects after the 2004 tsunami. Our current work includes engaging with and supporting communities in socio-economic development through access to water and sanitation, education and training, support for orphans, disaster preparedness and emergency response.

Islamic Relief also runs a number of women's economic empowerment programmes in the provinces of Banten, West Sumatra and West Lombok. These programmes enable women to build and maintain a sustainable source of income by providing them with training, support, equipment and raw materials. By helping them manage their own livelihoods, Islamic Relief is empowering female entrepreneurs to contribute to society as well as gain greater independence and control of their lives.<sup>xi</sup>

# Methodology

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## Key objectives of the study

- To gain insight into the nature, scale and patterns of FGC and its social determinants in selected areas.
- To understand the drivers behind FGC in three communities in Indonesia, with particular focus upon faith as a motivating factor.
- To understand the perceived harmful and/or beneficial effects associated with the various types of FGC practised within Indonesian communities.
- To provide qualitative data to support possible interventions to end the practice of FGC in Indonesia.

In order to examine the issue of FGC in Indonesia, Islamic Relief conducted an extensive review of literature on the prevalence of FGC globally as well as in the country itself including the work being carried out by various United Nations (UN) and other civil society agencies working on the eradication of FGC.<sup>xii</sup>

The regions selected for the field study were based on information gained from existing literature, access to the affected communities and Islamic Relief's operational presence in the area. The three regions selected were Padang in West Sumatra province, Lombok in Nusa Tenggara Barat province and Jakarta. This report is therefore limited to the scope of this location-specific research and recognises the need for further extensive analysis on this issue within other regions of the country.

## Fieldwork

Fieldwork activity was conducted over a period of 14 days during November 2013.

The fieldwork included a total of 31 interviewees in Padang and 38 interviewees in Lombok. These

included focus group discussions with men, women and girls,<sup>xiii</sup> as well as in-depth interviews with cultural and religious leaders, women's groups, NGOs, researchers and medical and non-medical practitioners.

In Jakarta, 12 interviews were conducted with women's organisations, NGOs, civil servants, activists and medical practitioners. This was done through in-depth interviews and a roundtable discussion with key stakeholders.

In-depth interviews were carried out to fully understand respondents' views of FGC as well as to get a feel for the experience of having to undergo genital cutting practices. Focus group discussions were held to gather first-hand accounts of FGC procedures, the physical and emotional impact, and subsequent opinions of the practice.

The participants from each region were not intended to be a representative sample of the population but included those who were willing to speak openly about their views and experiences of FGC. Furthermore, Muslim participants were sought in order to better understand the "Islamic" connection to the practice, although FGC also occurs among other faith communities in Indonesia. As a result we would caution against any use of respondents' views to prove or infer wider representation.

## The use of the term "FGC"

The terminology of Female Genital Cutting has been the subject of debate in recent years, mainly around differing approaches amongst those opposing the practice in contrast to those who may condone certain types of FGC.

While Female Genital Mutilation (FGM) appears to be the term used most frequently by international

agencies, experiences from community-based interventions may indicate that the term “mutilation” can, in some instances, actually add to the traumatising of an individual.

Girls and women who have undergone FGC can feel victimised, stigmatised and offended by the word “mutilation” and its derogatory connotations. In general, it is important that any intervention strategies do not actually add to the trauma already felt by females who have had to undergo the practice, and referring to people as “mutilated”, while correctly identifying the severity of the practice, has the potential of traumatising sufferers even more.<sup>xiv</sup>

In contrast, there is evidence that using the term “female circumcision” often dismisses the gravity of the issue by associating FGC with the practice of male

circumcision - something that has an entirely different standing within the Abrahamic tradition of religions as well as being an entirely different physiological procedure.

As a result, institutions including Islamic Relief have opted for “female genital cutting” as a relatively neutral term between “mutilation” and “circumcision” - which serves to accurately describe the gravity of the practice in a way that does not unduly fuel stigma.

Indonesian society has traditionally used the term “female circumcision” as it believes it to have parallels with male circumcision and does not see it as “mutilation” or anything that is harmful to girls and women. As a result, the terms “FGC” and “female circumcision” may be used interchangeably in this report dependent upon context.

## Fieldwork and analysis

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**"No one discusses female circumcision in Indonesia. Although it is practised by the majority of Indonesian women and girls, it is like it never happens."**

*Focus group respondent, Padang*

All of the female focus group respondents we spoke to in Padang and Lombok had been circumcised, although more than half of them did not remember specific details of the cutting procedure. The study also found that all Padang and Lombok focus group respondents who were parents had had their daughters circumcised.

### FGC and age

Data on the age at which FGC is performed is helpful in understanding when girls are most at risk of being cut.<sup>xv</sup> While there is some disparity with age when it comes to FGC in Indonesia, our study indicated that it is usually performed within the first 24 months of a girl's life.

In Padang and Lombok, respondents in the girls' focus group said they were all circumcised between 0-24 months - with only one respondent circumcised at six years old, meaning that she was one of the very few who could consciously remember the procedure. In the women's focus group discussions, however, the cutting age ranged from 1-16 years - indicating that cutting used to be practised at a later age in the recent past.

One interviewee in Padang reported that in the town of Payakumbuh, West Sumatra, FGC is performed on girls between 9-16 years. There were reports of women over the age of 40 being circumcised – which, when compared to the past, may indicate a pressure to conform to a newly-perceived religious orthodoxy.

In an interview carried out in the Pessir Sultan district of Padang, a traditional midwife told Islamic Relief: "I have performed circumcision on girls and women who are 6, 7, 10, 45 and 90 years old. The girls are brought to me by their parents while the women are coming because they want to go to heaven and become

better Muslims. The 45-year-old wanted to be circumcised to become a confident Muslim woman."

One male focus group respondent stated that when his wife in her thirties converted to Islam to marry him, she was circumcised as part of the conversion.

Respondents who had been cut in their teenage years stated that they would prefer to now have their daughters circumcised as newborns to avoid the pain, and they held the belief that girls should be circumcised at the same time as their male counterparts - in infancy. One cultural leader in Lombok told us it was very rare in this present day to see a girl cut above the age of five, as FGC is performed as part of a religious ritual "to become a better Muslim... just like how male circumcision is done."

*The study shows that among those we spoke to, the age at which FGC is performed has changed over a generation.*

It appears that the previous medicalisation of FGC by the Ministry of Health contributes to the perception of FGC as female circumcision because it was offered as part of a birth package in medical facilities across the country. Islamic Relief has learnt that mothers who delivered babies were sometimes unaware of what FGC entailed but agreed to have it carried out on their daughters because it came as part of a complete birth package - which includes regular vaccinations and medical check-ups.

### **Motivators for FGC**

Of all those interviewed in Padang, 24 out of 31 interviewees perceived FGC to be a religious obligation because they viewed it as a means to stabilise a female's sexual libido, while guaranteeing healthy and clean genitals.

The seven interviewees who disagreed with FGC believed it to be harmful, but pointed out that they had no available evidence to support this assertion

and also no evidence to confirm the benefits of abandoning the practice.

*Despite disagreeing with FGC, some respondents still practised it due to social pressure.*

One doctor in Padang related his views: "People believe female circumcision to be a religious obligation but for me it is more about social pressure. I don't see any benefits in this [FGC] but I had it done to my daughter based on the demands of my in-laws."

A women's rights group interviewed in Padang regarded FGC as a violation of women's rights and believed that if awareness was raised on the harmful effects of FGC, Indonesians would abandon the practice immediately.

In Lombok, 34 out of 38 people interviewed agreed with FGC and perceived it to be a religious obligation to "purify" the girl for her to become a "better" Muslim. When asked how male circumcision compares with FGC, interviewees indicated it was the same process and if males had to be circumcised, so did women.

The four interviewees in Lombok who disagreed with FGC believed that it decreased a woman's sexual desire and pointed out that they were committed to abandoning FGC when it came to their daughters – but it was unclear how resistant to social pressure they would be when the time came.

In Jakarta, responses were also varied. While almost all of the interviewees disagreed with any "cutting", 50 per cent of interviewees were open to advocating for the "symbolic" form (Type IV) of FGC. The fact that a relatively high number of interviewees rejected any form of cutting may be a result of their living in Jakarta – said to be the most cosmopolitan of all Indonesia's cities, and where religious and/or traditional social pressures may be weaker.

It is important to note that interviewees who rejected FGC in all three provinces were women's activists, some medical practitioners or those who came to

their conclusion through their own informal education and research on FGC.

## The FGC process in Indonesia

Interviewees in Padang reported that FGC is performed by modern and traditional midwives, doctors and religious leaders. It is typically performed in hospitals, community health centres, medical clinics and private health clinics, indicating the increasing medicalisation of FGC in this province.

Interviewees described the FGC procedure to be a slight cutting, scraping or scratching of the upper part of the clitoris – but this is understood very imprecisely, as demonstrated by one male focus group respondent who described it as “the outer skin of the genitals.”

Despite government efforts towards medicalisation and the use of surgical instruments, interviewees still spoke about the use of tools such as penknives, scissors and sharpened bamboos, which may be more of a reflection of past practices than present. All interviewees reported some bleeding during and after the process.

Interviewees in Lombok reported that FGC is usually performed by doctors and modern and traditional midwives. As in Padang, the procedure takes place in hospitals and community centres but there were also incidents of circumcisions taking place at home, with more than half of the respondents reporting that they knew of female circumcision celebrations occurring in their neighbourhood.

Fifteen of the respondents in Lombok had witnessed an FGC procedure and specified that it involved touching, scraping, piercing and cutting the genitals with noticeable bleeding, especially where there was piercing and cutting involved. The remaining 23 respondents, however, were unclear as to what was actually “cut” during FGC.

The tools used in Lombok included penknives, surgical knives, scissors, razor blades, coins and fingernails.

One interviewee in Lombok reported that her daughter was circumcised with a razor blade while another reported that when her daughter was “circumcised” a coin touched her genitals (indicating it must have been largely symbolic).

*It was interesting to note that more than half of the interviewees in Lombok had limited knowledge of the anatomy of the female body and its reproductive organs and were therefore unaware of what FGC entailed despite ostensibly agreeing with the practice.*

In the girls’ focus group only two out of the nine respondents knew what a clitoris was and in the women’s focus group, there was an equal degree of uncertainty. Some women believed FGC was the slight cutting of the clitoris while others believed it was just a “cleaning” of the genital area.

Despite this, 34 out of the 38 interviewees in Lombok still believed FGC to be an Islamic duty on all females.

Interviewees reported a variety of ways in which FGC is celebrated or not, as the case may be. In Padang it is performed secretly with sometimes only the mother’s knowledge, while in Lombok FGC is celebrated with a party to mark the girl as a “more complete” Muslim. If FGC is performed in the home a celebration takes place the same day and if carried out in a medical facility there is a celebration within seven days.

Interviewees in all three provinces described FGC to be a religious ritual where the girl/baby is given a bath in cold water prior to the cut and the *shahada* (Islamic declaration of faith) is recited over the child while cutting. Interviewees reported the mother and sometimes the father being present during this procedure while relatives may also observe. In the men’s focus group discussions, however, all respondents stated that they had never witnessed a circumcision.

# Attitudes and beliefs

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**“*Sunnah*<sup>2</sup> circumcision is a must for every Muslim woman. Many Islamic teachers allow [FGC] because it existed since the time of the Prophet [Muhammad]. It is dangerous if she is not circumcised. Her religious duties like prayers and fasting are not accepted by Allah. If she is circumcised she is clean. If she is uncircumcised it means that she has no religion.”**

*Traditional Midwife, Padang*

There was consensus amongst those interviewees who agreed with FGC that if a girl did not undergo circumcision her Islamic duties such as prayers, fasting and charity were not accepted. Dr Salma, a Shari’ah lecturer from the State Institute of Islamic Studies in Padang, believed that the tradition of FGC plays a significant role in the Islamic spiritual cultivation of children.

Based on her direct observation in Payakumbuh, West Sumatra, Dr Salma concludes that FGC is more about religious ritual than the “cutting” itself: “In the ceremony, the cutting process is very brief. Most of the time, the *dukun* [traditional midwife] advises the girl that she is a full Muslim and must perform her religious responsibilities. After the *dukun* observes the girl’s ablution and prayers... she reminds the girl to respect her parents, to pray and fast, and to observe her Islamic obligations.”

Dr Salma argues that people in Payakumbuh preferred to go to the traditional midwives rather than medical

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<sup>2</sup> \*The term *Sunnah* refers to the way of life prescribed to Muslims based upon the teachings and actions of the Prophet Muhammad, peace be upon him. When looking at FGC, many Muslims around the world refer to the Type I FGC as being *Sunnah*. In Indonesia, circumcision is generally justified as *Sunnah* and is usually equated with Type I and Type IV FGC.

professionals because of the emphasis on the religious dimension of FGC rather than its medical considerations. She describes the practice as follows: “Using scissors or a knife, the *dukun* takes out or removes a small upper part of the clitoris, as small as the tip of rice, just like a pimple. Sometimes, the *shahada* [Islamic declaration of faith] is said. She will throw it out and give her medicine, such as Betadine. The girl will cry a little bit, indicating that she is hurt. There is a little blood but nothing major.”

One male cultural leader in Lombok emphasised that FGC is understood to be a purifying ritual and not a “circumcision.” He argued that parents in Indonesia feel obliged to perform FGC on their daughters so that they are equal to their male counterparts when it comes to “honour.”

Organisations and individuals who have been working extensively in Jakarta, reported that while across Indonesia Type I and Type IV is typical, on the island of Madura the most harmful types of FGC (Type II and Type III) were being performed on girls between the ages of five and 18.

Islamic Relief has also learnt that mass circumcision events occur prior to the month of Ramadan and on other religious holidays – such as the Prophet Muhammad’s birthday, peace be upon him – as it is believed that there is a “double reward” if FGC is performed on a religious holiday.

One women’s organisation in Jakarta told us that the reason Islamic scholars and parents advocate for FGC is to gain religious reward by controlling a girl’s sexuality: “The parents’ argument for FGC is to save a young generation from hyper-sexuality and pornography. Children are much more sexually aggressive these days so parents see that having FGC done controls them. That’s what I have always believed but now after this discussion, I wonder if

there is really a correlation between FGC and hypersexuality.”

Despite this perception, only three participants in this study thought that a circumcised girl's behaviour and physical growth were different from that of an uncircumcised girl. In addition, the findings also disclosed that there was no stigma attached to uncircumcised girls at school, primarily because FGC is now carried out at a pre-school age and because it is a topic rarely discussed within Indonesian society.

While research studies have shown that girls and women who are uncircumcised are looked down upon in society to a certain degree, this study found that women and girls in Indonesia who do not undertake FGC are seen as “unclean” but do not necessarily suffer from any overt negative repercussions as a result – such as difficulties in getting married or being employed.

This may be primarily an urban phenomenon as this study found that in some rural communities in Padang it is mandatory for a woman to undergo FGC before marriage: “Before a girl is married, she has to be circumcised. This is for her to prove herself to be a Muslim and for better [sexual] relations with her husband. In the village next to mine, when a girl is about to be married, the mother and the girl are asked if she is circumcised. If the girl is not or if both parties do not know, she is taken to be circumcised [again].”

### Health consequences

The study found that individuals who agreed with FGC believed there were health benefits attached to the practice. These included: enhanced sexual relations between a man and woman as part of the intimacy of marriage, minimising sexual behaviour prior to marriage and a clean and healthy genital area.

When describing the effects of FGC, individuals depicted incidents of pain, fever and bleeding. One

woman who was circumcised at the age of six described the process as excruciating, and required seven days to recover. One male interviewee who had his daughter circumcised on her first birthday reported pain, bleeding and fever that lasted for a couple of days. There was, however, no evidence of any major physical complications due to FGC as practiced in the areas we investigated. Research by Yarsi University in 2009<sup>xvi</sup> on a limited study group of children undergoing circumcision in health facilities did identify immediate complications such as haemorrhaging, infection and psychological trauma in 32 per cent of children. However it is likely that few of the interviewees questioned in this study would have remembered such an event in their early childhood.

The majority of interviewees stated that FGC resulted in instant pain but felt it was no different to that of the pain felt in male circumcision. There were a few interviewees, however, who believed that there was no pain involved. One midwife indicated that it was “like an ant bite”, while one male representative of Indonesia's largest Muslim clerical body, MUI, told Islamic Relief: “When a girl has FGC done, there may be some pain but it is nothing. Male circumcision results in much more pain than this [FGC].”

When it came to sexual satisfaction, only one female focus group respondent felt that she may have enjoyed sexual relations more with her husband if she hadn't been circumcised. One male focus group respondent indicated there was no difference: “I have been married three times now. Two of my wives were circumcised and one of them was a non-Muslim woman who wasn't circumcised. There was no difference in our [sexual] relationship.”

It could be argued that the difference between attaining sexual satisfaction depends upon which type of FGC is performed and how much of the clitoris is removed – which is difficult to determine in the context of Indonesia unless the procedure is directly observed. Any psychological trauma from the operation may also have a significant bearing on sexual pleasure.

*As FGC is an issue rarely discussed in Indonesian society, it is possible that interviewees were either unable to articulate their feelings regarding the effects of the practice, or that they would never make the link between sexual problems and FGC.*

In terms of the practical application of the procedure, this study found that FGC was being performed sometimes using unsterilised and dangerous tools such as razor blades and penknives, which results in greater risks of infection, pain and disease. One traditional midwife was performing FGC with a penknife, cleaning it only with warm water after each procedure.

Indonesia's Ministry of Health argues that legalising FGC and issuing guidelines on how it should be performed serves to ensure that the procedure is hygienic and controlled "to prevent harm to girls".<sup>xvii</sup>

Despite guidelines and initiatives in place, this study found that only eight of our interviewees in Padang and seven interviewees in Lombok were aware of any ruling, ban or endorsement by the Indonesian government.

Any awareness that was present in Lombok resulted from a government scheme in the area that imposes penalties on midwives who perform FGC without medical supervision. In Padang, awareness came about through the media and medical practitioners. Furthermore, those interviewees who knew of the guidelines were mainly medical practitioners, religious leaders and organisations working on child protection and women's rights. In contrast, no respondents in

the focus group discussions were aware of any regulations or guidelines by the government around FGC.

There were also concerns by medical practitioners around the inadequacies of the guidelines. One doctor in Padang told Islamic Relief: "How can there be guidelines when in medical school female circumcision is not embedded in the curriculum. Medical students are trained and assessed on male circumcision but there is nothing on female circumcision... so even if there are guidelines, trained medical professionals have no idea what they are doing."

### **Partnership between midwife and dukun in Lombok**

As part of the Ministry of Health's legalisation on FGC, a government-funded scheme (*Partnership between midwife and dukun*) was set up by the Health Operational Aid (BOK). In this scheme, the *dukun* (traditional midwife) is not permitted to perform any activities relating to the delivery of a baby and aftercare – of which FGC may be a part. The task of the *dukun* is to be present at such activities in order to provide moral and religious support.

If a *dukun* is found to have violated the regulations, a penalty is applied. According to one midwife in Lombok, this scheme ensures that when girls are cut, no unintended harm is caused to the girl.

Critics of this scheme, however, point out that it is highly ineffective because while the penalty for playing an unauthorised part in delivering a baby is much higher, at 100,000 IDR, the penalty for performing FGC is the price of 1kg of rice..

# Discussions around Islam and FGC

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FGC pre-dates Islam and has historically been practised among communities of various religious and ethnic groups. The Qur'an makes no mention of FGC and it is by no means practised across the Muslim world. However FGC has come to have an "Islamic" significance for communities where faith and cultural traditions are intertwined. Consequently, any efforts to eradicate FGC in Muslim communities must consider the discussions around Islam and FGC, and the *Shari'ah* (Islamic ethical and legal) positions in particular.

The purpose of the *Shari'ah* is to safeguard humanity. It provides a comprehensive code of behaviour that governs the moral, ethical, spiritual, social and legal dimensions of public and private life in order to protect the rights of all human beings. In particular, it preserves for all humanity the fundamentals of religion, life, intellect, progeny and wealth.

In Islam, for any action to be considered "religious," it must have a basis in the main sources of *Shari'ah*, which in the Sunni tradition are primarily the Qur'an and the *Sunnah* (the established practices and teachings of the Prophet Muhammad, peace be upon him, recorded in *hadith*), followed by *ijma* (consensus of scholars) and *qiyaas* (analogical deduction). The position of these four sources on FGC is as follows:

## The Qur'an and FGC

The Qur'an makes absolutely no mention of female circumcision. In fact, it warns against bringing harm to oneself or others, and specifically warns against harmful temptations to change the form created by God<sup>3</sup>. Male circumcision is widely accepted as a practice among Abrahamic faith groups because despite entailing a change to the created form, this change is believed to be divinely sanctioned and recommended by Prophetic teaching. The health

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benefits of the practice may be used as a justification by some who wish to speculate on the Prophetic wisdom of practising male circumcision but for most Muslims obedience to God and love of the *Sunnah* remain the principle motivation.

## The Sunnah and FGC

*Hadith* (Prophetic traditions) attributed to the Prophet Muhammad, peace be upon him, have various degrees of authenticity and provide the basis for the established *Sunnah*, a secondary source of divine guidance in Islam.<sup>4</sup> In the terminology of *usul al-fiqh* (or principles of Islamic jurisprudence), *Sunnah* denotes a *qawl* (saying), *fi'l* (action) or *taqrir* (approval) related to the Prophet or issuing from him other than the Qur'an.

There are five *hadith* that are classically used to sanction female circumcision as a *Sunnah* or an honourable act, three of which are weak or unauthentic, and two are authentic but are argued by those Islamic scholars who advocate against the practice in any form, to be unrelated or inapplicable to this specific issue, misinterpreted or, at best, quoted out of context. The differing categorisation of female circumcision within the four main schools of jurisprudence that developed in the early period of Islam can be largely explained as resulting from the use of varying methodologies for agreeing the sources of *Shari'ah* (divine law). Some, for instance, placed more emphasis on drawing guidance from the *urf* (collective culture) and *amal* (practice) of the early community of Madina rather than just focussing on the practice of the Prophet and his family.

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<sup>4</sup> *Hadith* are classified by scholars of *hadith* science as "weak" or "strong" according their authenticity, i.e. based on evidence of how reliably they can be attributed to the Prophet Muhammad, peace be upon him.

The most direct reference to FGC is a tradition in which the Prophet Muhammad, peace be upon him, is said to have, in passing, witnessed a female circumcision taking place – and suggested that the cutting not be “excessive”. As a result, some Muslims today hold the position that FGC of a “lighter” type (Type I or IV) is a legitimate *Sunnah* (tradition). However this *hadith* is classified as “weak” in authenticity by Islamic scholars and, it has been argued strongly, also conflicts with Islamic teachings on the sanctity of the human body, as well as the objectives of the *Shari’ah*.

The two “strong” *hadith*, classified as authentic by Islamic scholars, do not directly address the subject of female circumcision, let alone instruct Muslims to practise it. They make a passing reference to circumcised organs – described in Arabic as *khitan* – within the context of hygiene and purification rituals. The term *khitan* refers commonly to male circumcision (female circumcision is known as *khifaadh*) but this *hadith* has been interpreted differently by some scholars due to linguistic ambiguity given the Arabic vernacular of the time.

Perhaps the strongest argument to counter those who use the example of the Prophet Muhammad, peace be upon him, to legitimise FGC is the fact that there is no evidence that any of the females of his household were circumcised. In contrast, there is evidence that the two grandsons of the Prophet, peace be upon him – Hassan and Hussain – were circumcised at the age of seven days.<sup>xviii</sup> There is also little evidence that it was common among the early Muslims or indeed historically prevalent in *Hijaz* (the Arabian continent), where Islam originated.

### Islamic scholars on FGC

The opinion of scholars is highly regarded in Islamic jurisprudence, and it is for this reason that their *ijma* (consensus) is considered a source of *Shari’ah*. There are four schools of thought in Sunni Islam, followed by the majority of Muslims around the world, and among the scholars there is no consensus on the issue of FGC.

The position of the four major schools in the majority Sunni tradition is:

1. **Hanafi** – Circumcision is a *Sunnah* (i.e. an optional act) for males and females.
2. **Maliki**- Circumcision is *wajib* (obligatory) for males and *Sunnah* for females.
3. **Shafi’i**- Circumcision is *wajib* for both males and females.
4. **Hanbali** - they have two views: (i) Circumcision is *wajib* for both (ii) Circumcision is *wajib* for males and honourable (*makrumah*) for females.

It is worth noting that in their understanding of the subject, the classical Islamic scholars viewed female circumcision as removing a part of skin (hood) that covers the clitoris. The removal of the clitoris itself or mutilation of any other part of the female genitalia is not sanctioned in any of the four schools of thought.

Whilst scholars exert *ijtihad* (their best human reasoning) to arrive at a position based on their understanding of the subject and interpretation of religious texts, they are not considered *ma’sumiin* (“protected from error”). Furthermore, the environment in which they live and study inevitably has a bearing on their views, and their opinions can only be used as evidence if they do not conflict with the Qur’an and *Sunnah*.

While the majority opinion is that FGC is *mubaah* (permissible), any permissible practice can become *haram* (prohibited) if it has proven harms. Many Islamic scholars, including Islamic Relief’s Sharia Advisory Committee, therefore argue against FGC on the basis that it not only poses a huge health risk for women but can also damage or destroy a woman’s access to marital pleasure, which the vast majority of Islamic authorities accept as a God-given right.

### FGC and male circumcision

Proponents of FGC have argued that since male circumcision is part of Islamic tradition, FGC by extension should also be *Sunnah*. However such

*qiyaas* (analogical deduction) in Islamic jurisprudence can only apply to similar practices.

FGC cannot be compared to male circumcision from an Islamic perspective because:

- (i) Scholars are unanimous that male circumcision is Islamic<sup>5</sup> while FGC is at best controversial.
- (ii) Male circumcision involves the removal of a simple skin appendage while FGC involves the cutting of healthy and functional organs.
- (iii) There is no known harm associated with male circumcision (indeed, it is widely believed it protects against the spread of disease) while it is evident that there is extensive harm associated with FGC.

Therefore there is no basis in *Shari'ah* for equating male circumcision with FGC.

### **Further discussions on FGC and Islam**

Given that the classical scholars of Islamic jurisprudence did not prohibit female circumcision, it is a challenge to convince scholars and Muslim communities around the world to declare it as *haram* (forbidden) in principle, in all its forms. International effort and leadership is needed from the Muslim world to present evidence of the harms of the practice, and confirm that this contradicts the ultimate objectives of the *Shari'ah*, to protect life and health, family life and other priorities.

In recent years there have been many rulings issued by leading international Islamic scholars distancing the practice of FGC from Islam. This includes a *fatwa* (religious edict) from the Sheikh of Al-Azhar University, Grand Imam Muhammad Sayyid Tantawy, who said female circumcision "has nothing to do with

religion."<sup>xix</sup> The leading scholars that have condemned the practice base their decision on the lack of evidence from the sources of the Qur'an and Sunnah for it being a required practice as well as the evidence from medical research which has shown the harmful health impact of the practice. However despite *fatwas* by leading scholars condemning the practice, there are also numerous rulings from others that continue to condone the so-called *Sunnah* form of FGC, that may be roughly equated with Type I or Type IV. There remains a need to systematically engage with the leading scholars and institutions from these schools of thought nationally and internationally to ensure a reform to their classification and advice and its trickle down to communities.

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<sup>5</sup> Male circumcision is an established practice from the time of the Prophet Abraham, peace be upon him, whereas notions of female circumcision almost certainly originate from Pharaonic traditions.

# Islam and FGC in Indonesia

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**“The FGC here is not the same as the one in Africa. I wonder why people make it into an issue.”**

*Member, Majelis Ulama of Indonesia*

With approximately 205 million Muslims living in Indonesia, the nation makes up 13 per cent of the world’s Muslims. The vast majority of Indonesian Muslims adhere to the Sunni Muslim tradition and specifically the Shafi’i school of thought.

The Majelis Ulama of Indonesia (MUI)<sup>xx</sup> is the country’s largest Muslim clerical body, which comprises of the leading Indonesian Muslim groups such as Muhammadiyah<sup>xxi</sup> and Nahdlatul Ulama.<sup>xxii</sup> The MUI acts as the formal interface between the Indonesian government and the Islamic community of Indonesia.

FGC continues to be endemic in Indonesia and this may be a result of the *fatwa* (religious ruling) issued by the MUI. While the MUI does not entirely endorse FGC, it does not forbid it and advocates that it is a religious and constitutional right for Indonesians to decide for themselves.

In-depth interviews with MUI leaders revealed that there was strong agreement within the organisation that the *Sunnah* form of FGC was a recommended act for all Muslim women. There was however, no clear understanding within the MUI of the differences between Type I and Type IV FGC and how this relates to the medicalisation of the practice by the Indonesian government.

***Interviewees that took part in the field study identified the MUI fatwa to be a primary reason for performing FGC.***

When questioned about the health risks of performing such a practice, interviewees maintained that FGC was safe and healthy for a girl if carried out in accordance with the “guidance of the Prophet”. As one male member of MUI told us: “The FGC here is not the

same as the one in Africa. I wonder why people make it into an issue. If this is about pain and human rights, the males can protest because they too are cut. For us, the resistance against FGC is unreasonable especially considering how FGC has helped those women with a very high libido who feel it’s difficult to concentrate on their activities because they get aroused easily.”

When exploring the religious justifications around this practice, religious leaders felt that traditions of the Prophet, peace be upon him, encouraging a lesser cut were sufficient evidence of its acceptability. The head of MUI in West Sumatra said that there was no evidence to indicate that the practice of FGC was harmful, saying: “If FGC is harmful, it is impossible that the Prophet did not know about it. It is impossible for a Prophet to allow something that harms his *ummah* (followers). My mother and sister were circumcised and they are fine. However, we stand by the Department of Health guidelines that only the trained medical professionals can provide the *Sunnah* version of FGC and that they must guarantee the safety and cleanliness of the circumcision tools. *Alhamdulillah* (praise to God), so far there is no report that FGC carried out in accordance with Islamic guidance is damaging and harmful.”

Nahdlatul Ulama (NU), one of the country’s largest Muslim organisations has also endorsed the supposedly *Sunnah* practice by advising their followers “not to cut too much”. They support the government’s legalisation of FGC, insisting it will “reduce harm to a girl” as guidelines are in place for the procedure to be carried out safely.

Conversely, interviews with members of another large Muslim group, the Muhammadiyah, stated that there were conflicting internal arguments on whether FGC should be allowed and, as a result, no fixed ruling has been issued by the group.

While FGC is not performed in any Muhammadiyah-run medical facilities, the organisation is keen to conduct its own research to determine if the practice in Indonesia is, in fact, as harmful and widespread as critics claim. One member of Muhammadiyah described how FGC could become forbidden: “Let’s take the example of cigarettes. It was ruled as *makruh* (disliked) but after research and discussion on this issue, it was then changed to *haram* (forbidden) because of the negative impact it can have on an individual’s health.”

*While the mainstream Indonesian religious organisations do not advocate FGC as being obligatory, interviews with local religious leaders revealed that there is overwhelming support in the community for the practice.*

One religious leader in Lombok who operates an Islamic school for girls told us that in the Shafi’i school of thought, female circumcision is obligatory: “As Muslims, we need to implement the Prophet’s sayings. The benefits of FGC may not be proven by science but Islam will never prescribe anything that is bad. We have to implement the Prophet’s tradition, even if FGC is only *Sunnah*, it is better to practice it to obtain reward from Allah. Our tasks as Muslims is to preserve our faith, it does not matter whether people [outsiders] believe in it.”

This field study also showed that although religious leaders and groups condemn the more severe types of FGC (Type II and III), religious support for *Sunnah* (Type I and/or Type IV) practice is presently very strong, and may possibly increase if the same trajectory continues.

## Interventions

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**“Indonesians need a conversation around FGC. We need an open debate and discussion so we can decide whether we want to carry this out. Is it really harmful? What does Islam really say about it?”**

*23-year-old respondent, Padang*

All interviewees that took part in the study were questioned as to what they thought intervention initiatives around FGC should resemble.

Almost all of the interviewees felt that government intervention would be ineffective as the drivers to its continuation are mainly religious. One midwife indicated that if there was a government ban in place she would still perform FGC as it is “good and Islamic for girls”.

Women activists felt that a government ban could create more risks to a girl as procedures would take place in homes through traditional practitioners resulting in the use of unsterilised tools and more severe forms of FGC.

The religious endorsement of FGC also led interviewees to fear that imposing a ban would create conflict between government and religious leaders. The one interviewee who wanted the government to ban FGC believed that if it was banned and prosecutions carried out, people would stop the practice.

*The fact that interviewees who agreed with FGC believed it to have medical and relationship benefits, points to the need to approach any interventions from a health angle, in addition to using the religious arguments.*

There was general agreement in the focus group discussions that if there was substantial and concrete evidence to prove that FGC is medically or psychologically harmful towards women and girls, participants would consider abandoning the practice.

One male interviewee indicated the need for more awareness and knowledge of both male and female

circumcision, while one doctor in Lombok believed that religious leaders needed to play a part in condemning FGC.

However almost half of those interviewed said that even if female circumcision was found to be medically harmful, but was still being recommended Islamically, it should still be performed but in a way that was somehow “healthy” for the girl.

Representatives of Nurani Perempuan, a Padang based women’s crisis centre, suggested that because FGC is perceived by some as being a requirement for admission to Islam (to “mark the girl a Muslim”), a religious approach through education and awareness is vital to changing attitudes and beliefs. The group also believed that campaigning from the angle of women’s rights would be ineffective as those campaigning on gender rights are often seen as “secular and pro-western.”

***Engagement with various local scholars and religious organisations has to be the key to any intervention, given that religious leaders and groups play a significant role in influencing decisions within Indonesian society.***

In the interviews carried out with MUI members, interviewees agreed that if evidence was presented to them outlining the harmful consequences of the *Sunnah* form of FGC they would, as a body, reconsider their position. One MUI member stated that: “Islam wishes no harm upon anyone. There is no evidence to indicate that the Prophet’s guidance on FGC results in harm. If there was, of course we would have a different opinion.”

A researcher specialising in FGC argued that too often the power of education and awareness is underestimated: “Religious groups and leaders are scared of issuing statements because they are ignorant on the issue [FGC]. They associate the practice with male circumcision and think it’s the

same. If they were to see for themselves the impact it has on girls and women they would change their minds and issue *fatwas* against it. Islam does not allow for this kind of harm to women.”

The one religious institution which spoke out on possible intervention programmes was Muhammadiyah, stating that it would be possible to utilise their health centres, mosques and schools to raise awareness if their own research proved the negative impacts of FGC.

One woman activist in Lombok emphasised the need for the involvement of religious leaders in her area: “If advocacy is to be done, the religious leaders must be involved, particularly since Lombok is known as a very religious region with thousands of mosques and *madrassas* [Islamic schools]. This will be more effective than a direct campaign involving international figures [from foreign countries]. Start from a small scale discussion with two or three local leaders... and expand from there.”

***While there was openness amongst some religious groups and leaders for advocating against FGC if it was proved harmful, all interviewees indicated that such research and awareness campaigning needed to come from within their own society, rather than from outside influences.***

This was particularly important for Muhammadiyah, which emphasised that only through its own research could it come to a conclusion on FGC.

In addition, organisations and women activists working on women’s rights and child protection issues highlighted the need for any intervention work to be implemented through local institutions as outside organisations would have little influence in Indonesian society.

# Conclusions

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The findings of the field study reveal that FGC in Indonesia remains a complex and sensitive issue – and one that has been largely ignored by the international community.

While an official figure released in 2001 showed that 71 per cent of Indonesian girls and women had undergone FGC,<sup>xxiii</sup> the findings of this study suggest that the numbers could be higher in the regions explored. It also highlights that FGC is entrenched in religious and socio-cultural beliefs.

The 2010 Ministry of Health authorisation on FGC has apparently played an instrumental part in the continuation of this practice as FGC is now offered as part of an overall birth package in medical facilities throughout the country. While the medicalisation of FGC is supposed to “prevent harm” by only allowing medical professionals to carry out the procedure according to a fixed set of guidelines, FGC is still being performed by traditional midwives as well as community leaders using hazardous and unsterilised tools such as razor blades, penknives, kitchen knives and bamboo sticks. In addition, and despite the guidelines, interviews with medical practitioners revealed that, unlike male circumcision, there is no specific training for FGC.

While there is widespread rejection of the most severe forms of FGC (Type II and Type III)<sup>xxiv</sup> there is reported evidence of this form of FGC still being performed in Madura and in some rural locations in Indonesia. In addition, it is possible that the lack of knowledge and awareness on how to perform FGC could result in Type II and Type III FGC being performed without the knowledge of the cutter, girl or parents.

This field study supports previous research showing that FGC is seen in Indonesia as an Islamic act and is performed in the expectations of “becoming a complete Muslim,” to enhance sexual relations as part of the intimacy of marriage, to control sexual

behaviour and to ensure clean and healthy genitals. This position is strengthened by the *fatwa* (ruling) issued by the MUI and other endorsements by religious leaders and institutions.

While scholars within Indonesia advocate FGC as being “healthy” and “beneficial” if carried out according to supposed Prophetic guidelines, some Muslim doctors specialising in this area believe that it is impossible to duplicate FGC in the way described, as details are unspecified and it is impractical and unattainable.<sup>xxv</sup> In addition, Islam puts much emphasis on preserving one’s health. Procedures that are harmful to an individual – both women and men – are *haraam* (categorically forbidden).

Also embedded in the Qur’an and *hadith* is the emphasis on a woman’s right to marital pleasure – which is endorsed and advocated by many religious leaders, including leading Shafi’i scholars – as a God-given right. Thus, leaders who advocate against FGC around the world argue that because of the health risks attached to the practice, it should be made *haraam* (categorically forbidden) in all its forms.

In Indonesia, however, while the most severe forms of FGC are nominally rejected, there is a consensus that the *Sunnah* form of FGC has health and moral benefits – which leads to the belief that circumcision for both males and females should be adopted by all Muslims.

In order to provide demonstrable evidence that FGC is having a considerable negative impact on Indonesian women and girls, further research is needed into the reported incidences of pain, fevers and, most importantly, long-term traumas, such as the loss of sexual satisfaction within marriage. The absence of any such demonstrable evidence could be because the issue is not discussed openly in Indonesian society.

Based on the data gathered from the field study, the Islamic Relief Worldwide advocacy team makes the recommendations set out below.

# Recommendations

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## To International and Local Non-Governmental Organisations

1. Extensive further research is needed to establish robust data on the practice and impact of FGC in Indonesia. International agencies should support universities and local civil society organisations – including religious bodies – to carry out independent research on the effects of FGC on infants, girls, women and families.
2. Intervention programmes on FGC must be approached from both a religious and health angle and will not be successful if purely reliant on secular human rights discourse that does not interface with Islamic rights discourse, particularly around the rights of females and children. This should be carried out with the objective of engaging with local scholars and religious institutions, such as the MUI, to confront them with the evidence that the practice must be advocated against utilising religious principles.
3. The condemnation of FGC should focus on education, raising awareness of any harmful effects of the so-called *Sunnah* version and of the rights of women to experience marital pleasure.

## To faith-based organisations

4. Leading international scholars with strong influence in Indonesian society should be approached, alongside local scholars, to issue *fatwas* (rulings) on why FGC should be categorically forbidden in all its forms based on health and religious arguments. In particular the fallacy that female circumcision is a purifying ritual required to be a “proper” Muslim must be confronted.
5. Campaigns combating FGC in the Indonesian context should also be based upon women’s empowerment and upon

the condemnation of violence against women within an Islamic framework.

## To the United Nations

6. FGC in Indonesia has largely been ignored by the international community primarily because there is minimal research and evidence to show the extent and harm of the practice. Islamic Relief calls on all relevant bodies to include Indonesia in all relevant FGC campaigns and reports and to commission research on the dynamics of the practice in Indonesia.
7. In 2012, the United Nations General Assembly passed a resolution urging countries to condemn all forms of FGC. The UN should encourage the Indonesian government to abide by the resolutions of the General Assembly.
8. UN agencies should work with religious establishments to take ownership of an anti-FGC campaign, broadcasting clear messages containing theological arguments.

## To the Indonesian Government

9. Though the data showed that a government ban on FGC may be ineffective, there is evidence to indicate that, without being fully aware of what it entails, women were subjecting their daughters to FGC because of religious pressures and because it is presented as part of a birth package. In consequence, a ban on FGC in medical facilities alongside awareness campaigns in schools, mosques and the media could prove effective in opening up the discussion and raising awareness of alternative religious understandings of the practice.
10. The data showed there was an acute lack of awareness and knowledge of FGC and

reproductive health as a whole. The Department of Education can address this by introducing a reproductive health training and education programme in

schools, which includes blanket condemnation of FGC.

# Regulation of the Minister of Health of Indonesia<sup>6</sup>

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NUMBER 1636/MENKES/PER/XI/2010

## ON FEMALE CIRCUMCISION

BY THE GRACE OF GOD ALMIGHTY, THE MINISTER OF HEALTH OF THE REPUBLIC OF INDONESIA

### Having considered:

- a) That in order to provide women with safety and protection, the performance of female circumcision shall comply with the religious norms, health service standards, and professional standards to guarantee the safety of the women to be circumcised;
- b) That based on the considerations as referred to in letter a, it is necessary to enact the Regulation of Minister of Health on Female Circumcision;

### Having observed:

1. Law Number 23 of 2002 on Child Protection (State Gazette of the Republic of Indonesia Number 109 of 2002, Supplement to State Gazette of the Republic of Indonesia Number 4235);
2. Law Number 29 of 2004 on Medical Practices (State Gazette of the Republic of Indonesia Number 116 of 2004, Supplement to State Gazette of the Republic of Indonesia Number 4431);
1. Gazette of the Republic of Indonesia Number 4431);
2. Law Number 36 of 2009 on Health (State Gazette of the Republic of Indonesia Number 144 of 2009, Supplement to State Gazette of the Republic of Indonesia Number 5063);
3. Government Regulation Number 32 of 1996 on Health Carers (State Gazette of the Republic of Indonesia Number 49 of 1996, Supplement to State Gazette of the Republic of Indonesia Number 3637);
5. Regulation of the Minister of Health Number 1575/Menkes/Per/XI/2005 on Organization and Work Procedures within the Ministry of Health which has been amended several times, the last time of which was done through the Regulation of Minister of Health of the Republic of Indonesia Number 439/Menkes/Per/VI/2009;
6. Regulation of the Minister of Health Number 269/Menkes/Per/III/2008 on Medical Records;
7. Regulation of the Minister of Health Number 290/Menkes/Per/III/2008 on Consent for Medical Action;

## HAS DECIDED

To enact:

REGULATION OF THE MINISTER OF HEALTH ON FEMALE CIRCUMCISION

## CHAPTER I: GENERAL PROVISIONS

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<sup>6</sup> This regulation may have been repealed although no confirmation was available at the time of publication.

## Article 1

For the purpose of this Regulation of the Minister of Health, the following words shall have the following meanings:

1. Female Circumcision is the procedure performed to cut the skin covering the outer part of clitoris, without damaging it.
2. A health carer is one who dedicates oneself in the area of health and possesses knowledge and/or skills obtained through education in health, the performance of certain skills of which in a medical situation shall be subject to authority
3. A medical doctor is a general practitioner or a specialist who has graduated from medical schools both in Indonesia or overseas which are acknowledged/accredited by the Indonesian Government according to the laws and regulations.
4. A midwife is a woman who has graduated from a midwifery training and one who has been registered according to the laws and regulations
5. A nurse is one who has graduated from a nursing school both located in Indonesia or overseas according to the laws and regulations
6. Minister if the Minister whose tasks and responsibilities are in the area of health

## CHAPTER II: THE PERFORMANCE OF FEMALE CIRCUMCISION

### Article 2

1. Female circumcision can only be performed by certain health carers.
2. The certain health carers who can only perform female circumcision as referred to in paragraph (1) include only medical doctors, midwives, and nurses who have obtained their practice license or work permit.
3. The certain health carers who are referred to in paragraph (2) shall be preferred to be women.

### Article 3

1. Any performance of female circumcision can only be approved upon request from the woman who is to be circumcised, her parents, and/or her guardian(s).
2. Prior to any performance of female circumcision as referred to in paragraph (1) hereinabove the information on the possible bleeding, infection, and stinging pain shall be disclosed.
3. The consent from the woman who is going to be circumcised, the parents, and/or her guardian(s) as referred to in paragraph (1) shall be obtained according to the laws and regulations.

### Article 4

1. The female circumcision is performed in the following condition:
  - (a) The operation room shall be clean
  - (b) The bed/operation bed shall be clean
  - (c) There shall be sufficient lighting; and
  - (d) There shall be flowing water

2. Female circumcision shall be performed according to the following procedures:

- a. The carer shall wash his/her hands with soap and clean flowing water for 10 (ten) minutes;
- b. The carer shall wear sterile gloves;
- c. The patient shall lie on her back, legs parted carefully;
- d. Fixation shall be done on the knees, exposing the vulva;
- e. The carer shall clean vulva with povidon iodine 10%, using gauze;
- f. The carer shall remove smegma existing between frenulum clitoris and glands of clitoris until the area becomes clean;
- g. The carer shall then make a small cut on the skin covering the frontal part of clitoris (frenulum clitoris) using the tip of a sterile disposable needle of size 20G–22G from the mucous side toward the skin without harming the clitoris;
- h. The carer shall wash again the operated area with providon iodine 10%;
- i. The carer shall finally take off the gloves; and (j) Wash his/her hands with soap and clean flowing water

#### Article 5

1. Female circumcision must not be performed on women who are suffering from genitalia eksterna and/or general infection.
2. The following methods of female circumcision are prohibited:
  - (a) Cauterization of clitoris;
  - (b) Cutting and damaging the clitoris, either partially or totally; and
  - (c) Cutting or damaging labia minora, labia majora, hymen and vagina, either partially or totally

#### Article 6

1. Medical doctors, midwives, and/or nurses who perform female circumcision shall make medical records.

#### Article 9

This Regulation of the Minister of Health shall be effective on the day it is enacted

Enacted in Jakarta on 15 November 2010

MINISTER OF HEALTH: ENDANG RAHAYU SEDYANINGSIH [signed]

Promulgated in Jakarta on 28 December 2010

MINISTER OF JUSTICE AND HUMAN RIGHTS: PATRIALIS AKBAR

Official Gazette of the Republic of Indonesia of 2010; number 672

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- <sup>iii</sup> WHO (2013), *Topics: Female genital mutilation and other harmful practices*
- <sup>iv</sup> Stop FGM in Kurdistan (2013), *Study shows: Majority of Kurdish women in Iraq victims of genital mutilation* [www.stopfgmkurdistan.org/html/english/fgm\_study.htm].
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- <sup>vii</sup> Huffington Post (2011), *Female Genital Cutting in Indonesia* [www.huffingtonpost.com/julia-lallamaharajh/indonesias-new-guidelines\_b\_1030330.html].
- <sup>viii</sup> *ibid.*
- <sup>ix</sup> UNICEF (2013), *Female Genital Cutting/Mutilation* [www.unicef.org/media/files/FGCM\_Lo\_res.pdf].
- <sup>x</sup> *Female Genital Mutilation and Obstetric Outcome: WHO collaborative prospective study in six African countries* (WHO, 2006) [www.who.int/reproductive-health/fgm/index.html]
- <sup>xi</sup> [www.islamic-relief.org/women-achieve-economic-empowerment](http://www.islamic-relief.org/women-achieve-economic-empowerment)
- <sup>xiii</sup> Girls focus group respondents: aged over 18 but “never married”.
- <sup>xiv</sup> Plan USA (2011), *Listening to African Voices* [www.planusa.org/docs/ListeningtoAfricanVoices.pdf].
- <sup>xv</sup> UNICEF (2013), *Female Genital Cutting/Mutilation* [www.unicef.org/media/files/FGCM\_Lo\_res.pdf].
- <sup>xvii</sup> Jakarta Globe (2011), *Fears Indonesian female circumcision guidelines could increase practice* [www.thejakartaglobe.com/archive/fears-indonesian-female-circumcision-guidelines-could-increase-practice/].
- <sup>xviii</sup> Al-Amil Mohamad ibn Al-Hur, *Wasā'il shi'ah ila Tahsil masa'il Al-Shriah vol.15*, Tehran 1982.
- <sup>xix</sup> No Peace Without Justice (2005), *Sub-regional Conference on Female Genital Mutilation: Towards a political and religious consensus against FGM* [www.npwj.org/FGM/Sub-Regional-Conference-Female-Genital-Mutilation-Towards-a-political-and-religious-consensus-a-7].

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<sup>xx</sup> Majelis Ulama Indonesia, official website [<http://mui.or.id/>].

<sup>xxi</sup> Muhammadiyah, official website [[www.muhammadiyah.or.id/](http://www.muhammadiyah.or.id/)].

<sup>xxii</sup> Nahdlatul Ulama, official website [[www.nu.or.id/lang,en-.php](http://www.nu.or.id/lang,en-.php)].

<sup>xxiii</sup> Population Council (2003), *Research Report: Female circumcision in Indonesia* [[http://webcache.googleusercontent.com/search?q=cache:epHsdQBxDYUJ:pdf.usaid.gov/pdf\\_docs/PNACU138.pdf+indonesia+FGM+USAID&cd=1&hl=en&ct=clnk](http://webcache.googleusercontent.com/search?q=cache:epHsdQBxDYUJ:pdf.usaid.gov/pdf_docs/PNACU138.pdf+indonesia+FGM+USAID&cd=1&hl=en&ct=clnk)].

<sup>xxiv</sup> Yarsi University (2011) Reference included to '*Female Circumcision: A Social, Cultural, Health and Religious Perspective*

<sup>xxv</sup> Rouzi, A. (2013), *Facts and Controversies on female genital mutilation and Islam*, in *The European Journal of Contraception and Reproductive Health Care*, vol. 18, no. 1, pp. 10–14.