Conference Paper

Elimination of Female Genital Circumcision in Indonesian Transition Society: Revealing a Hope

Johanna Debora Imelda[1], Djamilah[2], Reni Kartikawati[2], Anggoro Yudo Mahendro[2], and Sari Damar Ratri[2]

[1]Department of Social Welfare, Faculty of Social and Political Sciences, Universitas Indonesia
[2]Gender and Sexuality Study Centre, Faculty of Social and Political Sciences, Universitas Indonesia

Abstract

Female Genital Circumcision (FGC) is internationally banned as it violates girls' human rights and reproductive health. Yet, it has still been applied in some countries as in almost all regions in Indonesia. Through its research, the Gender and Sexuality Study Centre, Faculty of Social and Political Sciences, Universitas Indonesia funded by HIVOS comprehensively described the complexity of FGC in Indonesia. The study was conducted in seven provinces using mixed method techniques, which included survey, observation, FGD and in-depth interviews. The study has got ethical qualification from the Faculty of Public Health Universitas Indonesia No. 132/H2.F10/PPM.00.02/2015. The study's findings presented the complexity of FGC in which they differ in practice in one another accordingly to the pluralistic of Indonesian society. Although some practices were only symbolic action, there were practices which qualified to be categorized as Clitoridotomy (type 1) and other unclassified action (type IV) of WHO classifications to intervene girls' sexual organ. The study suggested that it is easier to eliminate the FGC in plural-urban society as it gives individual opportunity to independently choose not to do the FGC. Therefore, empowering and raising the awareness of the girls as individual will enlighten the society point of view to the risks of FGC to women's reproductive health.

Keywords: Female Genital Circumcision, Human Rights, Violence, Transition Society, Indonesia

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1. Introduction

WHO defines female genital circumcision (FGC) as all actions and procedures include partial or total removal of the female external genitalia or other injury to the forms of

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female genital organs for cultural reasons, or other non-medical reasons [13]. Discussions about FGC begins at international level by the activists and medical personnel in Africa who speak out to the UN and WHO about the health consequences of the practice of female circumcision [14]. FGC, then, has been the concern of UN since 1952 when the UN Commission for Human Rights raised the issue to get international attention. It is internationally recognized as a violation of the human rights of girls and women to health, security and physical integrity, i.e. the right to be free from torture and cruel, in human or degrading treatment, and the right to life when the procedure results in death; it also reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women [21]. FGC can be considered as discrimination that contrary to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) which was ratified by Indonesian government with Law No. 7/1984 Article 1, which states: "Discrimination against women means any distinction, exclusion and restriction made on the basis of sex which has the effect or purpose to reduce or eliminate the recognition, enjoyment or the exercise of human rights and fundamental freedoms in political, economic, social, cultural, civil or any other field by women, irrespective of their marital status on the basis of equality between men and women" (UNDANG-UNDANG REPUBLIK INDONESIA NOMOR 7, 1984). The 4th Women's Conference in Beijing in 1995 confirms FGC as violence against women which can be a threat to reproductive health [1] and therefore should be eliminated. In 2007, UNFPA and UNICEF initiated the Joint Programme on Female Genital Mutilation/Cutting to accelerate the abandonment of the practice; and a year after, the World Health Assembly passed resolution WHA61.16 on the elimination of FGC, emphasizing the need for concerted action in all sectors - health, education, finance, justice and women's affairs [21].

Although it is not impossible, unfortunately, to eliminate FGC is not an easy way considering the fact that it is strongly influenced by social, cultural and religious values. FGC is still practiced in different places of the world such as the Middle East, Europe, Asia and USA, and mostly is practiced in Africa among divers religious groups such as Muslim, Christian, Jew, and native religions of Africa [19]. FGC is frequently associated to Islam. Hadist of Prophet Muhammad indicated that FGC is a personal issue to ensure female dignity; accordingly, it should not be excessive and harmful [15]. Many people claim that the religion is the reason of why they practice it, although in fact it has been practiced long before Islam was introduced [2].

In Indonesia, some studies revealed that various practices of FGC such as pricking, scratching, scraping, cutting out a part of clitoris and/or preputium, were applied in all

regions of Indonesia; and mostly done by traditional healer [3, 10]. Previous studies also showed that the practice of FGC was harmful for girls' reproductive organ; in Madura, for example, it caused bleeding of clitoris or minor labia [3, 8, 14]. However, other studies argued that the practice of FGC in Indonesia could not be categorized by using WHO categorization [16] as it was practiced merely as symbolic practice to meet the cultural or traditional requirement nor was harmful to girls' health since it did not result in physical changes of the vagina [4]. Hence, it is more difficult to make the community to be aware of the dangerous of FGC to women's reproductive health.

However, some encouraging studies implicitly showed that it was easier to eliminate FGC in developed society with good education, better economic and social welfare, and more access to information. Those studies showed that the practice of FGC was reducing according to the increasing of women's education [12], the improvement of economic and social [7], and the access to information for young girls [5]. Through the study, we found various practice of FGC among diverse Indonesian community in accordance with the community pluralism and very much depends on ruling authority which suggest us that in urban pluralistic society, the interventions to eliminate female circumcision will be much easier as compare to rural traditional communities because it is no longer an obligation and social sanctions are not as tight, so that people are more independent in making a decision whether to perform the circumcision.

2. Methodology

In facts, there has been no adequate and comprehensive documentation about FGC in Indonesia; consequently, the people know very little about the negative impact of this harmful action. Considering the importance of FGC issue to be further studied, Gender and Sexuality Study Center FISIP UI in collaboration with HIVOS conducted a comprehensive ethnographic study on the practice of FGC in Indonesian developing society. This ethnography study described the practice of FGC in 7 (seven) provinces in Indonesia with various social and cultural backgrounds. This study employed qualitative approach with both mixed qualitative and quantitative data collection method. The locations of study were chosen based on Indonesian Basic Health Research 2013 equally considering diversity of culture and population characteristics in the respective regions, i.e.: Kota Medan (North Sumatera), Kabupaten Sumenep (East Java), Kabupaten Ketapang (West Kalimantan), Kabupaten Bima (West Nusa Tenggara), Kabupaten Polewali Mandar (West Sulawesi), Kota Gorontalo (Gorontalo), and Kota Ambon

(Maluku). It took 4 (four) months from early January 2015 to April 2015 to complete the field study using various data collection techniques, i.e.:

a. Literature Review of the practice of FGC discussed previously published scientific articles, including online publication.

b. Informal non-participatory observation, as if it occurred incidentally, by directly observing and taking part in FGC event in the location of study.

c. A survey using purposive sampling method was conducted to 700 respondents with equal distribution of 100 respondents in each location (50 respondents were mothers whose daughters were circumcised and 50 respondents were mothers whose daughters were not circumcised).

d. In-depth interview with key informants and supporting informants was the main source of the qualitative analysis. It was conducted to explore and map the knowledge, perception, attitude and belief, and their opinion about practices and policies of FGC. Key informants were those who have good knowledge about FGC and had experienced it personally, i.e.: teenage girls who were circumcised; mothers whose daughters were circumcised (most of them were also circumcised); mothers whose daughters were not circumcised (although some of them were circumcised), government agencies (such as community health centre, religion service, health service, and Badan Pemberdayaan Perempuan and Perlindungan Anak), health service providers (doctor, midwife, nurse, and traditional midwife), and public organisations or individual who can provide information on FGC. Supporting informants included decision makers in national agencies such as Ministry of Health, professional health organisations (Indonesian Midwife Association, and Indonesian Medical Association); religious groups, agencies or individuals supporting the practice of FGC.

Some difficulties were found during the data collection, such as: (1) most of the informants hardly speak *bahasa*, our national language and speak local language instead. Local partners were involved to assist the researchers in collecting field data to avoid misinterpretation; (2) there was limitation of official secondary data and documentation on FGC in all regions of study as they considered that FGC is not a problematic issue; (3) some regions, such as Kabupaten Bima, Sumenep, and Ketapang are far away from the town and therefore it difficult to reach the informants on those locations; (4) In two regions, Ambon and Ketapang, there were ethnic and religious conflicts when the study was conducted. It made the researchers difficult to interview the informants.

3. Conceptual Framework

In 2008, the Helsinki conference of academics and activists prefer to use the term Female Circumcision (FC) which literally means female genital circumcision or Female Genital Cutting (FGC), which means female genital mutilation. WHO describe female circumcision as a complex practice because although the general practice of female circumcision contained in the various socio-cultural contexts, but there were variations of the details of such practices from region to region, one country to another, one ethnicity with other ethnic; which then classified FGC into 4 types, i.e: [11, 13]

- **Type 1:** Partial or total removal of the clitoris and/or the prepuce (*clitoridectomy*), i.e.: removal of the prepuce only or removal of the prepuce and the clitoris;
- **Type 2:** Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision), i.e.: removal of the labia minora only, partial or total removal of the clitoris and the labia minora, or partial or total removal of the clitoris, the labia minora and the labia majora;
- **Type 3:** Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation), i.e.: removal and apposition of the labia minora or removal and apposition of the labia majora;
- **Type 4:** All other unclassified yet harmful procedures to the female genitalia for non-medical purposes, includes pricking or incising of the clitoris or labia, cauterization by burning of the clitoris, or introduction of corrosive substances or herbs into the vagina.

Female circumcision was an ancient practice that became part of the culture in the countries of Africa, the Middle East and Asia and is a tradition that is legitimized by religion, such as Islam, Christianity, Catholicism, animism, dynamism, and Jews [9, 11]. According to WHO the female circumcision practices in most African countries, particularly in sub-Saharan Africa; some Middle Eastern countries; as well as countries in Asia, the Pacific, Latin America, North America, and Europe. Based on data from the WHO, the practitioners who implementing circumcision of women varies greatly, ranging from medical personnel (both nurses, midwives, and physicians), TBAs, and shamans / excisors; they are using traditional tools (knife, knife, bamboo, needles, glass, nails) to modern tools (scissors, scapula). Circumcision can be done with or without anesthesia. WHO reported that the practice of FGC by traditional health service accounted for 68% while the remaining 32% were practiced by health experts [13, 20].

Various reasons were underlying why people perform female circumcision, such as [6, 18]:

- Psychosexual reasons. Society believes that female circumcision would give more fun for the husband. The removal of the clitoris was considered to reduce libido in women, reduce or stop masturbation, chastity and virginity before marriage, fidelity as a wife, and improve sexual satisfaction for men.
- Sociological reasons. Female circumcision was done to continue the tradition, removing obstacles or congenital misfortune, the transition of puberty or adult women, social cohesion, and made the women become more respectable.
- Hygiene and Aesthetics reasons. External genitalia were considered dirty and not in a great shape, so circumcision should be done to improve the cleanliness and beauty if female genitalia.
- The myth. Female circumcision was considered to increase fertility and durability of the girls.
- Religious reasons. Circumcision, including female circumcision, considered a religious obligation that must be done so that their worship will be more acceptable.

In Indonesia, female circumcision had been widely performed since dissemination of Islam in the 13th century; but the female circumcision is considered more 'light' and does not endanger the health, only cut a small tip of the clitoris, and the girl was able to walk the day after the circumcision. As it was considered as an unimportant matter, FGC was not much discussed [4]. The Indonesians nowadays considered the practice of female circumcision as a relic of the past cultural traditions. Unfortunately, there was no clear documentation of the data on how this practice was carried out in the past, so that its origin was very hard to be understood.

Sociological studies considered female circumcision as a social convention, in the form of social rules and social norms. Female circumcision as a social convention relating to socio-cultural perception was largely related to local perceptions of gender, sexuality and religion. Social rules meant that members of the community following the behavior based on the hope that others do the same thing and that others would follow. Social norms were rules of conduct that the community members are expected to follow and be motivated to follow through a series of rewards and sanctions. In other words, when society changed, the form of treatment in female circumcision would also change.

Several studies have shown that the practice of female circumcision changed in accordance with the increase in women's education [12], improvement of economic

and social welfare [7], and the increasing access to information for young girls [5]. Implicitly it could be said that the elimination FGC will be easier to do in a developed society compared with traditional societies.

4. Research Findings and Discussion

4.1. The profile of respondents and key informants

The majority of the respondents (99,7%) and key informants were Moslem; some Christian and Catholic respondents/informants were also involved in the study. Respondents and informants involved in the study were 26-45-year-old with variation education background; the categories differed from "not attending school" to "postgraduate". They usually were socialized by the family, especially by mothers and grandmothers, about the FGC. They were socially pressured to apply the FGC to their daughters to avoid social sanction from their extended family, neighbours, and traditional/community leaders.

FGC was usually performed when girls were still very young; some were circumcised when they were babies. The study found the oldest girl was 12-year-old. To muslimized the girls and to meet the religious and tradition obligation were the two very compelling reasons influencing respondents/informants to perform FGC to their daughters.

Unfortunately, although almost all respondents/informants were aware of the negative impact of genital circumcision on the physical and psychological of the girls, it did not prevent them not to perform the FGC to their daughters. The study showed 99.1% of respondents who performed FGC to their girls still felt the need to do FGC and would be consistently performed it to their other daughters if they have another one given the social sanction from the community.

4.1.1. Practice of FGC

Results of the study in 7 (seven) regions of study showed several types and methods of FGC. Among others, they were hurting a little part of the tip of clitoris (50%); cutting a little part of clitoris (36,6%); wiping the clitoris with antiseptic (9,1%); piercing or scratching the labium of vagina (1,1%), sewing or narrowing the vagina cavity (0,3%); inserting objects into vagina to result in bleeding (0,3%); and other unspecified method (2,6%).

The region that practicing FGC by hurting a little part of the tip of clitoris was West Sulawesi (92%). Cutting a little part of clitoris was a common FGC practice in NTB (90%), beside by piercing or scratching the vagina. FGC by wiping clitoris with anti-septic was commonly practiced in East Java (36%) in addition to sewing and narrowing of vagina cavity. The region practicing FGC by inserting objects into vagina to result bleeding was Gorontalo (2%).

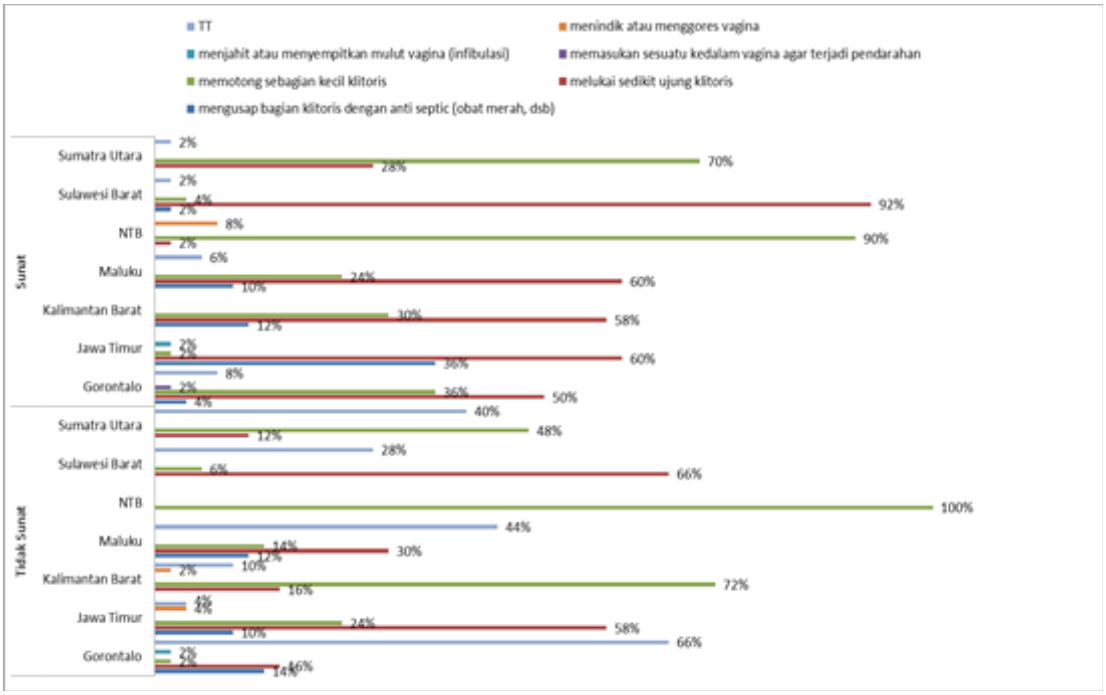

Figure 1: Types of FGC in 7 (Seven) Regions in Indonesia. (Source: Survey of FGC by Center for Gender and Sexuality Studies FISIP UI, 2015).

However, some regions were only symbolically performed FGC, i.e. Ketapang and Sumenep. In these regions FGC was practiced by wiping clitoris with cotton and dropping anti septic to the vagina; so it looks like the vagina was bleeding. Such symbolic FGC was also practiced in Gorontalo. The *mama biang,* designation for traditional healer who do girls circumcision, revealed that she merely cleans the dirt out of vagina clitoris of the baby girls (> 1-2 years) by pinching it with knife tip which already covered with cotton or cloth or she merely put the tip of knife near the clitoris while praying until the dirt comes out (locally it was called *cubit kodo*). Still and all, this practice might result bleeding.

In addition, the study also identified various tools used in circumcision. In Medan for example, they used two grains of rice pinched over the clitoris; but some other used either a scissor or razor blade to take out the thin membrane that they think located hidden at the top of clitoris. In Sumenep, the tools commonly used by midwife when

touching baby girl's clitoris was cotton or metal (syringe, surgery knife or scissor) that previously soaked in alcohol; while traditional circumciser used bamboo blade (called *bilet*), razor blade and turmeric to scratch the clitoris to result a blood spot on the clitoris. In NTB, razor blade was used for cutting the tip of clitoris previously wiped by cloth, coin, or turmeric. Meanwhile, in Gorontalo, nearly all *Mama Biang* used a small knife to perform FGC through pinching or putting the tip of clitoris. A knife was a substitute tool for traditional tool called *sembilu* or bamboo blade. In Ketapang a small knife was also used by traditional circumciser. There are several types of knife used for circumcision. They were pocket knife, implant knife, or sharp-edged folded pocket knife. Other regions that use knife for circumcision were Polewali Mandar (West Sulawesi). However, different from Gorontalo and Ketapang, the tools used by traditional circumciser in this region are usually golden-coated knife or golden needle.

Hygiene and safety of the circumcision tools were questionable. Some traditional circumcisers used the same knife for years without washing it in advance. In Gorontalo, traditional circumcisers generally did not wash the knife for sacral purpose. They only change the cotton to cover the small knife. In a number of regions like Ketapang, tools were maintained in simple but un-hygiene way. For example, they clean it with cotton after use or alternatively they wash it with natural water. In other words, sterility of tools for FGC is not ensured by traditional circumciser or indigenous healer. Hygiene of circumcision tools were maintained by medical workers. Midwife usually used anti septic or alcohol containing cotton for circumcision. Brief description of FGC was presented on Table 1.

4.1.2. Practice of FGC in global classification

It is difficult to classify practice of FGC in Indonesia in global classification. WHO classifies different types of FGC in the world into 4 types. They are: (1) *Clitoridotomy*, that is excision (*prepuce*) of clitoris surface, with or without excision of part or all of clitoris; (2) *Clitoridectomy,* excision of clitoris with excision of part or all of minor labia; (3) *Influbation / Pharaonic Circumcision / Khitan*, that is excision of part or all of external genital and sewing or narrowing of vulva cavity while leaving a pencil-size cavity to allow urine and blood flowing out; and (4) unclassified, including pricking with needle, or incision of clitoris and / or labia, *stretching* of clitoris and or vagina, cauterization of clitoris and beyond tissue; scratching of tissue around introitus vagina (*angurya cuts*) or cutting of vagina (*gishiri cut*), using corrosive objects or kinds of plants into vagina to result in bleeding, thinning, and / or narrowing of vagina.

While not typically similar, the most health-damaging practice of FGC found in the study is the practice equivalent to that in type 1 WHO classification of *clitoridomy*. The study found that the practice of FGC in Kabupaten Bima, and little part of people in Polewali Mandar, and Ambon can be classified into *clitoridomy* since it involves the cutting a little of the tip of clitoris (no specific size is mentioned). Most of FGC practices found in the study cannot be classified into particular type, but they are put in type 4 of WHO classification. This type of FGC is practiced by part of people in Ketapang and Sumenep, little part of people of Gorontalo, Kabupaten Polewali Mandar, and Ambon. In those communities, FGC is practiced by such ways as hurting a little of the tip of clitoris, piercing or scratching vagina, inserting object to vagina to result in bleeding, pricking, cutting, and scratching.

Further, this study also found similar results as those of previous studies. For example, Basilica et al (2003) and Feillard and Marcos (1998) found that in Indonesia FGC is practiced symbolically without any act of cutting of genital. Such kind of FGC practice is not recognized in WHO classification. However, this practice is classified in FGC because it involves similar rituals and religious consideration as other practices of FGC. This practice is found in Ketapang, Sumenep, Kabupaten Polewali Mandar, Gorontalo, and Kota Ambon. Usually this practice is performed by medical workers or health workers.

The reason is that it merely fulfills the parents' belief of the necessity of circumcision. This finding has enriched the existing types of FGC practice. FGC practices in 7 (seven) regions of study are presented in the following table:

4.1.3. Practice of FGC and plurality in Indonesian

Practice of FGC in Indonesia will be more interesting when it is seen from the context of pluralism of Indonesian people. An interesting finding of the study is that practice of FGC depends very much on the ruling authority. The study found that practice of FGC is differently practiced by traditional society, transitional society, and urban society as described in the following section.

1. FGC in traditional society

   In this society, not only is FGC practiced as a religious obligation, but also a complicated traditional system. In addition, traditional system is recognized and acknowledged in all regions. Traditional and religious authority is a single entity and therefore it is difficult to separate the two aspects. This type is commonly found in Kota Gorontalo, Bima NTB, and Polewali Mandar in Sulawesi Barat. The three regions have similarities in which the traditional bond is reserved and

Table 1: Description of FGC Practice in 7 (seven) Regions of study.

Regions of Study	Circumcision Term (Local Context)	Profession/ Service Provider	Methods	Tools
Sumatera Utara (Medan)	Sunat	Traditional circumciser, midwife	Using scissor to cut part of clitoris (thin membrane over the clitoris).	Two grains of rice, scissor and razor blade. In general, scissor and razor blade are commonly used.
Kalimantan Barat (Ketapang)	*Sunat betine*	Traditional circumciser, midwife, traditional figure	Hurting vagina to result in bleeding Wiping the clitoris with cotton and dropping *anti septic* to substitute bleeding	Either small knife, pocket knife, implant knife, or sharp-edged folding pocket knife. (traditional circumciser and religious figure) Cotton and anti septic (midwife)
East Java (Sumenep)	Sunat	traditional circumciser, midwife	Scratching to result in blood drop at skin surface	Alcohol-containing cotton or metal (syringe, surgery knife or scissor) (midwife) Bamboo blade (*bilet*), razor blade and turmeric (traditional circumciser)
Nusa Tenggara Barat (Kab.Bima)	*sa ra so*	*Sando* (traditional circumciser)	Cutting a little of the tip of clitoris or locally named *isi noi*.	Razor blade
Sulawesi Barat (Kab. Polewali Mandar)	*Pasunnang*.	*sando* (traditional circumciser) and syarifah (aristocratic traditional circumciser)	Hurting a little of the tip of clitoris, cutting a little part of clitoris, wiping clitoris with antiseptic	Golden-coated knife or golden needle
Gorontalo	*Mandi Lemon Cubit Kodo*	*Mama Biang*, or *Biang* or *Hulango* the local name for traditional midwife, usually female,	Using a small knife covered by cotton or white cotton putting near girl's clitoris	Small knife
Maluku (Kota Ambon)	sunat	*mama biang,* midwife, religious figure and traditional figure	Without cutting the clitoris. Some cut the clitoris at a rice grain size, some scratch for symbolic circumcision, some pierce, some others merely have ritual procession without touching the vagina.	Scissor, razor blade, and small knife, needle

Table 2: Classification of FGC Practices in 7 (seven) Regions of study.

Regions of Study	Ways of FGC	WHO Type
Sumatera Utara (Medan)	Using scissor; part of clitoris (thin membrane over the clitoris) has to be taken or cut.	Type 4
Kalimantan Barat (Ketapang)	-Hurting the vagina to result in little bleeding; -Wiping the clitoris with cotton and dropping *anti septic* to substitute the bleeding	Type 4 Symbolic
East Java (Sumenep)	-Scratching to result in blood spot over skin surface; -Wiping the clitoris with anti septic (iodine etc)	Type 4 Symbolic
Nusa Tenggara Barat(Kab.Bima)	-Cutting the tip of clitoris or locally named *isi noi*.	Type 1
Sulawesi Barat (Kab. Polewali Mandar)	-Hurting a little of clitoris tip, cutting little part of clitoris; -Wiping the clitoris with antiseptic	Type 1 Symbolic
Gorontalo	-Pinching with a small knife covered with cotton or white cotton to pick the dirt (white matter) out of the clitoris (*cubit kodo*) -Putting a small knife covered with cotton or white cloth near the clitoris (*cubit kodo*)	Type 4 Symbolic
Maluku (Kota Ambon)	-Hurting part but not cutting off the clitoris; cutting the clitoris of a rice grain size is also practiced -Scratching is also practiced -Piercing is also practiced, -Mere ritual of circumcision is also practiced without touching the vagina	Type 1 Type 4 Type 4 Symbolic

Source: *data of study* Center for Gender and Sexuality Studies FISIP UI, 2015

maintained by the people to deal with such issues related to human life cycle. Practice of FGC, in this case, represents the ritual of human life cycle that has to be carried out.

Traditional midwives in the three regions play an important role in the ritual of particularly female human life cycle. *Biang* or *Sando* helps mothers deliver their babies and maintain both the babies and mothers after delivery. Besides that, they are also eligible to lead a particular ritual to signify the adulthood and marriage. Although currently their role in baby delivery is replaced by modern midwives and other medical workers, however, in this region *Sando* and *Biang* keep their role in dealing with traditional processions such as praying and placenta treatment.

Further, FGC in this region is a part of traditional ritual requiring participation of multi stakeholders. Beside for traditional objective of misfortune mitigation, dirt removal, and security maintenance, FGC procession is also intended to signify that the girl has undergone FGC. FGC procession traditionally has dual effects. They are

a sense of composure for having undergone the ritual of life cycle; and convenient for socially having been acknowledged as the member of the traditional society.

FGC in this region is obliged by religion and tradition. As a system, tradition has a 'social sanction' for the people failing to comply with the FGC. The social sanction is strengthened by the belief that FGC is an attempt to clean up women of any inherently possible negative characters. With such this context, FGC practice will be sustained since it has become an integral part of traditional society, and therefore, it will be difficult to remove FGC in such this kind of society.

2. FGC in Transitional (Rural-Plural) Society

Transitional society refers to rural society characterized by pluralism. The society is characterized by lack of single traditional authority. The authority is spread to other traditions or even to religious authorities as well. Finding of this study referring to transitional society is found in Sumenep, East Java and Ketapang in Kalimantan Barat.

Sumenep and Ketapang are two regions most regions of which are rural but have different authorities. In Sumenep for instance, traditional midwives no longer hold the sole authority to perform FGC. Some people have shifted to formal medical workers such as midwife who are always available since the launching of government program that assigns 'bidan siaga' (on-call midwife) in each village. Besides that, authority of traditional midwives' decline due to the lack of strong traditional support previously dominant in the society. In this case, 'kyai' (title for venerated teacher of Islam) as the holder of religious authority do not suggest explicitly that circumcision is carried out by traditional midwife. However, majority of the people believe that FGC is compulsory in Islamic teaching.

On the other hand, for the tradition society of Malay Kayong in Ketapang, FGC is differently practiced from other Muslim ethnics in the region. The people of Malay Kayong have a sultanate whose authority is diminishing. Consequently, such traditional practices as FGC are differently practiced in aristocratic society from non-aristocratic society. Likewise, in Sumenep all Muslims consider circumcision compulsory, but not necessarily practiced by traditional midwife. Consequently, part of the society shifts to formal midwife and medical doctor for circumcision.

The diminishing traditional authority has affected the level of people's belief in such rituals as FGC. Different from the traditional society, in transitional society FGC is solely practiced for religious purposes. In turn, part of the society has

stopped celebrating traditional FGC procession considering that the most important are circumcision and pray.

It is no longer necessary for women to prove whether they have been circumcised since majority of people think that FGC represents parents' exclusive obedience to Islamic rather than traditional ritual. Negative stigma and social sanction for uncircumcised women is not fully acknowledged. In addition to religious purpose, usually the people circumcise their girls for health purpose. FGC is part of Islamic teaching and is believed to result in good impact of health.

3. FGC in Urban (Plural) Society

Urban society has religious and cultural plurality. Even sometimes, pluralism is found in a particular religion. Moreover, people's education level and access to formal health services are improved. However, in complex urban society there are people who firmly hold tradition and religion at once. In the study the urban society include the society in Kota Medan and Kota Ambon.

Kota Medan and Kota Ambon both have ethnic and religious complexities. Therefore, FGC is no longer a common issue. In Kota Medan, majority of people described that it is only Javanese ethnic that traditional still practice FGC, which is known as "*selapanan"* procession, while such other ethnics as Batak, Malay, Aceh and Minang practice it in more simple ways than that practiced by the Javanese.

In Ambon, Buton ethnic from the islands of Southeast Sulawesi is characterized by complicated traditional procession of FGC when compared to other Muslim ethnics. Traditional 'tua-tua' (similar as *Hulango* and *Sando*) still play central role in the traditional practice of FGC known as *makan jara* among the people of Buton in Ambon.

Urban society in Kota Medan and Ambon are dominated by urban economic and social system characterized by open and rational system. FGC is practiced in simple procession and at low cost. Majority of people go to midwife for circumcision. Even in Medan, people are ignorant when the circumcising midwife is Christian. Some people have given up FGC either after receiving information that midwife and medical doctor decline to circumcise or due to their own belief.

In other words, urban society is more independent in deciding the practice of FGC. Urban context provides a lot of alternatives. Among others are that circumcision is practiced since it is traditionally compulsory, or else it is compulsorily requested by religion. Some people refuse circumcision due to the invalidated underlying rules while some others practice circumcision with tradition-deviant

ways. Kota Medan, Ambon, and other towns in Indonesia have similar characters in the practice of FGC.

5. Conclusion

The research findings showed the complexities of FGC in Indonesia. FGC was not only harmful to women's reproductive health from their treatment, as classified by the WHO, but of also from the hygiene tools used in performing the FGC and level of knowledge of the practitioner. This study also found some symbolic practices of FGC which were undertaken only to meet the requirements of customs and religion; it that cannot be categorized based on the WHO classification, but can still be defined as FGC.

Interestingly, this study found an association between the type of society with the practice of FGC. In traditional societies with religious authority, people would difficult to avoid FGC due to a very strong social sanction. Families feel embarrassed if they do not perform FGC to her daughter, so that the program elimination of FGC will get a lot of social barriers. FGC in transitional societies would be more easily avoided because the society provides opportunities to individuals to choose the safer practice of FGC though they socially still cannot avoid tradition obligation of FGC. In urban pluralistic communities, individuals could independently choose whether to perform FGC because they are no longer required to do FGC. In this society the elimination of FGC will easier be done.

This study suggests that the elimination of FGC will not be succeed if people still perceive FGC as traditional and religious obligation as happens in traditional society. Changes in society to become urban and pluralistic give individual freedom and independence to perform FGC. Therefore, to conduct effective elimination of FGC, awareness raising on individuals is needed so that they can consciously avoid FGC practices that endanger the health and discriminate women.

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