

THE LAW AND FGC

Indonesia

October 2025



About Orchid Project

Orchid Project is a UK- and Kenya-based non-governmental organisation catalysing the global movement to end female genital cutting (FGC).

Orchid Project's strategy for 2023 to 2028 focuses on three objectives:

1. to undertake research, generate evidence and curate knowledge to better equip those working to end FGC;
2. to facilitate capacity-strengthening of partners, through learning and knowledge-sharing, to improve programme designs and impacts for the movement to end FGC; and
3. to steer global and regional policies, actions and funding towards ending FGC.

Orchid Project's aim to expedite the building of a knowledge base for researchers and activists is being fulfilled in the **FGM/C Research Initiative**.

About ARROW

The Asian-Pacific Resource and Research Centre for Women is a non-profit women's NGO with a consultative status with the Economic and Social Council of the United Nations and an observer status with the United Nations Framework Convention on Climate Change. Based in Kuala Lumpur, Malaysia, ARROW has been working since 1993 to champion women and young people's sexual and reproductive rights. ARROW occupies a strategic niche in the Asia-Pacific region and is a Global-South-based, feminist and women-led organisation that focuses on the equality, gender, health and human rights of women.

About Asia Network to End FGM/C

The Asia Network to End Female Genital Mutilation/Cutting (FGM/C) is a group of civil-society actors, led by Orchid Project and ARROW, working across Asia to end all forms of FGM/C. It does this by connecting, collaborating and supporting Asian actors and survivors to advocate for an end to this harmful practice.



WORKING TOGETHER TO END
FEMALE GENITAL CUTTING

Overview of National Legal Framework

✓	Specific law/provision criminalising FGC
✓	Provides a definition of FGM/C
✓	Criminalises the performance of FGC
X**	Criminalises the procurement, arrangement and/or assistance of acts of FGC
X*	Obligation for medical and certain other professionals to report incidents of FGC to the authorities
✓	Criminalises the participation of medical professionals in acts of FGC

X** Derivative regulations have not been drafted at the time of publishing of this report. The new Criminal Code, applicable from 2026, provides sanctions for 'crime accomplices'.

X* Derivative regulations have not been drafted at the time of publishing of this report.

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Recommended citation: *The Law and FGC: Indonesia*. Orchid Project. November 2025. <https://www.fgmcri.org/country/indonesia/>.

Cover image design: Natalia Stafeeva (<https://stafeeva.site/>)

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Orchid Project seeks updates on the data and invites comments on the content and suggestions as to how these reports can be improved.

Introduction

Indonesia is a country in South East Asia with an estimated population of 281 million. It has the world's fourth-largest population. 87.2% (245 million) of the country's population is Muslim – the largest in the world.¹ Indonesia is a presidential representative democratic republic in which the president is the head of both state and government. It has a civil-law system, based on the Roman-Dutch model and influenced by customary law.¹ In addition, Sharia law is practised in Aceh, a province located at the northern tip of Sumatra Island.

A Note on Terminology

Globally, the term most often used to describe the practice is 'female genital mutilation/cutting'. 'Female genital mutilation', or 'FGM', is perceived to be a term that does not reflect genital cutting as practised in the South East Asia region. The word 'mutilation' is deemed to be imprecise.

In 2018, the phrase *Pemotongan dan/atau Pelukaan Genitalia Perempuan (P2GP)*, which translates to 'cutting and/or injuring female genitalia', was formally introduced in Indonesia to designate all harmful practices, with the goal of opposing these actions while honouring traditional values.^{2(p20)} There are many local terms related to FGC. Since the term 'cutting' appears to be the more widely understood term within South East Asian literature, this Law Report uses the term 'female genital cutting' or 'FGC' to refer to the practice.

Female genital cutting is classified into four major types by the World Health Organization (WHO):

Type 1: This is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce/clitoral hood (the fold of skin surrounding the clitoral glans).

Type 2: This is the partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva).

Type 3: Also known as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans.

Type 4: This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping and cauterizing the genital area.³

Prevalence of FGC

FGC prevalence in Indonesia is decreasing. 46.3% of women aged 15–49 have undergone FGC, according to the second Indonesian National Women's Life Experience Survey (Survei Pengalaman Hidup Perempuan Nasional – the SPHPN) 2024, whereas the first national survey conducted in 2021 by the Ministry of Women's Empowerment and Child Protection found FGC prevalence in the country to be 50.5% among women aged 15–64 years.⁴ A broad Basic Health Research survey conducted in 2013 by the Ministry of Health found that 51.2% of Indonesian girls under the age of 12 had experienced FGC.^{5(pp245–7)}

The three regions with the highest prevalence are Sumatra (69.7%), Kalimantan (73.1%) and Sulawesi (81.2%), and the lowest is Java-Bali (38.9%).⁶ The age of girls when cut ranges from infancy to two years or more, though most undergo the procedure between birth and two months (68.5%).⁶ FGC Types 1 and 4 are the most commonly experienced. Symbolic procedures, which do not entail any physical harm, are increasingly prevalent in Indonesia.⁴ The main reasons are religious requirement (68%), tradition (40.3%) and perceived health benefits (26.1%).

The SPHPN 2021 survey found that 21.3% of women who had undergone FGC had experienced Type 1 (involving cutting, but not removing, the clitoris). 21.1% underwent Type 4 (including scraping, pinching and rubbing the clitoris with a blunt object). 12.6% did not know the details of the type carried out on them.⁶

*For more information about the context and prevalence of FGC in Indonesia, please see **Orchid Project's Country Profile: FGC in Indonesia**.*

National Legal Framework

Applicable General Laws

Indonesia's legal position on FGC has evolved through successive regulations that now form a multi-layered framework.

Midwives, nurses and their assistants are covered by regulations that prohibit the health sector from performing FGC. Symbolic procedures are explicitly excluded from the ban.

Government Regulation No. 28 of 2024,⁷ establishing the aim of eliminating FGC, was followed by a more specific directive from the Ministry of Health, **Regulation No. 2 of 2025**.⁸

These distinctions indicate a progression from the establishment of a broad legal prohibition to the development of more nuanced implementation guidelines that differentiate between harmful and symbolic practices, while extending protection across all age groups.

The **2024 regulation** is primarily concerned with establishing the legal framework and the objective of eliminating FGC.

In contrast, the **2025 regulation** offers more detailed implementation mechanisms, including specific provisions for 'communication, information, and education', and mandates that the 'Central Government, Regional Governments, and community stakeholders shall conduct advocacy, socialisation, and community' initiatives.

It should be noted that Indonesian symbolic procedures are not sanctioned in the **2025 regulation**.

Derivative regulations have not been drafted by the Ministry of Health at the time of publishing of this report.

The Constitution of Indonesia⁹

The Constitution of the Republic of Indonesia applies to all its citizens. Clauses relevant to protection from FGC include:

- **Article 28B(2):** Every child shall be entitled to viability, to grow up, and to develop, also to be entitled to protection against violence and discrimination.
- **Article 28G(1):** Every person shall be entitled to protection of his/her own person, family, honour, dignity, and property under his/her control, as well as feeling secure and entitled to protection against threat of fear to do or omit to do something is his/her fundamental right.

- **Article 28H(1):** Every person is entitled to live prosperously physically and spiritually, to have a place to reside, and to acquire a good and healthy living environment as well as be entitled to obtain healthcare.
- **Article 28I(2):** Every person is entitled to be free from discriminative treatment on whatsoever basis and is entitled to acquire protection against such discriminative treatment.

The 2024 Regulation⁷

The first national attempt to ban FGC was in 2006. The 2024 and 2025 regulations build on that and now provide the clearest framework to eliminate FGC through the health sector.

Government Regulation No. 28 of 2024 on the Implementation Regulations of Law No. 17 of 2023 on Health establishes the legal aim of 'eliminating the practice of female circumcision' for infants and children under the age of five (preschool age).

Government Regulation No. 28 of 2024 mentions FGC in **Articles 101 and 102:**

- **Article 101:**

Reproductive health efforts according to the life cycle as referred to in Article 100 include (a) reproductive health of infants, toddlers, and preschool children . . .

- **Article 102:**

Reproductive health efforts for infants, toddlers, and preschool children as referred to in Article 101 paragraph (1) (a) include (a) eliminating the practice of female circumcision . . .

'Female circumcision' is defined as the act of scratching the skin of the front of the clitoris without injuring the clitoris, as per **Ministry of Health Regulation Number 1636/PER/MENKES/XI/2010 Concerning Female Circumcision**, specifically **Chapter I, Article 1, Paragraph 1**.¹⁰ Meanwhile, the World Health Organization defines 'female circumcision' or 'female genital mutilation' as 'any procedure involving partial or complete removal of the external female genitalia or other injury to the female genitalia for non-medical reasons'.³

Law No. 17 of 2023, Articles 46(1) and (2) state,

Every infant and child has the right to be protected and free from all forms of discrimination and acts of violence that may interfere with the health of infants and children. The Central Government and Regional Governments are obliged to ensure the implementation of the protection of infants and children.¹¹

The 2025 Regulation⁸

Ministry of Health Regulation No. 2 of 2025 states,

Article 6

1. Promotive efforts for the health of the Reproductive System of infants, toddlers, and preschool children are aimed at parents, families, guardians, caregivers, teachers, educators in early childhood education, and children.
[. . .]
3. Promotive efforts as referred to in paragraph (1) are implemented through the provision of communication, information, and education, at least including:
[. . .]
 - e. the abolition of the practice of female circumcision.
4. The elimination of female circumcision practices as referred to in paragraph (3) letter e is limited to female circumcision practices that endanger the Reproductive System, which include:
 - a. cutting and/or wounding of the clitoris, labia minora, labia mayora, hymen, and/or vagina, either partially or completely; and
 - b. other actions that cause damage to the clitoris, labia minora, labia mayora, hymen, and/or vagina, either partially or completely.
5. The elimination of the practice of female circumcision as referred to in paragraph (4), does not only apply to infants, toddlers, and preschool children, but also applies to school age and adolescents, adults, and the elderly.
6. The Central Government, Regional Governments, and community stakeholders shall conduct advocacy, socialisation, and community movements regarding the provisions on the abolition of female circumcision.

Other Applicable Laws

The practice of FGC contravenes Indonesian laws on human rights and reproduction.

1999 Human Rights Law¹²

Law of the Republic of Indonesia Number 39 of 1999 Regarding Human Rights, Article 3(3) states that every person is entitled to the protection of human rights and basic human freedoms, without discrimination.

2014 Reproductive Health Law¹³

Government Regulation of the Republic of Indonesia Number 61 of 2014 Concerning Reproductive Health stipulates at **Article 30** that every woman is entitled to reproductive-healthcare services. These services are designed to protect the reproductive organs and functions from any interference, illness or impairment.

Criminal Codes

Types 1 and 4 FGC could be viewed as assault or serious injury and therefore would be potentially prosecutable under both the existing and the new criminal codes.

Law No. 1 of 2023 Concerning the Penal Code (the New Criminal Code)¹⁴ was promulgated on 2 January 2023, with a provision to enter it into force on 2 January 2026. It replaces the existing criminal code,¹⁵ which remains in place until 1 January 2026.

Article 466(4) defines ‘assault’ as an act ‘that damages health’. The term ‘health’ in this context refers to physical health. Penalties for assault vary according to the severity of the action or injury and are listed below in the Penalties section.

Article 155(h) defines ‘serious injury’ as including ‘illness or injury for which there is no hope of complete recovery, or which may cause death’ or ‘impaired reproductive function’.

Types 1 and 4 FGC that result in severe injury could be potentially prosecuted under the New Criminal Code. Types 1 and 4 could also be prosecuted under domestic violence laws and child protection laws, as set out below.

2004 Domestic Violence Law¹⁶

Law of the Republic of Indonesia Number 23 of 2004 Concerning the Elimination of Domestic Violence prohibits at **Article 5** violence in the household against an individual, which includes physical, psychological, sexual violence or the negligence of a member of the household.

Under Article 6, the physical violence referred to in Article 5 shall be any act that causes pain, sickness or serious injury.

Taken together these two clauses of the domestic violence law could cover the practice of Type 1 and invasive Type 4, since FGC is known to cause pain. They could also be considered to fall within the definition of 'serious injury' under Article 6 and would therefore be prohibited by Article 5.

2002 Child Protection Law¹⁷

Law No. 23 of 2002 on Child Protection as amended by Law No. 35 of 2014 and Government Regulation in Lieu of Law No. 1 of 2016 states at **Article 3** that child protection aims to ensure the fulfilment of children's rights so that they can live, grow, develop and participate optimally in accordance with human dignity, and receive protection from violence and discrimination.

Article 13 states that children must be protected from cruelty, violence, abuse and other mistreatment, including from their own parent, guardian or caretaker. This may be interpreted to include the practice of FGC.

NB: The Constitution of Indonesia and the other laws described above apply to all women and girls in Indonesia, with the exception of the province of Aceh on the island of Sumatra, where Sharia law is officially implemented.

Procuring, Aiding and Abetting FGC

The New Criminal Code, which comes into force in January 2026, contains definitions of perpetrators of FGC and their accomplices.

Under **Article 20 (Crime perpetrator)**, the perpetrator shall be sentenced as a criminal offender if they:

- a. commit a crime themselves;
- b. commit a crime by means of providing tools or ordering others to do so;
- c. participate in committing a crime; or
- d. mobilise others to commit a crime by giving or promising something, abusing their power or dignity, committing violence, using threats of violence, committing misdirection, or by providing opportunities, facilities, or information.

Under **Article 21 (Crime accomplice)**, any person who assists shall be sentenced as an accomplice to a crime if they intentionally:

- a. provide opportunities, facilities, or information to commit a crime; or
- b. provide assistance at the time the crime is committed.¹⁴

Allowing the Use of Premises

Although allowing use of premises for a criminal offence is not directly referred to in the **current criminal code** or the **New Criminal Code**, it may be possible to include this under **Article 21** as the lender is a 'crime accomplice' (see above) who provides the opportunities or facilities to enable a crime to take place.¹⁴

Providing or Possessing Tools

Similarly, there is no direct reference to this in the **current criminal code** or the **New Criminal Code**, but it may be possible to include it under **Article 21** as the provider is a crime accomplice who provided the means (tools) for a crime to take place.¹⁴

Failure to Report FGC

There does not appear to be reference to failing to report FGC (or any crime) in either the **current criminal code** or the **New Criminal Code**.

Medicalised FGC

The 2021 Ministry of Women's Empowerment and Children's Protection survey found that the three main perpetrators of FGC are midwives, nurses and assistants (45.8%); traditional midwives (27.7%); and female circumcision shamans (16.5%). 34.6% of procedures were carried out in the girl's home, 30.9% on the premises of private practice doctors or paramedics, and 20% in the premises of traditional healers and birth attendants. 4.5% were carried out in hospital and 7.2% at community health centres.⁶

Indonesian Midwives Association¹⁸

The Indonesian Midwives Association (*Ikatan Bidan Indonesia – IBI*) issued a circular in February 2024 calling for the complete abolition of female genital cutting practices. The directive, issued by Dr Ade Jubaedah, chair of the Central Board, was distributed to all regional and branch officials as well as Association members.

The initiative was issued after reports indicated that some healthcare workers and paramedics were still performing FGC. This evidence motivated the Association to call for complete abolition of the practice. The Association's position is further supported by the Indonesian Women's Ulama Congress, which declared the practice *haram* ('religiously forbidden') unless medically necessary. The IBI has consequently urged both its membership and the broader community to work collectively toward eradicating this cultural practice.

Protecting Uncut Girls and Women

There are no legal provisions to protect uncut women and girls (and their families) from derogatory or abusive language, or from discrimination and actions that exclude them from society and community activities because of their uncut status.

Protecting Victims and Witnesses

There are no mechanisms for the protection of victims and witnesses in FGC cases, or provisions for protection orders for potential victims.

Committee on the Elimination of Discrimination against Women

Committee on the Rights of the Child

Joint Statement

V. Criteria for determining *harmful practices*

15. *Harmful practices are persistent practices and forms of behaviour that are grounded in discrimination on the basis of, among other things, sex, gender and age, in addition to multiple and/or intersecting forms of discrimination that often involve violence and cause physical and/or psychological harm or suffering. The harm that such practices cause to the victims surpasses the immediate physical and mental consequences and often has the purpose or effect of impairing the recognition, enjoyment and exercise of the human rights and fundamental freedoms of women and children. There is also a negative impact on their dignity, physical, psychosocial and moral integrity and development, participation, health, education and economic and social status. The practices are therefore reflected in the work of both Committees.*
16. *For the purposes of the present joint general recommendation/general comment, practices should meet the following criteria to be regarded as harmful:*
 - (a) *They constitute a denial of the dignity and/or integrity of the individual and a violation of the human rights and fundamental freedoms enshrined in the two Conventions;*
 - (b) *They constitute discrimination against women or children and are harmful insofar as they result in negative consequences for them as individuals or groups, including physical, psychological, economic and social harm and/or violence and limitations on their capacity to participate fully in society or develop and reach their full potential;*
 - (c) *They are traditional, re-emerging or emerging practices that are prescribed and/or kept in place by social norms that perpetuate male dominance and inequality of women and children, on the basis of sex, gender, age and other intersecting factors;*
 - (d) *They are imposed on women and children by family members, community members or society at large, regardless of whether the victim provides, or is able to provide, full, free and informed consent.*³⁹

Penalties

The New Criminal Code (Principal/Perpetrator)¹⁴

Article 466 (Assault) of the New Criminal Code provides a penalty, depending on the severity of the offence, of *imprisonment for a period from two years and six months to seven years, and/or a maximum fine of fifty million rupiah*.

The New Criminal Code (Crime Accomplice)¹⁴

Under **Article 21 (Crime accomplice) of the New Criminal Code**, the maximum penalty for assisting in a crime is *two-thirds of the principal sentence for that crime*.

The Domestic Violence Law¹⁶

Under **Article 44** in relation to physical violence in a household, depending on its severity, the penalty is *imprisonment for a period of 5 to 15 years and/or a fine of fifteen million rupiah to forty-five million rupiah*.

Under **Article 45** in relation to psychological violence in a household, the penalty is *imprisonment for up to three years and/or a maximum fine of nine million rupiah*.

Implementation of the Law

Court Cases

To date, there do not appear to have been any prosecutions for the offence of FGC as assault, child abuse or domestic violence under the laws referred to above.

The Role of the State

In 2020, in its Eighth Report to the Committee on the Elimination of Discrimination against Women (CEDAW) for periodic review, the Indonesian Government referred to the Ministry of Health revoking the contentious 2010 regulation and replacing it in 2014 with a regulation that prohibits all medical practitioners from conducting FGC. It went on to say it believed raising awareness and advocacy are the best tools for eliminating the practice, and that it has increased its health-education programmes accordingly and sought the support of religious and community leaders.^{19(pp19–20)}

In 2021, in its International Covenant on Civil and Political Rights (ICCPR) second periodic report, the Indonesian Government reported having aimed to ban medical practitioners from performing female genital mutilation/cutting and implementing awareness programmes across all provinces targeting health workers, parents and community leaders. Recognising that traditional beliefs sustain the practice despite legal prohibition, the Government has developed guidelines – with UNFPA support – to help health workers educate communities about the harms of FGC.^{20(p5)} The Government also confirmed its view that the abolition of FGC in Indonesia requires a holistic approach that combines a policy and legal framework and the involvement of cultural and religious communities.^{20(p17)}

In its Concluding observations on the eighth periodic report of Indonesia in 2021, the CEDAW stressed the need for criminalising all forms of FGC and continuing awareness-raising and education campaigns.^{21(p6)}

The Ministry of Women's Empowerment and Child Protection created a Roadmap and Action Plan for Prevention of FGC 2020–2030.²² There are two main priorities in this Roadmap and Action Plan:

1. increasing public awareness, including among state administrators and health workers, about the dangers of FGC through both formal and non-formal education channels; and
2. emerging FGC prevention as an indicator of government achievement in the National Medium-Term Development Plan 2030–2034.

The Government's 2024 regulatory response demonstrates a commitment to combining legal measures with community engagement.

Progress Toward the 2024 Regulation

On 26 July 2024 the Indonesian Government signed off Government Regulation No. 28/2024 banning female circumcision for infants and children under the age of five/pre-school age.

The 2006 Ban

The Ministry of Health issued a regulation on medicalised FGC (**Circular Letter of the Director General of Health Number HK 00.07.1.31047a.**) in 2006 as a response to protests from women's and human rights activists, who had been campaigning since the late 1990s.^{23, 24}

The directive from the Ministry of Health prohibited health workers from providing FGC. The basis for this was the recognition that there are no health benefits and there are potential physical and psychological harms from the practice.⁶ The directive received support from profession-based organisations and associations: the Indonesian Paediatricians Association (*IDAI*), the Indonesian Medical Association (*IDI*), the Indonesian Association for Obstetrics and Gynaecology (*POGI*), the Indonesian National Nurses Association (*PPNI*), the Indonesian Midwives Association (*IBI*) and the Indonesian Society of Perinatology (*PERINASIA*).^{24, 25}

Religious debate led to further guidance in 2008.

The 2008 MUI Fatwa²⁶

The 2006 ban sparked significant religious backlash in Indonesia. In response to the protests, the Indonesian Ulema Council (Majelis Ulama Indonesia – *MUI*) – the country's largest Muslim clerical body – along with several other Islamic organisations, issued a **fatwa** in 2008. Globally, fatwas are non-binding formal rulings or opinions on matters of Islamic law. The MUI, a national non-state organisation, plays a prominent role in guiding Indonesian Muslims on religious and social issues.

The *MUI* states that 'female circumcision' is a religious practice and recommends the practice for girls. The fatwa recognises the diversity of FGC practices due to 'the lack of understanding of the limits of what is to be circumcised', but proclaims FGC a part of *fitrah* (the natural disposition one is born into) and *syiar of Islam* (all activities that contain values of religious devotion). FGC is assessed as *makrumah* (an act of worship not legally forbidden but not encouraged, either). The 2006 prohibition of FGC by the Minister of Health is therefore deemed contrary to the provisions of Sharia law.

The fatwa guidelines describe the correct practice as 'removing the membrane that covers the clitoris', but not so excessively that it cuts or injures the clitoris by either incision or excision.

The Indonesian Ulema Council requested that the Ministry of Health make legal provision of the fatwa and that training to medical personnel be provided following the guidelines.

Regulatory revision followed in 2010.

The 2020 Regulation

The Ministry of Health revised the 2006 regulation in 2010 and issued **Regulation PERMENKES 1636/2010** to ensure that the 'implementation of female circumcision [was] carried out in accordance with religious provisions, service standards, and professional standards to ensure the safety and security of women who are circumcised'. The regulation concurred with the religious authorities that FGC 'is the act of scratching the skin covering the front of the clitoris, without injuring the clitoris'.

The regulation re-medicalised the practice by limiting its practice to licensed health workers, such as doctors, nurses and midwives. The procedure was to clean the smegma and 'scrape the skin covering the front of the clitoris (clitoral frenulum) using a sterile, disposable 20G-22G needle tip from the point to the skin, without scratching the clitoris'. Sterile tools and antiseptics were required. The procedure was only to be carried out with the express consent of parents or guardians.¹⁰

Authorities relaxed the 2006 ban for fear of potentially harmful illegal practices and because the ban did not reach its objectives.²⁷ Some regional regulations were still authorising health providers to include FGC as part of their services after the ban.²⁸

With the **2010 regulation**, the Ministry of Health authorised symbolic FGC;²⁵ however, it did not ban the four types classified by WHO and it did not make provision for imposing penalties on those who carry out WHO-banned practices.²⁹ The paradoxical consequence was that FGC continued to be officially practised in health centres on the grounds of medical safety and hygiene.^{30(p4)}

The Ministry of Health followed the MUI's suggestion and differentiated between 'female circumcision' on one side – a legal practice promoted by religious, medical and other institutions without consequences – and 'female genital mutilation' on the other side, a practice encompassing everything that is not performed by the Indonesian majority.³¹

In the 2013 discussions with the International Covenant on Civil and Political Rights, Indonesia insisted that 'female circumcision' was different from 'female genital mutilation', as it is conducted by health professionals. Experts expressed their concerns that FGC is not a matter of health, otherwise even WHO would recommend medicalisation, but that FGC relates to women's sexuality and the aim to control it, which nothing can justify.³¹

The 2014 Revocation³²

Regulation PERMENKES 1636/2010 was in turn criticised by the Women's Commission in Indonesia and the Committee on the Rights of the Child, leading to its revocation in 2014,^{30(p4)} on the following grounds:

- a. every action performed in the field of medicine must be based on medical indications and scientifically proven to be beneficial;
- b. female circumcision to date is not a medical procedure because its implementation is not based on medical indications and has not been proven to be beneficial to health;
- c. based on the cultural aspects and beliefs of the Indonesian people, until now there are still requests for female circumcision, the implementation of which must still pay attention to the safety and health of the circumcised woman, and not perform female genital mutilation; and
- d. the Regulation of the Minister of Health Number 1636/Menkes/Per/XII/2010 on Female Circumcision is deemed no longer in accordance with the dynamics of global policy development.³²

A **2014 decree**³³ argues that FGC has no medical basis and benefit and that every medical action must prove beneficial; yet it allows FGC to be carried out by health workers, because of high demand, on the condition that the safety and health of women is considered and that no female genital mutilation is performed. Few health workers were adequately informed about the policies related to FGC at the time of the 2014 degree.^(29pp29–30)

Article 2 mandates the Health and Syarak Advisory Council to issue **guidelines** in accordance with religious guidance for the implementation of FGC that 'guarantees' the safety and health of women and does not involve female genital mutilation.³³ Dr Supriyanto, general-secretary of the Ministry of Health, stated, 'If it is based on religion, then let the religious rules regulate this practice.'³⁴

Those **guidelines**, issued by Social Welfare Development Council (MPKS),³⁵ regulate how FGC is performed, namely washing the vulva with 10% povidone iodine using gauze, then cleaning the dirt between the clitoral prepuce and the clitoral glans.

The 2014 decree was perceived to be a 'hand-off attitude' toward FGC and to reopen the opportunity for illegal practices to be carried out by traditional healers without medical knowledge.²⁵ It caused confusion about whether FGC was prohibited or permitted.³⁶ It was also seen as justifying and encouraging the practice in Indonesia.³⁵

Uncertainty after the 2014 revocation spurred **new advocacy guidance in 2018** from Kemen PPPA.

Kemen PPPA's 2018 Guidelines for Religious Leaders

The Ministry of Women's Empowerment and Child Protection of Indonesia published advocacy guidelines intended for religious leaders in 2018. The guidelines encourage the abandonment of FGC and mention the fatwas by the largest faith-based organisations in Indonesia, namely Muhammadiyah, Nahdlatul Ulama and Majelis Ulama Indonesia.³⁷

The 2022 KUPI Fatwa

'The harms that FGM/C causes are incredible . . . We found a case in the KUPI network where a baby died because of it. It's a human rights violation . . . KUPI cannot allow this to happen.'
~ Masruchah, member of KUPI's Deliberation Council³⁸

The Indonesian Women Ulema Congress (KUPI) declared in November 2022 that 'the law of conducting female genital mutilation or cutting without medical reasons is haram'. The second KUPI congress was attended by 1,600 women, ulema and community organisers. The fatwa issued was 'resolute' to meet the needs of the Muslim community and to support the Government toward a ban of FGC. The KUPI fatwa affirms that practices in the form of FGC create more *mudarat* (negative impact) than benefit.³⁸

The fatwa further states,

All stakeholders are responsible for preventing FGM/C without medical reasons. And the law for religious leaders, community leaders, health workers, and families to use their authority to protect women from the harms of FGM/C without medical reasons is obligatory.³⁸

*KUPI's fatwa is deemed to be an important milestone in its advocacy and in the protection of women's rights and wellbeing.*³⁸

Conclusions

In summary, Indonesia now combines specific FGC prohibitions with broader criminal, child-protection and domestic-violence statutes.

The Indonesian Government enacted **Government Regulation No. 28 of 2024** to establish a legal framework for eliminating FGC, followed by the more detailed Ministry of Health **Regulation No. 2 of 2025**.

The progression from broad prohibition to specific implementation guidelines demonstrates a shift towards nuanced enforcement that distinguishes between harmful and symbolic practices. The 2025 regulation mandates coordinated education and advocacy programmes across government levels and community stakeholders, reflecting a comprehensive approach to elimination through structured community engagement.

Moreover, there are several pieces of legislation containing general provisions that potentially could apply to FGC cases, depending on the circumstances and the degree of harm inflicted. These include the following.

Criminal Code and New Criminal Code

Under **Article 351 of the Criminal Code**, FGC could fall within the definition of 'assault'. Under **Article 466 of the New Criminal Code**, which will enter into force in 2026, FGC may also be covered under assault resulting in damage to the health of the girl.

Domestic Violence Law

Under **Article 5 of the domestic violence law**, FGC may fall under the scope of physical and psychological violence in a household. The domestic violence law also provides for protection orders to victims of domestic violence. This may be applicable to FGC victims if the FGC is performed within the household.

Child Protection Law

Article 13 of the child protection law states that children must be protected from cruelty, violence and abuse, including from their own parent, guardian or caretaker. This may be interpreted to include the practice of FGC.

Recommendations

Orchid Project recommends that:

1. as a first step, a **technical regulation be issued** on legal sanctions and implementation modalities;
2. the **2025 national regulation be promptly disseminated** at regional and provincial levels and integrated into local laws when necessary;
3. **failure to report FGC be criminalised**;
4. uncut women and girls be protected from **derogatory or abusive language**;
5. **cross-border movement** between countries for the purpose of FGC be criminalised; and
6. a **full analysis of the 2021 and 2024 national surveys' data be conducted** without delay to confirm the regional and provincial extent of FGC in Indonesia, as well as **an examination of localised data** about the age girls undergo the procedure, who performs it and in what facilities (including medical professionals in hospitals and/or GP clinics), the type of FGC that occurs and the reasons for its continuance.

Appendix I:

International and Regional Treaties

Indonesia	Signed?	Ratified/ Acceded?	Reservations on Reporting? Yes/No
International			
Convention on the Elimination of All Forms of Discrimination against Women (1979)	Yes	Yes, 13 September 1984	Yes: 'The Government of the Republic of Indonesia does not consider itself bound by the provisions of Article 29 paragraph (1) of the CEDAW and takes the position that any dispute relating to the interpretation or application of the CEDAW may only be submitted to arbitration or to the International Court of Justice with the agreement of all the parties to the dispute.'
Convention on the Rights of the Child (1989)	Yes	Yes, 1990	Yes: 'The Constitution guarantees the fundamental rights of the child irrespective of its sex, ethnic origin or race. The Constitution prescribes those rights to be implemented by national laws and regulations. 'The ratification of the CRC by the Republic of Indonesia does not imply the acceptance of obligations going beyond the constitutional limits nor the acceptance of any obligation to introduce any right beyond those prescribed under the Constitution. 'With reference to the provisions of Articles 1, 14, 16, 19, 21, 22 and 29 of the CRC, the Government of the Republic of Indonesia declares that it will apply these articles in conformity with its Constitution.'
The Organisation of Islamic Co-operation – Cairo Declaration on the Elimination of FGM (CDEFGM) (2003)	No	N/A	N/A

**International Covenant
on Civil and Political
Rights (ICCPR)**

The International Covenant on Civil and Political Rights (ICCPR) requires under Article 2 Paragraph 3 that signatory states ensure effective remedies for individuals whose civil and political rights have been breached. Regarding FGC, governments must address victim recovery given the procedure's potential to cause significant pain and psychological trauma.

Additionally, since FGC can result in fatalities, it constitutes a breach of the right to life protected under Article 6 of the ICCPR, thereby justifying state intervention in this cultural and religious practice.

Article 7

'No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.'

Article 24

'1. Every child shall have, without any discrimination as to race, colour, sex, language, religion, national or social origin, property or birth, the right to such measures of protection as are required by his status as a minor, on the part of his family, society and the State.'

**International Covenant
on Economic, Social and
Cultural Rights (ICESCR)**

'Every country that ratifies the ICESCR must recognise and implement the right to attain the highest standard of physical and mental health facilities' (Article 12, paragraph 1).

Appendix II:

CEDAW General Recommendation No. 14: Female Circumcision

*Adopted at the Ninth Session of the Committee on the Elimination of Discrimination
against Women, in 1990*

(Contained in Document A/45/38 and Corrigendum)

The Committee on the Elimination of Discrimination against Women,

Concerned about the continuation of the practice of female circumcision and other traditional practices harmful to the health of women,

Noting with satisfaction that Governments, where such practices exist, national women's organizations, non-governmental organizations, specialized agencies, such as the World Health Organization, the United Nations Children's Fund, as well as the Commission on Human Rights and its Submission on Prevention of Discrimination and Protection of Minorities, remain seized of the issue having particularly recognized that such traditional practices as female circumcision have serious health and other consequences for women and children,

Noting with interest the study of the Special Rapporteur on Traditional Practices Affecting the Health of Women and Children, as well as the study of the Special Working Group on Traditional Practices,

Recognizing that women are taking important action themselves to identify and to combat practices that are prejudicial to the health and well-being of women and children,

Convinced that the important action that is being taken by women and by all interested groups needs to be supported and encouraged by Governments,

Noting with grave concern that there are continuing cultural, traditional and economic pressures which help to perpetuate harmful practices, such as female circumcision,

Recommends to States parties:

- (a) That States parties take appropriate and effective measures with a view to eradicating the practice of female circumcision. Such measures could include:

The collection and dissemination by universities, medical or nursing associations, national women's organizations or other bodies of basic data about such traditional practices;

The support of women's organizations at the national and local levels working for the elimination of female circumcision and other practices harmful to women;

The encouragement of politicians, professionals, religious and community leaders at all levels including the media and the arts to cooperate in influencing attitudes towards the eradication of female circumcision;

The introduction of appropriate educational and training programmes and seminars based on research findings about the problems arising from female circumcision;

- (b) That States parties include in their national health policies appropriate strategies aimed at eradicating female circumcision in public health care. Such strategies could include the special responsibility of health personnel including traditional birth attendants to explain the harmful effects of female circumcision;
- (c) That States parties invite assistance, information and advice from the appropriate organizations of the United Nations system to support and assist efforts being deployed to eliminate harmful traditional practices;
- (d) That States parties include in their reports to the Committee under articles 10 and 12 of the Convention on the Elimination of All Forms of Discrimination against Women information about measures taken to eliminate female circumcision.ⁱ

ⁱ Available at <https://www.refworld.org/legal/general/cedaw/1990/en/27729>.

Appendix III: National Laws

Indonesian Constitution

Pasal 28B

[. . .]

2. Setiap anak berhak atas kelangsungan hidup, tumbuh, dan berkembang serta berhak atas perlindungan dari kekerasan dan diskriminasi.

Pasal 28G

1. Setiap Orang berhak atas perlindungan diri pribadi, keluarga, kehormatan, martabat, dan harta benda yang di bawah kekuasaannya, serta berhak atas rasa aman dan perlindungan dari ancaman ketakutan untuk berbuat atau tidak berbuat sesuatu yang merupakan hak asasi.
2. Setiap Orang berhak untuk bebas dari penyiksaan atau perlakuan yang merendahkan derajat martabat manusia dan berhak memperoleh suaka politik dari negara lain.

Pasal 28H

1. Setiap Orang berhak hidup sejahtera lahir dan batin, bertempat tinggal, dan mendapatkan lingkungan hidup yang baik dan sehat serta berhak memperoleh pelayanan kesehatan.

Pasal 28I

[. . .]

2. Setiap Orang berhak bebas dari perlakuan yang bersifat diskriminatif atas dasar apa pun dan berhak mendapatkan perlindungan terhadap perlakuan yang bersifat diskriminatif itu.

2024 Government Regulation

PERATURAN PEMERINTAH REPUBLIK INDONESIA NOMOR 28 TAHUN 2024 TENTANG PERATURAN PELAKSANAAN UNDANG-UNDANG NOMOR 17 TAHUN 2023 TENTANG KESEHATAN

Pasal 101

1. Upaya Kesehatan sistem reproduksi sesuai siklus hidup sebagaimana dimaksud dalam Pasal 100 huruf a meliputi:
 - a. Kesehatan sistem reproduksi bayi, balita, dan anak prasekolah;
 - b. Kesehatan sistem reproduksi usia sekolah dan remaja;
 - c. Kesehatan sistem reproduksi dewasa;
 - d. Kesehatan sistem reproduksi calon pengantin; dan
 - e. Kesehatan sistem reproduksi lanjut usia.
2. Upaya Kesehatan sistem reproduksi sesuai siklus hidup sebagaimana dimaksud pada ayat (1) meliputi pencegahan dan perlindungan organ dan fungsi reproduksi agar terbebas dari gangguan, penyakit, atau kedisabilitas.
3. Upaya Kesehatan sistem reproduksi sesuai siklus hidup sebagaimana dimaksud pada ayat (1) dilakukan dengan memperhatikan hal spesifik dan tahapan perkembangan pada masing-masing sistem reproduksi perempuan dan laki-laki.

Pasal 102

Upaya Kesehatan sistem reproduksi bayi, balita, dan anak prasekolah sebagaimana dimaksud dalam Pasal 101 ayat (1) huruf a paling sedikit berupa:

- a. menghapus praktik sunat perempuan;
- b. mengedukasi... PRESIDEN REPUBLIK INDONESIA -47b. mengedukasi balita dan anak prasekolah agar mengetahui organ reproduksinya;
- c. mengedukasi mengenai perbedaan organ reproduksi laki-laki dan perempuan;
- d. mengedukasi untuk menolak sentuhan terhadap organ reproduksi dan bagian tubuh yang dilarang untuk disentuh;
- e. mempraktikkan perilaku hidup bersih dan sehat pada organ reproduksi; dan
- f. memberikan pelayanan klinis medis pada kondisi tertentu.

2025 Ministry of Health Regulation

PERATURAN MENTERI KESEHATAN REPUBLIK INDONESIA NOMOR 2 TAHUN 2025 TENTANG PENYELENGGARAAN UPAYA KESEHATAN REPRODUKSI

Pasal 6

1. Upaya promotif kesehatan Sistem Reproduksi bayi, balita, dan anak prasekolah ditujukan kepada orang tua, keluarga, wali, pengasuh, guru, pendidik pada pendidikan anak usia dini, dan anak.
2. Upaya promotif sebagaimana dimaksud pada ayat (1) dilakukan oleh Tenaga Medis, Tenaga Kesehatan, guru, pendidik pada pendidikan anak usia dini, kader, dan tenaga lainnya sesuai kompetensi dan kewenangannya.
3. Upaya promotif sebagaimana dimaksud pada ayat (1) dilaksanakan melalui pemberian komunikasi, informasi, dan edukasi paling sedikit meliputi:
 - a. pengenalan organ reproduksinya dan perbedaan organ reproduksi serta pengenalan identitas laki-laki dan perempuan;
 - b. pengetahuan cara menolak sentuhan terhadap organ reproduksi dan bagian tubuh yang dilarang untuk disentuh;
 - c. praktik perilaku hidup bersih dan sehat pada organ reproduksi, termasuk cara menjaga kesehatan dan keamanan organ reproduksi secara sederhana sesuai dengan tahapan tumbuh kembang anak;
 - d. pengetahuan saling menghargai antara laki-laki dan perempuan sejak dini; dan
 - e. penghapusan praktik sunat perempuan.

2023 New Criminal Code

UNDANG-UNDANG REPUBLIK INDONESIA NOMOR 1 TAHUN 2023 TENTANG KITAB UNDANG-UNDANG HUKUM PIDANA

Pasal 20 (Pelaku Tindak Pidana)

Setiap Orang dipidana sebagai pelaku Tindak Pidana jika:

- a. melakukan sendiri Tindak Pidana;
- b. melakukan Tindak Pidana dengan perantaraan alat atau menyuruh orang lain yang tidak dapat dipertanggungjawabkan;
- c. turut serta melakukan Tindak Pidana; atau
- d. menggerakkan orang lain supaya melakukan Tindak Pidana dengan cara memberi atau menjanjikan sesuatu, menyalahgunakan kekuasaan atau martabat, melakukan Kekerasan, menggunakan Ancaman Kekerasan, melakukan penyesatan, atau dengan memberi kesempatan, sarana, atau keterangan.

Pasal 21 (Pembantu Tindak Pidana)

1. Setiap Orang dipidana sebagai pembantu Tindak Pidana jika dengan sengaja:
 - a. memberi kesempatan, sarana, atau keterangan untuk melakukan Tindak Pidana; atau
 - b. memberi bantuan pada waktu Tindak Pidana dilakukan.
2. Ketentuan sebagaimana dimaksud pada ayat (1) tidak berlaku untuk pembantuan melakukan Tindak Pidana yang hanya diancam dengan pidana denda paling banyak kategori II.
3. Pidana untuk pembantuan melakukan Tindak Pidana paling banyak 2/3 (dua per tiga) dari maksimum ancaman pidana pokok untuk Tindak Pidana yang bersangkutan.
4. Pembantuan melakukan Tindak Pidana yang diancam dengan pidana mati atau pidana penjara seumur hidup, dipidana dengan pidana penjara paling lama 15 (lima belas) tahun.
5. Pidana tambahan untuk pembantuan melakukan Tindak Pidana sama dengan pidana tambahan untuk Tindak Pidana yang bersangkutan.

Pasal 155

Luka Berat adalah:

[. . .]

- h. rusaknya fungsi reproduksi.

Pasal 466 (Penganiayaan)

1. Setiap Orang yang melakukan penganiayaan, dipidana dengan pidana penjara paling lama 2 (dua) tahun 6 (enam) Bulan atau pidana denda paling banyak kategori III.
2. Jika perbuatan sebagaimana dimaksud pada ayat (1) mengakibatkan Luka Berat, dipidana dengan pidana penjara paling lama 5 (lima) tahun.
3. Jika perbuatan sebagaimana dimaksud pada ayat (1) mengakibatkan matinya orang, dipidana dengan pidana penjara paling lama 7 (tujuh) tahun.
4. Termasuk dalam penganiayaan sebagaimana dimaksud pada ayat (1) adalah perbuatan yang merusak kesehatan.
5. Percobaan melakukan Tindak Pidana sebagaimana dimaksud pada ayat (1), tidak dipidana.

2016 Child Protection Law Replacing the 2002 Law

PERATURAN PEMERINTAH PENGANTI UNDANG-UNDANG REPUBLIK INDONESIA NOMOR 1 TAHUN 2016 TENTANG PERUBAHAN KEDUA ATAS UNDANG-UNDANG NOMOR 23 TAHUN 2002 TENTANG PERLINDUNGAN ANAK

Pasal 3

Perlindungan anak bertujuan untuk menjamin terpenuhinya hak-hak anak agar dapat hidup, tumbuh, berkembang, dan berpartisipasi secara optimal sesuai dengan harkat dan martabat kemanusiaan, serta mendapat perlindungan dari kekerasan dan diskriminasi, demi terwujudnya anak Indonesia yang berkualitas, berakhlak mulia, dan sejahtera.

Pasal 13

1. Setiap anak selama dalam pengasuhan orang tua, wali, atau pihak lain mana pun yang bertanggung jawab atas pengasuhan, berhak mendapat perlindungan dari perlakuan:
 - (1) diskriminasi;
 - (2) eksploitasi, baik ekonomi maupun seksual;
 - (3) penelantaran;
 - (4) kekerasan, kekerasan, dan penganiayaan;
 - (5) ketidakadilan; dan
 - (6) perlakuan salah lainnya.
2. Dalam hal orang tua, wali atau pengasuh anak melakukan segala bentuk perlakuan sebagaimana dimaksud dalam ayat (1), maka pelaku dikenakan pemberatan hukuman.

2014 Reproductive Health Law

PERATURAN PEMERINTAH REPUBLIK INDONESIA NOMOR 61 TAHUN 2014 TENTANG KESEHATAN REPRODUKSI

Pasal 30

1. Setiap perempuan berhak atas Pelayanan Kesehatan Sistem Reproduksi.
2. Pelayanan Kesehatan Sistem Reproduksi sebagaimana dimaksud pada ayat (1) ditujukan untuk melindungi organ dan fungsi reproduksi agar terbebas dari gangguan, penyakit atau kecacatan pada perempuan.
3. Pelayanan Kesehatan Sistem Reproduksi sebagaimana dimaksud pada ayat (1) dilakukan dengan memperhatikan tahapan siklus reproduksi perempuan sesuai standar.

2004 Domestic Violence Law

UNDANG-UNDANG REPUBLIK INDONESIA NOMOR 23 TAHUN 2004 TENTANG PENGHAPUSAN KEKERASAN DALAM RUMAH TANGGA

BAB III LARANGAN KEKERASAN DALAM RUMAH TANGGA

Pasal 5

Setiap orang dilarang melakukan kekerasan dalam rumah tangga terhadap orang dalam lingkup rumah tangganya, dengan cara :

- a. kekerasan fisik;
- b. kekerasan psikis;
- c. kekerasan seksual; atau
- d. penelantaran rumah tangga.

Pasal 6

Kekerasan fisik sebagaimana dimaksud dalam Pasal 5 huruf a adalah perbuatan yang mengakibatkan rasa sakit, jatuh sakit, atau luka berat.

1999 Human Rights Law

UNDANG-UNDANG REPUBLIK INDONESIA NOMOR 39 TAHUN 1999 TENTANG HAK ASASI MANUSIA

Pasal 3

1. Setiap orang dilahirkan bebas dengan harkat dan martabat manusia yang sama dan sederajat serta dikaruniai akal dan hati murni untuk hidup bermasyarakat, berbangsa, dan bernegara dalam semangat persaudaraan.
2. Setiap orang berhak atas pengakuan, jaminan, perlindungan dan perlakuan hukum yang adil serta mendapat kepastian hukum dan perlakuan yang sama di depan hukum.
3. Setiap orang berhak atas perlindungan hak asasi manusia dan kebebasan dasar manusia, tanpa diskriminasi.

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All cited texts in this document were accessed between July and November 2025, unless otherwise noted.

This report analyses and discusses the application of national (criminal) laws to the commission of FGC and any possible related crimes. It also explores other legal factors deemed relevant, such as legal obligations to report the commission or likely upcoming commission of FGC, available legal protective measures for girls and women at risk of FGC, and any obligations of national governments in relation to FGC.

The initial research conducted for this report consisted of a questionnaire prepared by Allen Overy Shearman Sterling (A&O Shearman*) with input from certain local law firms, local non-governmental organisations and/or other information providers (together, *the Information Providers*). The information contained in the responses to that questionnaire was then reviewed by Orchid Project, updated and used as the basis of further research from relevant sources.

The underlying information for this report was gathered by the Information Providers through desk-based research and is provided for general information purposes only. Nothing contained in this report is intended to provide legal or other professional advice, and specific legal advice should be obtained in relation to any specific situation.

It should be noted that in many countries there is a lack of legal precedent for the penalties laid out in the law, meaning that, in practice, lesser penalties may be applied. The information contained in the report is provided as at the date of this report or as otherwise noted in the report. Neither the Information Providers nor Orchid Project are under any obligation to update this report subsequent to its date.

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