

# **FGC in Java**

## **Indonesia Regional Report**

**April 2026**



# 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 FGM/C
2. To catalyse, support and strengthen regional networks to actively participate in the movement to end FGM/C
3. To influence global and regional policies, actions and funding to end FGM/C.

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 the Asia Network to End FGM/C

In 2019, the Asian Pacific Resource and Research Centre for Women (ARROW) collaborated with Orchid Project to co-develop the **Asia Network to End FGM/C**. The Network currently has 80 members across 13 countries in the Asia region. It gathers evidence and data on harmful practices, raises awareness and facilitates knowledge-sharing across the region, and advocates for laws, policies and programmes to encourage the abandonment of all forms of FGC.

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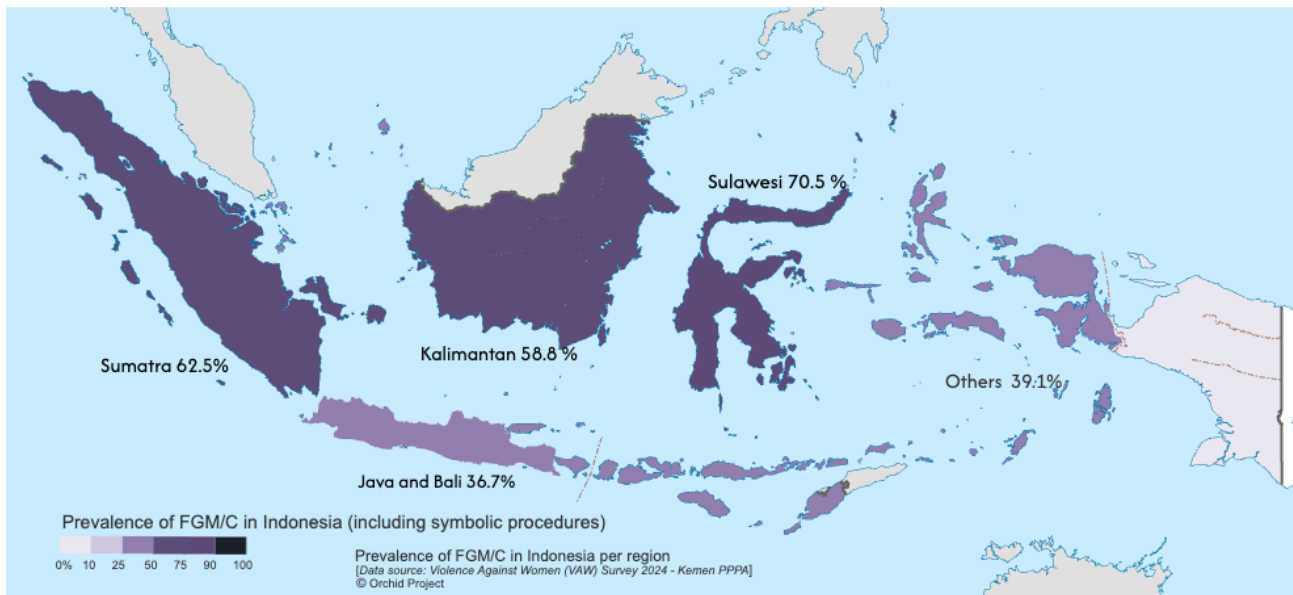
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WORKING TOGETHER TO END  
FEMALE GENITAL CUTTING

# Introduction



**Figure 1: National prevalence of FGC in Indonesia by major region, 2024 (36).**

Java is one of the most densely populated areas of the world, and the most populated island in the Indonesian archipelago (2). Java is home to 51.6% of the Indonesian population; approximately 151 million people (2).

Java is home to about two-thirds of all Southeast Asian Muslims. Many Muslims in Java practise syncretic forms of Islam, referred to as Javanism or *Kejawen* in Javanese, which has been influenced by animist paganism, Hinduism and Buddhism (3).

*Kejawen* is found mainly in East and Central Java, where the Javanese language is prevalent and where historical centres of power were found. Lombok and South Sulawesi are two other provinces which have integrated syncretic beliefs (3).

Conversely, pockets of Islamic orthodoxy have been scattered across Southeast Asia and rooted in the Western/Sundanese-speaking parts of the island of Java, as well as in Western Sumatra among the Minangkabau and among the Acehese in the north (both areas speaking their own language) (3).

This report provides details on regional and ethnic variations of female genital cutting (FGC) practices across the islands of Indonesia. For insight into national-level information, please refer to the Country Profile available at <https://www.fgmcri.org/indonesia>.

# FGC in Java

The prevalence of FGC among Javanese women aged 15-64 years old is 36.7% (36). 36.6% of that age cohort have never heard of FGC (1). FGC affects less than 10% of the population in Bali (4). As a result of Java's population size, Java is the region in Indonesia where the practice impacts the largest number of women and girls.

FGC is practised throughout the island of Java, from the westernmost point in Banten, to the Betawi in greater Jakarta (Jabodetabek), the Sundanese in Priangan and Cirebon, the Javanese in Central and East Java Timur, and in Madura at the eastern end of East Java. However, in some regions that are strongholds of the faith-based organisation Nahdlatul Ulama in East Java, such as Jombang, the tradition is not practised (5).

At a national-level, the place of residence is not found to be a determinant of the practice among the various ethnic groups in Java (6). The practice is however influenced by ethnicity with variations in type of cutting and ceremonies surrounding the practice from one ethnic group to another.

Religious adherence is a key driver of FGC in Java, influenced by ethnicity, and traditional ceremonies where FGC occurs.

## Prevalence of FGC in JAVA, Indonesia

[Data source Riskesdas 2013] © Orchid Project

### Percentage FGC prevalence

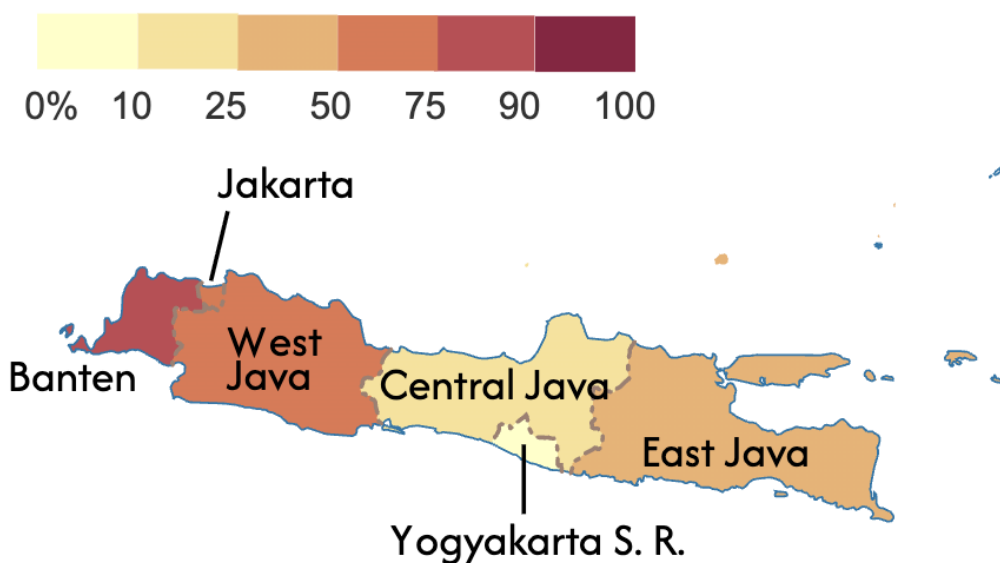
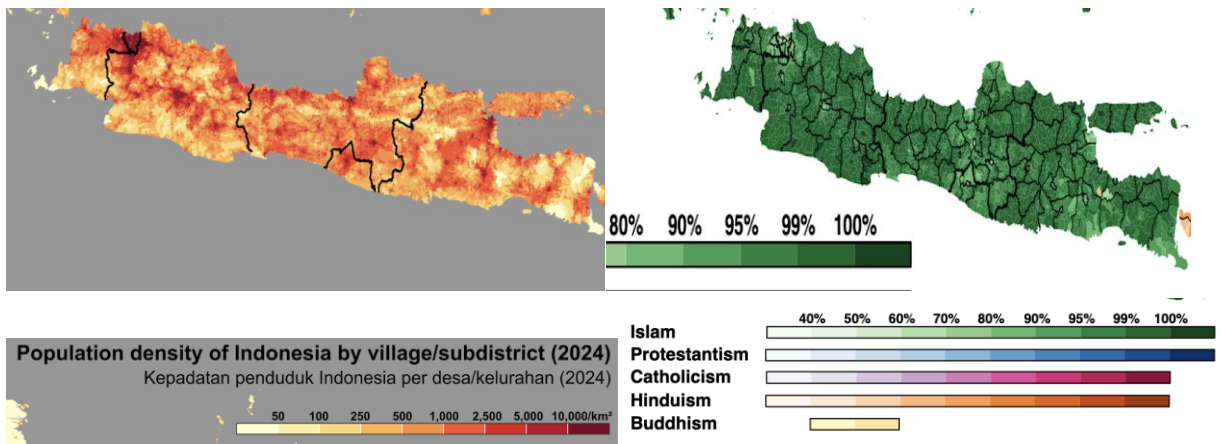


Figure 2: Prevalence of FGC in Java, 2013 (4).

The juxtaposition of the 2013 provincial FGC prevalence data (5), the 2024 population density by subdistrict (8), an indicative FGC-practising ethnic group map (3)<sup>1</sup> and a 2022 district-level Muslim population distribution map (9) suggests some degree of correlation between FGC prevalence and Muslim religious adherence.



Practising ethnic groups in Java (indicative map)

<sup>1</sup> Indicative map drawn from the data in Marcoes, Lies. 2023. ('One Decade of Indonesia's Efforts in Eradication of the Practice of FMG/C: The Experience of the UNFPA's Working Partners'. UNFPA Indonesia. <https://indonesia.un.org/en/242657-one-decade-progress-eradicating-female-genital-mutilation-or-cutting-practice-indonesia>) and the Wikipedia's map of Ethnic groups map in Indonesia, based on the 'Peta Suku Bangsa Di Indonesia (Ethnic Group Map) in the Ethnography Room of the National Museum of Indonesia, Jakarta. [https://en.wikipedia.org/wiki/Ethnic\\_groups\\_in\\_Indonesia](https://en.wikipedia.org/wiki/Ethnic_groups_in_Indonesia).

# Regional and ethnic variations

Symbolic forms of FGC (i.e. without any injury) take place in Java. In these symbolic practices, a turmeric root is often put over a girl's genitalia, cut instead of the flesh, and then buried or thrown into the sea; the colour of the root symbolises Malaikat Kuning, the 'yellow spirit' who takes bad luck away (7). Symbolic forms of FGC are most common among in Yogyakarta.

## Javanese

Among the Javanese ethnic group, the clitoral membrane is scratched with a cutter, which releases a small amount of blood. Next, the clitoris is swabbed with dry cotton. FGC is performed by a traditional birth attendant/traditional midwife. There are no prayer readings or festivities that accompany the practice (6).

## Madurese

Among the Madurese community, the clitoral skin is scraped using a small knife until it bleeds, then touched with turmeric that has been peeled. The injured part of the clitoris is swabbed with a cotton soaked in betadine. A customary event is held which includes prayer readings conducted by a traditional midwife followed by festivities that serve white porridge (6).

## Yogyakarta

The purely symbolic gesture known as *tetesan* can be found in Yogyakarta and parts of Java. Rooted in Javanese syncretism, *tetesan* represents purification from dirt but follows a different rationale than *khitan*, which is based on Islamic beliefs. According to Javanese tradition, all humans are born in a state of impurity due to the curse of Batara Kala, a god who preys on humans. To protect one's life from misfortune, purification must take place during childhood. This ritual is performed through the *tetesan* ceremony for females and the *tetakan* ceremony for males, during which the yellow angel, Sang Hyang Manikmaya, is invoked to facilitate the cleansing. Unlike *tetakan*, where actual cutting occurs, *tetesan* involves no physical cutting, serving solely as a symbolic act of purification (8).

## Traditional ceremonies

In other parts of Java, *kenduri*, also known as *slametan*, is a traditional ceremony commonly conducted to celebrate events such as the birth of a baby, marriage, death, and religious events. *Kenduri* are also moments where people share, help others in need, and increase a sense of togetherness. They are traditional ceremonies with high social and religious values (9).

Small celebrations of *kenduri* or *slametan* accompany FGC in Java. *Slametan*, the ceremony organised when a baby is 35 days old, is more focused on the *selapanan* ceremony. The tradition of *selapanan* is deeply rooted in both Javanese and Madurese communities and remains important in the carrying out of FGC, even though FGC is still considered an obligation (10).

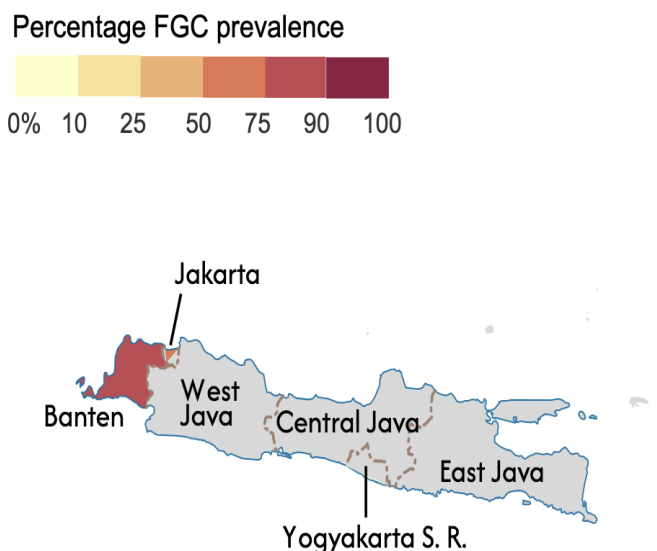
In Java, the age of FGC often coincides with traditional ceremonies for infants (11):

- *puputan* (the severing of the umbilical cord, usually 7 days old)
- *wetonan bayi* (35 days old at the *selapan* ceremony). The *selapan* ceremony is a reminder that the child is experiencing change and is a form of gratitude for the blessings and safety given by God to the baby and mother. The baby will have her hair shaved and her nails cut.
- *tidhak siti* (the ceremony of allowing a child to step on the ground for the first time, usually 7 months old)

# Banten

## Prevalence of FGC in BANTEN, Indonesia

[Data source Riskesdas 2013] © Orchid Project



**Figure 3: Prevalence of FGC in Banten, 2013 (4).**

Banten features the third highest prevalence in Indonesia after Gorontalo and Bangka Belitung, with 79% in 2013 (4).

The procedures have changed since the 2014 Ministry of Health regulation was passed, which banned FGC in health facilities and allowed only symbolic procedures (18). Medical professionals now only use cotton, gauze, betadine, and gloves to clean the female genital area rather than perform actual circumcision. Previously, before the government ban, practitioners used small medical scissors with sharp or curved tips, along with gauze and betadine (17).

Midwives in Banten face a dilemma between medical ethics and social expectations, leading some to compromise by performing cleaning instead of cutting whilst allowing the community to believe circumcision has occurred (17).

### **Traditional approaches in Lebak**

The most traditional approach to FGC in Banten occurs in Lebak. Paraji (traditional healers) use scissors, knives, or thin bamboo to cut the clitoral frenulum, and this is done on Thursdays after prayers, accompanied by pain-relieving incantations (19). The practice operates under powerful Kasepuhan (traditional authority) where deviation is considered taboo, and the community shows strong resistance to external change. Motivations combine religious identity beliefs — uncircumcised women are "un-Islamic" — with sexual control to prevent adultery (19). Mothers

and grandmothers make decisions to preserve what they view as essential cultural heritage across generations.

Lebak shows severe policy failures. The Women and Child Protection Unit receives no prevention information and lacks coordinated programmes. Key agencies, including the Health Office and regional government, also report a complete absence of socialisation from central or provincial levels, creating an implementation vacuum in which traditional practices continue largely unhindered.

Resistance centres on powerful Kasepuhan traditional authorities who wield considerable community influence, making policy interventions challenging. Older generations also firmly resist external information, and prevention advocates may face ridicule for challenging customs.

Some responses are emerging, including limited engagement by women's organisations such as Aisyiyah and Muslimat NU, despite community resistance. Healthcare workers sometimes attempt compromise by informing families that FGC constitutes violence while performing symbolic procedures when families insist. When medical services refuse, many families turn instead to traditional healers (19).

### **Information source and its influence on cutting**

In Sindang Jaya Tangerang village, a survey of mothers with babies aged 0-1 years showed that most mothers had their daughters circumcised, mainly because of cultural beliefs (20). Over half of the mothers had limited formal education and received support from their families for this decision. Most received their information from media sources, with some also consulting medical professionals (20). Parents who received their information from the media were six times more likely to have their daughters circumcised compared to those who spoke with medical staff (20).

Family support for FGC begins during pregnancy and continues until parents find a willing healthcare provider. Key supporters include the mother's own mother (the grandmother), siblings, and husband, who provide advice, encouragement, and reminders. Religious figures further reinforce the practice through recommendations and sermons on FGC (17).

In addition to traditional midwives, community and religious leaders play important roles in FGC in Kemuning Village, Banten. Local elders and Islamic scholars participate in *selamatan* or thanksgiving ceremonies after the procedure, expressing gratitude for the circumcision's completion and offering prayers for the girls to grow up as pious individuals (21).

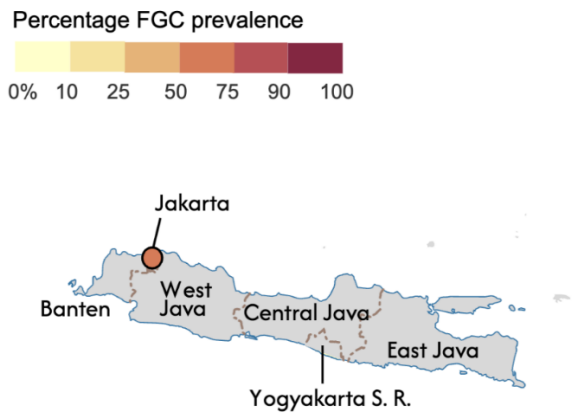
Banten	
Ethnic groups	Bantenese
Terminology	Sunat; nyepitan or capitan
Type	<p>Type 1</p> <ul style="list-style-type: none"> <li>tugging the bottom of the clitoris until it releases a white liquid (Tangerang)</li> <li>attaching ginger that has previously been finely ground to the tip of the clitoris and then cutting or scraping the clitoris with a knife. Vegetable oil is applied to the cut or scratched area, while reciting salawat and verses from the Quran.</li> <li>cutting of a little part of the clitoris to take the white impurities out</li> <li>cutting or injuring the outer parts until it bleeds</li> <li>cutting of the clitoris to remove something peanut-like and small like rice powder that is found in the clitoris</li> </ul> <p>Type 4</p> <ul style="list-style-type: none"> <li>Scraping the clitoris with a knife</li> <li>Symbolic (cleaning the genitals)</li> </ul>
Decision making	Mothers and grandmothers make the final decision, sometimes with the support of siblings and husbands
Drivers	<p>Religious beliefs</p> <ul style="list-style-type: none"> <li>FGC is seen as an Islamic commandment</li> </ul> <p>Continuity of a cultural heritage</p> <p>Purity - FGC is believed to clean the 'dirty' parts</p> <p>FGC is believed to reduce women's libido and increase men's sexual satisfaction. Polygamy is accepted in Banten, but divorce is on the rise, sexual inequality being one of the many factors.</p> <p>Control of sexuality</p> <ul style="list-style-type: none"> <li>Belief that "good" women are those who are reserved, exhibit low sexual desire, limit their interactions with men, and primarily associate with other women. In contrast, "bad"</li> </ul>

	<p>women are perceived as those who express high sexual desire and display assertiveness toward men</p> <ul style="list-style-type: none"> <li>• Belief that circumcised women are better housewives</li> </ul> <p>Mythical beliefs</p> <ul style="list-style-type: none"> <li>• In Pandeglang District, heavy bleeding is a sign of a future scientific or entrepreneurial mind</li> </ul>
Age of cutting	<ul style="list-style-type: none"> <li>• 40 days after birth to 2-3 months (Tangerang, west of Jakarta)</li> <li>• 40 days after birth (Serang)</li> <li>• From 1.5 to 5 years (Sumur, western coastal Banten)</li> <li>• From 40 days to 8 years old</li> </ul>
Practitioners	<p>Traditional healers and midwives</p> <ul style="list-style-type: none"> <li>• Midwives in Banten are split between continuing the traditional procedure, operating symbolically or refusing to carry out the practice</li> <li>• Midwives from other regions and living in Banten feel they have little choice but to adjust to the local demands and ways</li> </ul>
Rituals	<p>The ceremony is combined with the tradition of ngayun (a salvation ritual consisting of baby ritual bathing, dishes, prayers and gentle swinging). Afterwards, herbal water and prayers are used to reconnect the clitoris with the baby</p>

# Jakarta

## Prevalence of FGC in JAKARTA, Indonesia

[Data source Riskesdas 2013] © Orchid Project



**Figure 4: Prevalence of FGC in Jakarta, 2013 (4).**

In Jakarta, FGC is mainly carried out by medical professionals, such as midwives and doctors, who perform different types of procedures (23). Healthcare providers claim that they do the procedures safely and hygienically, and that they follow government health guidelines which only allow superficial scratching with clean needles, though some go beyond these rules and do more invasive procedures (23). Many justify what they do by calling FGC a 'symbolic' religious act that maintains cultural importance without causing harm, often referring to a 2008 religious ruling that recommends female circumcision. Research shows that only 30% of parents are present for the procedure and many do not know what happens (23).

Research conducted in 2025 in East and North Jakarta shows that FGC continues despite being officially banned, with babies typically circumcised within three months of birth at private maternity clinics. These clinics offer combined packages of childbirth, circumcision, and ear piercing. Government health centres claim they have stopped performing FGC following the ban; however, community members report that private midwifery clinics still provide these services (22).

There is also a major contradiction in religious understanding — community participants believe they are following Islamic teachings by circumcising their daughters, but religious leaders state that FGC is actually discouraged in Islam (22).

Parents believe that FGC is necessary to save girls from hypersexuality and pornography. There is also a belief that marriage with an uncircumcised woman is a sin (23).

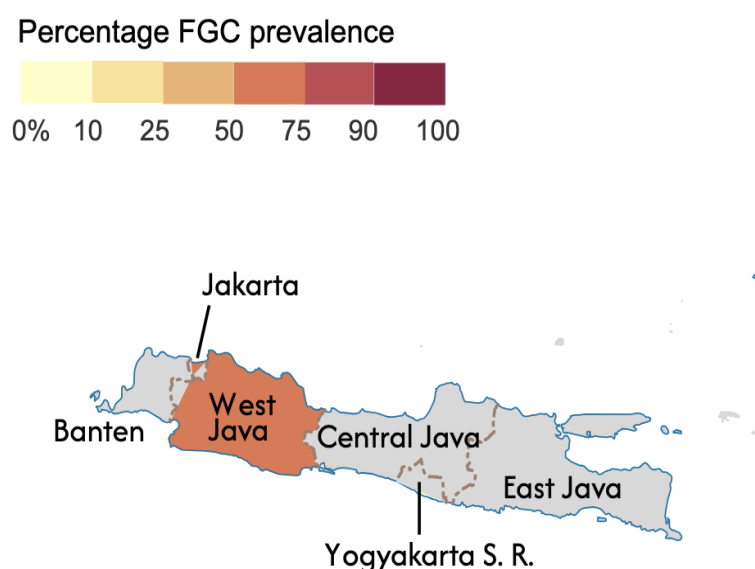
Civil society organisations have partnered with government efforts to prohibit FGC. The Jakarta-based cross-feminist association organised the 2023 Women's March, which attracted around 8,000 attendees advocating for the elimination of harmful practices affecting women, girls, and gender and sexual minorities, including the practice of FGC (24).

Jakarta	
Ethnic groups	Javanese
Terminology	'Sunat perempuan' (female circumcision) or 'khitan perempuan' (female Islamic circumcision)  'Membersihkan' (cleaning) or 'mensucikan' (purification)  'Pembersihan' (cleaning) or 'penyucian' (purification)
Type	Type 1: partial clitoral cutting  Type 4: cutting a small part of the tip or base of the clitoris.  Symbolic procedure: scraping the genital area with a needle and tweezers
Decision making	Mothers, under parental pressure (grandmothers)
Drivers	Religious teachings  Purification  Family traditions  Recommendations from midwives/doctors
Age of cutting	The vast majority (84%) of cases occur within the first week after birth.  The "selapan" tradition (40 days after birth) is still observed by 10% of families. No cases were recorded of girls being circumcised beyond the age of 3 years in Jakarta.
Practitioners	Midwives and doctors
Rituals	In some areas of Jakarta, FGC is performed alongside the ritual of aqiqah, which involves the slaughtering of an animal as an expression of gratitude for the birth of a child. Typically, FGC is carried out on the 7th or 40th day after birth, following family traditions.  Some families in Jakarta hold a small religious gathering (pengajian) before or after FGC. This gathering serves as a prayer for the child to grow up as a good and pure woman.  The cost of FGC in Jakarta ranges from IDR 50,000 (US\$2.94 to IDR 500,000 (US\$29.45).

# West Java

## Prevalence of FGC in WEST JAVA, Indonesia

[Data source Riskesdas 2013] © Orchid Project



**Figure 5: Prevalence of FGC in West Java, 2013 (4).**

In Bandung, Islamic organisations hold annual mass circumcisions during Prophet Muhammad's birthday celebrations, where women circumcisers cut girls under 5 using sterilised scissors, claiming it "stabilises libido" and provides beautification for future husbands (3). This practice continues today through a religious healthcare organisation that provides free annual mass circumcisions performed by medical professionals. In January 2020, they circumcised 150 girls aged three months to 11 years out of 220 registered participants, demonstrating the institutionalised and medicalised nature of FGC in West Java (23).

In 2016, Garut issued Regional Regulation No. 13 banning FGC, but local people remained unaware of policies against FGC. Implementation was undermined because of deeply rooted customs and deliberate violations by midwives and traditional birth attendants who continued the practice. Weak legal enforcement and lack of sanctions meant parents could still access FGC services for their children (12).

FGC prevalence has declined since the 2014 regulation but continues, particularly in rural Southern Garut compared to other West Java areas. The practice is being abandoned in Garut City, especially by younger generations with internet access who question its health rationale, as

well as increasing concerns about pain, health risks, and gender issues affecting decision-making (12).

Islamic organisations play a role in the continuity of the practice in West Java. For example, the Muslim communities in Garut Regency follow the guidance of their local religious leaders, which varies according to the Islamic organisations they mostly adhere to. Nahdlatul Ulama (NU) is influential in the ongoing practices and rituals (12). The religious organisation Persatuan Islam (Persis, the Unity of Islam) is the third largest Muslim organisation in Indonesia and has most of its membership base in West Java (25).

West Java	
Ethnic groups	Sundanese
Terminology	Sunat
Type	Type 4: gouging or tearing the clitoris Symbolic act: touching the clitoris with a turmeric or coin Symbolic act: cleaning by health centres
Decision making	Parents, especially mothers
Drivers	Religious teachings Hereditary traditional custom Control of sexuality <ul style="list-style-type: none"> <li>• Parents are worried about changing times and the gaze on women as sexual objects</li> <li>• Fear of female teenagers' 'uncontrolled desires'</li> <li>• The need to maintain honour, FGC being seen as a means to prevent sexual relationships before marriage</li> </ul> Fear of social sanctions <ul style="list-style-type: none"> <li>• In West Java, FGC is viewed as preventing premarital sex and avoiding social stigma. Parents feel pressured to perform it so their daughters are accepted by the community. Those who do not follow this tradition may be called 'kafir' by others. Community members and family often remind parents to carry out FGC on girls. Gossip creates pressure on parents who delay, as they fear social consequences for not</li> </ul>

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conforming. Mothers may be held accountable if they decide not to continue the practice

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Age of cutting                      Mostly from before 40 days after birth up to a year; sometimes 3 years old

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Practitioners                      Paraji ('shaman for infants' / traditional birth attendants)

Midwives in independent practice, and community health centres. However, community health centres only clean the genitalia without cutting them. In practice, it is only symbolic, so parents do not feel worried and perform female circumcision by cutting the clitoris

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Rituals                              The turmeric or coin is pressed against the tip of the clitoris and then removed, without bleeding. Shamans use the metaphor of a 'drop of water' to describe the part that has been removed. An antiseptic lotion is applied with a cotton bud.

In some parts of West Java, FGC is a taboo which cannot be spoken. FGC takes place privately, without a ritual dimension as such or is merely accompanied by prayers before the procedure and a meal afterwards.

In other places of West Java, symbolic meaning related to good fortunes are embedded in the practice of FGC. The cut off part of the clitoris is wrapped with a small piece of turmeric in a cotton cloth to be buried under a moringa tree.

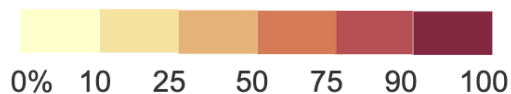
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## Central Java and Yogyakarta

### Prevalence of FGC in CENTRAL JAVA, and YOGYAKARTA, Indonesia

[Data source Riskesdas 2013] © Orchid Project

Percentage FGC prevalence



**Figure 6: Prevalence of FGC in Central Java and Yogyakarta, 2013 (4).**

In Central Java and Yogyakarta, FGC is called 'tetesan' from the Javanese 'tetes' meaning 'a drop', symbolising 'becoming a woman' or growing into adulthood (26). The practice forms part of Javanese 'life cycle' initiation rituals including birth ceremonies, selapanan, tedhak sinten, marriage and death. *Selametan* (meaning 'safety') rituals stem from ancient Javanese animist beliefs about good and evil spirits maintaining cosmic harmony. These rituals seek blessings and smoothness when beginning activities. While FGC is not considered as significant as marriage, these festive rituals symbolise 'becoming' and happiness whilst dispelling anxiety or fear (26).

In the tetesan ceremony, 'nothing is cut' as cutting violates Javanese authenticity. This symbolic FGC practice involves 'sticking turmeric on the clitoris'. Javanese belief centres on four angels: white Sang Hyang Setomoyo, red Sang Hyang Klekomoyo, yellow Sang Hyang Manikmaya, and black Sang Hyang Maniksuderi. The yellow angel, symbolised by turmeric, cleanses humans' natural impurity from Batara Kala's curse. The turmeric is then thrown into the sea or buried (27).

In some villages, social obligation and community solidarity sustain FGC practices. Parents face societal pressure to circumcise daughters to maintain community acceptance. Prevalence remains high in some villages (90% in Pangonan, South Coast of Central Java) (28). Tradition is

the dominant factor sustaining FGC, driven by three key elements: the practice's perceived sacred nature, social obligation to perform it, and beliefs about its health and purification benefits (28).

Islam arrived in Central Java and Yogyakarta as the Hindu Majapahit kingdom declined in the 15th century (29). From the resulting power struggles and syncretism emerged three groups: *santris* (Islamic boarding school students), *abangans* (syncretists), and *priyayis* (Javanese nobles). The *santris*, found in northern coastal areas, are religiously conservative, while *abangans* in the interior blend Islam with Javanese culture influenced by Sufism. During the 20th-century Islamic revival (1970s-1990s), *santris* embraced stricter Islam across all life areas, while *abangans* - typically rural, lower-status Muslims - joined non-religious political groups and maintained beliefs mixing Islamic, Hindu, Buddhist, animist, and tribal elements (29). It has been reported that some Javanese Christians, Hindus and Buddhists have blended FGC into local culture (27).

Central Java and Yogyakarta	
Ethnic groups	Javanese
Terminology	Tetesan
Type	<p>Type 4: Scratching the clitoris until it bleeds; incising the clitoris.</p> <p>Symbolic acts:</p> <ul style="list-style-type: none"> <li>• Touching or Massaging the Clitoral Hood: some traditional practitioners gently rub the clitoral area with fingers or herbal water as a symbolic act of purification.</li> <li>• Washing or Applying Turmeric Water: midwives (bidan) or religious leaders may wash the genitals with special herbal water, often turmeric-infused water, as a symbolic purification ritual.</li> <li>• Prayer and Recitation Rituals: instead of physical cutting, some families only perform a ceremony where Islamic prayers (doa) are recited to symbolize the event. This is usually done by religious elders or midwives.</li> </ul> <p>In the South coast area, the procedure consists of pinching the tip of the clitoris using sterile clamps and wiping it clean using sterile gauze.</p>
Decision making	<p>Mothers and grandmothers, mostly. Sometimes fathers are involved.</p> <p>In villages, religious influence and the clergy's role are high.</p>

Drivers	<p>Preserving hereditary traditional custom and culture</p> <ul style="list-style-type: none"> <li>• Even though there is no clear religious obligation, many families still carry out FGC for fear of being seen as deviating from long-standing traditions.</li> </ul> <p>Social sanctions: fear of social sanctions, such as gossip</p> <ul style="list-style-type: none"> <li>• "The decision to perform female circumcision is often not an individual choice in rural communities, but rather a social obligation that must be fulfilled for the family to remain accepted in their community."</li> </ul> <p>A sense of religious obligation</p> <ul style="list-style-type: none"> <li>• In some villages, FGC is not religiously obligatory but recommended (sunnah), yet considered important. Parents feel pressured to circumcise their daughters as part of their societal duty.</li> </ul> <p>A sacred ritual that symbolises spiritual purity</p> <p>To maintain hygiene and to prevent diseases, in a comparable way to male circumcision</p> <p>FGC is believed to cleanse the genitals of perceived impurities in preparation for menstruation and childbirth. To reduce a woman's sexual desire, to ensure chastity and obedience, to preserve virginity before marriage</p> <p>Attracting good fortune</p>
Age of cutting	8 to 12 years old, as a rite of passage to adulthood; 40 days in some villages (south of Central Java)
Practitioners	Shaman (Dukun Bayi); some midwives (bidan) still perform symbolic forms of FGC, but many medical professionals oppose it; midwives on the South coast for symbolic and sterilised procedures
Rituals	<p>Before the circumcision, a selamatan (ritual feast) is held to seek divine blessings for the child's safety.</p> <p>After the FGC procedure, food may be shared, and incense is burned (as a form of animism and dynamism) and sholawat is recited as an Islamic element. This has the purpose of maintaining the order and safety of life in togetherness</p>

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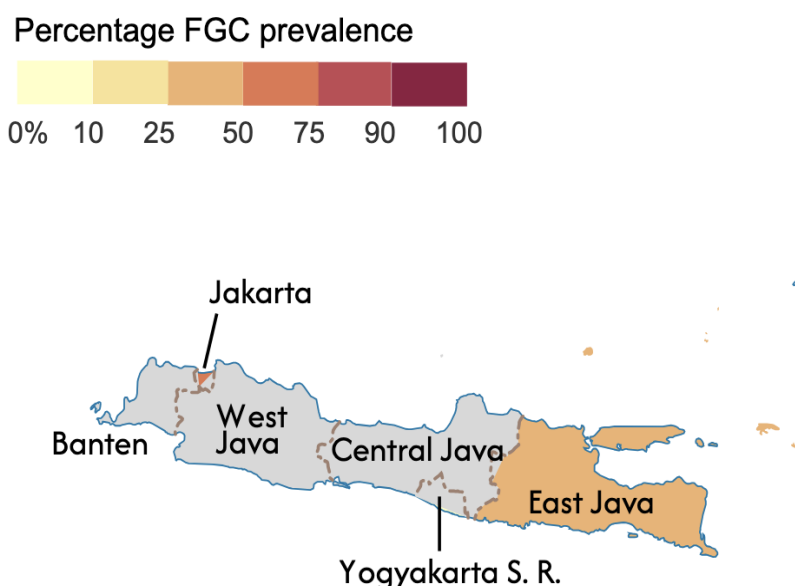
In the South Coast area (Pangonan Village), the post-circumcision stage is closed with a berjanjen event. Berjanjen is an event of praying together chanted by female students for the future of the circumcised child and pray for the previous parents who have died. Parents take care of their baby girl by cleaning her genitals every day with cotton and warm water, so that the circumcised baby girl's genitals are not swollen.

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# East Java

## Prevalence of FGC in EAST JAVA, Indonesia

[Data source Riskesdas 2013] © Orchid Project



**Figure 7: Prevalence of FGC in East Java, 2013 (4).**

In Lamongan, located in northern East Java Province, a survey conducted in 2022 of 36 mothers showed a high to very high level of awareness and knowledge of FGC. 61% of mothers did not carry out FGC on their own daughters and 55% did not support the practice. For those that did practice, the main reasons were a belief that FGC is a religious command and family pressure to maintain tradition (30).

In Arjasa, East Java, the Madurese community follows religious teachings and customs, with mothers internalising that FGC must be performed without understanding its benefits or risks. Since the practice is mostly symbolic, it is not perceived to cause any harm (31). In Arjasa, not practising FGC is linked with negative consequences or behaviours, such as poor management of finances (31). While Muslims in Arjasa believe circumcision is religiously recommended, they remain uncertain about its basis in the Quran or Hadiths. Uncircumcised women may be called 'kafir' (infidel) as social pressure to undergo FGC (31).

In Sumenep, East Java, uncircumcised women face severe accusations about their sexuality, such as being prone to prostitution, an inability to control their sex drive, or being sexually insatiable (32).

East Java	
Ethnic groups	Madurese
Terminology	Abers'en (Madurese language); sonnat
Type	Symbolic act: The tip of the genitals is scratched with a nyianyi/tool for harvesting rice, not until it bleeds  Rubbing with 'anyi-anyi'
Decision making	Parents
Drivers	Uncut genitalia are believed to be ugly and unclean  Cleanliness through FGC is thought to reduce the risk of infectious diseases and suppress infections which can be transmitted to babies in the womb and during the delivery process  Control of character - circumcised girls become 'good children'  Hereditary traditional custom  Religious teachings
Age of cutting	In infancy  Generally, after the baby's birth ceremony, known as the 'molangare' ceremony, which takes place on the 25th, 40th, 50th, or 70th day after birth.
Practitioners	Traditional practitioner ('mbah dukun')
Rituals	Several sorts of rice, cakes, flowers, fruits, vegetables, spices, candles, cigarettes, money and more are part of the rituals. The circumciser may not eat the food, but the requirements of rasol, red and white tajin, flowers, incense must be fulfilled, since the circumciser is expected to faint or become unconscious; cigarettes help to slowly regain consciousness.  The circumcision procession carried out by traditional practitioners on baby girls does not involve special preparation for the girl. The circumciser fasts for 4 days and must avoid performing if she is menstruating. The knife for circumcision is called 'anyi-anyi', a tool usually used to cut rice but wrapped in plastic. The recitation of the

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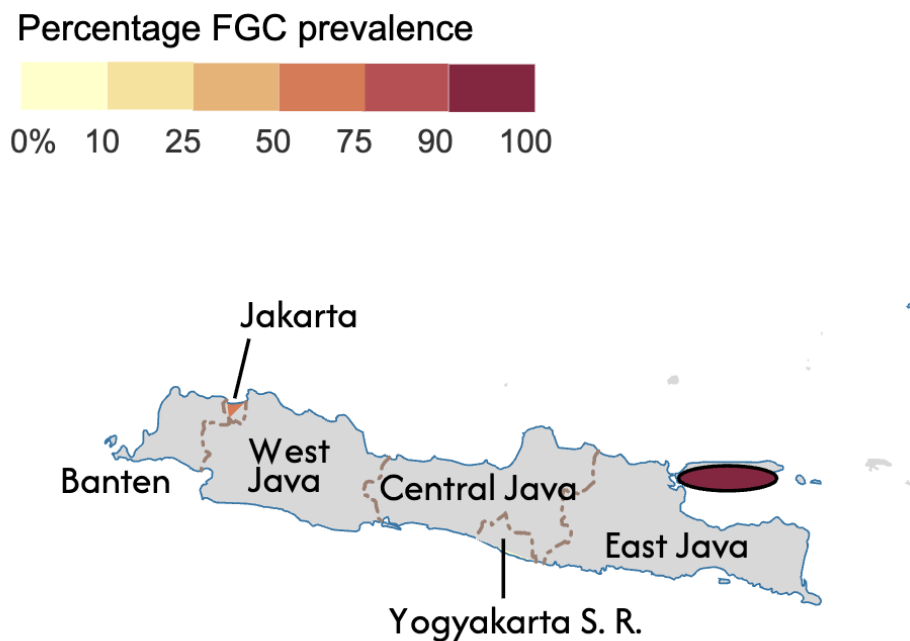
mantra is blown into the circumcision knife which has been fumigated with incense for 5 minutes. The circumciser's hand is applied to the baby's face from top to bottom three times, ending with the recitation of the mantra. The baby's legs are held by the assistant and the circumciser then rubs her right hand over the entire surface of the vulva three times. The labia majora are held open by one hand or by a peeled turmeric the size of one little finger placed under the clitoris. The tip of the clitoris is scratched from top to bottom 3 times, from right to centre 3 times, from left to centre 3 times. This is done twice. There is no special care after circumcision.

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## Madura (an island in East Java)

### Prevalence of FGC in MADURA, Indonesia

[Data source Riskesdas 2013] © Orchid Project



**Figure 8: Prevalence of FGC in Madura (East Java), 2013 (4).**

The Madura archipelago is located at the eastern end of East Java province, from which it is separated by the sea. This separation is one of the reasons for the linguistic and cultural differences between Madurese and Javanese. The Madurese community is known for adherence to Islamic teachings and to local traditions and customs, one of which is the tradition of female circumcision (10).

FGC in Madura is seen as a cultural necessity, and breaking away from this tradition could lead to social ostracism or community disapproval. In Sumenep District, East Java, uncircumcised women will be labelled promiscuous and unfaithful (34). This practice is often ingrained in the daily lives of the people, with some even performing it without the consent of the parents or the child (34).

Gender norms in Madura restrict women to two roles: wives and mothers. Women's bodies are viewed through the strict lenses of ethnic, cultural, and religious norms. Fertility is very important and women are encouraged to be sexually passive (33). Early marriage is a related issue to FGC in Madura (33).

Madurese society continues to believe that women who identify as Muslims are required to be circumcised. Women who are not circumcised are considered to have betrayed their religious, ethnic, and cultural identities. Furthermore, women cannot refuse or ask not to be circumcised, as many traditional families and religious leaders believe that the practice is required to purify the woman’s body and her sexuality (33).

Many women, especially in lower socio-economic groups, do not associate health risks with FGC and rely on traditional herbal remedies to heal the wounds caused by the practice. While most respondents do not report any serious complications, some admitted to pain during urination or cold-like symptoms; but these effects are not thought of as affecting health (33).

In Madurese society, *Kyai* not only have religious authority, but also have influence on social, political and cultural decisions framed by the religious symbols of Islam. Clifford Geertz calls *kyais* ‘cultural brokers’. Madurese obedience to *kyais* is compared to that of parents or spiritual gurus (27).

A survey conducted among men in Madura found that half of the men in the survey believed that if a woman has not undergone FGC, then she is not considered Muslim, is seen as dirty and therefore unable to have sexual relations, cannot worship or enter places of worship as they are seen as impure, and are not legitimately women and cannot marry (35).

Madura	
Ethnic groups	Madurese
Terminology	Sonat (in Madurese), khitan (Arabic)
Type	Type 1: small wound on the skin covering the front of the clitoris (prepuce and clitoris cut (Ida and Saud, 2020); partial excision of the clitoris or labia minora  Type 4: scraping over skin surface to result in blood spot; clitoral nicking  Symbolic act: wiping the clitoris with antiseptic; Scratching the tip of the clitoris, no blood
Decision making	Parents, mostly mothers and grandmothers  Sometimes, FGC is carried out without the request or consent of the girl's parents, it is simply a mandatory practice performed at the birth of every child.

Drivers	<p>Beliefs in benefits in terms of sexual and reproductive health</p> <p>Controls of sexuality</p> <ul style="list-style-type: none"> <li>• Belief in excessive libido and in promiscuity</li> <li>• Necessity to preserve dignity and honour</li> </ul> <p>Belief in harmlessness</p> <p>Removal of physical impurities, ensure religious purity and moral cleanliness</p> <p>Marker of religion and Madurese identity</p> <ul style="list-style-type: none"> <li>• Entry into religion</li> <li>• Uncircumcised women are labelled kuffar (disbeliever)</li> <li>• Prayers will not be accepted; no entry to the mosque</li> <li>• Connection with obligatory male circumcision</li> </ul>
Age of cutting	<p>35 days, coinciding with the commemoration of the birth of a baby (selapanan)</p> <p>7 days after birth, 40 days after birth with ear piercing, less than 6 months old; up to 5 years old</p>
Practitioners	<p>Traditional birth attendants (locally known as dukun bayi), although some certified midwives or nurses also perform the procedure. Local female religious leaders are commonly trusted by parents to perform FGC.</p>
Rituals	<p>No ceremony, FGC is carried out in the house, in presence of the mother and the shaman, or at the clinic with the mother and the midwife</p> <p>Or FGC is carried out with the selapanan ceremony, the naming of the child. The turmeric and the small knife are placed in a tray full of offerings such as baby clothes, long batik cloth, seven kinds of flowers, and incense.</p>

# Regional policies and their challenges

While perceptions of FGC in Indonesia are influenced by factors such as religious affiliation and ethnicity, inconsistencies in regional policies add another layer of complexity to the banning of FGC in Indonesia (12).

The researcher Putranti Dyah conducted a study in 2008 and found that stricter readings of Islamic hadiths in orthodox communities were a contributing factor to the emergence of regional regulation of health services and to the integration of FGC within health services (8). The study also found that this change shifted away from symbolic practices to actual cutting (8). 2024–2025 national legislation now bans FGC in Indonesia, following 18 years of regulatory attempts (see Orchid Project's Law report for more details, available at <https://www.fgmcri.org/country/indonesia/>).

In 2014, the Ministry of Health introduced regulatory requirements on the practice of FGC within medical facilities. However, most regions remain unclear about how these regulations are to be implemented (13):

- Implementation was not enforced at some district and regional government levels.
- Midwives who supported FGC ignored the regulations, using medical justification to respond to community demand.
- Variation in provincial and district approaches to implementation created inconsistencies.

Research conducted by the National Commission on Violence Against Women (Komnas Perempuan) in 2019 stated that national legislation would help address regional disparities (13). Since then, the Indonesian government has put in place a national Roadmap and Action Plan for the Prevention of FGC with a target date of 2030 (see Orchid Project Country Profile for more details, available at <https://www.fgmcri.org/country/indonesia/>). The national Roadmap includes sustained dialogue between grassroots organisations and various government levels to promote more effective implementation.

# Conclusion

This report highlights the complex and deeply embedded nature of FGC across Java, where religious interpretations, ethnic identity, social obligation, and traditional life-cycle rituals intersect to sustain the practice in both symbolic and physical forms. While national legislation and a Roadmap for Prevention mark important progress, implementation gaps at provincial, district, and community levels continue to enable the medicalisation and normalisation of FGC, particularly through private health providers and traditional practitioners. Regional variation demonstrates that abandonment is possible, especially where education, youth engagement, and local leadership challenge long-held beliefs about purity, sexuality, and religious duty.

## Recommendations

### **Strengthen implementation and accountability of national legislation**

- Support consistent enforcement of the national ban on FGC across all provinces and districts in Java by issuing clear operational guidelines, establishing monitoring mechanisms, and applying administrative or professional sanctions where violations occur, particularly within private health facilities.
- Accelerate the establishment, operationalization, and monitoring of Tim Pencegahan dan Penanganan Kekerasan (TPPK - School-Based Violence Prevention and Response Teams) in primary/secondary schools and Satgas PPKS (Sexual Violence Prevention and Response Task Forces) in universities across all regions, integrating FGC prevention modules to contribute to a sustainable approach.

### **Support local women's and youth organisations**

- Support the involvement of community-based women's and youth organizations in sharing FGC prevention messaging and working with communities to integrate government regulations

### **Engage and equip religious leaders as change agents**

- Support continued dialogue and capacity-building with kyai, imams, marriage officiants (penghulu), and Islamic organisations (including NU, Persis, and local religious councils) to promote evidence-based, rights-affirming interpretations that clarify that FGC is not a religious obligation, and to integrate abandonment messaging into sermons, study groups, pre-marital courses, and community rituals.

### **Equip youth leadership and enhance engagement**

- Institutionalize safe spaces to ensure that comprehensive adolescent reproductive health education is delivered in safe environments.
- Strengthen and expand gender-based violence education within educational settings in line with the SPHPN 2024 policy recommendations.

### **Address medicalisation within the health system**

- Implement plans for pre-service and in-service training for midwives, doctors, and community health workers on the legal status, health consequences, and human rights dimensions of FGC as outlined in the National Roadmap.

### **Invest in data, research, and learning at sub-district level**

- Support regular, disaggregated data collection and qualitative research on drivers, practitioner behaviour, and emerging trends in symbolic and medicalised FGC, to inform adaptive programming and policy responses.
- In some parts of Java, such as Gunung Kidul, FGC is seen as harmless. Further research is needed on the harms caused by symbolic forms of FGC and the impact of these on traditional gender norms and cultural control of female sexuality.

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