

The Polemic of Female Circumcision in Garut West Java Indonesia: Clash of Culture and Regional Policy

Atu Setiati^{1*}, Aziz Muslim¹, Farhana Sabri²

¹Universitas Islam Negeri Sunan Kalijaga Yogyakarta, Indonesia

²Universiti Sains Islam Malaysia, Malaysia

*Correspondence: [✉ atusetiati97@gmail.com](mailto:atusetiati97@gmail.com)

Abstract

Female circumcision remains a social issue in Muslim society, along with the rise of gender-based violence cases in Indonesia. It has become rather a polemic after regional policy on that matter was issued inconsistently. This study aimed to determine the polemic of female circumcision in Garut Regency based on cultural and regional policy analysis. The study utilized qualitative method with an ethnographic approach. The data taken were based on primary data and secondary data. Data collection techniques used were interviews and literature that supports the research. The results obtained in this study are that the polemic about female circumcision occurs because of differences in views based on fatwa so that society constructs female circumcision subjectively. Differences in the belief in the concept of female circumcision, which has become a culture in society, and the different techniques or processes for implementing female circumcision have resulted in the development of perceptions of female circumcision. The inconsistency of the policies of the Minister of Health Regulations makes the community have a bias towards pros and cons by the paradigm of religious leaders, parents, gender activists, and health workers.

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INTRODUCTION

For some people, female circumcision still sounds uncommon because circumcision is more identical to men, which is obligatory in Islam. Female circumcision is a social phenomenon that still occurs in society and can still be found in several regions in Indonesia, such as West Java, West Nusa Tenggara, East Java, Gorontalo, and others (Ida, 2020). Female circumcision has existed since ancient times as a ritual practice in mythology. It first developed in Indonesia before the kingdom's establishment in Java as an animist and dynamism ritual, indicated by the symbol of self-liberation from *Betara Kala* or the human-devouring god. There was no documentation of this event (Suraiya, 2019). Along with the entry of Islam into Indonesia, the practice of female circumcision has started to be documented. It is considered a religious symbol by adopting the concept of male circumcision (Suraiya, 2019). Female circumcision is usually carried out in rural communities, which traditional practitioners or birth attendants carry out. However, now, after the development of the era, female circumcision can be found in urban areas, where carried out by trained midwives.

Furthermore, in Indonesia, the practice of female circumcision continues even after it's prohibition issued by the Ministry of Health regulation Indonesia is ranked third after Egypt and Ethiopia, with the most practices of female circumcision (Sulistyawati & Hakim, 2022). Based on UNICEF data, in 2016, around 200 million women in the world became victims of the practice of female circumcision. One in 3 girls aged 15-19 in 31 countries has experienced Female Genital Mutilation (FGM) for non-medical reasons. Over the last decade, the prevalence has decreased from 41% to 34%, but this decrease still does not meet the 2030 Sustainable Development Goals target of ending the practice of female circumcision (UNICEF, 2022). Female circumcision is dangerous for women, usually carried out at age five and under. In addition, female circumcision has become a

culture in several countries in the world, such as countries in the Middle East, Asia, Ghana, Sweden, Africa, and others (Sauki, 2010).

To implement the Sustainable Development Goals (SDGs) for community development with the universal principle of "No One Left Behind", gender issues are included in the social pillars (Muda, 2020). This commitment continues due to pressure from the World Health Organization (WHO) and the rise of female circumcision cases, classified as gender-based violence and dangerous practices. Female circumcision also needs to be considered by the community, government, women's activists, religious leaders, and humanists because female circumcision is always associated with religion and culture in Indonesia (Sassen, 2002).

Female circumcision is also called the Practice of Female Genital Injury and Cutting. Health experts say it can potentially be dangerous and result in infant death. Based on gender, female circumcision can violate human rights because it is considered to have taken away a woman's right to sexuality (Lemmens, 2010). Therefore, the government revoked the Ministry of Health Regulation No. 1636 of 2010. The enactment of the Minister of Health resulted in a separate polemic in society because of the pro and cons. This polemic occurred because it started with differences in the concept of female circumcision, the emergence of cases of infant death due to female circumcision, culture, religion, encouragement from women activists (Nurdiyana, 2013).

Female circumcision needs to be studied deeply because it is closely related to the culture that has been existed in the area for a long time. The impact of female circumcision can cause child death if the government does not regulate it. Therefore, this becomes a polemic in practice that requires an urgent research. In conducting this research, the authors referred to some of the results of previous research conducted by Basilica Dyah Putranti, which focused on female circumcision as a mirror of the social construction of sexuality in Yogyakarta society, which indicated female circumcision was becoming extinct because it was more open to western medicalization thoughts while the Madurese community dominated the role of the *kyai* in carry out the tradition of female circumcision (Putranti, 2016). Research conducted by Afifi Fauzi Abbas and Mona Eliza, which focuses on female circumcision from the fiqh perspective, explains it from an Islamic view (Abbas & Eliza, 2019). Afifi and Mona's research examines the fiqh's view of female circumcision, which has weak arguments '*da'if*', making it difficult to categorize it as obligatory law or sunnah because its level does not reach clarity level '*darajatul wuḍūḥ*'. The researcher referred to researchers conducted by Nikmatur Rohmah, Sofia Rhosma, Susi Wahyuning, and Saiful Walid. The results of their research focused on female circumcision performed by traditional workers (Rohmah et al., 2019). The research of Ilham Mundzir and Yulianti Muthmainnah, their research discusses the differences in a fatwa from the Muhammadiyah organization, which prohibits female circumcision because of the concept of equality, while Nahdlatul Ulama and Majelis Ulama Indonesia allow female circumcision (Mundzir & Muthmainnah, 2022). All three refer to the same Al-Qur'an and Hadith, but their fatwas results differ. Bettina Shell's research focuses on social and structural factors regarding female genital mutilation, namely that women are pressured by society to adapt so as not to affect social inclusion (Shell-Duncan, 2022). Research conducted by Abdulrahim, Rigmor, Rana, and Faten, which focused on genital self-image in women who did not perform female circumcision in Saudi Arabia that genital self-image between women who did female circumcision and those who did not have an equally positive genital image (Rouzi et al., 2020).

There is a lacking in the body of literature in terms of limited consensus perspective on female circumcision. Therefore, it is necessary to have research focusing on the polemic of female circumcision to convey further that the polemic of female circumcision is still felt in Muslim communities in Garut Regency. This study analyzed the polemic of female circumcision in Muslim communities in Garut based on culture and state policies to strengthen previous research. This research explains the polemic of female circumcision intersects with local culture and religious values in the life of Muslim communities, which are influenced by state policies.

METHODS

This type of research used qualitative with an ethnographic approach which, according to Malinowski and Spradley, aimed to understand the perspective of the indigenous people and their relationship with life to get their thoughts about their world (Sari et al., 2023). Ethnographic design, according to Creswell, is a qualitative research procedure to describe and analyze various cultural groups that interpret the behavior, beliefs, and language developed by society from time to time (Creswell, 2012). The ethnographic approach explains the phenomenon of female circumcision and describes the perceptions of the Garut Regency community towards female circumcision along with the polemic through the description (Kusnadi, 2016). The focus of this research examines the polemic of female circumcision in Muslim communities in Garut Regency based on an analysis of state and cultural policies based on the perspective of the local community.

In obtaining information in this study, taking primary data and secondary data, the researchers conducted interviews with five informants in Karangpawitan District, Garut Regency, for three months (from October to December 2022) of research to find data on the polemic of female circumcision in Garut Regency. Thus, the informants must know the culture in their place and the literature that supports the research as secondary data. Researchers have interviewed five informants, namely; researchers used actors in the practice of female circumcision to obtain information, traditional birth attendants, administrators of the Garut branch of the Ikatan Bidan Indonesia (IBI) 'Indonesian Midwives Association,' parents who perform female circumcision, and those who do not, and the Majelis Ulama Indonesia (MUI) Garut.

RESULTS AND DISCUSSION

Female Circumcision in Garut Regency

Limited access and still a lack of health workers in Garut Regency in the 1980s, pregnant women who were about to give birth were still assisted by *paraji* (traditional birth attendants) to get delivery assistance. *Paraji* is a profession for Sundanese women elders to help with childbirth, female circumcision, and mother and child consultation. *Paraji's* expertise in assisting with childbirth and female circumcision has been passed down from generation to generation from their ancestors because, since childhood, they have been accustomed to seeing and learning self-taught so that these *paraji* are trusted by the local community. The development of health education from year to year has seen an increasing number of midwives in every village. In the past, when the community wanted to practice female circumcision, they began to switch to midwives (Sulahyuningsih et al., 2021).

The phenomenon of female circumcision in the Garut Regency community before the policy of revoking the Minister of Health's Regulation on female circumcision in 2014, at that time, the community was still practicing female circumcision for newborns less than 40 days old. As stated below:

I used to like being circumcised because it was a must in society here, usually for newborns. Most babies who are 40 days old are given female circumcision, but it depends on their parents' request. Even now, parents still force female circumcision to practice female circumcision and come to *parajis* in every village if the midwife does not want to do it (Jamilah, 2022).

The statement above states that in the past, the people of Garut Regency always carried out female circumcision on newborns because it was mandatory. Until now, the tradition of female circumcision is still being carried out by some people who believe in it. In the past, parents, especially mothers, would ask the traditional birth attendant or midwife after giving birth to give the baby a female circumcision service. Parents ask for and allow their babies because it has been a tradition for a long time and consider female circumcision as a religious symbol whose value is the same as male circumcision, which symbolizes a holy sign, health reasons because if not

circumcised, infection will occur, the stigma of hyper sex in women when they are grown up (Mustaqim, 2016).

As a result of the interview above, Clifford Greetz views religion as an element of life for society because culture is the forerunner of religion in society. Hence, religion's influence is powerful and determines the order of problems that occur in society. Religious tradition is considered a hereditary habit that is influenced by religion (Rodiyah, 2019).

The Muslim community in Garut Regency believes that female circumcision is mandatory because of the interpretation of local religious leaders as role models, with differences in interpretation between Islamic organizations being one of the causes. Nahdlatul Ulama (NU) still carries out many practices and rituals, so some still practice them (Farida et al., 2017). Parents are worried about changing times regarding women as sexual objects and cannot control their desires, so women need circumcision to prevent unwanted things until they get married. The following is the statement of the informant:

The reasons for the people of Garut to carry out the tradition of female circumcision are cultural, religious, health, and their parents' worries. The people here still think that women must be circumcised as a form of prevention to protect their sexual intercourse before marriage because they fear that they will get a negative stereotype from society. The most prominent supporters of baby girls who must be circumcised are their parents, especially in South Garut. This occurrence happens because people still believe in their traditions strongly. Female circumcision still exists today, but it is performed by unscrupulous parajis using different techniques. We from Ikatan Bidan Indonesia (IBI) have provided outreach to midwives because they have to comply with the standard operating procedures (Ts, 2022).

The different female circumcision techniques are a separate debate among the community. The difference in practice makes people who agree feel that female circumcision can still be carried out because it is not dangerous (Kurniawati & Herdayati, 2019). The community disagrees because there are no proven benefits for health, gender-based violence, and human rights violations. After all, female circumcision is carried out without the woman's consent (Kusuma Dewi et al., 2021). The types of female circumcision techniques are divided into four, namely cutting the entire clitoris, cutting part of the clitoris, sewing up the opening of the vagina (influbaso), and finally, piercing or scraping the tissue around the vagina (Zamroni, 2011). Based on the results of interviews with Ai Jamilah:

In the 80s and 90s, female circumcision was performed at birth so that the process was not painful. The technique and process for each traditional birth attendants are different. Some are only scratched, affixed with turmeric, the outer part is cut a little, and the outside is cut a lot in some. It depends on how the traditional birth attendants learns because every village is different. I always ask the parents what the circumcision process or technique is like. Most traditional birth attendants use the technique of circumcision, which cuts off the outside of the genitals a little so that the recovery process for the baby is fast (Jamilah, 2022).

Based on the interview results above, the concept of the female circumcision technique is different. The process of carrying out female circumcision is still widely practiced as a hereditary tradition in several areas, especially in Java. When the female circumcision policy has not been regulated in the Minister of Health's regulatory policy, a midwife, in carrying out the female circumcision process, follows procedures that are by applicable regulations, by sterilizing medical devices for circumcision, washing hands, cleaning the female baby's genital area, ensuring the baby's health, and previously the process of asking the parents again regarding the readiness of the implementation process, after getting approval then the midwife will carry out the female circumcision process by scratching the baby girl's genital skin (clitoris part) but not to injure it, so that the baby remains safe, sterile and avoids bleeding. Meanwhile, if the baby is bleeding, the

midwife will immediately handle first aid by sewing the clitoris, and training will be carried out until the bleeding has stopped.

Apart from midwives, there are also traditional birth attendants who perform female circumcision using the same process without injuring the clitoris of baby girls. However, what makes the difference is that if bleeding occurs, first aid and baby monitors are still very minimal in their implementation or from sterile circumcision equipment and still use simple tools such as razors and scissors, which do not have health standards, so there is little guarantee of sterility (Ahlian & Muawanah, 2019).

This phenomenon became a polemic trigger for differences in beliefs about the practice of female circumcision which resulted in a separate debate in society. In the practice of female circumcision performed by traditional birth attendants, the tools used, such as knives, scissors, razor blades, metal coins, and others, are not following the medical Standard Operating Procedure (SOP); thus, there is a risk of infection in the genital area, not using an anesthetic, cutting the clitoris is too deep to cause bleeding that leads to death (Sulistyawati & Hakim, 2022).

Around 2005 there was a case of the death of a baby girl due to circumcision, and it caused an uproar among health workers, which unscrupulous midwives or traditional birth attendants carried out. After the case that year, several other cases occurred, starting from mild cases that could be treated, such as swelling and post-female circumcision infection to take a child's life due to severe bleeding. Based on previous research that female circumcision has no health benefits, so baby girls who are not circumcised will not have bad things happen to their sex. The impact felt by women due to circumcision can be short-term and long-term, according to Diniyati's research, and other health effects after female circumcision, namely infection due to bacteria building up in the urinary tract because it is not sterile. In Abbas and Eliza's research, bleeding during female circumcision can cause bacterial infections, so the risk of tetanus is at risk of death. This occurrence is justified based on the World Health Organization (WHO) statement that women who perform Female Genital Mutilation (FGM) will feel the effects of urinary tract infections and sexual dysfunction—skin cysts, infertility, complications during childbirth, and bearing death (Kurniati et al., 2022). Cases of female circumcision in society are still not given enough attention. The results of the interviews are as follows:

Many cases of female circumcision occurred before the Minister of Health Regulation was issued because, at that time, death due to female circumcision had not received the attention it is now. Until now, there are still cases involving unscrupulous midwives or *parajis*, but the wider community does not widely know the data. This phenomenon happened because most people reported this if there was a postnatal maternal or child death. The highest case is in southern Garut, but the city area also sometimes still exists. The IBI has difficulty exploring and handling if the case is carried out by unscrupulous *parajis*, different from midwives because, of course, the supervision is more secure because there is an organization that acts as a supervisory in practice (Ts, 2022).

Garut Regency is an area that still carries out the tradition of female circumcision in several villages. Most cases are in the southern part of Garut based on its location. Southern Garut is an area far from urban areas. Access far from urban areas means there are still rural people whose social control is based on informal law, and religious norms and customs are still strong.

The people there are still reasonably active in conducting female circumcision. Parents take babies to traditional birth attendants, midwives in independent practice, and community health centers. However, community health centers provides services, only cleaning the vital organs without cutting them. In practice, it is only symbolic so parents do not feel worried and perform female circumcision by cutting the clitoris (Khadija et al., 2010). Some people can understand the risks and impacts of female circumcision on children. However, some parents still continue to

practice female circumcision because they do not want their children not to be accepted in society, so they are forced to do it (Nurdiyana, 2013). The following are the results of the interviews:

As a parent, I want to give my child the best. Before taking action for my child, as a mother, I always seek information first, either via the internet or from experts, to better ascertain whether my actions for my child will have a positive or negative impact, especially regarding children's health, such as Female circumcision must be carefully considered with the husband because it concerns the future of the child. If it is not good, then I will not circumcise my daughter (Nurabeti, 2022).

The parents who do not perform female circumcision along with the development of the era, the practice of female circumcision has now begun to be abandoned in parts of Garut City because of the parent's choice not to perform female circumcision. Parents who are young prefer not to perform female circumcision. The role of parents is the main thing in determining circumcision. Parents have abandoned the practice of female circumcision because they already have parenting insights, so they understand what to give and what not to their children. Educational factors can influence parents in changing parenting models that support physical, social, and health development in children.

Garut Regency Community Construction Regarding Female Circumcision *Cultural Perspective*

Anthropologist Clifford Geertz explicitly states that religion is the core of culture which is a reference for human life, which is a guide explaining where humans come from, what humans live for, and where humans will go after death (Geertz, 1971). In anthropology, religion is traditionally seen as culture and structurally, religion is considered very important for society. In various ethnographies in our past, we have seen that religion can play the role of guardian of morality, maintenance of order, the vehicle of justification, and giver of sanctions for society. The result of an interview with TS:

The debate regarding female circumcision started with the Ministry of Health's policy, which prohibited medical personnel from practicing female circumcision in independent practice, community health centers, or hospitals. This prohibition is based on scientific studies, and we, as medical personnel, must act according to recommendations and follow existing rules. The polemic came from the community itself because female circumcision has become a culture in Indonesia. The Garut area is one of them because people have always been used to circumcision, both men and women. What is more, it is challenging to eliminate local culture even though there is a policy from the government. Maybe it is not difficult for people who have always been against female circumcision. What is now a polemic is when the community has become two camps between agreeing and not on female circumcision (Ts, 2022).

People who agree with female circumcision assume it is a tradition and culture passed down from previous generation in the local community. They still believe that the tradition of female circumcision is necessary for their daughters. However, in general, some people still practice it because they believe that if a woman's external genital organs (clitoris) are circumcised, they can automatically control their sexuality so that their honor can be maintained until marriage.

If viewed from the polemical side of female circumcision in the historical aspect, it can be seen from the practice because there was a cross-cultural phenomenon even before the presence of Islam, namely among the Jews they practiced female circumcision, which originated from religious teachings originating from the Prophet Abraham (Mubarok et al., 2023). At first, female circumcision was a tradition in society. However, after the existence of religion, religion gave an accommodating response until it became teaching and then spread in various societies (Azizah, 2020). Based on the results of an interview with Aceng Anwar as follow:

“Female circumcision has existed since centuries ago and before Islam arrived because of its history from the Prophet Abraham until it continued to develop. Many Garut people believe in and practice Islamic law. According to Islam, female circumcision is not obligatory, but if there are many harms it is prohibited, it is better to avoid it. The reason for the many polemics about female circumcision is because of differences in beliefs and the concept of female circumcision itself. Moreover, it has become a tradition of Islamic Sharia.” (Anwar, 2022).

As for the people who disagree, they think that the government has banned female circumcision. There is support from the Majelis Ulama Indonesia of Garut fatwa which recommends not doing female circumcision if it is detrimental to health because there is no specific recommendation in the holy book (Fauzi Abbas et al., 2019). There are differences of opinion with parents who perform female circumcision on their children, as stated by Hindun:

In ancient times, my daughter did female circumcision; until now, she is an adult. Thank God there were no problems. Previously, my second child was circumcised by paraji in 1993, and the last child was circumcised by a midwife in 2002. Based on my parent's story, I was circumcised because it has become a hereditary tradition, so I also carry out the culture my parents have carried out. Regarding differences of opinion, female circumcision may or may not be a personal matter according to belief (Hindun, 2022).

The informants thought their daughters should be circumcised from infancy because the surrounding community has carried on the hereditary tradition. After all, Islam allows it, so it has become a culture in society, in addition to the acceptance of girls to be recognized in society because there is a negative stigma in society against women if they are not circumcised because of the social construction of gender with the softness of nature with an upbringing in society. This fact is the same as the social construction of Peter L Berger, which is a process of meaning carried out by each individual towards the environment and aspects outside of himself, which consists of processes of externalization, internalization, and objectivation (Berger, 1990). This process is externalization, namely the adjustment of the resource persons to socio-cultural issues with female circumcision, which has been a culture in society for a long time. As for the internalization that sources or individuals who identify themselves as people who have an understanding of female circumcision is an Islamic culture that must be carried on for generations, and the objectivity that female circumcision has been mandated is based on Islamic values

Some people assume that female circumcision is an ancient culture and can no longer be carried out because they must adapt to the times. Furthermore, women's rights must be protected and adhere to policies that have been regulated. For gender activists, female circumcision is a cultural treatment that is considered detrimental to women's groups because it has taken away their sexual rights, so they criticize the practice of female circumcision. The patriarchal culture and stereotyped stigma against women are still strong, thus affecting the mindset and actions of the community in carrying out female circumcision without reviewing the impact that will be caused after children experience it. The results of interviews with parents who did not perform female circumcision, expressed by Nelis Nurabeti:

Based on culture, in my area, female circumcision is still performed; some are just a symbol, or the genitals are cut off, and some are still undergoing it. My mother circumcised me myself because it has become a culture. However, for my female child, circumcision is not performed because now it has been banned by the government, and also, in my opinion, it is an ancient culture. Even though I refuse to do it to my child, my parents and in-laws still recommend it because of religious and cultural considerations (Nurabeti, 2022).

The understanding of the informant above is due to a cultural shift so that female circumcision is no longer carried out because there is a negative impact on the health side of girls, both short and long term; there is a renewal policy that prohibits it so that the source validates not allowing his daughter to be circumcised. Suppose one draws on Pierre Bourdieu's thoughts about habitus, that humans relate to their social world, individually using habitus in their social reality. In that case, that habitus is indicated by a scheme that includes concepts, right-wrong, good-bad, and health-illness, in which the scheme becomes a cognitive structure that produces action in his life (Hikmalisa, 2016). Female circumcision has begun to be abandoned because of the pain and polemic regarding female circumcision in terms of health and gender, which affects their habitus as young parents who have schemes for their actions towards their daughters.

The cultural factor becomes a powerful thing, so some people still practice it because of the family's strong encouragement to continue preserving the local culture. This phenomenon is complicated to avoid because the issue of female circumcision has become a polemic in its own right in the family. In ancient times, parents felt worried when there was a cultural shift, so in their efforts to preserve it, they suggested and forced their children to carry out female circumcision for generations.

Results analysis of the research suggest that culturally, the practice of female circumcision is ineffectual as it is non obligatory and sacred. Female circumcision is only an activity that is cultivated by the community. Along with the development of the era, the culture of female circumcision has begun to be abandoned by some communities, and people can violate it by not carrying out the practice of female circumcision, which was carried out for years in the past.

Regional Policy Perspective

The meaning of the policy, according to James Andreson, is a step or action that an actor or several actors deliberately carry out concerning a particular problem or problem to be faced.(Wahab, 2021) Public policy in the form of laws or regional regulations is a type of public policy that requires explanatory public policies or what is known as implementing regulations. While public policies can be directly operational include Presidential Decrees, Presidential Instructions, Ministerial Decrees, Regional Head Decrees, Department Head Decrees.(Nugroho, 2021)

The history of female circumcision policies in Indonesia has changed in line with the polemics in society.

Table 1. Female Circumcision Policies in Indonesia

Year	Policy Maker	Policy Renewal
2006	The Indonesian Ministry of Health	Number HK 00.07.1.31047a of 2006 concerning the prohibition of female medical circumcision for health workers
2008	Majelis Ulama Indonesia (MUI)	MUI Fatwa No. 9A of 2008 concerning the law prohibiting female circumcision
2010	The Indonesian Ministry of Health	Regulation of the Minister of Health of the Republic of Indonesia Number 1636/MENKES/PER/XI/2010 concerning female circumcision which regulates various procedures for circumcision
2014	The Indonesian Ministry of Health	Regulation of the Minister of Health of the Republic of Indonesia Number 6 of 2014 concerning Revocation of Regulation of the Minister of Health of the Republic of Indonesia Number 1636/MENKES/PER/XI/2010 concerning Female Circumcision.

2016	Garut Regency Government	Regulation Number 13 of 2016 concerning the Protection of Women and Children from Violence.
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The policy changes made by the Indonesian government regarding female circumcision have changed every year. The formation of the government's commitment to ending female circumcision is reaped various pros and cons in society, so the government is not consistent with policies. The government made a policy through a circular letter from the Director General of Health Development of the Ministry of Health of the Republic of Indonesia Number HK 00.07.1.31047a of 2006 concerning the prohibition of female medical circumcision for health workers. However, this policy was lean and did not last long due to polemics and resistance from the public concerned. In 2010 the government made a new policy, Ministry of Health Regulation No. 1636, concerning female circumcision because it is considered that female circumcision in Indonesia is only symbolic and does not involve cutting vital organs or female genital mutilation (FGM).

In addition to state policies, the Garut government has made a policy by issuing Regional Regulation No. 13 of 2016 concerning the protection of women and children from violence. The regional regulations state that women and children must avoid violence and dangerous practices, which include female circumcision. In an effort by the Garut government to protect and guarantee the rights of women and children optimally, a policy was made as a legal umbrella for the community, along with the rise of violence against women in the Garut Regency. Violence is any act that results in physical, psychological, or sexual suffering, coercion, or arbitrary deprivation of liberty either in the private or public domain (Elsakkers, 2003).

This polemic became controversial and a public problem because of a shift in the culture of the people initially accustomed to female circumcision. Now that there is a policy regarding repealing Minister of Health Regulation No. 1636 of 2010, the community is prohibited from performing female circumcision. The polemic of female circumcision reaps pros and cons in society (Le Bris, 2019). Since the policy change, the polemic has continued because women activists have responded and criticized the new policy, which is considered inconsistent. This policy can loosen women's rights, making them vulnerable to gender-based violence through dangerous practices (Abu-Sahlieh, 2008). After several years of ongoing polemics, the government made a new policy by issuing Minister of Health Regulation No. 6 of 2014 concerning the revocation of Minister of Health Regulation No. 1636 of 2010 with the consideration that female circumcision is not in the realm of health because it is based on culture and religion so that the Ministry of Health does not need to regulate it.

There was confusion about this policy. It turned out that many people still did not know about the existing policies from the central government to the regional level. The issue of repealing the ban on female circumcision has become a growing polemic issue in society, nowadays with many campaigns about protecting women's rights at this time, women have become more courageous in campaigning about the stereotyped stigma that develops in society that discriminates against women's groups (Sikkink, 2000).

Traditions that the community has carried on for a long time have made it difficult to let go of the community's life. This phenomenon has affected the obstacles to policy implementation. As the implementer of the policy, the Garut branch of the Indonesian Midwives Association (IBI) stated that there were several cases of unscrupulous midwives and traditional birth attendants who carried out dangerous practices in the female genital mutilation (FGM) category. Based on the interview with TS:

The people of Garut are not aware of the existence of a policy regarding female circumcision. This policy is not essential for them because their parents and traditional birth attendants have been practicing it for a long time. Nevertheless, medical staff will know about the Minister of Health's regulations because there has been socialization, but there will always be unscrupulous

personnel. For the village community, gender issues still sound foreign, so the community does not know and does not understand the policies that regulate them, and this has become a separate duty for the government in efforts to prevent and socialize it as a whole (Ts, 2022).

This phenomenon illustrates that in Garut Regency, there are still cases of violations of the female circumcision prohibition policy that the government has decided. Malpractices carried out by traditional birth attendants resulted in the development of public perceptions about female circumcision. This phenomenon can be detrimental to victims of female circumcision and health workers who are highlighted as those responsible because they have authority over the practice of health services (Abubakar, 2013). The policy regulating health workers has a Minister of Health so that they get legal protection in practice, but in the absence of sanctions for those who practice female circumcision other than medical personnel, abuse of authority will occur. Based on the results of the interview with Aceng Anwar as follow:

The Garut Ministry of Religion does not yet have a policy prohibiting female circumcision. Socialization of female circumcision is not yet optimal. For now, on the issue of gender, the Garut MUI is focusing on preventing early marriage because there is already a program, and it must be implemented (Anwar, 2022).

From the statement above, Garut Regency has yet a particular program related to preventing the prohibition of female circumcision in the community. At the same time, the Health Service provided socialization to the 2014 Minister of Health regulations intended for health workers who prohibit carrying out dangerous practices. However, the Ministry of Religion has not followed up on a policy regarding female circumcision.

Moreover, the issue of Regional Regulation No. 13 of 2016 means that the government must provide guarantees and special protection for children and women to avoid violence, especially against the people of the Garut Regency. Weak legal instruments to provide guarantees for girls vulnerable to violence from an early age with the practice of female circumcision carried out by parents, health workers, and traditional birth attendants has resulted in parents still bringing their children to traditional birth attendants to be performed female circumcision. The malpractice of female circumcision carried out by traditional birth attendants is illegal because it is not following the applicable scientific discipline, which is vulnerable to endangering children, and there are no sanctions that apply to unscrupulous traditional birth attendants if they establish malpractice or endanger children.

The culture of female circumcision has negative things after its implementation in terms of health, human rights, and gender equality, so the policy of the Minister of Health and Regional Regulations on female circumcision is relevant to the current conditions because it sees the impact of risks from female circumcision culture which harm women's groups. The entire community must implement government policies as guidelines for creating community welfare (Khadija et al., 2010).

The results of the researchers' findings are that differences in a fatwa in society occur due to different interpretations regarding female circumcision, so there are still people who practice female circumcision culture and have left because of the latest fatwa call or state policy. This result is the same as research from Ilham Mundzir and Yulianti Muthmainnah, who stated that differences in fatwas from various Islamic organizations led to different understandings of female circumcision so that polemics occurred in Muslim societies based on Islamic organizations.

CONCLUSION

The polemic of female circumcision is not only a discourse among the people of Garut Regency. However, it has become a world issue because the World Health Organization (WHO) has stipulated a ban on female circumcision which is included in gender-based violence. The issue of female circumcision is a social dynamic that influences how people think about women. Like

Geertz's statement about the culture, female circumcision is indeed an activity carried out by the community because it is believed to be part of the Islamic shari'a, which has become a culture so that female circumcision is considered a reference for society. From a cultural point of view, the implementation of female circumcision is considered correct and pro to the practice. In contrast, according to the regional policy perspective, female circumcision is considered wrong because, in practice, it can pose a risk to women, so the policy is in a contra position in implementing female circumcision. If indeed female circumcision is a religious dogma, all Muslims should practice female circumcision if we review the policies of Minister of Health Regulation No. 6 of 2014 and Regional Regulation No. 13 of 2016 concerning protecting women and children from violence. The policy regulates female circumcision because it is considered a cultural practice that harms women and is categorized as gender-based violence; this is not in line with sustainable development goals. With the increasing number of cases of violence against women, the government of Garut Regency makes a policy as an initial step in providing a sense of security to the community. Nevertheless, it is still not optimal in its implementation because some people still perform female circumcision on female children. Therefore, the policy of prohibiting female circumcision in society needs to be disseminated thoroughly to parents and traditional birth attendants who are actors in the practice of female circumcision. Researchers should accommodate all levels of society and Islamic organizations involved in female circumcision. For the community and government, it can be a reference for synergy in socializing female circumcision policies to prevent violence against women.

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